OLDER WOMEN’S PERCEPTIONS OF ETHICAL DILEMMAS IN ADULT PROTECTIVE SERVICES: AN EXPLORATORY STUDY

by

EMILY K. DAKIN

Submitted in partial fulfillment of the requirements
For the degree of Doctor of Philosophy

Dissertation Adviser: Dr. R. Susan Pearlmuter

Mandel School of Applied Social Sciences
CASE WESTERN RESERVE UNIVERSITY

May, 2004
We hereby approve the dissertation of

Emily Dakin

candidate for the Ph.D. degree *.

(signed) R. Susan Pearlmutter (chair of the committee)

David B. Miller

Kathleen Farkas

Stephen G. Post

(date) 4.7.04

*We also certify that written approval has been obtained for any proprietary material contained therein.
This work is dedicated to
my grandparents, who inspired me,
and to
my parents, who believed in me.
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Acknowledgements

I am truly humbled when I reflect on how many people have believed in and supported this project in ways great and small. This labor of love would not have been possible without the help and support of those listed here.

My committee members, Kathy Farkas, David Miller, and Stephen Post, shared their time, expertise, and enthusiasm for this project, and guided the creation of a research plan that was both solid and workable.

The faculty and staff at MSASS shared their knowledge, were always willing to help, and created a positive and welcoming learning environment in which to take on challenges. The Lillian F. Harris Library at MSASS provided me with a fellowship during the coursework phase of the Ph.D. program.

My cohort, including its adopted members, has been a source of great companionship, support, and humor throughout the coursework and dissertation.

Drs. Claudia Metz and Louise Dubberke consistently provided guidance and support, especially at very challenging times.

The Consortium Against Adult Abuse of Cleveland provided me with funding to pay for transcription and translation costs, and meals for the eight focus groups. The Consortium made the study itself possible to be carried out.

Carol Dayton, Chief of APS for Cuyahoga County, helped me enormously in understanding APS practice in Ohio, and in selecting the specific dilemmas and scenarios chosen for this study. Carol provided editorial assistance during early phases of the project, and she played a critical role in my articulation of the practice and policy implications related to the dilemmas and research findings.
Dr. Georgia Anetzberger ignited my passion for the topic of elder abuse. She was instrumental in helping me formulate my research questions and create a research plan. She also generously provided guidance and feedback throughout all stages of the dissertation. I will always be grateful for her involvement in the study.

My employers during the dissertation phase, Benjamin Rose and the Institute on Aging, were encouraging and supportive of this study, and recognized the competing demands for my time and energy. My supervisors, Dr. Georgia Anetzberger and Kamla Nagpaul of Benjamin Rose, and Anne Hinton of the Institute on Aging, provided guidance and mentorship, and allowed me flexibility without which this dissertation could not have been started and completed. Mary Twomey of the Institute on Aging facilitated my involvement with the community of elder abuse professionals in the San Francisco Bay Area.

A tremendous debt of gratitude goes to the focus group gatekeepers, who were instrumental in identifying and recruiting participants, and in planning, conducting, moderating and assistant-moderating the focus groups. Their efforts formed the very backbone of this project. The focus group gatekeepers include Sarah Batts, Paulette McMonagle, Semanthie Brooks, Karen Dakin, Neida Ramos, Luisa Vazquez, Michelle Maruschak, Sylvia Pla-Raith, Lisa Beachy, Evanessa Cordero, Louise Westfall, and others who cannot be mentioned because they also served as focus group participants. This study’s transcriptionists and translators were also invaluable to this study and provided great attention to detail. Anna Bach-y-Rita served as volunteer auditor and performed the task admirably.
Many thanks are given to the focus group participants who enthusiastically contributed their ideas, time, and energy to this study. Their contributions have helped to deepen our understanding of the dilemmas involved with treating elder maltreatment, and hopefully will lead to managing these dilemmas with more insight.

My family, including my close friends, have consistently supported me during this very long process. They understood my limited availability, but also knew when to tear me away from working. They believed in me when this project seemed insurmountable. My deep fondness and appreciation are especially extended to Denise Valente, Rachel Goodman, Lynne Drouin, Barbara Lehmann, Joshua Canel, Marla Handy, Ian McCullough, Kristin Hunt, and housemates Miki Terasawa and Jessica Heidrick. My brother and sister-in-law, Bryce and Cara Dakin, generously opened their home to me when I was relocating to the San Francisco Bay Area. They have been consistent cheerleaders for me, especially as I sought to complete this project while managing a new job in a new city. Sarah Dakin has been a particularly steady and cheering presence in my life during this process. My grandparents inspired my interest in gerontological social work, and have also been great cheerleaders from early on. I treasure them.

My biggest debt of gratitude goes to my dissertation advisor, Dr. Sue Pearlmutter, and to my parents, Jim and Karen Dakin. Through this journey, Sue has been, at various times, teacher, mentor, friend, and family to me. Her wisdom, caring, and humor contributed greatly to sustaining this effort, and her skillful editing was particularly valuable in trimming the excesses associated with a qualitative dissertation. As for my
parents, words here could not do justice to the gratitude and love I feel for the support that they have given me, during this process and throughout my life.

My deepest appreciation is extended to all those who helped make this study possible, including anyone not specifically mentioned here.
Older Women’s Perceptions of Ethical Dilemmas in Adult Protective Services:
An Exploratory Study

Abstract

by

EMILY K. DAKIN

This study examined older women’s perceptions of the definition of elder maltreatment and of three ethical dilemmas within Adult Protective Services: mandatory reporting and involuntary protective services (both of which illustrate the larger freedom versus protection dilemma); and the criminalization of elder maltreatment. Older women’s ethical decision-making processes in responding to these dilemmas were also examined.

An exploratory study was conducted utilizing a focus group design which consisted of a pilot focus group, eight focus groups, and a final member-check group. The eight focus groups were comprised of two working-class Caucasian groups, two working class-African American groups, one high socioeconomic status Caucasian group, one high socioeconomic status African American group, and two Latina groups. All of the study’s 88 participants were women age 60 or older.

Participants espoused a broad definition of elder maltreatment that included physical neglect, emotional neglect, physical abuse, verbal abuse, financial abuse, societal maltreatment, maltreatment by family and strangers, and abuse within nursing
homes. In responding to scenarios illustrating the study’s dilemmas, participants overwhelmingly favored protection over freedom (that is to say, favored mandatory reporting and involuntary protective service provision), and strongly favored the criminalization of elder maltreatment. Participants also emphasized the importance of prevention and early intervention in elder maltreatment cases, and the need for friends and family to take responsibility in helping to intervene in these cases. Latina participants emphasized the importance of family in responding to these dilemmas, and were particularly familiar with and tolerant of domestic violence. Caucasian participants showed a somewhat greater tolerance for verbal abuse, while African American participants held particularly favorable views towards intervening in the discussed scenarios. The high socioeconomic groups were the only groups to discuss the value of freedom in the freedom/protection dilemma.

These findings indicating public support for protective interventions should eventually be replicated using statistical methods and a larger, probability sample. Continued evidence of public support for these interventions warrants consideration by APS practitioners and policy makers who struggle with their ethical dimensions.
CHAPTER ONE: PROBLEM STATEMENT

Introduction

Introduction to the Study

This study examined older women’s perceptions of ethical dilemmas related to Ohio’s adult protective services (APS) system, the government system that investigates and intervenes in cases of elder abuse, neglect, and exploitation (collectively called “elder maltreatment”). The specific dilemmas examined in this study are mandatory reporting of elder maltreatment, involuntary protective services, and the criminalization of elder maltreatment. The first two dilemmas reflect the larger freedom/autonomy vs. protection/beneficence dilemma that has a prominent role within APS practice. Despite the considerable professional debate that has taken place about these dilemmas, research has not yet examined public views about them—particularly the views of older people, who may one day, be APS clients. This study also contributes to the theoretical understanding of moral reasoning and development, a theory base that has primarily been developed through research with younger adults. Specifically, the study sought to answer four research questions:

1) How does a sample of older women define elder maltreatment?

2) How does a sample of older women resolve the dilemma of freedom vs. protection?

3) How does a sample of older women resolve the dilemma of criminalizing elder maltreatment?

4) What do their responses to the freedom/protection and criminalization dilemmas tell us about their ethical decision-making processes?
Relevance of the Study to Social Work Practice

Adult protective services are part of the social work profession. Although there is no specific degree program requirement for APS workers, many APS workers are trained as social workers (i.e., have earned a bachelor’s or master’s degree from an accredited social work school) (Bergeron, 1999). Furthermore, the social work profession is committed to serving vulnerable and oppressed persons and groups of people (Reamer, 1998). The population served by adult protective services—vulnerable older adults experiencing maltreatment—clearly exemplifies this mission. Thus, early protective services demonstration projects recommended that the social work profession assume the lead role in dealing with the problem of elder maltreatment (Anetzberger, 2001), and APS systems have adopted social work values and practice models as they developed (Bergeron, 1999; Mixson, 1995; Otto, 2000). Specific APS values that have been informed by the social work profession include the importance of self-determination, participation in decision-making, use of the least restrictive alternative, the primacy of the adult, confidentiality, and maintenance of family. In addition, APS guidelines commonly state that practice is to be based on the social work model of problem solving, as opposed to a purely prosecutorial or psychological approach (Mixson, 1995; Otto, 2000). In summary, this study’s APS focus is relevant to social work practice because APS systems themselves are part of social work.

This study has the potential to improve APS practice by helping to fill a gap in knowledge. The literature concerning ethics and ethical dilemmas in elder maltreatment is non-empirical in nature, and mostly reflects the perspective of professionals—APS workers, attorneys, moral philosophers, and so on—while little has been written from a
public perspective. The older women interviewed in this study represent potential clients, and by examining their reasoning about ethical dilemmas in APS practice, this study introduces public viewpoints into the elder maltreatment and APS literature. Adding these new perspectives might allow the ethical dilemmas endemic to this area of social work practice to be managed with greater credibility and thoughtfulness.

Overview of Chapter One

This chapter introduces the topics of elder maltreatment and adult protective services, and describes dilemmas in APS work that were the focus of this study. I begin with background information about the nature and scope of elder abuse and neglect, and its history as an identified social problem. I then turn to a discussion of adult protective services which includes a description of the development of adult protective services in the U.S., basic information about Ohio’s APS system, APS values, and three dilemmas prevalent in APS work: mandatory reporting, involuntary protective services, and the criminalization of elder maltreatment.

Overview of Elder Abuse and Neglect

Because this study specifically concerns Ohio’s Adult Protective Services (APS) system, I have used definitions of elder abuse, neglect, and exploitation, referred to collectively as “elder maltreatment” from Ohio APS law. The latter term is argued to be less stigmatizing and more clear than using “elder abuse” to refer to abuse, neglect and exploitation (Hudson, 2001). (Issues related to the definition of elder maltreatment will be discussed further in Chapter Two). Although some states’ APS laws apply to all adults above a certain age (e.g., 18, 60 or 65), most states have criteria in addition to age alone (Tatara, 1995); Ohio APS law applies to any adult age 60 or above who, in
addition, is “handicapped by the infirmities of aging, has a physical or mental impairment which prevents him/her from providing for his/her own care or protection, and resides in an independent living arrangement” (Ohio Department of Job & Family Services[ODJFS], 2002). Ohio’s APS law also applies to certain adults under 60 with mental retardation and/or developmental disabilities; many states’ laws apply to all adults age 18 or above who are impaired in some way (Tatara, 1995). Under Ohio law, abuse is the infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish. Ohio law recognizes three forms of abuse: physical, sexual, and emotional. Neglect is the failure of an adult to “provide for himself the goods or services necessary to avoid physical harm, mental anguish, or mental illness or the failure of a caretaker to provide such goods or services” ([ODJFS], 2002). Exploitation is defined under Ohio law as the “unlawful or improper act of a caretaker using an adult or his resources for monetary or personal benefit, profit or gain” ([ODJFS], 2002).

Nature and Scope of the Problem

Numerous studies have provided valuable information about the nature and scope of elder abuse. Four studies in 1979 and 1980—Lau and Kosberg; Block and Sinnot; O’Malley; and Douglass and Hickey—are commonly acknowledged to be the earliest elder abuse research efforts (Anetzberger, 2001; Hickey & Douglass, 1981; Hudson, 1986; Lau & Kosberg, 1979). These early studies tended to use small, convenience samples to examine the nature and scope of the problem. In addition, they generally sampled the reports and perceptions of professionals, rather than comparison groups of abused and non-abused elders and their families. These studies established that the
The typical victim of elder abuse is an older (above 75) female with at least one mental or physical impairment. Most abusers were relatives of the victim and were under some form of stress (Anetzberger, Korbin, & Tomita, 1996; Hickey & Douglass, Hudson, 1986; Lau & Kosberg). Other early research (e.g., Anetzberger, 1987; Elder Abuse: An examination of a hidden problem, 1981; Pillemer, 1986; Wolf R. S., 1986) confirmed this initial profile of the typical victim. These studies also emphasized the role of psychopathology (e.g., mental illness or substance abuse) in the abuser, dependency on the part of both abuser and victim in contributing to maltreatment, and social isolation. This research also found stress to have an exacerbating, rather than causal, role in maltreatment, and found that victim and perpetrator profiles varied based on different types of maltreatment.

Following these initial efforts, more recent research has utilized larger, random samples, and more sophisticated statistical analyses to examine the nature and scope of the problem. For example, Pillemer and Finkelhor’s (1988) survey of older (65 and older), non-institutionalized adults living in the Boston area found a 3.2% prevalence rate of physical abuse, verbal abuse, and/or neglect (excluding self-neglect). Several international (e.g., Canada, Finland, Netherlands, Britain) elder abuse and neglect prevalence studies followed Pillemer and Finkelhor’s landmark study (Comijs, Pot, Smit, Bouter, & Jonker, 1998; Kivela, Kongas-Saviaro, Kesti, Pahkala, & Ijas, 1992; Ogg, 1993; Podnieks, 1992). Like Pillemer and Finkelhor’s study, these studies reported prevalence rates at or near 5% of the surveyed older adult populations. A community-based study of maltreatment among 2,812 elders in New Haven, CT, reported a 9-year prevalence rate of only 1.6%, including abuse (mental/physical), exploitation, and neglect.
(Lachs, Williams, O'Brien, Hurst, & Horwitz, 1997). This prevalence figure was based on the percentage of the population that was reported to APS, which may be why it was lower than the other studies’ estimates.

Prevalence research from Pillemer and Finkelhor’s 1988 study suggests that between 700,000 and 1,100,000 older adults in the United States are victims of elder maltreatment each year (Pillemer & Finkelhor, 1988; Tatara, 1993); this number doubles when self-neglect is included in this figure (Tatara, 1993). Estimates suggest that only one in six ([NCEA], 1998), one in eight (Elder abuse: A decade of shame and inaction, 1991), or one in 14 (Pillemer & Finkelhor, 1988), cases of elder mistreatment are reported. Perpetrators are most commonly family members, either adult children or spouses ([NCEA], 1998; Tatara, 1993). In addition, five types of perpetrators have been identified: 1) the overwhelmed, 2) the impaired, 3) the narcissistic, 4) the domineering, and 5) the sadistic (Ramsey-Klawsnik, 2000). The prevalence studies report inconsistent findings regarding the most common forms of maltreatment; adding to the confusion is the varying definitions of elder maltreatment used in the research. Often, however, multiple forms of elder abuse are committed simultaneously. For instance, it is likely that physical abuse is accompanied by psychological abuse and/or neglect (Berman, 1994; Choi & Mayer, 2000).

Risk Factors for Elder Maltreatment

Because of varying methodologies and definitions of elder abuse and/or maltreatment, it is very difficult to present a clear picture of risk factors for elder abuse and neglect. However, a number of fairly consistent findings related to risk factors do emerge despite the definitional and methodological variation across studies. Schiamberg
and Gans (1999; 2000) have worked to organize the risk factors into an applied ecological framework by arranging them along five levels of environment—microsystem, mesosystem, exosystem, macrosystem, and chronosystem. For conciseness, I discuss risk factors here in terms of victim characteristics, abuser characteristics, and gender.

Victim risk factors with the strongest support include cognitive and functional impairment, and a shared living arrangement with the abuser (Chen, Bell, Dolinsky, Doyle, & Moira, 1981; Choi & Mayer, 2000; Coyne, Reichman, & Berbig, 1993; Lachs & Pillemer, 1995; Lachs et al., 1997; [NCEA], 1998; Pillemer & Finkelhor, 1988; Wolf R. S., Godkin, M. A., & Pillemer, K. A., 1986). Living alone appears to be a risk factor for self-neglect and financial abuse, and substance abuse appears to be a risk factor for self-neglect (Choi & Mayer, 2000; Wolf R. S., Godkin, M. A., & Pillemer, K. A., 1986). Other risk factors include social isolation and/or perceived lack of social support among victims of maltreatment (Choi & Mayer, 2000; Kivela et al., 1992; Lachs & Pillemer, 1995; Phillips, 1983) and poor family relations (Chen et al., 1981; Kivela et al., 1992; Reis, 1997; Wolf R. S., Godkin, M. A., & Pillemer, K. A., 1986). The oldest old (over 75 and older) are more likely to be reported for abuse or neglect (Choi & Mayer, 2000; Lachs et al., 1997; [NCEA], 1998; Wolf R. S., Godkin, M. A., & Pillemer, K. A., 1986). Finally, rates of elder maltreatment do not significantly differ by religion, or educational or economic background (Pillemer & Finkelhor, 1988).

It is not clear whether ethnicity is a risk factor for maltreatment; Pillemer and Finkelhor (1988) did not find ethnicity to be a risk factor for maltreatment in their random sample population survey. Non-whites and low income individuals are underrepresented among reported abuse cases (Hall, 1987; Lachs et al., 1997; [NCEA],
1998), although this may reflect a reporting bias, rather than prevalence differences. An examination of substantiated elder maltreatment cases in Milwaukee, Wisconsin, found that ethnicity did not relate to the likelihood of being physically or financially abused, although Caucasians were more likely to experience self-neglect, and African Americans to experience caregiver neglect (Longres, 1992). Other research found that, after controlling for class-related variables such as income and husband’s occupation, African Americans were generally less likely than Caucasian Americans to engage in various forms of family violence (Cazenave, 1979). Clearly, no ethnic group is immune to elder maltreatment.

Three abuser risk factors have been identified in the research literature (Lachs & Pillemer, 1995). Family members with mental health and/or substance abuse issues are more likely to become abusive, as are those who are dependent on an elderly relative for housing, financial assistance, or other necessities (Abramson, 1985; Anetzberger, 1987; Anetzberger, Korbin, & Austin, 1994; Chen et al., 1981; Pillemer, 1986; Reis, 1997; Wolf R. S., Godkin, M. A., & Pillemer, K. A., 1986). In addition, deviant or violent behavior outside the family often indicates risk of abuse within the family (Pillemer, 1986). Research (Pillemer & Finkelhor, 1989) also indicates that physical and psychological abuse are more associated with abuser pathology than with victim problems, although neglect tends to relate to victim dependency (Choi & Mayer, 2000; Pillemer & Finkelhor, 1989; Wolf R. S., Godkin, M. A., & Pillemer, K. A., 1986). Financial abuse may be predicted by the abuser’s financial dependence and substance abuse, as well as by the victim’s mental health problems (Choi, 2000; Berman, 1994). In contrast, research has failed to establish a causal link between caregiver stress and elder
abuse (Anetzberger, 1987; Phillips, 1983; Pillemer & Finkelhor, 1989; Wolf R. S.,
Godkin, M. A., & Pillemer, K. A., 1986). It may be that caregiver stress has an
exacerbating, rather than causal, role in maltreatment (Anetzberger, 1987; Reis, 1997;

The role of gender as a risk factor is somewhat unclear. Pillemer and Finkelhor
(1988) found that men were at a greater risk for abuse, while women suffered more
serious abuse. They suggest that older men are more likely to be abused because they are
more likely than older women to live with someone, and living with someone is
predictive of abuse. Two international studies (Ogg, 1993; Podnieks, 1992) indicated
nearly equal prevalence rates between men and women, while a third (Kivela et al., 1992)
found higher rates of victimization among older women, but no gender difference in
prevalence rates among the oldest (75+) respondents. Several studies ([NCEA], 1998;
Tatara, 1993) have found women at be at greater risk for reported maltreatment, while
other studies do not find a significant gender difference in reported elder maltreatment
(Choi & Mayer, 2000; Lachs et al., 1997). A number of special considerations are related
to elderly men and elder maltreatment. A greater prevalence of substance abuse among
elderly men might increase susceptibility to maltreatment. Dependency of elderly
husbands might result in abuse that is a “payback” for earlier abuse that they had inflicted
on their wives and children (Kosberg & Bowie, 1997; Kosberg & Nahmiash, 1996). For
elderly women and maltreatment some issues include the proportionally greater number
of women in the older population in general, high poverty rates among older women, and
financial inability of many older women to leave an abusive spouse (Aitken & Griffin,
1996).
Although elder maltreatment is clearly a social problem affecting both older men and older women, this study focused on older women for two reasons: 1) in Ohio, more women than men are reported to and served by APS. I believed that it would be suitable to begin with this population; and 2) focus group methodology (see Chapter Three: Methodology) indicates that single-sex focus groups are preferable to mixed-sex focus groups, particularly when discussing sensitive topics (Krueger & Casey, 2000).

**Effects of Elder Maltreatment**

Research has documented higher rates of depression among elder maltreatment victims (Chen et al., 1981; Dyer, Pavlik, Murphy, & Hyman, 2000; [NCEA], 1998; Phillips, 1983; Pillermer & Prescott, 1989) than among elders who are not maltreated. Victims of elder maltreatment have also been noted to experience higher rates of fear, anxiety (Chen et al., 1981); anger, disappointment, grief (Comijs et al., 1998); resignation and withdrawal (Lau & Kosberg, 1979). Because this research is cross-sectional, it is difficult to determine empirically whether these symptoms are a cause or effect of maltreatment, although it is more reasonable to conclude that they follow maltreatment. One exception to the preponderance of cross-sectional research is a nine-year random sample longitudinal study of elders reported to protective services, which found a much higher mortality rate among maltreated elders than among elders who had not been reported to protective services—even after controlling for many factors (e.g., income, functional status) that might affect mortality (Lachs, Williams, O'Brien, Pillemer, & Charlson, 1998). The researchers speculate that elder maltreatment causes the victim to experience severe interpersonal stress leading to a higher mortality rate (Lachs et al., 1998; Wolf, 2000b). The consequences of financial abuse could include the loss of a
lifetime’s savings, and resulting loss of independence (Choi & Mayer, 2000). Anetzberger (1997) has grouped likely effects of maltreatment in physical, psychological, behavioral and social categories. The effects of maltreatment could all be expected to lead to premature institutionalization and death, as well as an overall diminished quality of life (Choi & Mayer, 2000).

Emergence of Elder Maltreatment as a Social Problem

Elder abuse has existed cross culturally across human history. Evidence for its longstanding nature comes from anthropological research (Glascock, 1990), and from analysis of literary sources such as Shakespeare (e.g. Hamlet’s murder of his uncle) and the Greek myths (Reinharz & Rowles, 1986). Behaviors such as murder or abandonment that lead to the death of elders have been commonly sanctioned in pre-industrial societies that lack the technology and wealth necessary to sustain a welfare state able to care for elders (Glascock, 1990). In other cases, pre-and post-industrial societies developed official cultural injunctions to provide compassion and care to one’s elders. Nevertheless, maltreatment of elders has occurred in these societies as well (Reinharz & Rowles, 1986; Stearns, 1986).

Despite its longstanding nature, elder abuse was a largely hidden problem until fairly recently, perhaps too repugnant for many to imagine actually occurring. The understanding of the family as a private unit may have helped to shroud the existence of elder abuse in secrecy (Steinmetz, 1978). In 1975, American physician Robert Butler published his Pulitzer Prize-winning book, Why Survive?: Being old in America, which described the problem of crime against the elderly, and coined the phrase “battered old person syndrome” (1975). The same year, the British Medical Journal published British
physician G. R. Burston’s now famous “granny-battering” letter that exposed abuse of elders by relatives (1975). These works created the outrage necessary for elder abuse to be viewed as a social problem warranting scholarly research and professional intervention (Leroux & Petrunik, 1990). Early protective services demonstration projects oriented towards neglected and incapacitated seniors had already been established by the 1960’s, and these projects also helped create awareness of the issue of elder maltreatment (see “Development of Adult Protective Services” section below) (Mixson, 1996). By the time that family violence researcher Suzanne K. Steinmetz published her 1978 article, “Battered Parents”, it was clear that the issue had captured professionals’ interest (Steinmetz, 1978).

_Elder Maltreatment: On the Rise?_

Given its longstanding nature, one must wonder why elder maltreatment has acquired the status of a social problem only at this particular time. One argument is that elder maltreatment is a problem of growing magnitude, while another perspective focuses on the growing awareness and recognition of the problem, rather than on the problem itself, and it is possible that both arguments have validity (Stearns, 1986). Factors suggesting an increase in the problem include: the growing number of frail elderly, who are most likely to suffer abuse; medical costs that surpass many elders’ fixed incomes and add burden to the caregiver’s family; and smaller family sizes that place caregiving responsibilities on fewer people (Steinmetz, 1981). Other factors include: increasing numbers of women caregivers needing to work outside the home and becoming consequently strained; declining parental authority; emotional tensions and alienation faced by workers in tightly regimented white-collar professions; increasing numbers of
“unskilled, poor, and transiently employed” workers (Stearns, 1986, p. 19); and the rising number of single-headed households. Many of these trends suggesting that elder abuse is on the rise continue today (Stearns, 1986).

At least three major factors suggest a growing awareness of abuse and neglect, whether or not actual rates are increasing. First, by the 1970’s old age itself was seen as a social problem due to the growing numbers of older persons, their political power, and the inaccurate perception that most elderly people are frail, sick and poor. In this sense, issues such as elder abuse and crimes against the elderly are examples of the larger, and more generalized problem area of old age (Leroux & Petrunik, 1990). Second, family violence as a general area of research served to sensitize the public to the issue of elder abuse. By the mid 1970’s, the public had already become sensitized to the general problem of family violence, with child abuse and wife abuse legitimized as social problems in the 1960’s and 1970’s, respectively (Anetzberger, 1986; Leroux & Petrunik, 1990; Rathbone-McCuan, 1980; Steinmetz, 1978, 1981). In her 1978 testimony before a committee of the U.S. House of Representatives, Dr. Suzanne Steinmetz stated:

Our knowledge about the battered elderly mirrors our knowledge of the extent of child abuse in the early 60s or the extent of our knowledge of wife abuse in the early 70s. If we were to label the 60s as the decade of interest in child abuse, and the 70s as the decade of wife abuse studies, then I predict, given the generally increasing concern for elderly and more specifically concern of abuse of elderly in public institutions, that the 80s will be the decade of the battered parent. (Anetzberger, 1986, p. 1)

Broader social change from the civil rights, antiwar and feminist movements during the 1960’s and 1970’s helped to bring about the change in values necessary to begin to look at family violence as an area of social concern (Wolf, 2000a). Third, sensitivity to the issue of elder abuse has been enhanced by the increasingly professionalized nature of care for the elderly as a result of smaller family sizes, women working outside the home,
and a growing population of dependent elderly individuals. Professionalizing care for the elderly helped to bring elder maltreatment into the public light, because professionals have a personal stake in identifying problems for which they can find solutions (Stearns, 1986).

Summary

This section introduced the topic of elder maltreatment. It first overviewed Ohio’s definitions of abuse, neglect, and exploitation (referred to here collectively as “elder maltreatment”), and then reviewed research concerning the nature and scope of the problem. Following this was a discussion of the emergence of elder abuse as a social problem, and a review of some of the demographic trends suggesting that it may be a growing problem. This overview provides the background for understanding adult protective services, the government system of investigating and intervening in elder maltreatment situations.

Adult Protective Services

Development of Adult Protective Services

Although elder abuse was not recognized as a social problem until the mid 1970’s, the origins of adult protective services in the U.S. actually pre-date the problem’s recognition. In 1958, the National Council on Aging formed an ad hoc committee of social workers to discuss the potential national need to develop some kind of elderly protective services. This committee, which was more concerned with neglected and incapacitated seniors than abused seniors, made recommendations that led to a number of studies, conferences, and research and demonstration projects in the 1960’s (Mixson, 1996; Otto, 2000). In addition, the Social Security amendments of 1962 allocated funds
to states to provide social, legal, and medical services (known collectively as “protective services”) to older adults who were unable to act on their own behalf due to physical or mental impairment, or who were neglected or exploited (Wolf, 2000a). The older adult recipients of these services were known as “protectives” (Blenkner, 1967; Blenkner, Bloom, Nielsen, & Weber, 1974). By 1968, six protective services programs had been funded by the federal government, although a U.S. Senate special committee identified fewer than 20 community protective services programs (Mixson, 1996).

These early beginnings (e.g., adult protective services demonstration projects, early protective service programs) created the momentum for federal involvement. In 1974, the United States Congress enacted the Title XX amendment to the Social Security Act to use Social Services Block Grant (SSBG) funds for the protection of adults and children. Congress mandated that, to receive Title XX funds, states would have to develop protective services for children, persons with disabilities, and older adults who were reported to be abused, neglected, or exploited (Mixson, 1996; Otto, 2000). By 1978, most states had either established adult protective services units (APS) in their public welfare (known today as human services) departments, or had contracted with outside agencies for these services (Wolf, 2000a).

Testimony by Suzanne Steinmetz at a 1978 joint hearing on domestic violence before the U.S. House Select Committee on Aging and a House subcommittee coupled with an increasing volume of mail received by the Committee detailing shocking stories of abuse, spurred an investigation, and series of hearings and reports on elder abuse (Cravedi, 1986). The Committee’s first hearing on elder abuse in 1979 resulted in the report, Elder Abuse: The Hidden Problem, published the same year. This report led to a

Further federal involvement eventually came with a small amount (about three million dollars) of additional elder abuse prevention funding beginning in 1991. This funding was authorized by 1984 and 1987 amendments to the Older Americans Act, which also created a National Center on Elder Abuse to provide technical assistance, training, and information dissemination (Congressman Royal, 1991; Mixson, 1996; Wolf, 1990, 2000a).

States had been creating their own laws and regulations for providing adult protective services, although they anticipated further federal involvement following the
passage of Title XX. Child protective services, for example, had developed with increasing oversight by the federal government, as seen by the Child Abuse Prevention and Treatment act of 1974, and states believed that the same would hold true in the field of elder maltreatment. Anticipating the passage of the Prevention, Identification, and Treatment of Elder Abuse Act of 1981, states began modifying their elder abuse-related laws to become compliant with its provisions, which included mandatory reporting of elder abuse (Capezuti et al., 1997; Cravedi, 1986; Elder abuse: A decade of shame and inaction, 1991; Elder Abuse: A National Disgrace, 1985; Mixson, 1996). However, because the proposed federal elder abuse bill never passed, state APS systems continued to develop quite independently from one another, and they therefore differ greatly along a number of dimensions (Mixson, 1996; Otto, 2000). These include: “age at … which a victim is eligible to receive protective services; the definition of abuse; types of abuse, neglect and exploitation that are covered; classification of abuse as civil or criminal; reporting (mandatory or voluntary); investigation responsibility and procedures; and remedies for abuse” (American Bar Association, 2001, Adult Protective Services Laws, Paragraph 2). States also vary based on whether APS laws cover only those persons living in the community (“domestic abuse”), or whether they also extend to individuals residing in institutions (“institutional abuse”) (American Bar Association, 2001).

By 1991, all states and territories were funding an APS or elder abuse program of one kind or another; and the late 1960’s and early 1970’s construct “adults in need of protection” had now become “victims of elder abuse, neglect, and exploitation” (Mixson, 1996; Wolf, 2000a, p. 27). In about two-thirds of the states, the agency responsible for the state administration of adult protective services lies within the department of social
services. In most of the remaining third, the responsible agency lies within state units on aging, and in some states, the agency resides within state health and rehabilitation departments.

Despite state variation in laws and administrative location, APS programs utilize similar service delivery models (Otto, 2000). As with child protective services, the primary functions of APS are to “receive and investigate reports of abuse, to assess client need, to coordinate or provide services to victims, and to pursue legal action against offenders, when indicated” (Anetzberger, 2000, p. 46). APS services generally begin with an initial report and investigation. These are followed by a comprehensive assessment, and a care plan designed both to ensure the clients’ safety and maximize her or his autonomy. Protective services recommended in the care plan may include emergency shelter, hospital care, home care and/or day care, guardianship, or criminal justice intervention. Usually, after the situation is stabilized, the APS case is turned over to other community agencies for ongoing case management and services (Wolf, 2000a).

Adult protective services have historically been under-funded and have benefited neither from extensive public involvement, nor from a developed ideological framework. Lack of public involvement and factors such as ageism may contribute to a low societal priority, underutilization, and under-funding of adult protective services. Similar factors have hindered APS in its ability to prevent (e.g., through public and professional education) and treat elder maltreatment (Berman, 1994; Capezuti et al., 1997; Crystal, 1986; Daniels, Baumhover, & Clark-Daniels, 1989; Elder Abuse: A National Disgrace, 1985; Elder Abuse: An examination of a hidden problem, 1981; Faulkner, 1982; Gilbert, 1986; Leroux & Petrunik, 1990). Yet, evidence indicates that awareness and use of adult
protective services is growing. For example, the number of APS reports increased from 117,000 in 1986 to 293,000 in 1996—a 150% increase (Tatara, Kuzmeskus, & Duckhorn, 1997).

**Rationale for This Study’s Focus on Adult Protective Services**

This study’s emphasis on APS dilemmas stems from the central importance APS plays in receiving reports, investigating, and intervening in cases of elder maltreatment. However, APS is not the only model or system for intervening in elder maltreatment situations. Protecting endangered elders is a collaborative effort, with cases requiring at times up to 10 agencies to achieve resolution, only one of which would be APS (Quinn & Tomita, 1997). The APS model is essentially a social casework and systems approach with a goal of providing a coordinated, integrated system of health and social services to enable the elder or vulnerable adult to continue living independently at home, protected from abuse. APS was modeled on the system for reporting on and responding to child abuse (An Information Paper Prepared for Use by the Special Committee on Aging, 1991; Nerenberg, 2000; Otto, 2000). Other systems using a similar model exist. For example, hospital multidisciplinary Adult Protective Teams, which operate within hospitals for assessment, planning and intervention in elder maltreatment cases (Parkins, 1996), function somewhat similarly to APS programs.

While assuming the lead role in addressing elder maltreatment, APS does not provide the only elder maltreatment intervention model. Alternative models include: 1) the domestic-violence model, which emphasizes victim empowerment; 2) the medical model, emphasizing “battered parents”; 3) the advocacy approach of the aging network; 4) the field of caregiving, with its services, resources and interventions that can relieve
stress and reduce the risk of abuse; 5) the criminal justice system, with its greater emphasis on dealing with the perpetrator; and 6) the multidisciplinary team model, which brings together experts from the fields of aging, adult protective services, geriatric medicine, and others to develop comprehensive care plans, promote coordination between agencies, and create familiarity with the outlooks, resources, and strategies employed by the team disciplines (Anetzberger, 2000; Nerenberg, 2000). Social work in the form of APS succeeded over other possible intervention models because:

1) abused elders initially were viewed in the same light as abused children, 2) elder abuse was defined as a social problem instead of a public health concern or a crime, and 3) adult protective services had already been established nationwide as a result of funding through Title XX of the Social Security Act of 1974. (Anetzberger, 2000, p. 46)

Although other elder maltreatment systems and models exist, this study emphasized adult protective services because, as the government-designated agency for receiving and responding to elder maltreatment cases, APS serves the largest role in initially investigating and responding to elder maltreatment. In addition, the mandatory reporting and involuntary protective services dilemmas examined in this study, dilemmas that have such prominence in the field of elder maltreatment, specifically relate to APS. For example, the court procedures for involuntary protective services examined as one of this study’s dilemmas exist within Ohio’s APS law. The criminalization dilemma also relates to APS, in asking whether the APS model should incorporate criminalization to a greater degree, which might occur if prosecutors were on staff at APS programs.

**Ohio’s APS System**

This study specifically concerned Ohio’s Adult Protective Services (APS) organization. Between July 1, 2000 and June 30, 2001, Ohio County Departments of Job and Family Services, in which each county’s APS is located, received 10,262 reports of
abuse, neglect, and exploitation against elders age 60 and over. Of these 10,262 reports, 1,019 were reports of abuse, primarily physical and emotional abuse, and approximately equal numbers of both. In addition, 947 were reports of exploitation, and 8,296 were reports of neglect. The latter category is divided between self-neglect (6,129 reports) and neglect by others (2,167 reports). There were 338 cases indicating that an emergency existed, in which case investigation is initiated within twenty-four hours; otherwise, investigation is initiated within three working days. Of the reported cases, 84.3% involved Caucasian reported victims, 14.6% involved African American reported victims, and 1.1% involved reported victims of other racial/ethnic backgrounds. The majority (80.8%) of the reported victims were 70 years old or older, and 65.7% were women. Approximately half (50.7%) of the reported victims lived alone, a reflection of the high number of self-neglect cases (Ohio Department of Job & Family Services [ODJFS], 2002).

Abuse, neglect or exploitation was substantiated, and protective services offered, in 6,324 of the 10,262 reported cases\(^1\) between July 1, 2000 and June 30, 2001. Protective services are intended to prevent and resolve cases of abuse, neglect, or exploitation through the least restrictive alternative, avoiding institutionalization if possible. They also have the goal of maximizing the adult’s self-determination. Protective services within Ohio’s APS system include case work services, medical care, mental health services, legal services, fiscal management, homemaker services, guardianship services, and the provision of basic needs such as food, clothing, and shelter. Of the 6,324 individuals offered protective services, 1,082 (17.11%) refused the

\(^1\) Included in this number are adults with mental retardation or developmental disabilities, who are also covered under APS law.
offered services, and 5,242 (82.89%) received services, either voluntarily, or through legal intervention (e.g., guardianship, involuntary protective services; see Dilemma 2: Involuntary Protective Services section below). Of the 5,242 individuals agreeing to receive services, 4,788 were elders age 60 and over (Ohio Department of Job & Family Services [ODJFS], 2002).

**Ethics and APS**

Ethics is derived from the Greek “ethos” or “ethikos”, meaning moral or character (Johnson T. F., 1995). The word “moral”, in turn, refers to principles of right and wrong in behavior (Merriam-Webster, 1986). The word “moral” stems from the word “more”, which refers to the normative, or value-based, customs of a cultural group (Johnson T. F., 1995). Thus, ethics is a guide to right and wrong behavior based on the values of a given cultural group (Johnson T. F., 1995).

In American culture, values pertaining to older people include those related to autonomy, privacy, beneficence, justice, nonmaleficence, fidelity, and accountability (Johnson T. F., 1995; Johnson, 1999). In addition, APS systems have their own guiding values. Anetzberger (Anetzberger, 1988, May) has identified the primacy of autonomy over beneficence as the most important principle of APS practice. The first two of these values—freedom/autonomy and protection/beneficence—are the most critical values within the elder abuse and APS literatures. Because these values compete, they cause the most difficulty to APS workers, and they reflect the ethical dilemma that underlies two of the specific dilemmas examined in this study (mandatory reporting, involuntary protective services). After reviewing autonomy and beneficence, I turn to a discussion of the specific dilemmas examined in this study.
The Principle of Autonomy

The word autonomy refers to the principle “freedom”. According to Beauchamp and Childress (1989), this word comes from the Greek words *autos* (“self”) and *nomos* (“rule,” “governance,” or “law”), and refers to Greek citizens’ self-rule, or their ability to make their own laws, in the early Greek city-states. Its current meaning refers to the ability of the individual to act freely for her or himself, while remaining free from external constraints and personal limitations that prevent free choice. Thus, an autonomous individual is one who makes choices 1) intentionally; 2) with understanding; and 3) without controlling influences that determine her or his action. Persons with diminished autonomy, on the other hand, have either external forces, such as imprisonment, or personal limitations, such as mental retardation or dementia, that render them incapable of either making plans or of acting upon plans. Autonomy is often considered the most important principle in APS work, meaning that above all else, the APS worker must help the client to achieve the greatest degree of autonomous decision-making possible (Beauchamp & Childress, 1989). The importance of autonomy leads to the emphasis on self-determination—the condition in which one’s behavior reflects one’s wishes, choices, and decisions—within social work practice. Self-determination is emphasized because it is seen as providing the most effective means of promoting growth and change in the individual (Abramson, 1985). The limits and dilemmas related to emphasizing autonomy are described below in the APS dilemmas section. The value of autonomy is emphasized in Lawrence Kohlberg’s (Gilligan & Attanucci, 1988; Kohlberg & Hersh, 1977; Levine, Kohlberg, & Hewer, 1985) justice moral orientation discussed in Chapter Two. The competing principle of beneficence/nonmaleficence is discussed next.
The Principles of Beneficence and Nonmaleficence

Nonmaleficence (the duty to not do harm) is often considered a part of beneficence (the duty to do good). However, Beauchamp and Childress (1989) treat them as distinct, though not easily separable, concepts. We can find the origins of these principles in the Hippocratic work, *Epidemics*: “As to disease, make a habit of two things—to help, or at least to do no harm.” (p. 120). Nonmaleficence is often prioritized above beneficence. Violations to this principle can include acts of both commission (causing harm) and omission (failure to guard against risks). Whereas nonmaleficence is concerned with *not* doing something, i.e., not inflicting harm—beneficence is essentially concerned about doing something, i.e., promoting good. Beneficence is a complex principle that is often considered to have 3 sub-principles, which are arranged here in order from most to least important: 1) one ought to prevent evil or harm; 2) one ought to remove evil or harm; 3) one ought to do or promote good. In addition to the provision of benefits (including the prevention and removal of harm and the promotion of welfare), the principle of beneficence also includes the utilitarian need to balance these benefits and harms (Beauchamp & Childress, 1989). Nonmaleficence and beneficence are also extremely important APS principles in that APS workers are duty-bound both to protect their clients from harm and to encourage their well-being. The value of beneficence is emphasized in Carol Gilligan’s (Gilligan & Attanucci, 1988) care moral orientation discussed in Chapter Two.

Ethical Dilemmas in APS Work

An ethical dilemma is a situation in which two or more values are in conflict with one another (Johnson T. F., 1995). The autonomy vs. protection dilemma is the most
dominant dilemma in the adult protective services literature; and is expressed by the question, “Should the civil liberties of the abused elder be removed in the interest of providing protection” (Anetzberger, Dayton, & McMonagle, 1997, p. 36)? Recognition of this dilemma goes back to the very earliest research on adult protective services, which expressed concern that clients’ liberties were being taken away in the interest of their protection (Blenkner et al., 1974). The term paternalism is often used when discussing this dilemma. Paternalism is “a form of beneficence in which the helping person’s concepts of benefits and harms differ from those of the client, and the helper’s concepts prevail” (Abramson, 1985). In the next section, I first describe two specific autonomy/beneficence dilemmas within adult protective services work, and then describe the third dilemma—whether elder abuse and neglect are more appropriately treated as social service or criminal issues.

**Dilemma 1: Mandatory vs. Voluntary Reporting of Elder Maltreatment**

The first autonomy vs. beneficence dilemma to be described here is whether reporting cases of known or suspected elder abuse or neglect should be mandatory or voluntary. Elder maltreatment is greatly under-reported, and Congressional reports indicate that it is much less likely to be reported than child abuse (Elder abuse: A decade of shame and inaction, 1991; Elder Abuse: A National Disgrace, 1985; Elder Abuse: An examination of a hidden problem, 1981) for many reasons. For example, it normally occurs within the privacy of the home, and victims may be reluctant to seek help. Victims’ reluctance may be due to guilt or shame that their children or loved ones abuse them, dependence on their abuser for their survival, assuming the blame for the abuser’s behavior, viewing abuse as a private family matter, or fearing reprisal if they complain
(Elder abuse: A decade of shame and inaction, 1991; Penhale, 1993; Pillemer & Finkelhor, 1988). Furthermore, elder abuse often goes unreported even when it does come to professionals’ attention (Clark-Daniels, Daniels, & Baumhover, 1990). Mandating the reporting of elder maltreatment is seen as one way of increasing the number of elder maltreatment reports.

The Prevention, Identification, and Treatment of Elder Abuse Act of 1981 was modeled after the Child Abuse Prevention and Treatment Act of 1974 (Capezuti et al., 1997; Faulkner, 1982; Wolf, 2000a), and promised federal funding only to those states with mandatory reporting laws. This bill, as indicated above, was never passed. States, however, anticipating its possible passage, moved increasingly and voluntarily to mandate reporting of known or suspected cases of elder maltreatment (variously defined). For example, the number of states with mandatory reporting statutes was 16 in 1980, 33 by 1983, and 42 by 1995 (Crystal, 1986; Elder abuse: A decade of shame and inaction, 1991; Tatara, 1995). Altogether, there are numerous reasons for this move towards mandatory reporting: the desire to increase reporting of elder maltreatment; the modeling of APS laws on child protective services laws, which mandate reporting; the desire for federal funding; legislators’ growing awareness of the issue, and the desire to appear to be doing something about it, while spending very little money doing so (see elder maltreatment reporting should be voluntary section below); and lobbying for this requirement by professionals such as social workers (see elder maltreatment reporting should be mandatory section below).

Depending on the state, mandated reporters can be designated professionals, or mandatory reporting can extend to all individuals living in the state (Capezuti et al., 1997;
Clark-Daniels et al., 1990; Moskowitz, 1998). The mandated professions vary somewhat state-to-state, but generally include attorneys; health professionals such as nurses, physicians, and dentists; social service professionals such as psychologists, social workers; and law enforcement personnel, such as police officers. The move towards mandatory reporting reflects the parallels that have been drawn between child abuse and elder abuse, since all states mandate child abuse reporting (Faulkner, 1982). In contrast, spousal abuse laws do not mandate reporting, unless a case constitutes both elder abuse and spousal abuse. In the latter case, the relevant state’s elder abuse law would indicate whether or not reporting is mandatory. Arguments for and against mandatory reporting are presented next.

_Elder maltreatment reporting should be voluntary._

The debate over this issue has been fierce, and proponents on both sides have compelling arguments. Numerous arguments oppose mandatory reporting, largely emphasizing the value of autonomy over beneficence, and the inappropriateness of modeling elder abuse reporting laws on child abuse laws. It is argued that modeling the reporting requirements of elder abuse laws on child abuse laws is inappropriate given the greater legal, economic and emotional independence of adults in comparison with children (Faulkner, 1982; Penhale, 1993). When state APS laws concern only adults over a certain age (e.g., 60 or 65) as is the case in Ohio, rather than all adults over 18, mandatory reporting and other APS practices are argued to be ageist (Faulkner, 1982). An elder abuse or neglect report leads to an intrusive and stigmatizing investigation, with resulting losses in values such as privacy and confidentiality (Faulkner, 1982; Gilbert, 1986). In many cases the abused elder does not want a report to be made, and may not
even perceive abuse to be occurring. In fact, in one study of self-neglecting elders, 90% of elder abuse investigators reported that their clients objected to their visit, and these investigators themselves felt that their visits were intrusive (Longres, 1994). An elder maltreatment report leads to an investigation of elder maltreatment that is argued to violate older people’s civil liberties, specifically the principle of informed consent. The reporting and subsequent investigation of elder maltreatment is a type of health or social service intervention, and the principle of informed consent states that, unless a person is incompetent, he or she has the right to accept or refuse such an intervention. By denying an individual the ability to accept or refuse the report and investigation, this policy, then, operates from the assumption that she or he is incompetent to accept or decline this intervention (Gilbert, 1986). This is argued to be an inappropriate application of parens patriae, or the state acting as the parent for those who cannot protect themselves (Faulkner, 1982). The suggested alternative would be to report and investigate only cases of elder maltreatment involving either consenting clients and/or clients who are legally incompetent.

In addition, mandatory elder abuse reporting may actually cause clients harm by creating the false expectation that help is available, when services are often severely limited and under-funded or unavailable (Berman, 1994; Capezuti et al., 1997; Crystal, 1986; Daniels et al., 1989; Elder Abuse: A National Disgrace, 1985; Elder Abuse: An examination of a hidden problem, 1981; Faulkner, 1982; Gilbert, 1986). In fact, evidence exists that the lack of appropriate services significantly constrains mandated reporters from making reports (Clark-Daniels et al., 1990). When services are unavailable, institutionalization often becomes the only option. In one early and classic study of adult
protective services, older adults receiving protective services (“protectives”) actually died at a higher rate than those not receiving protective services because the protectives were more likely to be institutionalized, and institutionalization was more likely to lead to death. Therefore, mandatory reporting may lead to solutions, such as institutionalization, which are worse than the problem. Thus, mandatory reporting, in attempting to adhere to the principle of beneficence, may violate the principle of nonmaleficence, often prioritized above beneficence (Beauchamp & Childress, 1989; Faulkner, 1982).

Additionally, not all cultures share our culture’s understanding of abuse. As one example, East Indian families often have a more communal understanding of money than Westerners. Behaviors that could be defined as financial exploitation in Western culture, such as a grandchild subsisting on a grandparent’s social security check, may be viewed as acceptable within East Indian culture. Intervening in this case by making a report and conducting an investigation could very well be harmful, and could violate the principle of nonmaleficence (Nagpaul, 1997).

Finally, because the issue of elder maltreatment has received so little attention in professional credentialing and training programs, mandated reporters often do not know how to recognize abuse, that reporting is required, or how to go about making a report (Clark-Daniels et al., 1990; Daniels et al., 1989). In addition, prosecutions virtually have been nonexistent for professionals who failed to report despite knowledge of maltreatment (Moskowitz, 1998). Related research has shown that public and professional awareness of elder maltreatment and confidence in public systems dealing with it are more important for case identification than are mandatory reporting laws (Clark-Daniels et al., 1990; Silva, 1992). In-home services are more important for
prevention and treatment than are mandatory reporting laws (Silva, 1992). Others have indicated that most cases of elder maltreatment would come to the attention of the helping professions without a mandatory reporting statute (Faulkner, 1982).

*Elder maltreatment reporting should be mandatory.*

Proponents of mandatory reporting believe that it is an essential means of increasing the number of elder maltreatment cases reported to APS (Clark-Daniels et al., 1990; Moskowitz, 1998). Those in favor of mandatory reporting cite the growing number of reported cases as states increasingly have moved toward mandatory reporting. For example, the number of APS reports increased from 117,000 in 1986 to 293,000 in 1996, a 150% increase (Tatara et al., 1997). Mandatory reporting proponents, placing beneficence over autonomy, emphasize the benefit that can come from the APS investigation. For example, the majority of APS clients accept the APS investigation and consequent services (Duke, 1997; Longres, 1994; Services, SFY 2000). Second, many APS cases involve clients who are incompetent, frequently due to dementia. A client must be adjudicated incompetent in order to receive involuntary services beyond the original APS investigation. The competency hearing frequently is arranged by the APS worker investigating the case. Thus, many incompetent individuals who clearly require assistance would not receive this help without mandatory reporting and the subsequent investigation by an APS worker. Finally, many professionals have lobbied for the legal support that comes from mandatory reporting in order to feel more comfortable reporting (Anetzberger, 2002; *Elder abuse: A decade of shame and inaction*, 1991).

*Dilemma 2: Involuntary Protective Services*
Another dilemma exemplifying the conflict between autonomy and protection involves the provision of involuntary protective services, which are defined as “interventions initiated by APS social workers, without the consent of the affected adult, for the purpose of safeguarding the vulnerable adult who is at risk of abuse, neglect or exploitation” (Duke, 1997, p. 52). These services are considered involuntary because: 1) the recipient lacks the capacity necessary to consent to the services; 2) no person (such as a guardian) is authorized to consent on his or her behalf; and 3) the intervention is ordered by the court of jurisdiction (Duke, 1997). Although the mandatory investigation following an elder abuse or neglect report is technically an involuntary protective service, this term usually refers only to court-ordered services provided as a result of an investigation. Involuntary protective services typically involve time-limited services, such as a geriatric assessment, medical treatment, or nursing home placement (Duke, 1997).

Involuntary protective services represent one of several types of involuntary services. The statutes for involuntary protective services usually appear in a state legislature’s public welfare sections (Schimer & Anetzberger, 1999). Guardianship, another involuntary service, involves the appointment of a court-ordered guardian to manage an individual’s care and/or property (Duke, 1997; Regan, 1983). Guardianship statutes usually appear within a state’s probate chapters (Schimer & Anetzberger, 1999). Both involuntary protective services and guardianship must be court-ordered. Paternalism in the form of a guardianship or involuntary protective service order is seen widely as justified when the client involved is unable to make informed decisions or understand the consequences of decisions, the decisions have far-reaching and
irreversible consequences, and his or her future autonomy can be ensured by time-limited interference (Abramson, 1985). Both guardianship and involuntary protective services require that the individual has demonstrated impaired decision-making capacity. In addition, APS law for involuntary protective services requires showing that an individual is unable to make “reasonable” decisions. Because of the subjective nature of the “reasonableness requirement”, involuntary protective services may be more readily granted than guardianships. Nonetheless, involuntary protective services often are seen as preferable to guardianships because they involve the restriction of fewer civil liberties. This occurs because APS law, which governs involuntary protective services, also requires that the “least restrictive alternative” must be used. Thus, protective services tend to be discrete and time-limited, as opposed to the more ongoing nature of a guardianship (Schimer & Anetzberger, 1999).

The process of arranging guardianship and involuntary protective services works as follows in Ohio. An APS worker confirming elder maltreatment (abuse, neglect, self-neglect, or exploitation) will develop a client service plan to address the maltreatment, an activity that emphasizes the principle of beneficence. However well-intended and appropriate, these services are frequently refused by the client, which results in the closure of the protective service case (Dayton, 2001). While a client has a right to refuse services if he or she is competent, a client who is declared legally incompetent and/or incapacitated by a judge may have services provided, even against his or her will. This reflects the widespread belief that paternalistic intervention is justified when a client lacks decision making capacity. Incompetence is a legal term referring to a judge’s determination that a client lacks decision-making capacity. The judge’s determination of
incompetence is based on a clinician’s (physician or psychologist) assessment that the client is in need of a guardian. Upon declaring a client legally incompetent, the probate court judge can order the provision of a guardian for the client (Dayton, 2001). In Ohio, incapacity is a legal term referring to the client’s inability to make informed and reasonable decisions. In other states, however, this is a clinical, rather than legal, term (Olsen, 1995). Incapacity may be temporary or long-term and caused by a wide range of conditions. It is a broader category than the extreme of incompetence. Upon declaring a client incapacitated, the probate court judge can order the provision of involuntary protective services (Dayton, 2001).

In addition, under Ohio APS law, older adults can become the recipients of court-ordered emergency involuntary protective services even when they have not been found legally incompetent or incapacitated. Ohio APS law allows for the provision of an emergency protective order on a temporary basis (14 days) under 3 conditions: 1) the adult is incapacitated; 2) an emergency exists; and 3) no person authorized by law to give consent is willing or available ("Emergency provision for protective services, 78146 R.C. § 5101.69," 2001). Typically, an emergency protective service order will be granted for a service such as a doctor’s assessment to determine mental status (Cassidy, 2001), or hospital treatment for a cognitively impaired older person who is severely malnourished and dehydrated (Capezuti et al., 1997). Following the 14 day emergency involuntary protective service period, a petition can be reissued to continue protective services with an involuntary protective service order, i.e., 78139 R.C. § 5101.65 ("Emergency provision for protective services, 78146 R.C. § 5101.69," 2001).
The primary dilemma within involuntary protective services lies in determining whether the adult is actually incapacitated—i.e., capable of making informed and reasonable decisions (Duke, 1997; Olsen, 1995). The recipients of involuntary protective services can be described as “invisible” members of society, who tend to live on the social periphery. Often, these individuals demonstrate self-neglect, hoarding behaviors, and/or appear to have some form of dementia. Often, it is difficult to determine whether such individuals are merely eccentric, or whether they fundamentally lack the capacity to make decisions (Duke, 1997; National Center on Elder Abuse, 1998). Furthermore, competency and capacity are not constants; an individual’s decision-making ability may fluctuate day-to-day or even hour-to-hour based on factors such as medicine, diet, illness, and time of day. Complicating the issue even further is the fact that, to date, there has been no national consensus on legal definitions for “incompetent” or “incapacitated”; thus, standards vary across the states (Schimer & Anetzberger, 1999). It is not surprising, then, that professionals such as physicians often do not know how to determine capacity (Kern, Annas, & Glantz, 1994 as cited in Olsen, 1995).

Involuntary protective services should not be provided in cases of indeterminate client capacity.

Skeptics of involuntary protective services cite their potential to be misused and to do harm, and this position favors the value of autonomy over beneficence. For example, the refusal to accept “reasonable” services has, at times, been considered sufficient evidence that involuntary services are warranted. The danger in such cases is that involuntary protective orders may be justified by age alone (Faulkner, 1982). Furthermore, research has found that although physicians in general, and psychiatrists in
particular, know the standard for competence, they may apply it incorrectly (Markson, Kern, Annas, & Glantz, 1994). This suggests that court testimony regarding client competence incorrectly might undermine patient autonomy. In addition, it is important to remember that involuntary protective services are court-ordered services that the client does not want. Often, a client who is incapacitated, as a result of Alzheimer’s dementia, for example, will simply receive services without comment. In such cases, there is no need to receive a court order for treatment because there is no unwilling party (Dayton, 2001). However, when the client clearly does not want the services, even though he or she is incapacitated, it is possible that forcing these services may do more harm than good. For example, McLaughlin (1988) describes working as an APS worker and receiving a call one frigid winter night about an elderly man who was living in an isolated trailer home with no modern conveniences and barely adequate temperature. This man was one of the many “gray” cases of indeterminate capacity. McLaughlin decided to pursue an emergency protective order to have the man sent to a nursing home where he would be warm, safe, and comfortable. However, the man became terrified upon learning that he was to be sent to a nursing home. McLaughlin left him in the trailer after deciding that taking the man to the nursing home would have been a violation to him.

*Involuntary protective services should be provided in cases of indeterminate client capacity.*

Others support the careful and appropriate provision of involuntary protective services, a position that emphasizes the value of beneficence over autonomy. These services have the potential to do much good, and in fact, clients with fluctuating and/or indeterminate capacity may come to greatly appreciate the provided services. In addition,
the potential misuse of involuntary protective services does not mean that these services should not be provided; rather, they must be provided with great care and judiciousness (Duke, 1997). Indeed, any number of potentially beneficial societal functions can be and are misused; our society is familiar with the problem of police brutality, yet few people would argue that we should do away with the societal role that police officers play. There is also the pragmatic argument that it is realistic and necessary for APS workers to balance the client’s self-determination with the safety and well-being of others. For example, an APS worker may have to balance the client’s desire to avoid institutionalization with the deteriorating health and well-being of the home caregiver (Duke, 1997; Hayes & Spring, 1988). Furthermore, an individual’s personal autonomy can also conflict with the public good (Landau, 1998). Cases involving hoarding, for example, can create significant public health threats, since hoarding often brings about vermin, rodents, and significant fire hazards (Branigan, 2001). While the APS worker’s primary responsibility lies with the client, it is unrealistic to assume that the worker will never have to consider the needs of others in relation to the client (Duke, 1997; Hayes & Spring, 1988).

**Dilemma 3: The Criminalization of Elder Maltreatment**

I now turn to the third dilemma examined in my study—that is, whether elder maltreatment is more appropriately treated as a social service issue or as a crime. This dilemma does not generally relate to the larger autonomy/beneficence dilemma, except in cases where prosecuting an abuser would violate a victim’s wishes. Traditionally, elder abuse has not been viewed as criminal conduct, and if cases were reported at all, they were reported to APS, which uses a social case work model, and has not typically
collaborated with law enforcement. This may reflect factors such as discomfort with a criminal justice response among many working within APS, as well as the general lack of awareness, collaboration, or coordinated response between APS and law enforcement. (Blakely & Dolon, 2000; Heisler, 2000; Otto, 2000).

The 1990’s saw a growing understanding of the criminal justice system as an important mechanism for stopping maltreatment, protecting the victim, and holding the perpetrator accountable in serious elder maltreatment cases (Heisler, 2000). However, the value of a criminal justice approach remains highly controversial and states differ from one another in the level of integration and coordination between APS and criminal justice systems; lack of coordination remains an issue in many places (Blakely & Dolon, 2000). Many states have created laws and sentencing enhancements specific to elder abuse cases that can be used in addition to preexisting criminal statutes (Heisler, 2000). For example, in 1995, 23 states had APS laws providing that elder abuse (variously defined across states) is a crime (misdemeanor or felony), and many of these laws specify penalties for abusers (American Bar Association [A.B.A.], 2001; Tatara, 1995). Furthermore, at least one-third of state jurisdictions designate law enforcement agencies as the proper recipients of elder abuse reports (Plotkin, 1988 as cited in Formby, 1992).

Ohio’s APS system currently works with elder abuse as a social service issue and cases go directly to APS, rather than to a law enforcement agency. In addition, Ohio’s APS systems do not have staff prosecutors or detectives. APS law in Ohio is not criminal law; it does not specify elder abuse as a crime, or specify penalties for abusers. Many forms of elder abuse, such as physical assault or financial fraud, are crimes under pre-existing criminal statutes and subsequent laws. However, Ohio APS law itself does not
handle these situations; an APS worker investigating a case involving physical abuse would have to go outside the APS system and into the criminal justice system in order to adjudicate the abuse as a crime. If the worker did so, the case would be handled in the criminal justice system in the same way as any other physical assault case (Dayton, 2001). An additional related issue is whether certain types of elder abuse not already covered under pre-existing criminal statutes should be considered crimes. Most forms of neglect, both active and passive, would not be handled under criminal statutes. Also, unless it involves threats, verbal/psychological abuse is not a crime. Both issues—establishing APS systems to a greater extent as criminal justice systems, and criminalizing additional forms of elder maltreatment—are controversial (Dayton, 2001).

_Elder maltreatment should be handled as a problem requiring social service intervention._

Some feel that it is more effective to deal with elder maltreatment as a social service problem than to approach it as a new area of criminal justice (Formby, 1992, p. 122). For example, evidence suggests that interventions aimed at aiding the caregiver may be more effective than pursuing criminal sanctions (Ansello, King, & Taler, 1986). In many instances, criminal statutes actually may harm the individuals they are trying to protect. For example, if the abuser is the victim’s caregiver, and the abuser is imprisoned for abuse, then the victim may suddenly find her or himself in the potentially life-threatening situation of being without necessary care (Formby, 1992). In addition, abuse perception may be culturally determined to some extent (Hudson, 1994; Hudson et al., 2000; Hudson et al., 1999; Hudson & Carlson, 1998, 1999; Malley-Morrison, Soon You, & Mills, 2000; Moon & Benton, 2000; Moon & Williams, 1993; Nagpaul, 1997); and it
is problematic to criminalize behavior that is not perceived as abusive in some cultures (Anetzberger, 2001). Furthermore, abused elders may be less likely to report abuse if they believe that their caregivers will receive criminal sanctions (Crystal, 1986 as cited in Crystal, 1986). Finally, many forms of elder maltreatment (such as physical assault) are crimes under preexisting criminal statues, and making such behaviors crimes again under additional elder abuse legislation would be redundant (Formby, 1992).

Those against criminalizing elder maltreatment often voice particular opposition to the criminalization of caregiver neglect. Caregiver neglect criminal statutes are based on the assumption of familial obligation for caregiving, an obligation that is difficult to prove legally. In addition, criminalizing caregiver neglect may be inconsistent with fundamental requirements of criminal law, for example, the need to demonstrate “criminal intent”. Two particular points need to be made regarding the need for criminal intent. First, criminal statutes specific to elder abuse often concern behaviors, such as caregiver neglect, that are committed against a “protected person” (i.e., an individual lacking competence). Such statutes typically are modeled on child protective services legislation. In order to demonstrate criminal intent, the caregiver would have to know ahead of time that the older adult was a protected person. However, when we assume that the older person is competent, we cannot know ahead of time that he or she would be considered a protected person. Conversely, if we do assume ahead of time that an individual is a protected person, this presumed competence is denied from the outset. Second, many instances of caregiver neglect are based on ignorance or stress, rather than on premeditated criminal intent to harm (Formby, 1992).

_Elder maltreatment should be handled as a criminal justice issue._
On the other hand, other people believe that elder maltreatment should be treated as a criminal issue. They argue that criminalizing elder abuse and neglect acts as a powerful social deterrent, one that sends the message that abuse is a public concern—not a private “family matter”. Conversely, treating this issue as a problem requiring social service intervention risks denying justice by minimizing the caregiver’s wrongdoing. Those in favor of criminalization believe that giving the criminal prosecutor responsibility for the charges protects the victim from the abuser threatening, coercing, or manipulating him or her into not pressing charges, and teaches the abuser that these tactics are ineffective. Through various sentencing alternatives, criminalizing elder abuse may be used to stop the abuse, protect the victim from further abuse, and provide restitution to the victim (Heisler, 1991, 2000). Three specific recommendations for criminalizing elder maltreatment to a greater extent in Ohio are: 1) cross referencing the current relevant criminal codes within the APS codes, which would assist APS social workers in working with prosecutors to identify when cases are appropriate to handle criminally; 2) amending Ohio APS law to identify types of intentional or reckless maltreatment as a crime and implement state penalties for perpetrators; and 3) having prosecutors and detectives on staff at Ohio APS programs as a means of enhancing coordination and collaboration between law enforcement and APS (Dayton, 2001).

Those in favor of criminalization are able to respond to two arguments from those who favor treating elder abuse and neglect as social service issues. First, while some forms of elder abuse and neglect are unintentional—the result of ignorance or stress—in other instances, the abuse or neglect is clearly intentional, and meant to cause harm and suffering (Anetzberger, 2001; Dayton, 2001). In such cases, criminalizing elder abuse
can be especially appropriate and may serve as a social deterrent. Furthermore, criminalizing elder abuse may be a means of facilitating effective social service interventions that would not occur unless they were court-ordered. In many instances the elder abuse perpetrator may have a mental illness or a substance abuse problem. If the abuser is criminally adjudicated, he or she can be required to obtain mental health or substance abuse treatment; when elder abuse is not criminalized, the perpetrator is neither accountable for his or her actions, nor required to take any action towards rehabilitation or victim restitution (Heisler, 1991). The perpetrator would need to become a greater focus of elder maltreatment interventions for this to occur (Anetzberger, 2001). Finally, some note that concerns were similarly voiced when child abuse became more criminalized several decades ago. Now, however, this more criminalized approach to child abuse is generally accepted, although it has not stopped child abuse from occurring (Anetzberger, 2001; Dayton, 2001).

**Summary of Adult Protective Services**

This section began with an overview of the development of adult protective services in the United States. It included a discussion of the origins of protective services, the role of federal and state governments in the development of adult protective services, and a brief description of Ohio’s APS system. The latter parts of this section were devoted to ethical values and dilemmas in APS work. I described three dilemmas: one involved mandatory reporting, a second concerned involuntary protective services, both of which reflect the larger autonomy and beneficence dilemma; and the third dilemma discussed criminalization of elder maltreatment.

Chapter Summary
Ethical dilemmas in adult protective services work constituted the social problem of concern in my study. This chapter introduced this topic by providing a foundation of knowledge about elder maltreatment, describing the development of adult protective services, and reviewing the specific ethical dilemmas in adult protective services that were examined in my study. This background provides the foundation for the next chapter, which reviews the empirical literature on perceptions of elder maltreatment, and the theoretical literature concerning moral reasoning and development.
CHAPTER TWO: EMPIRICAL AND THEORETICAL LITERATURE

Introduction

This chapter provides the empirical and theoretical frameworks for my study examining older women’s decision making around regarding ethical dilemmas in APS work. The Empirical Literature section reviews the development of elder abuse research from its early focus on basic questions involving the nature and scope of the problem to its more recent foci, which include developing a definition of elder maltreatment and examining public perceptions of elder maltreatment. My study is located within the latter stream of research, which primarily concerns public perceptions around of the definition of elder maltreatment. The Theoretical Literature section applies theoretical literature about moral reasoning and development to this study’s examination of older women’s ethical decision-making processes. Lawrence Kohlberg’s theory of moral development is reviewed, Carol Gilligan and Anthony Cortese’s critiques of this theory are discussed, Gilligan’s alternate understanding of female moral reasoning is described, and this literature is then applied to this study. This chapter closes by stating the research questions that flow from the elder maltreatment perception research and theoretical literature concerning moral development and reasoning.

Empirical Literature

Development of Elder Maltreatment Research

Four studies in 1979 and 1980—Lau and Kosberg; Block and Sinnot; O’Malley; and Douglass and Hickey—are commonly acknowledged to be the earliest elder abuse research efforts (Anetzberger, 2001; Hickey & Douglass, 1981; Hudson, 1986; Lau & Kosberg, 1979). Using primarily convenience samples (Block & Sinnot’s study used a
random sample), these studies examined the basic nature and scope of the problem (Anetzberger, 1987; Hickey & Douglass, 1996; Lau & Kosberg). Other early researchers and practitioners (e.g., Anetzberger, 1987; Beck, 1981; Beck & Phillips, 1983; Chen et al., 1981; Pillemer & Finkelhor, 1988; Pillemer, 1986; Steinmetz, 1981; Wolf R. S., Godkin, M. A., & Pillemer, K. A., 1986) in the field of elder abuse continued this focus, emphasizing the existence, prevalence and etiology of the problem, and characteristics of abusers and victims. More recently (from the late 1980’s on), research efforts have included developing a comprehensive operational definition of elder maltreatment (described further in the next paragraph), and examining the meaning of elder maltreatment across settings and groups (Anetzberger et al., 1996; Malley-Morrison et al., 2000; Utech & Garrett, 1992). My study is situated within this latter research stream.

No thorough discussion of elder abuse or adult protective services is complete without mention of the definitional concerns frequently cited in the literature. The definition of elder maltreatment is important because it forms the basis for prevention, recognition, reporting, and treatment efforts; a lack of definitional uniformity can lead to mislabeled cases, inappropriate interventions, and outcomes that are unresponsive to elderly clients (Moon, 1993). The issue of definitions is particularly salient for this study, since the public perception research reviewed in this chapter is primarily concerned with the definition of elder maltreatment. Historically, definitional differences across research studies have severely limited the ability to draw consistent and meaningful conclusions (Hudson, 1986, 1991). As a result, numerous elder abuse researchers have expressed the need for a uniform, comprehensive operational definition
of elder abuse, or elder maltreatment/mistreatment (e.g., Hudson, 1991; Johnson, 1986; Utech & Garrett, 1992), and several of these researchers (e.g., Hudson, 1991; Johnson, 1986) have worked to develop such a definition. Hudson’s work in this area is particularly important since it forms the basis of several studies (i.e., 1994; Hudson et al., 2000; Hudson et al., 1999; Hudson & Carlson, 1998, 1999) described in later in the Empirical Perspective Section.

Hudson (1991) inductively developed a taxonomy of elder mistreatment and definitions of its categorical concepts through a three-round Delphi survey with a national panel of elder mistreatment experts. The taxonomy developed through this approach was based on perpetrator behaviors and included five levels, shown in Table 1 below.

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2 The Delphi method is a technique used to provide an impersonal, anonymous gathering of expert opinions without bringing experts together face-to-face. It is a rapid and relatively efficient means of obtaining the best thinking of an expert panel via an objective mechanism of shared responsibility. In this study, the Delphi method provided a means of incorporating expert perspectives from diverse professional backgrounds, as well as content and construct validity, into a taxonomy and definitions of elder maltreatment (Hudson, 1991).
Table 1. Hudson’s Taxonomy of Elder Maltreatment

<table>
<thead>
<tr>
<th>Level and Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1&lt;br&gt;&lt;i&gt;Principle: Violence involving older adults&lt;/i&gt;</td>
<td>Elder mistreatment is a form of violence, and is distinguished from violence involving persons of other ages.</td>
</tr>
<tr>
<td>Level 2&lt;br&gt;&lt;i&gt;Principle: Relationship between perpetrator and victim&lt;/i&gt;</td>
<td>Elder mistreatment does not include self-mistreatment or crime against elders by strangers. The perpetrator’s relationship to the victim can be personal/social relationship (e.g., family member or friend) or professional/business relationship (e.g., home care aide).</td>
</tr>
<tr>
<td>Level 3&lt;br&gt;&lt;i&gt;Principle: How the destructive behavior is carried out&lt;/i&gt;</td>
<td>Elder mistreatment can be carried out by commission (abuse) or omission (neglect).</td>
</tr>
<tr>
<td>Level 4&lt;br&gt;&lt;i&gt;Principle: Purpose motivating the destructive behavior&lt;/i&gt;</td>
<td>Elder mistreatment can be intentional or unintentional.</td>
</tr>
<tr>
<td>Level 5&lt;br&gt;&lt;i&gt;Principle: The specific type of destructive behavior&lt;/i&gt;</td>
<td>Elder mistreatment occurs in physical, psychological, social and financial forms.</td>
</tr>
</tbody>
</table>

Note: Table adapted from Hudson (1991).

Hudson developed definitions for each level of the taxonomy, and the overall definition of mistreatment developed as a result of this survey was:

... destructive behavior that is directed toward an older adult, occurs within the context of a relationship connoting trust and is of sufficient intensity and/or frequency to produce harmful physical, psychological, social and/or financial effects of unnecessary suffering, injury, pain, loss, and/or violation of human rights and poor quality of life for the older adult. (p. 14)

Despite the experts’ general agreement with the final taxonomy and definitions, there were a few areas of disagreement. The panel had difficulty reaching agreement on some aspects of neglect, and there was also some disagreement as to whether dependence is an inherent characteristic of neglect.

Elder abuse researchers have recognized that any elder abuse or maltreatment definition is largely meaningless if it does not also include public understandings in addition to expert understandings. Thus, research on the meaning of elder abuse across settings and groups has logically followed efforts to establish its definition. As Hudson (1994) writes, “In order to base the classification and definitions of elder abuse and
neglect on sound empirical information, the multiple perspectives of diverse populations of Americans are needed” (p. 57). More specifically, Hudson has argued that diverse, public perspectives regarding the definition of elder maltreatment are needed because: 1) the public plays an important role in preventing, detecting, reporting and treating maltreatment, and therefore any definition that excludes public perspectives is inadequate; 2) without public involvement in elder maltreatment definitions, these definitions are insensitive to the public they are intended to serve; and 3) definitions need to include the meaning of elder abuse as understood by those who are at risk for, or experience, abuse.

Studies Concerning Public Perceptions of Elder Maltreatment

The 1990’s saw the development of a new stream of research addressing the need for public perceptions concerning elder maltreatment. This new stream of research began with Webster and O’Toole (1990), who compared public and layperson perceptions about the definition of child, spousal, and elder abuse. This section reviews the empirical literature concerning public perceptions of elder maltreatment. These studies reflect researchers’ recognition that public perspectives have historically not been part of efforts to develop a definition. They indicate that perceptions of elder maltreatment vary according to factors such as professional versus layperson (public) status and culture. For conciseness and ease of comparison, the articles included in this review of the empirical literature are summarized in Appendix A, Table A1.

Public versus Professional Perceptions

Hudson’s 3-round Delphi study (1991) described above forms the basis for several subsequent studies (i.e., 1994; Hudson et al., 2000; Hudson et al., 1999; Hudson
& Carlson, 1998, 1999). These studies examined public agreement with the elder abuse taxonomy and definitions developed by the expert panel in Hudson’s 1991 research. These studies indicate general public agreement with the taxonomy and definitions, as well as several areas of disagreement. First, the experts developing Hudson’s 1988 taxonomy and definition stated that abuse must be “of sufficient intensity and/or frequency” to warrant the label of abuse. In contrast, the public respondents in Hudson and Carlson’s research (1998) suggested that one act of abuse was sufficient to warrant the label.

Another area of difference between professional and public understandings of elder abuse is the greater emphasis on psychological maltreatment given by the public when asked to define elder abuse. While professionals have historically considered physical abuse to be more extreme than other forms of elder abuse (e.g., Pillemer & Finkelhor, 1988; Pratt, Koval, & Lloyd, 1983), public respondents in several studies (i.e., Anetzberger et al., 1996; Hudson & Carlson, 1998; Moon & Benton, 2000; Nagpaul, 1997; Nandlal & Wood, 1997) voiced the strong view that psychological maltreatment could be as harmful as physical maltreatment (psychological abuse and/or neglect). Similarly, public respondents in Hudson and Carlson’s study were more likely than experts to consider verbal force is a form of elder abuse (1998). There is also evidence that the public views harm done to elders through caregiving activities (e.g., giving an elder medication to calm the elder when the caregiver is stressed, tying an elder to a bed) as less abusive than do experts (Anetzberger, 1986; Moon & Benton, 2000; Moon & Williams, 1993). In summary, these studies indicate that, despite overall agreement,
there are several noteworthy areas of disagreement between expert and public understandings around the definition of elder maltreatment.

**Impact of Culture on Perceptions of Maltreatment**

Much of the elder maltreatment public perception research deals with the role of culture in perceptions of maltreatment (Anetzberger et al., 1996; Hudson et al., 2000; Hudson et al., 1999; Hudson & Carlson, 1999; Malley-Morrison et al., 2000; Moon & Benton, 2000; Moon, Tomita, & Jung-Kamei, 2001b; Moon & Williams, 1993; Nagpaul, 1997; Pablo & Braun, 1997; Sanchez, 1999). (Please See Appendix A, Table A1 for a full discussion of these studies.) Research suggests that African Americans may recognize a greater variety of scenarios (e.g., neglect and financial exploitation) as abusive, rate abuse more severely, and be less tolerant of abuse than other cultural groups such as Caucasians, Korean Americans, Puerto Rican Americans, and Japanese Americans (Anetzberger et al., 1996; Hudson & Carlson, 1999; Moon & Benton, 2000; Moon & Williams, 1993). There is also evidence that European Americans may be more tolerant of psychological abuse (sometimes called “verbal abuse”), and less likely to recognize it or rate it severely, than other cultural groups such as Koreans, Korean Americans, African Americans, and Japanese Americans (Anetzberger et al., 1996; Malley-Morrison et al., 2000; Moon & Benton, 2000). Elder abuse, including financial abuse, also appears to be generally less recognized and more tolerated, and psychological abuse less tolerated, among Koreans and Korean-Americans than among other American cultural groups, including other Asian American cultural groups (Malley-Morrison et al., 2000; Moon & Benton, 2000; Moon et al., 2001b; Moon & Williams, 1993). Latinos
may be less likely than other groups to view an adult child using his or her parent’s money for personal use as exploitation (Anetzberger et al., 1996; Sanchez, 1999).

There also may be culturally specific forms of elder maltreatment. For example, among respondents in Sanchez’ research on Mexican American perceptions of elder maltreatment, the most commonly described form of elder maltreatment was “denial of shelter”, i.e., family members denying an elderly parent a place to live on a long-term basis (Sanchez, 1999).

Cultural variations in the perception of elder abuse have been noted within ethnic groups as well as between them. Hudson et al. (2000) noted regional differences in perceptions of elder maltreatment among African Americans and Caucasian Americans living in North Carolina (Hudson et al., 2000; Hudson et al., 1999). Among immigrant groups, it appears that level of acculturation within the U.S. plays a significant role in perceptions of elder maltreatment. In Moon, Tomita and Jung’s (2001b) research on perceptions of elder maltreatment among two American-born Asian groups (Chinese and Japanese Americans) and two immigrant Asian American groups (Koreans and Taiwanese Americans), the American-born cultural groups were more tolerant of verbal abuse, less tolerant of financial abuse, and less likely to blame elder maltreatment victims than the immigrant groups were. Level of acculturation was also examined within Pablo and Braun’s (1997) replication of Moon and Williams’s study (1993) among a small sample of Korean and Filipino elder women in Hawaii. Overall, perceptions of abuse and help-seeking patterns among Korean and Filipino elder women in Hawaii were more similar to the responses of the African Americans and Caucasians than to the Koreans in Moon & Williams’ Minnesota sample. Compared with the
Minnesotan Koreans in Moon and Williams’ sample, the Koreans in Pablo and Braun’s Hawaii sample were more likely to perceive situations as abusive. Pablo and Braun suggested that this greater similarity may have been due, at least in part, to the greater level of acculturation among the Korean and Filipino American older women in their sample in comparison with the Korean American older women in Moon and Williams’ sample. Participants in the former study tended to have been either born in the U.S. or have arrived to the U.S. at an earlier age than the Korean American participants in the later study.

Given that the perceived definition, severity and tolerance of elder abuse vary across cultural groups, it is not surprising that preferences for interventions also vary across cultural groups. It appears that perceiving a situation as abusive or problematic strongly predicts one’s intention to seek help (Moon & Williams, 1993), while tolerance for elder maltreatment has is strongly associated with resistance to reporting or outside intervention (Moon et al., 2001b). For example, Moon and Williams found that African Americans, who rated more hypothetical scenarios as abusive than did Caucasian Americans or Korean Americans, were also more likely to turn to formal sources of help in response to hypothetical elder maltreatment scenarios.

Degree of acculturation within the U.S. appears to impact perceptions of elder maltreatment interventions and its definition, so that acculturated groups have less favorable views towards formal interventions. For example, American-born Asian American groups (Chinese and Japanese Americans) in Moon et al.’s research (2001b) indicated a greater likelihood of reporting elder mistreatment to the authorities than did Asian American immigrant groups (Taiwanese and Korean Americans). When asked
how they would respond if they thought an elderly person were being abused by a family member, Japanese American immigrants in Anetzberger, Korbin and Tomita’s study (1996) preferred talking with family or friends about the incident, while European Americans and African Americans preferred contacting agencies that serve elders. On the other hand, Puerto Rican Americans, who were also immigrants to the U.S., favored talking with the proper authorities. When asked how they would respond if they thought an elderly person were being abused by a family member, Asian Indian immigrants in Nagpaul’s (1997) study favored talking with family members and other informal resources over talking with the authorities. Finally, Mexican American respondents in Sanchez’ research (1999)—many of whom were immigrants to the U.S.—preferred talking to family members over contacting the authorities when asked how they would respond if they were being abused by a family member, or if a neighbor was being abused by a family member.

In comparison with Caucasian Americans, African Americans, and other immigrant and American-born Asian groups, Korean American immigrants are less likely to report or seek other formal interventions, and more likely to blame victims for experiencing abuse (Moon & Benton, 2000; Moon et al., 2001b; Moon & Williams, 1993). The impact of level of acculturation has been noted within this group as well. Hawaiian sample of Koreans in Pablo and Braun’s 1997 replication of the Moon and William’s study were more likely to seek help from formal sources. Pablo and Braun suggested that this might have been due, at least in part, to the greater level of acculturation among the Korean and Filipino American older women in their sample in comparison with the Korean American older women in Moon and William’s sample.
Participants in the former study tended to have been either born in the U.S. or have arrived to the U.S. at an earlier age than the Korean American participants in the later study.

This section reviewed the empirical literature on public perceptions of elder maltreatment. This research indicates that perceptions of maltreatment and preferred interventions for addressing maltreatment vary across cultural groups. Ethnicity is not the only identifier of culture, and other factors affecting culture, such as region, and level of acculturation within the U.S. appear to play a significant role in perceptions of elder maltreatment. There is even evidence that public perceptions of elder maltreatment may vary based on age (Anetzberger et al., 1996; Childs, Hayslip, Radika, & Reinberg, 2000; Hudson, 1994; Johnson I. M., 1995; Moon & Williams, 1993; Nagpaul, 1997). Although elder maltreatment public perception research has not yet explored dilemmas related to elder maltreatment interventions, Anetzberger, Dayton and McMonagle (1997) have examined professionals’ understanding of these dilemmas. I turn to their work next.

Professionals’ Perceptions of Dilemmas

Research (e.g., Pratt et al., 1983; Schimer & Anetzberger, 1999) has demonstrated that beliefs concerning appropriate elder maltreatment interventions vary across professions. Yet, there is little research examining variation in beliefs concerning ethical dilemmas in elder maltreatment or APS work; most of the literature in this area consists of essays written by individual academics and professionals, and based on ethical theory and practice wisdom. Anetzberger et al.’s (1997) community dialogue series on ethical dilemmas within elder abuse is one notable exception to the general lack of research concerning dilemmas in elder abuse. (Please See Appendix A, Table A1 for a full
discussion of this study.) This series is noteworthy and significant in its examination of diverse, professional perspectives concerning ethical dilemmas in elder abuse. It forms the basis for my study’s examination of public perspectives regarding ethical dilemmas in adult protective services. Although not technically framed as a research study, Anetzberger et al.’s project was structured similarly to a research study. For example, this project addressed a stated problem—the lack of community guidelines for addressing ethical dilemmas in elder abuse—operationalized through three purposes (which become research questions when put in question form) for the series: 1) identify important ethical dilemmas in the prevention and treatment of elder abuse, 2) consider various perspectives regarding these dilemmas, and 3) suggest ways for resolving the dilemmas in order to address situations of elder abuse. The project’s method for answering these questions was the establishment of a 6-session community dialogue series based on the Habermas’ (1990) model of “communicative ethics”, which stipulates ethical decision-making that occurs in a group setting with participants sharing a commitment to free and open communication. The participants in this series were 34 individuals representing eight professional disciplines, including medicine and law; ten service systems, including social services and mental health; and several ethnic groups, including African-American, Puerto-Rican, and Asian Indian. The series’ six sessions operated as modified focus groups. The series began with participants identifying six dilemmas to be discussed in its focus groups:

1. Should health and social service professionals be mandated to report a known or suspected elder abuse situation?
2. Is elder abuse in the “eyes of the beholder?”
3. Should the elder abuse perpetrator be regarded as a criminal or person with problems?
4. Should the civil liberties of the abused elder be removed in the interest of providing protection?

5. Should the focus of elder abuse intervention be on preventing or treating the problem?

6. Do we have a responsibility to intercede in elder abuse cases at all? (p. 37)

During the following focus group sessions, participants shared professional and cultural values, norms and personal experiences as they worked to identify approaches to addressing these dilemmas. The project’s third purpose was achieved through the creation of the series’ Guidelines for Decision-Making, which provided clinical and community guidelines for ethical decision making related to elder abuse. My study examines dilemmas one, three, and four above. The series’ Guidelines for Decision-Making related to these dilemmas are summarized in Appendix A, Table A2. Review of the elder maltreatment and APS literature, as well as consultation with elder maltreatment and APS professionals, indicates that these are the most salient dilemmas at this time.

Summary and Application to the Current Study

This section reviewed over a decade’s research, from 1990 until present, on public perceptions of elder abuse, which represents a new and exploratory area of inquiry within the elder maltreatment empirical literature. This research literature demonstrates the need for diverse, public perspectives within efforts to define elder maltreatment, and to plan related interventions. Indeed, the research demonstrated perceptual differences between the public and professionals, and within the public based on factors such as ethnicity and degree of acculturation to the U.S. The exploratory nature of this area of research is reflected in these studies’ methodologies. For instance, many of the studies reviewed here had small samples (under 100 subjects) (i.e., Anetzberger et al., 1996; Hudson,
1994; Johnson I. M., 1995; Moon & Williams, 1993; Nagpaul, 1997; Nandlal & Wood, 1997; Pablo & Braun, 1997; Sanchez, 1999; Webster & O'Toole, 1990) and/or non-random samples (i.e., Anetzberger et al., ; Childs et al., 2000; Hudson & Carlson, 1994; Malley-Morrison et al., 2000; Moon & Benton, 2000; Moon et al., 2001b; Moon & Williams, 1993; Nagpaul, 1997; Nandlal & Wood, 1997; Pablo & Braun, 1997; Sanchez, 1999; Webster & O'Toole). Three of these studies (i.e., Anetzberger et al., ; Nagpaul, ; Nandlal & Wood) used qualitative methodologies, which are common in exploratory research, and are typified by small, non-random samples (Krueger & Casey, 2000). In addition, a number of the reviewed studies did use random samples: Hudson’s later studies (2000; 1999; 1998; 1999), all of which were drawn from the same data set; and Johnson. Also reflective of the exploratory nature of this research is its general lack of theoretical emphasis. As more information about public perceptions of elder maltreatment is gained, there will be a greater ability to make theory-based inferences about the reason for these perceptions. This body of research has been growing in statistical sophistication over time, with later studies making use of multi-factorial ANOVAs to examine interaction effects, and/or regression equations to examine the impact of multiple predictor and control variables (i.e., Childs et al., ; Hudson et al., 2000; Hudson et al., 1999; Hudson & Carlson, 1998, 1999; Malley-Morrison et al., ; Moon et al., 2001b). In summary, this research provides a first glimpse at public perceptions of elder maltreatment. Primarily it presents information about how the public defines elder maltreatment, and secondarily about interventions deemed appropriate by the public.
The current study investigated an unexamined area within elder maltreatment perception research: public perceptions concerning ethical dilemmas in elder maltreatment. Because elder maltreatment definitions form the basis of prevention, recognition, reporting, and treatment efforts (Moon & Williams, 1993), it is appropriate that research concerning public perceptions of elder abuse and maltreatment began with definitions. Now that some initial information exists about public perceptions of the definition of elder maltreatment, research should emphasize examining public perceptions of its prevention, recognition, reporting, and treatment. This need is reflected in two questions posed by Moon and Williams in concluding their study:

1) To what extent are the elderly’s perception of elder abuse and their help-seeking behavior consistent with the practitioner’s judgment of abuse and appropriate help-seeking behavior; and 2) What are the similarities and differences among diverse populations in their perceptions of the problem and appropriate approaches to deal with the problem? (p. 393)

If public perspectives are needed when defining elder abuse, such perspectives are certainly needed when discussing ethical dilemmas—phenomena that are, by definition, open to multiple interpretations. While some of the reviewed research did extend beyond definitions and into interventions (i.e., Anetzberger et al., 1996; Hudson, 1994; Johnson I. M., 1995; Moon & Benton, 2000; Moon et al., 2001b; Moon & Williams, 1993; Pablo & Braun, 1997; Sanchez, 1999), these studies examined interventions generally, without focusing on their related dilemmas. The current study compared public perceptions of ethical dilemmas with professional perceptions of these dilemmas, as examined by Anetzberger et al. (1997). In this way, the purpose of my study was analogous to Hudson’s studies (1994; 2000; 1999; 1998; 1999), which compared public perceptions of the definition of elder maltreatment with expert perceptions (Hudson, 1991) of its
definition. This section grounded my study empirically, while the next section grounded it theoretically.

Theoretical Literature

This section applies moral development theory to the current study. It pays particular attention to American psychologist Carol Gilligan’s theoretical work concerning the development of moral reasoning among females. American psychologist Lawrence Kohlberg’s theory of moral development was the most prominent contributor to moral development theory. Gilligan’s efforts to understand moral development among females were largely a response to Kohlberg’s theory of moral development, a theory that she argues does not reflect female moral development. Psychologist Anthony Cortese similarly critiques Kohlberg’s theory based on the perspective that it is ethnically biased. Although these theorists are all concerned with ethical decision-making, their ultimate interest lies not with the actual decisions per se, but with the processes people use to make these decisions. Because Kohlberg’s theory of moral development formed the basis for subsequent theories, this section begins by outlining this theory, and then reviewing Gilligan’s and Cortese’s contributions to the understanding of moral development. This section closes by discussing the application of these theoretical perspectives to my study.

*Lawrence Kohlberg's Theory of Moral Development*

Lawrence Kohlberg’s theory of moral development concerns changes in the form or structure of moral judgment from childhood and into adulthood. Although the content of specific values varies across cultures, these underlying structures of moral judgment are believed to occur in a universal developmental sequence of six stages (Kohlberg &
Hersh, 1977). A stage view of moral development comes with several assumptions. For instance, each new stage of moral development involves qualitatively different modes of thinking, and one cannot reach higher modes of thinking without first progressing through and integrating earlier ones (Kohlberg & Hersh, 1977; Reimer, Paolitto, & Hersh, 1990). Kohlberg’s theory of moral development represents an expansion of Swiss psychologist Jean Piaget’s seminal research into children’s cognitive development, and his initial views about children’s moral development (Piaget, 1965). Piaget believed that children’s cognition and affect develop in a separate, but parallel, fashion, and furthermore that children’s morality is an aspect of their cognitive, rather than emotional, development. This reflects Piaget’s understanding that moral decision-making requires the capacity for abstract and logical reasoning that comes only with more global cognitive development. Similarly, within Kohlberg’s theory, the connection between cognitive and moral development means that one’s progression to higher levels of moral thinking comes from the development of one’s abilities as an abstract and logical thinker (Reimer et al., 1990).

Kohlberg hypothesizes the existence of six stages of moral reasoning that are conceptually located within three broader levels of moral reasoning (preconventional, conventional, and post-conventional), each of which includes two stages. The progression through the stages is seen by changes in sociomoral perspective, beginning from a self-interested egoistic social perspective, to a perspective involving sharing by group members or society as a whole, and culminating in an autonomous perspective, where the individual defines values in a universalizable way (Kohlberg & Ryncarz, 1990). At the first, preconventional level, the child responds to societal rules about right
or wrong, but is generally motivated by the desire to avoid punishment or gain reward, or by the physical power of those making the rules. At stage one, the punishment-and-obedience orientation, an action is understood to be good or bad based on its physical consequences, irregardless of their value or meaning. The stage one individual is motivated by the desire to defer to power and avoid punishment. At stage two, the instrumental-relativist orientation, goodness is defined by satisfying one’s own needs, and occasionally the needs of others. The stage two individual is motivated by the desire for fairness among the specifically involved individuals—in other words, by the desire for each person to have an equal share or chance—but not by considerations such as fairness, loyalty or justice. Most people have progressed past the first level of moral reasoning and into the second by early adolescence (Kohlberg, 1973; Kohlberg & Hersh, 1977; Reimer et al., 1990).

At the second, conventional, level of moral reasoning, goodness is defined by maintaining the expectations of one’s group or society. At this level, an emphasis is placed on conforming to and maintaining the current social order and moral problems are solved using group or societal norms. At stage three, the interpersonal concordance or “good boy-nice girl” orientation, good behavior is defined by what is pleasing to and approved by others. During this stage, people begin to be motivated more by societal or group norms, and less by a concern for the concrete interests of the specific individuals involved. An important feature of stage three is the emerging ability to understand a variety of different perspectives; this ability is very limited in the earlier stages. At stage four, the “law and order” orientation level, there is an orientation towards authority, rules, and maintaining the social order for its own sake. Stage four emphasizes taking on
the perspective of the entire society or group, while at stage three, one’s perspective is limited to his or her more immediate subgroup within society. Stages three and four are the mode of thinking most common among adults (Kohlberg, 1973; Kohlberg & Hersh, 1977; Reimer et al., 1990).

At the third, post-conventional, level of moral reasoning, an effort is made to define moral values and principles to which society may or may not prescribe. At this level, one’s motivation comes from adherence to these principles, and not necessarily by the desire to be a good member of society. At stage five, the social-contract, legalistic orientation, moral behavior is defined by individual rights and critically examined societal standards. Central to this stage is the concept of the social contract, a freely and mutually agreed-upon arrangement between individuals. Examples of social contracts may be seen in relationships, such as friendships or marriages, which operate based on rules and obligations that have been crafted by the specifically involved parties. Moral reasoning based on social contracts, thus, differs from stage four’s emphasis on adherence to established and prescribed formulas for behavior. The universal-ethical-principle orientation of stage six is based on adherence to self-chosen but universal and consistent human values, as opposed to the emphasis on prior contractual agreements between individuals seen in the social contract morality of stage five (Kohlberg, 1973; Kohlberg & Hersh, 1977; Reimer et al., 1990). The majority of adults remain at the conventional level of moral reasoning, and few adults attain a post-conventional level of moral reasoning. The post-conventional level of moral reasoning is the most controversial aspect of Kohlberg’s theory because it was derived philosophically rather than empirically (Reimer et al., 1990). In fact, Kohlberg eventually came to consider the
existence and nature of the sixth stage to be theoretically and philosophically speculative (Levine et al., 1985).

Kohlberg also later speculated that older age might lend itself to a seventh “soft” stage involving ethical and religious thinking about existential questions such as life’s meaning, and utilizing a cosmic or religious perspective on life (Kohlberg & Ryncarz, 1990). The essence of this stage is the sense of “being a part of the whole of life and the adoption of a cosmic, as opposed to a universal humanistic (stage 6) perspective.” (Kohlberg & Ryncarz, 1990, p. 192) The adoption of this more cosmic perspective might come from experiencing despair and seeing one’s life as finite within a more infinite perspective, which gives rise to questions about the meaninglessness of life. Such a stage is ontological rather than moral, and it is also not a stage in the traditional sense, since the assumptions of the Piagetian stages (e.g., the assumption that each new stage has a definitely definable structure, and that higher stages include within them lower stage reasoning) would not apply to it. Kohlberg therefore considered this a “soft” stage, and the earlier, sequential, justice reasoning stages to be “hard” stages. While not strictly a moral stage, this seventh stage would require an individual to have developed a prior post-conventional level of moral reasoning. Because post-conventional morality develops only in adulthood, then, the development of this seventh stage would also have to occur in adulthood, and probably in older age (Kohlberg, 1973; Kohlberg & Ryncarz, 1990; Levine et al., 1985). Kohlberg’s own longitudinal work did not extend beyond the thirties, and so the development of further stages into older adult life remains speculative (Colby, Kohlberg, Gibbs, & Lieberman, 1983; Kohlberg, 1973).

**Carol Gilligan’s Theory of Moral Reasoning among Females**
American psychologist Carol Gilligan’s critique of Kohlberg’s theory of moral development forms the starting point for her alternate theoretical understanding of female moral development, and her reconstruction of Kohlberg’s post-conventional reasoning level. Gilligan believes that the developmental theories of Piaget and Kohlberg are fundamentally flawed in that they were originally empirically tested only with boys (1982a; 1982b). She states that the assumption underlying this approach is that there is a universal standard of development that can be measured along a single scale (1982b). However, Gilligan writes that this assumption is problematic since females tested within the framework of Kohlberg’s theory are found to be deficient in comparison with males. In fact, using Kohlberg’s theory, girls’ moral development may actually appear to regress over time in relation to boys’ moral development. Therefore, while Kohlberg’s theory may have excellent explanatory power for boys’ moral development, Gilligan states that it is inadequate for explaining the trajectory of females’ moral judgment (1982a). She has therefore worked to develop an alternate theoretical understanding of female moral reasoning through research with subjects diverse in gender, ethnicity, age (ages 6 through 60), and socioeconomic status. This research tends to emphasize real-life decision making; one study, for instance, involved women in the process of deciding whether or not to have an abortion, while other research has involved participants choosing personal instances of moral conflict to discuss (Gilligan, 1982a; Gilligan & Attanucci, 1988).

Through interviews with males and females about their thinking regarding instances of real-life moral conflict, Gilligan has come to posit the existence of two complementary types of moral orientations, the justice perspective and the care perspective (Gilligan & Attanucci, 1988). Gilligan believes that Kohlberg’s theory of
moral development has captured the justice perspective of moral orientation and reasoning, but missed the complementary care perspective of moral reasoning. The justice perspective emphasizes equality, reciprocity, justice, and rights, and relates to problems involving inequality and oppression. The care perspective, in contrast, emphasizes connection, not hurting, care and response, and relates to problems involving attachment and abandonment (Gilligan, 1988; Gilligan & Attanucci, 1988). These two perspectives are captured in the moral injunctions to treat others equally and to respond to those in need (Gilligan & Attanucci, 1988). The ethics of justice and care arise from the universal experiences of inequality and interdependence; the former leads to a vision in which everyone is treated equally and fairly (justice perspective), and the latter leads to an ethics in which no one will be abandoned or hurt (care orientation) (Gilligan, 1982b).

Gilligan has found that while most people use a combination of care and justice considerations when responding to real-life moral dilemmas, females are more likely to emphasize the care perspective in responding to dilemmas, while males are more likely to emphasize a justice perspective. She has also found Caucasians to use care and justice orientations equally, but minorities to place a greater emphasis on justice than care perspectives (Gilligan & Attanucci, 1988).

The justice and care perspectives reflect different underlying types of moral reasoning. Gilligan finds that, consistent with Kohlberg’s theory, boys’ moral reasoning increasingly utilizes formal rules of logic and abstract principles. Girls’ reasoning, in contrast, increasingly emphasizes an ethic of care, responsibility, and interconnectedness. Boys increasingly resolve dilemmas “impersonally through systems of logic and law”, while girls increasingly resolve dilemmas “personally through communication in...
relationship” (Gilligan, 1982a, p. 29). The images of hierarchy and network are contrasted to illustrate these differing approaches to moral reasoning. In the former approach, one responds to a dilemma by adhering to the highest among a hierarchy of moral principles. In the latter approach, one responds to a dilemma by communicating and mediating within a network of relationships to achieve resolution (Gilligan, 1982a).

Gilligan believes that males and females’ differing moral orientations and reasoning grow out of their different experiences of self in relationships. The justice perspective involves a sense of the individual as separate from the rest of the world, and relationships as hierarchical and contractual, bound by either constraint or cooperation. Within this perspective, the world is comprised of separate individuals with competing aims who create a shared morality as a means of regulating conflict and acknowledging rights. This perspective emphasizes the importance of independence and autonomy. It includes moral decision-making that resolves disputes through the application of rational principles and systems of rules that are applied fairly and equally to everyone. By contrast, the care perspective involves a sense of self and others as interdependent, a self identity based on connection to others, and relationships developed and maintained through attention and response. This leads to an understanding of morality that, rather than being based on a system of rules, is based on connection mediated through communication. Often, conflicts themselves are understood in different ways—males may understand dilemmas as a conflict between two principles, while females may understand them as indicative of fractured relationships that need to be mended through communication (Gilligan, 1982b, 1988).
In addition to creating an alternate understanding of female moral decision-making, Gilligan has also critiqued and reconstructed Kohlberg’s formulation of the post-conventional stage of moral development. One of the premises of a Piagetian stage development theory is that stage movement is always in the upward direction, never in the downward direction; downward regressions should never occur except in very unusual and extreme circumstances. However, in one of Kohlberg’s studies involving the longitudinal analysis of moral reasoning among undergraduates at Harvard University, a significant number of higher stage respondents regressed, leading Gilligan to conclude that Kohlberg’s understanding of post-conventional reasoning required revision. Gilligan then analyzed Kohlberg’s original data using an alternate understanding and scoring of post-conventional reasoning, at which point—consistent with Piagetian stage theory—the former regressors became progressors. This revised understanding of post-conventional reasoning allows for “contextual relativizing”, which involves the understanding that while no answer may be objectively right given the specific context of the situation, some approaches are better than others. This approach is relativistic in that it acknowledges that in many situations there is no one “right”, and that the chosen response depends on the specifics of the situation, including personal, specific obligations based on the relationships involved. Contextual relativism includes but supercedes the principled reasoning of Kohlberg’s highest stages (Murphy & Gilligan, 1980). This type of reasoning seems to blend Gilligan’s care and justice orientations in that it combines the principled reasoning of Kohlberg’s highest stages (identified by Gilligan as the justice orientation) with the contextual focus of the care orientation.

*Anthony Cortese’s Critique of Lawrence Kohlberg*
American sociologist Anthony Cortese also critiques Kohlberg’s theory of moral development with an argument analogous to Carol Gilligan’s. While Gilligan argues that his theory is inadequate for understanding moral reasoning among females, Cortese similarly argues that his theory is inadequate for understanding moral reasoning cross-culturally (1985). Like Gilligan, who posits the inadequacy of Kohlberg’s theory on the basis of females’ lower moral reasoning scores in relation to males’, Cortese similarly claims that inadequacy in the theory occurs on the basis of the lower scores among ethnic minorities, lower social classes, and those from less industrialized and urban cultures (1982; 1984b; 1985; 1989). While Kohlberg holds that his theory is culturally universal and based in the psychological structures of the individual, Cortese instead considers the possibility that moral reasoning is a culturally dependent, macro rather than micro phenomenon. He suggests that each cultural group constructs a mode of moral development and sequence of moral judgment appropriate to its own circumstances that are simply different from—neither superior nor inferior to—this model. In attempting to universalize culturally dependent values, Cortese suggests that Kohlberg’s theory is an ideology that promotes the Western white male view as the norm (1984b; 1985). An alternative to having only one standard of moral reasoning might be the creation of several moral judgment scales developed around a number of core values, such as Kohlberg’s justice value and the responsibility value emphasized by Gilligan (Cortese, 1982).

In one study, Cortese (1989) examined moral reasoning among men and women from several nationalities and ethnic groups, and found coexisting care and justice orientations among many of the participants, particularly women. This coexistence of
orientations led Cortese to critique the sole emphasis on abstract, rational reasoning within Kohlberg’s theory, and to state that other salient values such as care and responsibility are also important in addition to the cognitive-developmental understanding of moral reasoning. Cortese suggests that abstract reasoning alone falls apart in the context of a real-life moral dilemma with its complexities and ambiguities. He also argues that understanding dilemmas as mathematical equations to be solved using logical thought ignores salient factors such as personal judgment and wisdom in decision-making (1985; 1989). Like Gilligan, whose reconstructed stage six post-conventional reasoning involves contextual relativism that includes but supercedes Kohlberg’s principled moral reasoning, Cortese suggests that the point is not to ignore reason but to transcend it (1985).

Summary and Application to the Current Study

Kohlberg and his colleagues acknowledge that his focus has been on justice reasoning, and “not with all those factors which, in addition to justice, comprise the moral domain” (Levine et al., 1985, p. 99). They also acknowledge that, in response to critics such as Gilligan, Kohlberg has enlarged his conception of the moral domain and developed a growing concern with the study of judgments of responsibility. However, they disagree strongly with charges of sexual, cultural and ideological bias, in part because much of this controversy concerns higher-stage reasoning, and Kohlberg later came to view at least stage six as speculative (Levine et al., 1985). Cortese contributes to the theoretical literature an appreciation for the possibility that moral reasoning may be determined to some degree large or small by macro-level, cultural factors such as ethnicity and socioeconomic status. Considering Kohlberg’s, Gilligan’s, and Cortese’s
theoretical work together, it should be sufficient for the purposes of this study to conclude that: 1) Kohlberg’s contribution was the first comprehensive theory of moral reasoning, and that this theory was later identified with reasoning within a justice orientation; 2) Gilligan has developed theory pertinent to the responsibility component of the moral domain, and evidence exists that this component may be especially salient for females; and 3) the importance, as noted by Cortese, of considering the relationship of macro-level variables such as socioeconomic status or ethnicity to moral reasoning cannot be overlooked.

Moral decision-making processes among older adults remain relatively unexamined across this theory base. Even Carol Gilligan, whose research looks further into the life cycle than Lawrence Kohlberg’s or Anthony Cortese’s, has still not explored moral reasoning in individuals older than 60. Therefore, while developmental psychology concerns human development across the lifespan, the examination of moral development has thus far centered largely on childhood through young adulthood. Unlike Kohlberg’s theory of moral development, which is so closely tied to cognitive development (a process that is completed by early adulthood), the care moral orientation described by Gilligan includes affective components that would continue to develop throughout life. The examination of moral judgment among older adults—especially women—would seem to have value, then, particularly considering Gilligan’s contributions to the theory base.

The current study sought to contribute to the theory base concerning moral reasoning by examining the ethical decision-making processes utilized by older women from diverse ethnic and socioeconomic status backgrounds. The particular ethical
dilemmas examined in this study are of secondary importance here; of central concern is
the reasoning behind the decisions more than the decisions themselves. On the other
hand, the ethical dilemmas chosen for this study may have value because they are closer
to areas of real-life moral conflict than some of the more abstract, non-contextual
dilemmas utilized in Kohlberg’s research. Of particular concern were the moral
orientations of the participants in this study, and whether their reasoning seemed to vary
based on factors such as socioeconomic status or ethnicity. In summary, the theoretical
perspective of this study concerned moral reasoning among older women, a population
whose reasoning has heretofore received little theoretical or empirical examination.

Chapter Summary

This chapter provided the empirical and theoretical foundations for my study.
The Empirical Perspective section reviewed the research literature from 1990 through the
present concerning public perceptions of elder abuse. This section also discussed the lack
of empirical literature concerning public perceptions of ethical dilemmas related to elder
abuse. The Theoretical Perspective section reviewed theoretical literature concerning
moral development and reasoning, and the application of this literature to my study. The
reviewed empirical research and theoretical literature led to the following research
questions.

Research Questions

The emergent research concerning public perceptions of elder maltreatment has
largely focused on people’s definitions of elder maltreatment. I further examined this
topic to replicate and extend previous research efforts in this area. Previous public
perception research has primarily focused on the impact of characteristics such as
ethnicity and age on perceptions of elder maltreatment. The preexisting research in this area suggests that members of the public included both physical and psychological abuse and neglect within their definitions of elder abuse and neglect. Some evidence suggests that African Americans’ definitions of elder maltreatment are wider in scope than other groups’, for example including neglect and financial abuse where other groups do not. Also, Caucasians’ definitions of elder maltreatment may more limited in scope than other groups’, perhaps placing less emphasis on psychological maltreatment then do other groups. This study added the examination of socioeconomic status to previous research efforts, which focused primarily on ethnicity when examining variations in the perception of elder maltreatment. This study’s first research question, then, was:

1) How does a sample of older women define elder maltreatment?

The dominant ethical dilemma in adult protective services work is the autonomy/beneficence dilemma. As described earlier in this chapter, this larger ethical dilemma is manifested in a variety of concrete policy and practice considerations. Two examples of this overarching dilemma within APS work are the question of whether elder maltreatment reporting to APS should be mandatory or voluntary, and whether involuntary protective services should be rendered in cases of marginal competence. As indicated earlier in this chapter, discussions of these dilemmas and have not benefited form public input. Given the varying views about these dilemmas across the professions dealing with elder maltreatment it was reasonable to ask how the public would respond to them. This led to the second research question:

2) How does a sample of older women resolve the dilemma of freedom vs. protection?
Although most of the discussions about ethical dilemmas in adult protective services involve the larger autonomy/beneficence dilemma, the question of whether or not to criminalize elder maltreatment was also prominent within this literature. While this question is really a separate issue from the autonomy/protection dilemma, it was included within this research study because it holds such a dominant place in the literature on ethical and policy considerations in treating elder maltreatment. The literature concerning the criminalization of elder maltreatment, like the autonomy/beneficence literature, has not included public input. This led to the third research question:

3) *How does a sample of older women resolve the dilemma of criminalizing elder maltreatment?*

This study sought to further the understanding of people’s ethical decision-making processes as understood by Kohlberg, Gilligan, and Cortese. As stated above, their understanding of people’s ethical decision-making processes were primarily based on research with younger adults, so that the ethical decision-making processes of older adults is not as well understood. This study attempted to shed light on this issue by examining moral reasoning among older women. With the question of older women’s ethical decision-making processes, the focus was not so much on the content of the ethical considerations *per se*, but on the reasoning behind the decision. Thus, in the case of this study, the particular dilemmas examined here (the autonomy/beneficence and criminalization dilemmas) were largely irrelevant, except in illuminating older women’s ethical decision-making processes. The fourth research question, then, was:
4) **What do their responses to the freedom/protection and criminalization dilemmas tell us about their ethical decision-making processes?**

The methodology for answering these questions is outlined next, in Chapter Three.
CHAPTER THREE: METHODOLOGY

Introduction and Research Questions

Chapters One and Two established the study’s problem statement, reviewed the related empirical and theoretical literature, and identified my study’s four research questions:

1) How does a sample of older women define elder maltreatment?

2) How does a sample of older women resolve the dilemma of freedom vs. protection?

3) How does a sample of older women resolve the dilemma of criminalizing elder maltreatment?

4) What do their responses to the freedom/protection and criminalization dilemmas tell us about their ethical decision-making processes?

This chapter describes the methodology I used and includes a discussion of study participants, sampling methods, data collection, analysis, and the procedures used to establish trustworthiness.

Methods

Participants

The sample for this study consisted of 88 women who: 1) were 60 years old or older; 2) had never worked as gerontological social workers; 3) were African American, Latina, or Caucasian; 4) were from either working/middle class or high SES backgrounds; 5) had no known history of elder maltreatment; and 6) were not cognitively impaired. Knodel (1993) describes two types of focus group characteristics: break characteristics, which define how different focus group subsets differ within a study; and control characteristics, which define common characteristics across focus groups subsets. The three specified control characteristics in my study were: women, age (60 years old or older), members of the public (i.e., not gerontological social workers), lack of cognitive
impairment, and lack of known history of elder maltreatment. The two specified break characteristics in my study were race/ethnicity and socioeconomic status. Women were specifically chosen for this study due both to the fact that the majority of APS clients are women, and the need to keep focus groups as homogenous as possible (please see Data Collection section below), particularly when discussing sensitive topics such as elder abuse (Krueger & Casey, 2000). The age criterion in this study is consistent with current Ohio APS law, which applies to adults age 60 or over, and/or persons with developmental disabilities. I wanted to sample from ethnic groups with substantial communities in the Greater Cleveland area. In addition, although elder maltreatment public perception research has typically explored perceptual differences across ethnic groups only, Hudson et al.’s research (2000; 1999) found significant differences in perception within ethnic groups as well, based on factors such as geography and socioeconomic status. I was therefore interested in exploring the role of an additional variable—socioeconomic status—in perceptions of elder maltreatment, and chose to include two SES focus group categories (working/middle class and high SES) in my Caucasian and African American focus groups.

Sample

This study’s sample was obtained with the assistance of volunteer gatekeepers, and through various sampling techniques including convenience, snowball, and nomination (i.e., potential participants were named or “nominated” by volunteer gatekeepers) techniques. Convenience samples included groups of people attending the senior centers and church from which my sample was drawn (see the “data collection” section below). Snowball techniques were also used, in which participants who had
volunteered to participate in the study were given the recruitment criteria and asked to identify additional participants. The high SES African American sample was recruited through participant nomination by this group’s participant gatekeeper. The decision to hold most of the focus groups on location (i.e., senior centers, church) was based on the desire to assist recruitment by making participation comfortable, easy and convenient for participants, and by eliminating possible transportation barriers with an older population.

The gatekeepers’ role in recruitment was to identify and make the initial contact with potential focus group participants, to provide assurance that the study was legitimate and important, and to check for cognitive impairments. My study’s gatekeepers were primarily gerontological professionals (with the exception of one minister) who were able to facilitate access to the sample populations. Several of the focus groups (i.e., the high SES African American and Caucasian groups, and one of the working class African American groups-focus [group two]) had participants who also served as gatekeepers in addition to, or instead of, the traditional gerontological professional gatekeepers. The gatekeepers were instructed to over-recruit by 50% (i.e., to recruit approximately 15 participants per group) based on research by Barrett and Kirk (2000) indicating that this level of over-recruitment is needed when conducting focus groups with older populations. The gatekeepers were trained in the inclusion and exclusion criteria, and therefore recruited only among older women who had never worked as gerontological social workers, were not cognitively impaired, and were not known to have experienced elder maltreatment. Cognitive status was obtained through professional judgment and the use of the Short Blessed Test for cognitive impairment, which can be found in Appendix B. The gatekeepers introduced the study to the participants and gave them an introductory
letter describing the purpose of the study, its importance, the subjects’ valuable role in it, and the focus group discussion process. (Please see Appendix B for a sample introductory letter.) Also included in the gatekeepers’ introduction to the study was a discussion of its recruitment incentives, which included the opportunity to share opinions, and the provision of a culturally-appropriate catered meal at each focus group interview. The gatekeepers then provided me with contact information for individuals agreeing to participate. Those agreeing to participate received a confirming letter from me, and a telephone call prior to the focus group interview (Krueger & Casey, 2000; Stewart & Shamdasani, 1990). (A sample confirmation letter can be found in Appendix B.) In the Latina focus groups, initial and further contact was made through the gatekeepers. The Latina participants received confirming letters and verbal reminders from gatekeepers prior to the study.

Data Collection

The Focus Group Method and its Application to My Study

My study used a focus group methodology with a multiple-category design. Krueger and Casey (2000) define a focus group study as “a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment” (p. 5). A multiple-category focus group design has several audience categories, and my study had five such categories: 1) working class African American, 2) working class Caucasian, 3) high SES African American, 4) high SES Caucasian, and 5) Latina. My study also utilized a double-layer design (layer one was the race/ethnicity layer, and layer two was the socioeconomic status layer) (Krueger and Casey). “Layer” here may be understood as a synonym for variable.
The focus group method was extremely appropriate for the purposes of my study; indeed, it is difficult to imagine a more well-suited method. This method’s emphasis on exploring people’s perceptions makes it excellent for early, exploratory research, where little is known of the phenomenon of interest, such that large-scale survey-type research designs would be premature and inappropriate (Stewart & Shamdasani, 1990). Also appealing to me as a researcher was that focus groups involve no subject deception. While these advantages apply to several types of qualitative research methodologies, focus groups offer additional advantages specific to the purposes my study. For example, group interactions in focus groups are often able to yield perceptual insights above and beyond those provided in individual interviews (Stewart & Shamdasani). The recent applications of focus group research for program and policy decision-making are clearly compatible with my study’s questions concerning ethical decision-making within adult protective services (Krueger & Casey). In addition, focus group research is helpful for understanding differences in perspectives across groups or categories of people – a primary goal of my research (Krueger & Casey, 2000).

A number of the advantages of focus groups specifically apply to my sample population of older women from a variety of ethnic and socioeconomic status backgrounds, and to my study’s emphasis on elder maltreatment. For example, focus groups are useful when conducting research involving persons with limited literacy, which was an issue for many of the participants in my study (Morgan & Krueger, 1993; Stewart & Shamdasani). Morgan and Krueger state that focus group research is especially worth considering when: 1) there is a power differential between participants and decision makers, i.e., when those with power and influence want to gain feedback
from those with less power; and 2) there is a gap between professionals who are the decision-makers, and the target audience for which they are making decisions. Many of the participants in my study similarly lacked power and a professional identity.

In addition, several focus group researchers have noted the particular value of this methodology for empowering minority populations, such as people in poverty, or women of color (Farquar, 1999; Madriz, 2000; Wilkinson, 1999). Focus groups are described as a safe, friendly, respectful and non-condescending research technique. They therefore provide an environment conducive to soliciting and sharing the perspectives of people whose views are not typically sought in research, and who might feel intimidated and uncomfortable in one-on-one interview settings (Farquar, 1999; Madriz, 2000; Morgan & Krueger, 1993; Wilkinson, 1999). Focus groups are also believed to provide participants with more control and power in the research process, as well as to be enjoyable and to generate enthusiasm for the subject matter (Farquar, 1999; Madriz, 2000; Wilkinson, 1999). Finally, Wilkinson’s description of the potential for focus groups to provide empowerment through ‘consciousness raising’ (i.e., raising awareness about social and/or political concerns in a group setting) directly applies to my study’s elder maltreatment focus. All of these noted advantages suggested the value of using a focus group methodology in my own study with older women from a variety of ethnic and socioeconomic status backgrounds.

Description of the Study’s Focus Groups and Member Check Group

This study was comprised of eight focus groups and a member check group. (Please refer to Appendix D for a complete summary of the focus groups and member check group.) There were two working class African American focus groups, two
working class Caucasian focus groups, two Latina focus groups, one high SES African American focus group, and one high SES Caucasian focus group. The SES composition of the focus groups was primarily determined through careful selection of sites in which to hold the focus groups. The working class focus groups were held at senior centers in working class communities of the Greater Cleveland area, and most of the focus group participants were regular participants at these senior centers. The high SES Caucasian group was held at a Presbyterian Church in a predominantly upper middle class area, and the high SES African American group was held at the home of one of the participants, a former college professor, who also served as gatekeeper for the group. Most of the participants in the high SES African American focus group were drawn from this gatekeeper’s personal circle of friends, and she recruited participants who were college educated and had professional employment backgrounds. Once the focus groups were assembled, socioeconomic status was more formally assessed through demographic questions pertaining to education and work history that participants filled out after completing their informed consent forms (see Appendix B5). The participants in the working class focus groups had most recently been employed largely in paraprofessional jobs in traditional areas of women’s employment (e.g., secretary, paid caregiver). Most of these participants were not college graduates, although a few of the participants from the working class African American and Caucasian focus groups were from more middle-class backgrounds, having completed college and/or held jobs such as teacher or city councilwoman. Participants in the two high SES groups, on the other hand, were highly educated—most held graduate degrees—and had most recently worked in a variety of fields not limited to traditionally female areas of women’s employment.
The two Latina groups represented two distinct area Latina populations, both of which were primarily Puerto Rican, and had immigrated to the U.S. as adults. Participants from focus group five lived in an urban area and had immigrated to the U.S. more recently than did participants from focus group six; many of the participants from focus group five had come to the U.S. from Puerto Rico when they were already older adults, often with the goal of obtaining better medical care than was available in Puerto Rico. Participants from focus group six, in contrast, tended to have arrived in the U.S. much earlier; many had come with their families—often during the 1940’s and 1950’s—to work at an area auto manufacturing plant. As a result, participants from focus groups six tended to be more assimilated and integrated into the larger culture, as well as perhaps more knowledgeable about senior services, than were participants from focus group five. A professional translator translated the protocol, consent form, recruitment letter, and confirmation letter from English into Spanish, and the accuracy of these translations was confirmed using back-translation. Each of the two Latina focus groups had a gatekeeper who also served as focus group moderator so that the group could be conducted in Spanish; I served as assistant moderator for these groups (see “procedures” section below for description of assistant moderator). The tapes of these groups were translated and transcribed from Spanish to English.

A member check group was held several months after the initial group discussions. In this group, I reviewed the study’s preliminary results with the participants and confirmed that I had accurately understood and conveyed their beliefs about elder maltreatment and the ethical dilemmas contained within the scenarios. In addition, this group provided a venue for exploring participants’ decision making processes, and
afforded participants a sense of closure from their involvement in the study. The member check group had 28 participants from seven of the eight focus groups, and five gatekeepers from five of the focus groups; only focus group three (one of the working class Caucasian focus groups) lacked participant or gatekeeper representatives. In addition, the member check group had nine participants who had not participated in any of the focus groups; mainly, these were other participants from the Latina senior centers who joined with focus group participants in traveling by van to the member check meeting.

*The Focus Group Protocol*

I received approval from Case Western Reserve University’s Institutional Review Board for my study’s protocol and consent form prior to collecting data. Samples of all documents used with participants and approved by the Case Institutional Review Board can be found in Appendix B. This study’s questioning route was developed using the guidelines provided by Krueger and Casey (2000), and is loosely based on three of the dilemmas (i.e., mandatory reporting, dilemmas around involuntary protective services, and the criminalization of elder abuse) examined in Anetzberger, Dayton, and McMonagle’s study (1997). Appendix B5, *Research Protocol 6.17.02* is the original protocol, and Appendix B5, *Research Protocol 7.2.02* is a slightly amended version of this protocol. Appendix B5, *Research Protocol in Spanish* provides the translated protocol. The dilemmas illustrated in the questioning route receive the most attention in the elder abuse literature, and elder abuse professionals indicate that they present the most troublesome dilemmas in practice. The dilemmas posed in the research questions were operationalized in my questioning route through case examples (please refer to the
protocols). The involuntary protective services example was a modified version of the example used in Anetzberger, Dayton and McMonagle’s study (1997). The case examples used for the criminalization and reporting dilemmas were developed in consultation with the authors of this earlier study. All of the case study examples represent modifications of actual cases handled by Cuyahoga County Adult Protective Services staff. Thus, the protocol from my study allowed some comparison with results drawn from Anetzberger et al.’s study, and additionally provided realistic examples of the kinds of dilemmas faced at APS.

In addition to the questioning route, which was my study’s primary measure, my focus group protocol also included some participant demographic questions. I asked participants about their religious background, involvement in religious activities, highest grade of completed education, and most recent employment. Information on participant religious background and involvement was sought as a means of comparing like focus groups (e.g., comparison between the two high SES focus groups). Education and employment information were sought as an indicator of socioeconomic status (SES), the second of the study’s two break characteristics.

Pre-Testing

My questioning route was pre-tested in June, 2002 in a focus group with 12 older women participants to determine whether the wording of questions was appropriate, whether the questions would elicit conversation, and to identify case examples and/or questions that were not easily understood (Krueger & Casey, 2000; Stewart & Shamdasani, 1990). I recruited this pre-test group personally, through nomination and snowball sampling techniques. Participants in this group were primarily individuals
whom I knew through informal, personal connections in the Greater Cleveland area. Although they resembled the study’s age and non-professional criteria, they would not have been appropriate subjects for a variety of reasons, for example because they: were not participants in the convenience sample populations from which most of my subjects were drawn, may not have reached age 60 (their ages ranged from the late 50’s through the late 80’s), and/or were family or personal friends. The incentives for participation included the opportunity to share opinions and the provision of a meal offered during the pre-testing focus group at my home. The pre-testing group could be distinguished from the other focus groups by the more personal and informal nature of the recruitment process and the focus group setting.

**Procedures**

The focus group interviews took place at locations that were familiar and comfortable to the participants. (Please see Appendix E for a full description of the focus groups.) The location choices (e.g., churches, senior centers) assisted recruitment by making participation comfortable, easy and convenient for participants, and by eliminating possible transportation barriers with an older population. The focus groups were conducted between June and September, 2002.

Each focus group participant was given two copies of the Informed Consent form—one that the participant signed and returned to me, and the other that the participant kept for herself (see Appendix C4). I reviewed the consent form with each participant orally, and also encouraged each participant to read the form. All printed materials were printed a large-point (i.e., 14) font.
The groups began with participants taking some time to get settled and answer demographic information questions. Participants with hearing impairments were informally identified and seated nearest the moderator (Barrett & Kirk, 2000). In some focus groups, the meal was held at the start of the focus group discussion, but in the majority of the focus groups, the meal was held as a break mid-way through the focus group discussion. After the participants were ready to begin, the moderator (I, or a gatekeeper in the two Spanish-speaking groups) welcomed the participants, introduced herself and reminded participants of the purpose of the focus group. Special care was taken when introducing the topic due to its sensitive nature. After reviewing the consent form and ground rules for discussion (e.g., there are no right or wrong answers, everyone’s views are welcome), the moderator began the discussion using the focus group questioning route (see Appendix B5). As suggested by Barrett and Kirk, the moderator provided frequent context cues during the discussion to assist the participants’ recognition, comprehension and memory of spoken information. In addition, participants were provided with a written copy of the three case studies. All of the focus group sessions were tape-recorded for subsequent transcription. Focus group protocols are usually designed to last approximately 1 ½ to 2 ½ hours. Barrett and Kirk (2000) recommend limiting focus groups to 1 ½ hours when working with older populations. Keeping this in mind, I worked to limit the discussion part of the focus group to 90 minutes, with one small break mid-way through the interview. In ending the first focus group, I summarized the group discussion, asked the participants whether I correctly described what was said, and whether I had missed anything in the summary. Participants were also asked what issues they felt most strongly about in the scenarios. I
was concerned that I might miss significant detail by summarizing only at the end of the group discussion. Therefore, subsequent to the first focus group, the questioning route was revised so that a summary was provided after each major area of the questioning route (i.e., the definition of elder maltreatment, scenario 1, scenario 2, scenario 3), and the end of the focus group was spent discussing the issues participants felt most strongly about.

In addition to their role in subject recruitment, the focus group gatekeepers also played an important role during the focus group discussions themselves. Their responsibilities during the focus group discussions were to increase the participants’ comfort by their presence and to assume the assistant moderator role, as specified by Krueger and Casey (2000). The assistant moderator’s responsibilities included: helping set up the room, food, and equipment; taking notes; asking clarifying questions; helping summarize at the close of the discussion; and debriefing with the moderator through review of written and verbal notes following the focus group. Each of the focus groups had at least two people (i.e., the moderator and assistant moderator) taking notes during the discussion. I kept a journal following each focus group session which reviewed methodological decisions, and impressions and reflections about what people said and meant, based on the focus group session, notes, and debriefing with the focus group gatekeeper(s).

*Analysis Plan*

The focus group tapes were transcribed and I conducted a content analysis of the transcribed data using the “cut and paste” approach (also known as the “long table” approach), which literally involves cutting transcriptions and sorting them into relevant
themes (Krueger & Casey, 2000; Stewart & Shamdasani, 1990). The goal of content analysis is to examine each group’s responses to individual questions, and to look for themes in responses across groups (Krueger & Casey, 2000). The goal of content analysis in my study was to examine the definitions of elder maltreatment and responses to the dilemmas both within the individual groups and across groups. In addition to examining what actually was said in the focus groups, my analysis also considered responses that I expected to hear, but didn’t (e.g., self neglect was barely mentioned in participants’ discussions around the definition of elder maltreatment). The content analysis that I conducted utilized my focus group journals and notes in addition to the focus group transcriptions. The focus group transcriptions were the most important element in this analysis; the journals and notes were helpful for contextualizing and triangulating the transcribed data, and well as for clarifying unclear sections of the transcriptions.

I began the analysis by reading and rereading all of the transcriptions, taking notes as I went along. I then read the focus group transcriptions section by section (e.g., the definitional section, the section for each scenario) and cut out quotes that either pertained directly to that section, or that did not pertain directly but were nonetheless meaningful. In doing this, I looked for emerging themes, areas of broad agreement or consensus, areas of disagreement, and topics in which participants were silent. I arranged all of the cut out quotes into piles of like themes, chose names for these themes and then taped the groups of themes and individual themes onto large sheets of paper along with their identifying names. Using a table document on a word processor, I listed all of the themes for each section, focus group by focus group. After incorporating themes from all the sections of
focus groups onto the table, I then analyzed the table, identifying those themes that had occurred across four or more focus groups per section, and calling these “major themes”. I also identified the themes that were named within four or more focus groups and two or more areas of the questioning route, and called these “overarching themes”. Finally, I identified “within-group themes”, or themes that were noteworthy but were identified by one focus group only.

*Establishing Trustworthiness of Data*

Lincoln and Guba (1985) describe four criteria—“credibility”, “transferability”, “dependability” and “confirmability”—for establishing the trustworthiness of qualitative research data. These criteria serve as the parallels within qualitative research for the four criteria—“internal validity”, “external validity”, “reliability”, and “objectivity”—conventionally used to establish the trustworthiness of quantitative research. These criteria reflect the assumptions in qualitative research that there are multiple realities, and that the qualitative researcher’s job is to adequately represent the particular reality or realities of those being studied. When these criteria are not established during the research, its trustworthiness becomes suspect. I next review the techniques that I used to establish trustworthiness in my research study.

Credibility refers to the adequacy with which the researcher has represented the reality of those being studied. This term seeks to de-emphasize the traditional emphasis of the term “internal validity” on discovering the “truth” in quantitative research. My study used four of the techniques recommended by Lincoln and Guba (1985) for producing credible results. *Prolonged engagement* is the technique whereby the researcher invests enough time in the culture to learn the culture, test for misinformation,
and build trust. Although the nature of my focus group research prevented me from conducting a period of prolonged engagement, the focus group gatekeepers helped me to use this technique by proxy; the gatekeepers assisted me in becoming more competent in understanding the cultures represented within the focus groups, and they were also helpful in fostering trust in my study among the participants in my focus groups. The second technique, *triangulation*, is based on the notion that research findings are more credible when they are drawn from multiple sources of data. I performed triangulation of data through the use of the transcribed focus group interviews, my journal, and the gatekeepers’ notes. The third and fourth techniques, *peer debriefing* and *member checks*, can also be seen as means of data triangulation. Simply put, peer debriefing involves discussing, reviewing, and testing emerging thoughts, hypotheses, and findings against a disinterested peer. Because qualitative research is often such a singular process, peer debriefing helps to ensure that one’s conclusions or observations are reasonable from others’ perspectives. I held a debriefing session with my focus group gatekeeper following each focus group session. Finally, and most important, in the *member check*, the researcher’s categories, interpretations, and conclusions were reviewed by the research participants themselves to determine whether the researcher adequately represented their realities. I conducted member checks in three ways in my study. First, I provided a summary of the group discussion and asked participants about its accuracy at the close of each focus group. Second, my focus group notes were mailed to participants for their review. Third, after completing my research and analysis, I arranged a member check meeting with focus group participants. This meeting provided participants with an opportunity to review my findings and indicate their agreement or disagreement (Lincoln
 Dependability is approximately analogous to “reliability” within quantitative research, as confirmability is to “objectivity” in quantitative research. These terms also seek to de-emphasize the focus on “Truth” within quantitative research. In addition, the term confirmability seeks to remove the emphasis from the researcher in “objectivity”, and to place this emphasis on the worth of the data. The techniques for establishing credibility—particularly triangulation and the use of a journal—also help to establish dependability and confirmability, as does the confirmability audit (Lincoln & Guba, 1985). I enlisted a volunteer “auditor” to help establish the credibility, dependability, and confirmability of my study. The volunteer auditor was an individual whom I knew personally, who was not involved in the field of social work and who was also not previously involved with my study. After providing her with a background and summary description of my study, I gave the volunteer auditor copies of the transcriptions for the eight focus groups. She then read the transcriptions and formulated her own initial themes and categorizations of the transcribed data. Her analysis of the transcriptions was conducted completely independently from my own data analyses. While the content analysis that I conducted was based on identifying within group themes (themes occurring within individual focus groups), major themes (themes occurring within four or more focus groups), and overarching themes (themes occurring across four or more groups and two or more questions), the volunteer auditor’s analysis was more informal, and consisted of highlighting aspects of the data that were particularly striking to her, with less regard for prevalence across focus groups. After she and I had both conducted
our own data analysis, we met to review and compare our analyses. Our identified themes were generally consistent and complementary; while mine represented a holistic and comprehensive approach to the data, her themes were ones that were striking to her as she read the transcriptions. Therefore, many of her themes represented smaller aspects of my larger themes and/or a somewhat different organization of the data. Yet, in reading through her thematic analysis, it was clear that all the points that emerged for her were also covered in my larger, more comprehensive analysis.

The term transferability is roughly parallel to external validity, or “generalizability”, within quantitative research. However, while quantitative research uses techniques such as randomization to generalize findings to a larger population, qualitative research operates from the assumption that findings probably do not generalize to a larger audience. Instead, the researcher’s responsibility is to provide enough detailed, “thick” description of the data that judgments of transferability can be made by those who are interested in applying or “transferring” the data to a new setting. I provided thick description of the focus group settings and focus group interactions in my focus group journal, in which I incorporated the focus group notes (Lincoln & Guba, 1985). Thick description is also provided in the dissertation itself through the description of the focus groups, and the detailed presentation of the findings.

Chapter Summary

This chapter outlined the methodology for my study. I reviewed research questions and described the study’s sample and the recruitment process I used to obtain this sample. I then provided the rationale for using focus groups to answer my research questions, and described my study’s focus groups and member check group. Following
this was a description of the development and pre-testing of the focus group protocol, and a discussion of the informed consent and data collection procedures. I reviewed the analysis plan and discussed the techniques used in my study for establishing the trustworthiness of my research data. I present the results of my study in the following chapter.
CHAPTER FOUR: RESULTS

Introduction

This chapter reviews the results of the study in terms of its four research questions:

1) *How does a sample of older women define elder maltreatment?*

2) *How does a sample of older women resolve the freedom vs. protection dilemma?*

3) *How does a sample of older women resolve the dilemma of criminalizing elder maltreatment?*

4) *What do their responses to the freedom/protection and criminalization dilemmas tell us about their ethical decision-making processes?*

Eight focus groups were conducted using a questioning route that corresponded with the study’s first three questions, and that included questions about three case scenarios illustrating the freedom vs. protection and criminalization dilemmas. These questions follow from the ethical dilemmas described in chapter one, and chapter two’s review of elder maltreatment public perception research. A follow-up member check group was then held to confirm the accurate analysis of the participants’ focus group responses, and to examine their decision-making around these responses. The examination of the participants’ decision-making addresses the study’s fourth research question and follows from chapter two’s theory section on moral reasoning. (Please refer to Chapter Three and Appendix E for a descriptive summary of the focus groups and member check group.)

This chapter begins by reviewing the major themes and noteworthy within group themes for the first three questions. Major themes are defined as topics of discussion occurring across four or more focus groups within one major area of the questioning route (e.g., the definition of elder maltreatment, each of the case scenarios). Discussion of the major themes includes attention paid to areas of disagreement and extensiveness
across ethnicity and socioeconomic status categories. Extensiveness is defined by Krueger and Casey (2000) as how many different people have said something, as opposed to frequency, which refers to how many times something is said. For the purposes of this study, extensiveness will refer to how many different focus groups have described a theme, rather than Krueger and Casey’s definition of how many people have described a theme. A review of overarching themes follows discussion of the results of the first three research questions. Overarching themes are defined as topics of discussion present across four or more focus groups and two or more major areas of the questioning route. I analyze the study’s fourth question by reviewing the results of the member check group and the overarching themes from the focus groups. This chapter ends with an analysis of the interconnection of themes across the study’s four research questions.

Question One: How Does a Sample of Older Women Define Elder Maltreatment?

This study’s first research question, “How does a sample of older women define elder maltreatment?” corresponds with the first question from the focus group questioning route, “When I say the terms elder abuse and neglect, what sorts of things come to mind?” The ten major themes for the study’s first research question are summarized in Table 2 below.
Table 2. Major Themes: How Does A Sample Of Older Women Define Elder Maltreatment?

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>FG 1 WC AA</th>
<th>FG 2 WC AA</th>
<th>FG 3 WC Cau</th>
<th>FG 4 WC Cau</th>
<th>FG 5 Latina</th>
<th>FG 6 Latina</th>
<th>FG 7 HS AA</th>
<th>FG 8 HS Cau</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical Neglect</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2. Emotional Neglect</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>3. Verbal Abuse</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>4. Societal Maltreatment</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5. Physical Abuse</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>6. Financial Abuse</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>7. Maltx by Strangers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>8. Putting elder in nursing home</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>9. Maltx in nursing homes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>10. Maltx by family</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Major Themes Across Groups

Major Theme One: Physical Neglect

Seven of the study’s eight focus groups included physical neglect within their discussion of elder maltreatment; focus group five, the urban Latina focus group, was the only group that did not describe physical neglect as an aspect of elder maltreatment.

Descriptions of physical neglect included neglect of aspects of physical care, such as toileting.

*X: Grannies left in rooms with nobody taking care of them and ignoring them totally. You know being incontinent and not getting enough to eat.*

Physical neglect was often particularly understood in terms of neglecting an elder’s nutritional needs, as illustrated by the following quote:
XI think that in the home, some of the family members are supposed to prepare meals for the person and they don’t prepare meals for them when they should.

Extensiveness across ethnicity and socioeconomic status categories. No differences across ethnicity and SES categories were noted with this theme, as it was present within seven of eight focus groups.

Major Theme Two: Emotional Neglect

Five focus groups described emotional neglect as an aspect of elder maltreatment: all three of the African American groups; one of the working class Caucasian groups, focus group four; and one of the Latina groups, focus group six. This theme involved descriptions of ignoring or overlooking an elder’s emotional and social needs, specifically within intimate relationships such as family or caregiving relationships. Also included within the theme of emotional neglect were descriptions of isolation, abandonment and loneliness:

X: Taking an elderly person and just leaving them sit. Never doing anything with them. Not talking with them. That’s abuse, I should think. Because you’ve got to do something with them. Not feeding them... there are a lot of ways to abuse people. They need some back and forth interaction. (Emily: What do you mean “back and forth interaction”? ) Interaction with other people. You can’t just let them sit.

_______________________________________

X: Elderly people who haven’t any contact at all with their families, even though their families are in town. In fact, there’s no contact whatsoever. (Elderly) people most need that.

Extensiveness across ethnicity and socioeconomic status categories. Emotional neglect was described as a component of elder maltreatment within all three African American focus groups, and this theme may therefore have been especially important to the understanding of elder maltreatment within these groups.

Major Theme Three: Verbal Abuse
Verbal abuse was described as an aspect of elder maltreatment in five focus groups: both of the Latina focus groups, both of the High SES focus groups, and one of the working class African American focus groups (focus group two). Quotes describing this aspect of elder maltreatment include the following:

_X: I was just thinking [about] the attitudes of children towards parents too. When the parents begin to lose it and become incompetent and one or another and it’s usually the mental and it’s usually very hard for the kids to handle when mom forgets things. Or dad is unable to do things. And they can become verbally abusive and they can be very condescending and it hurts. It hurts a lot._

**Extensiveness across ethnicity and socioeconomic status categories.** Several differences in extensiveness across ethnicity and SES categories were apparent with this theme; it was described within both of the high SES focus groups and both of the Latina focus groups, but within neither of the middle/working class Caucasian groups.

**Major Theme Four: Societal Maltreatment**

I have called the fourth major theme “societal maltreatment”, a term that encompasses a variety of types of maltreatment by a system rather than a specific person or persons. This theme encompassed many participants’ comments regarding the perceived maltreatment of older adults by the government (e.g., Medicare) as well as by various facets of the medical system (i.e., health insurance, prescription drugs, emergency rooms, hospitals). Also included within this theme were comments about the inability to pay for prescription drugs, and the high cost of nursing homes.

_X: What about the cost now of rest homes? Not only one thousand a month, but to four thousand a month in some places. Isn’t that abuse?_

_________________________________

_X: A lot of these sources – other problem could be she can’t afford to pay the water, electric bill, gas bill, and for her drugs and all the other things. And I think that’s another big area of abuse?_
This theme was present in four of the focus groups: the high SES Caucasian group, both working class African American groups, and in focus group four, one of the working class Caucasian groups.

**Extensiveness across ethnicity and socioeconomic status categories.** This theme was mentioned within both of the working class African American focus groups, but within neither of the Latina focus groups.

**Major Theme Five: Physical Abuse**

Physical abuse was described as an aspect of elder maltreatment in four of the focus groups: the urban Latina focus group (focus group five), one of the working class Caucasian groups (focus group three), and both of the high SES focus groups. Physical abuse also emerged as a major theme:

* X: You know, when you say the word abuse, you think of somebody hitting somebody.

* X: …if somebody is getting difficult to handle sometimes there is even physical abuse like abuse of children, like spanking or smacking or whatever.

**Extensiveness across ethnicity and socioeconomic status categories.** Both of the high SES focus groups and neither of the middle/working class African American focus groups identified physical abuse as an element of elder maltreatment.

**Major Theme Six: Financial Abuse**

Financial abuse was mentioned within four focus groups—specifically, within all of the working class Caucasian and African American focus groups. Three of the four focus groups described financial abuse by family members, and one of the Caucasian focus groups (focus group four) described financial abuse within nursing homes.
They also have financial abuse where the families use it instead of using it for them. We had a woman here that used to come in here and talk to me all the time and say how her daughter was taking all her money and stuff. I don’t know – she might have talked to some of you all. And I think I did refer her to one of the agencies downtown to try to see if they could work it out, but that’s sad. You know, when someone can abuse their finances also. Especially when they’re competent.

A participant in focus group four provided a vivid description of a relative who had been financially exploited by a nurse.

My cousin, Mary (name changed), who was very wealthy, had sent her older brother Eric (name changed) to a rest home on the East side. Um, I was living in L.A. at the time, and I – my sister and brother would go to the hospital, to the home, to talk to Mary about things… Eventually, the nurse was driving her car. They took her paintings, the house, the things. And when she heard that, she collapsed. And I think that contributed to her death shortly after. … But I think that that was the strongly the reason that she died shortly after was because of her abuse with their taking her things.

Extensiveness across ethnicity and socioeconomic status categories. Financial abuse was described as an aspect of elder maltreatment with all of the working class Caucasian and African American focus groups, but within none of the high SES or Latina focus groups.

**Major Theme Seven: Maltreatment by Strangers**

This theme involved descriptions of older people being ignored or treated carelessly or incompetently in places such as stores, post offices, hospitals or when needing assistance with tasks such as purchasing gas or crossing the street. Although it could have been subsumed within the major theme emotional neglect, I consider them separately, since emotional neglect primarily emphasized neglect within the context of intimate relationships (such as with family members). Four focus groups described maltreatment by strangers as an aspect of elder maltreatment: both of the Latina focus groups, one of the working class Caucasian focus groups (focus group four), one working class African American focus group (focus group one).
X: There are also other people, though they aren’t family members, they see an elderly person, and as they are, old, and… they’re going to cross the street, and instead of giving them a hand, it’s like they’re not worth anything, they don’t even remember that they’re going to get to that same place.

X: Well, many times, we’ve heard, especially when they need something, because they are older, well—they’re old, or they have some excuse, and they don’t listen. And they suffer, when they don’t get heard.

X: That includes everything, everything, everything, like the hospital, where one lives, when one goes shopping.

Extensiveness across ethnicity and socioeconomic status categories. Maltreatment by strangers appeared to be particularly important to the definition of elder maltreatment among Latinas, but was not mentioned at all within either of the high SES groups.

Major Theme Eight: Putting or Abandoning an Elderly Parent in a Nursing Home

Because of its specificity, I also consider family members “putting or abandoning an elderly parent in a nursing home” to be a separate theme, rather than including it within emotional neglect. Four focus groups described this as an aspect of maltreatment: both of the Latina focus groups, the high SES Caucasian focus group, and one of the two middle/working class Caucasian focus groups (focus group four). However, the Latina and Caucasian focus groups differed in terms of what exactly about putting a relative in a nursing home was believed to constitute elder maltreatment. For participants in the Latina groups, sending a relative to a nursing home is abuse in and of itself. Participants in the two Caucasian groups to name this theme (the high SES group and one of the non-high SES groups), however, did not see sending a relative to live in a nursing home as maltreatment in and of itself. Rather, elder maltreatment was understood to involve putting a relative in a nursing home and then abandoning that relative by not visiting him or her. Consider the following quote from one of the Latina focus groups:
To the Caucasian focus group participants, however, putting a relative in a nursing home constitutes elder maltreatment only when family members fail to visit or have further involvement with the person.

\textit{X: A lot of people put a family person in the nursing home. That’s it. They don’t go to visit them. That is abuse. Whether they have Alzheimer’s or broken hip or what. And they don’t, do not check up on that patient.}

Extensiveness across ethnicity and socioeconomic status categories. This theme was especially important within both Latina focus groups, but was not mentioned within any of the African American focus groups.

\textit{Major Theme Nine: Elder Maltreatment Within Nursing Homes}

This theme involves the context for the occurrence of elder maltreatment, rather than the form that elder maltreatment takes (e.g., verbal abuse, emotional neglect), as described above. Six of the eight focus groups described elder maltreatment occurring within nursing homes; one of the Latina groups (focus group five) and one of the working class African American groups (focus group two) did not describe elder maltreatment in this context. Most of the discussion about elder maltreatment in nursing homes involved various forms of maltreatment (e.g., physical neglect, financial abuse) from nursing home aides.

\textit{X: What I’m talking about is when they’re really, like a nursing home, they abuse the elderly people. They don’t look after them like they should and they want you to pay for them too.}

An exchange from another focus group reads:
Emily: Okay, the first question is, “When I say the terms elder abuse and neglect, what sorts of things come to mind?”

X: I guess first thing I would think of would be the nursing homes. ‘Cause I don’t really have that kind of contact with abuse – only what I’ve heard.

Emily: Well, tell me about your understanding of abuse in nursing homes.

X: Well, if you were ever in that environment, and you were a patient – like first hand – and you needed someone to come to your aid, and they weren’t there... because they were short-handed.

Participants in two of the focus groups, the High SES Caucasian focus group (focus group eight) and one of the middle/working class Caucasian focus groups (focus group four), also talked about maltreatment perpetrated by other nursing home residents. These examples concerned nursing home residents verbally or physically assaulting or stealing from other residents, often due to dementia.

X: Another thing I thought of was that sometimes I approach it, call it abuse, but I think there are times when patients themselves will rail at each other.

X: Oh, yes.

X: You know, and part of that is their frustration, I’m sure. Or part of it is that they are seeing somebody do something that they don’t think is appropriate and so...and I can remember my dad was a patient... But at one point when he was in a nursing home, and in fact he wasn’t able to cope nearly as well. This woman kept coming in, on her wheelchair into his room. And one day he just really let out and told her to get out of there, she doesn’t belong there! I looked at him and thought, this can’t be my father. But it was...

In addition, there was some discussion in the High SES Caucasian focus group (focus group eight) as to whether behavior between nursing home residents could still be considered abusive when the perpetrator had dementia. Participants had mixed views on this subject; some believed that this was still abusive while others did not.

Extensiveness across ethnicity and socioeconomic status categories. No differences across ethnicity and SES categories were noted with this theme, as it was present in six of eight focus groups.
Major Theme Ten: Elder Maltreatment by Family Members

An even greater number of the focus groups—seven of the eight—described elder maltreatment perpetrated by family members; the urban Latina focus group (focus group five) was the only group that did not talk about elder maltreatment by family members.

X: I tend to think of it more in terms of families and family members, rather than institutional abuse and neglect, although I know that certainly occurs.

X: And a lot of the people have relatives that abuse them, don’t look after them. They get the money and they run. That’s what I call abuse.

Both of the high socioeconomic status groups specifically emphasized the issue of elder maltreatment within the context of adult children caring for elderly parents.

Extensiveness across ethnicity and socioeconomic status categories. No differences across ethnicity and SES categories were noted with this theme, as it was present in seven of eight focus groups.

Within Group Themes

High SES African American focus group: Grandparents Raising Grandchildren

The High SES African American focus group (focus group eight) was the only group to include the issue of grandparents raising grandchildren within their definition of elder maltreatment. For this group, grandparents raising grandchildren represented a form of elder maltreatment perpetrated by the grandparents’ adult children. These adult children were seen as mistreating their elder parents by asking them to provide childcare and other work that they (the adult children) should be assuming.

X: … I’m also seeing a new form of neglect, perhaps, and that’s when the elderly parent now has to take on the responsibility of the children when the parents of the children are out there doing their own thing.
It would be neglect of the proper role of the child’s parent by taking no responsibility for your own children, and pushing it all on the parent.

Pushing it all on someone who cannot do it, cannot afford to do it, or physically or mentally. Or financially.

So it would be kind of a form of elder maltreatment of the elder grandparent.

Absolutely

In a sense

Clearly

High SES Caucasian Focus Group: Self Neglect

The High SES Caucasian focus group was the only focus group to include self-neglect within its definition of elder maltreatment.

Yes, that’s what I thought of when you first asked, what do you think of when the term elder neglect or abuse is mentioned. People dying in these overheated rooms in the summer time.

That only one focus group discussed this as an aspect of elder maltreatment is noteworthy, since it is the most common form of elder maltreatment to be reported to APS, and it is an issue of great concern to both researchers and practitioners in the field.

Working Class African American (Focus Group Two): It’s Abusive Not to Report Abuse

One participant in the suburban middle/working class African American focus group (focus group two) stated that even knowing an elder maltreatment situation and not reporting it implicates one in the maltreatment. This comment points to the focus groups’ strong favoring of protection over autonomy, the focal point of the second research question.
X: I think that we are guilty of abuse when we know of situations where a person is being abused and we don’t call the social service department, because there are many families who abuse their family members and we don’t want to interfere, so we don’t call or do anything about it.

Working Class African American (Focus Group One): Fear of Crime

The urban middle/working class African American focus group (focus group one) included fear of crime by strangers within its understanding of elder maltreatment. Specifically, this focus group described physically violent and criminal elder maltreatment perpetrated by strangers.

X: And a lot of people know that they (elderly people) are helpless and they see them trying to strive or make it to something and they won’t even give them a hand. Instead they knock them down, rob them, kill them, rape them, and all those different types of things. I know they do it. Because we hear about it over the news and in the community where I live, a sad thing happened about 3 months ago. Someone broke into an elderly woman’s house, killed her, knocked her brains out, shattered them all over the place. And there I was, maybe not as old as her but I was afraid to go to the store. And I have never been afraid to go anywhere. I always felt like I could be responsible for myself. But with people going around like that, you just don’t know who to trust. Or who is going to break in on you no matter how much security you have around. If someone is not there....

The other focus groups described only physically violent and criminal forms of elder maltreatment within the context of intimate relationships, such as in families or nursing homes. The fear of crime by strangers differs from the major theme, “ignoring by strangers”, discussed above; although both themes involve maltreatment by strangers, the former emphasizes maltreatment of a highly criminal and violent nature, while the latter emphasizes maltreatment in the form of strangers ignoring elders.

Working Class Caucasian (Focus Group Three): Elder Maltreatment in Medical Settings

Focus group three, one of the middle/working class Caucasian focus groups, was the primary focus group to talk about elder maltreatment occurring within medical
settings such as hospitals and emergency rooms. Hospitals and emergency rooms became the dominant topic in this group’s discussion of the first question. Most of the group’s discussion around elder maltreatment within hospitals and emergency rooms focused on carelessness, lack of thoroughness, neglect, and inexperienced medical practitioners.

X: You know, it seems like in emergency rooms, even umm the new doctors, the interns, maybe they’ve been on duty for a short while. They really don’t know the ropes. I could tell you of another case where, um, a patient fell, in the bathroom again, and broke a hip, taken to the hospital – this was (name of hospital) Hospital – and ah, so, they did, you know, they do the preliminary examination, and so, and x-rays and so forth. And anyway, pain in the hip, couldn’t walk, and this doctor examined the x-rays and said there was no fracture. She couldn’t walk, terrible time walking, needed help, and ah, but went home in the car, in the car that she, ah, went to the hospital in. Ah, so the doctor said, “You could go home.” On Sunday morning there was a telephone call from (name of hospital), and whoever reviews the x-rays saw a fracture. So they are very careless in the emergency rooms, I would say.

The suburban Latina focus group (focus group six) also talked about maltreatment within hospitals, but within the larger context of being ignored or treated carelessly or incompetently within a variety of situations such as medical settings, stores, government agencies, and so on. The other focus groups, in contrast, limited their discussions of institutional elder maltreatment to nursing homes. It should be noted that elder maltreatment occurring within institutional settings such as hospitals or nursing homes differs from the major theme, “societal abuse”, discussed above; the former refers to elder maltreatment by an identifiable individual perpetrator or perpetrators, while the latter involves maltreatment by a system (e.g., Medicare).

Question One Summary

Ten major themes emerged in answer to the study’s first research question, “How does a sample of older women define elder maltreatment?” Overall, the focus groups
held a very broad and inclusive understanding of elder maltreatment. A summary of the major themes and trends based on ethnicity and socioeconomic status appears below.

Table 3. Summary Of Major Themes: How Does A Sample Of Older Women Define Elder Maltreatment?

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>Extensiveness Across Ethnicity and Socioeconomic Status Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Physical Neglect</td>
<td>• Mentioned within 7 of 8 groups; no differences across ethnicity or SES apparent</td>
</tr>
<tr>
<td>2) Emotional Neglect</td>
<td>• Mentioned in all 3 African American focus groups</td>
</tr>
<tr>
<td>3) Verbal Abuse</td>
<td>• Mentioned in both Latina focus groups, both high SES groups, and neither of the working class Caucasian groups</td>
</tr>
<tr>
<td>4) Societal Maltreatment</td>
<td>• Mentioned in both of the working class African American groups, and neither of the Latina groups</td>
</tr>
<tr>
<td>5) Physical Abuse</td>
<td>• Mentioned within both of the high SES groups, and neither of the working class African American groups</td>
</tr>
<tr>
<td>6) Financial Abuse</td>
<td>• Mentioned within all four working class African American and Caucasian focus groups, and within none of the Latina or high SES focus groups</td>
</tr>
<tr>
<td>7) Maltreatment by Strangers</td>
<td>• Mentioned within both of the Latina focus groups, but within neither of the high SES groups</td>
</tr>
<tr>
<td>8) Putting or abandoning an elderly relative in a nursing home</td>
<td>• Mentioned within both of the Latina focus groups, and none of the 3 African American focus groups</td>
</tr>
<tr>
<td>9) Maltreatment Within Nursing Homes</td>
<td>• Mentioned within 6 of 8 focus groups; no differences across ethnicity or SES apparent</td>
</tr>
<tr>
<td>10) Maltreatment by Families</td>
<td>• Mentioned within 7 of 8 focus groups; no differences across ethnicity or SES apparent</td>
</tr>
</tbody>
</table>

In addition to the major themes, a number of the individual focus groups had noteworthy within group themes. These included: grandparents raising grandchildren, from the high SES African American focus group (focus group seven); self neglect, from the High SES Caucasian focus group (focus group eight); the idea that it’s abusive to not report abuse, from the suburban middle/working class African American focus group (focus group two); fear of crime, from the urban, middle/working class African American focus group (focus group one); elder maltreatment in medical settings, from one of the middle/working class Caucasian groups (focus group three).

Question Two: How Does a Sample of Older Women Resolve the Freedom/Protection Dilemma?
This study’s second research question, “How does a sample of older women resolve the dilemma of freedom verses protection?” corresponds with questions accompanying two scenarios, Florence and Vera, on the questioning route (see Appendix C5). The Florence and Vera scenarios address the elder abuse dilemmas of mandatory reporting and involuntary protective services, respectively. At their most basic level, however, both dilemmas also reflect the larger theoretical dilemma of freedom versus protection.

The Florence Case Scenario

The Florence case scenario illustrates the mandatory reporting dilemma, the first of the two protection vs. freedom dilemmas. In this scenario, Florence, an older diabetic woman attending a senior center, confides to the senior center worker that she has been abused by Al, her husband of 40 years. Florence asks the senior center worker to please not tell anyone about what she has shared with her. After reading this scenario to the participants, I asked them what the senior center worker should do given this information, and how they would feel about having this situation reported to the authorities. Major themes for this scenario are summarized in Table 4 below.

Table 4. Major Themes For Florence Scenario

<table>
<thead>
<tr>
<th>FG 1 WC AA</th>
<th>FG 2 WC AA</th>
<th>FG 3 WC C</th>
<th>FG 4 WC C</th>
<th>FG 5 Lat</th>
<th>FG 6 Lat</th>
<th>FG 7 HS AA</th>
<th>FG 8 HS C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Personal experience with domestic violence</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Identifying scenario as abusive</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3) In favor of reporting the situation to APS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4) Views about APS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5) Family Theme</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Counsel Florence and Al together</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Views about intervention with Al</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Major Themes: Contextual Themes

In conducting the analysis, I discovered two major themes – personal experience with domestic violence, and identification of the scenario as being abusive - that were not directly related to research question two. These themes do, however, provide background information that is helpful in contextualizing the participants’ recommended interventions for this scenario.

Personal experience with domestic violence.

First, participants in four of the focus groups (both of the Latina focus groups; one of the working class Caucasian groups, focus group four; and one of the working class African American groups, focus group two) described having either directly experienced or witnessed domestic violence. The following quote, for example, describes domestic violence witnessed by one of the participants.

X: When I was quite young, shortly after I married, in this same house, in a separate apartment, where I was living – this girl’s husband beat her every Friday. Beat her unmercifully every Friday. And you know what she said? I said why do you stand for it? She said, “I wouldn’t think he loved me.”

Extensiveness across ethnicity and socioeconomic status categories. The issue of domestic violence seemed to resonate particularly strongly with the Latina focus groups; in one of the Latina focus groups (focus group five), this scenario was perceived as being so common as to be normative, and one participant in the other Latina focus group (focus group six) confided to the group that she was currently being abused by her husband. In contrast, it is worth noting that neither of the high SES focus groups described having experienced or witnessing domestic violence.

Identifying scenario as abusive.
The focus group participants strongly identified the Florence scenario as a classic example of an abusive relationship, and the cycle of violence characteristic of it. This was a clear message in six of the eight focus groups; only one of the working class African American groups (focus group one) and one of the Latina groups (focus group six) did not describe this scenario as presenting abuse. It is likely that these groups also viewed the situation as abusive, but simply did not directly state it; the fact that both groups favored reporting the situation to Adult Protective Services suggests that both groups also identified it as abusive.

X: This is a classic example of abuse. Not just elderly, but the whole marriage. He makes her feel like it’s her fault. She’s accepting the fact that, ‘If I were better, it wouldn’t happen this way. And he’s going to apologize and it won’t happen again.’ And then five minutes later, it might happen again. It’s a classic case.

One of the Latina group (focus group five) gatekeepers observed that the participants in this focus group were so used to experiencing relationships like Florence’s that, although they identified the scenario as being abusive, they did not view it as being particularly worthy of concern. One of the participants in this focus group even stated that abusive relationships are so normative as to be traditional:

X: The abuse is a tradition! (laughs)

In addition to identifying the situation as abusive, participants in all of the focus groups recognized effects and/or indicators of abuse in this scenario such as fear, shame, and self-blame.

X: I think in this case, though, she was taking the blame for his action. She said if she behaved better, it wouldn’t have happened.

Extensiveness across ethnicity and socioeconomic status categories. Differences in extensiveness were not apparent, as this theme was present across all ethnicity and
socioeconomic status categories. However, the Latina participants may have perceived the domestic violence relationship depicted in this scenario as more normative and less problematic than participants in the other focus groups.

**Major Themes Related to Adult Protective Services**

In favor of reporting the situation to adult protective services.

Most important here was that the majority of the groups and participants were in favor of reporting the situation to Adult Protective Services, although there was significant disagreement around this understanding. In fact, this proved to be the most controversial of the study’s three dilemmas; overall, six groups favored reporting this situation to Adult Protective Services, although four groups had significant within-group disagreement. The six focus groups that favored reporting to Adult Protective Services were the three African American focus groups, the two working class Caucasian focus groups, and one of the Latina groups (focus group six).

X: You have to report it. You can’t let people keep doing things and not do anything about it.

Although the majority of the participants in these six groups favored reporting, members of four groups—the suburban Latina focus group and the three African American focus groups—disagreed among themselves. Sometimes this led to heated discussions between those who favored and those who did not favor reporting.

E: Okay, so you would recommend reporting?
X: Yes. I would.
X: I would wait...
X: It doesn’t get any better. Okay, I don’t think we should wait.
X: Right.
X: It’s not going to stop. If anything, it’s going to get worse.
X: The first time you hear it, you can’t just jump it. You have to wade in. You don’t jump into that.

X: I still recommend that an agency be contacted.

After discussing this issue in depth, participants in the high SES African American group eventually agreed with reporting to APS, but disagreed about whether the report should be made immediately versus after one or two interviews. Participants in the other three groups continued to be divided on the issue after discussion. Only two groups—the high SES Caucasian group (focus group eight) and the other Latina focus group (focus group five)—did not favor reporting the situation to adult protective services, and instead favored some other approach, such as having the senior center worker investigate and intervene, or consulting a minister.

X: I think the government is too often not the best way to go. Like ____ said, start out with what they can do in the senior center maybe and provide help that way first. Then see how things progress and get her to talk more about it.

Extensiveness across ethnicity and socioeconomic status categories. Although most participants in six groups favored reporting to APS, all three of the African American focus groups favored reporting to APS, suggesting that support for APS interventions may be particularly strong within African American cultures. All four of the study’s working class African American and Caucasian focus groups favored reporting to APS, suggesting also that there may be class differences in using APS as an intervention strategy.

Views about APS and social workers.

Many participants expressed beliefs, both negative and positive, about APS or social workers more generally. This theme is also among the study’s overarching themes, and will be discussed in that section as well. Four of the focus groups expressed
skepticism of APS or social workers more generally: the High SES African American and Caucasian focus groups (focus groups seven and eight), one of the Latina focus groups (focus group six), and one of the working class Caucasian groups (focus group three). This skepticism involved comments about APS being underfunded and ineffective; APS workers and/or social workers in general being underpaid, overworked, and unresponsive to people’s needs; and the general belief that the government is not the most effective means of addressing interpersonal problems.

\[X:\text{And I’m just not feeling today, given budget cuts, et cetera, and all the political things, I’m not that comfortable with protective services.}\]

Although this skepticism of APS appears to be contradictory to the majority view favoring APS reporting, it should be noted that three of the four groups stating skepticism of APS (focus groups seven, eight and six) had either preferred that the situation not be reported to APS, or had had significant disagreement over the issue.

Skepticism of APS was not the only viewpoint expressed, however, and participants in four of the focus groups also expressed confidence in the skills and abilities of APS workers. The high SES African American focus group, both of the working class Caucasian focus groups, and one of the working class African American groups (focus group one) had participants who voiced this confidence. In the High SES African American focus group, this more positive perspective on Adult Protective Services followed the skepticism expressed earlier:

\[X:\text{Now maybe I’ve got too much faith in Adult Protective Services, but it would seem to me that if … [I] were a social worker and I got a call from the worker at this program, and she described the situation, then I would be sensitive enough to know that this woman is fragile, that she has all the things we’ve said.}\]
It is noteworthy that despite their extensive involvement with social services and activism, many of the participants in the High SES African American focus group reported being completely unfamiliar with APS:

X: Most of us here either work in, or volunteer at, some type of social service agency, and what question did we ask you this morning: what was the law with respect to elderly abuse? So it doesn’t surprise me that ministers and social workers and others don’t know the legal obligations that they have in this regard. So it’s just they’ve gotta get out there and do more, gotta do more. You could ask me in the middle of the night, and I’ll tell you what the law says about child abuse. But if you’d have waken me last night, I would not have been able to quote the law on senior or adult abuse, elderly abuse.

Participants in at least one other group—one of the working class African American focus groups (focus group two)—also indicated being unfamiliar with APS during discussion around this scenario. It was clear that many of the participants in the remaining groups also were unfamiliar with APS.

Extensiveness across ethnicity and socioeconomic status categories. It is difficult to draw clear conclusions about patterns across ethnicity and socioeconomic status, given that both skepticism and confidence were expressed across a number of the ethnicity and socioeconomic status variables. There is some indication that skepticism about APS may be more common in high socioeconomic status Caucasian and African American cultures, whereas confidence in APS may be more common within working class African American and Caucasian cultures. This is consistent with the finding that all of the Caucasian and African American working class focus groups favored reporting to APS.

Major Themes: Recommended Forms of Intervention.

In addition to discussing whether or not the situation should be reported to APS, the focus groups also spent much time recommending various interventions that might or might not be undertaken through APS.
Family theme.

Participants in five focus groups expressed the view that family members should be involved as part of the intervention in this scenario. The importance of involving family in interventions was expressed within both of the working class African American focus groups, both of the working class Caucasian groups, and one of the Latina groups (focus group five). The African American and Caucasian working class focus groups talked about contacting other family members, such as children, as part of, or as an alternative to, an intervention through APS.

X: Well, if there are family members, she should contact the family members.

A different perspective, but one which also signifies the importance of family, involves the view expressed by one of the Latina focus groups (focus group five) that Florence and Al should work out their problems between themselves. Participants in this focus group stated that because of the significance of marriage, Florence and Al should try to work out their disagreements, alone or with the help of the senior center worker, before resorting to reporting the situation.

X: She needs to communicate more with her husband. That’s half the problem. Because the problems of a marriage, whether it’s one or the other, are of oneself. You know, the two need to resolve their problem, one with the other.

This theme is also among the study’s overarching themes and will be reviewed again in the overarching themes section.

Extensiveness across ethnicity and socioeconomic status categories. The responses to this scenario may indicate varying extensiveness of the theme based on socioeconomic status, since all four of the working class African American and Caucasian focus groups discussed the role of family in this scenario, whereas neither of the high SES focus
groups did. The Latina group (focus group five) placed a greater emphasis on intervening to preserve marriage than did the other groups.

*Counsel Florence and Al together.*

Four focus groups—both of the Latina focus groups, one of the working class African American groups (focus group one), and one of the working class Caucasian groups (focus group three)—stated that someone such as the senior center worker, a psychologist, or a minister should counsel both Florence and Al.

*X:* ‘Cause if Al finds out that my wife went to talk to somebody about us and our problems, he could get angry or nasty, or, if they both know that they’re going, sort of like marriage counseling to try and keep the marriage together.

In some cases, having the senior center worker talk with both Florence and Al was recommended before reporting the situation to APS; however, participants in focus group three recommended this as an intervention by the APS worker. In the African American and Caucasian groups, this recommendation seemed to be based on the desire to help Florence, rather than to preserve their marriage. In contrast, the Latina groups’ recommendation that Florence and Al be counseled together appeared to be based on their strong feelings about the importance of marriage.

*X:* The social worker should call them, the two of them first. And consult them before going to the law. Because the law is more serious.

*X:* Yes.

*X:* Always taking into consideration that they’ve been husband and wife for 40 years.

*S:* Uh huh.

*X:* And that they should resolve their problems, they have sufficient experience of being together.
Extensiveness across ethnicity and socioeconomic status categories. Counseling Florence and Al together was recommended within both of the Latina focus groups, but within neither of the high SES focus groups. This may point to the significance of ethnicity and socioeconomic status in the preferred intervention for this scenario.

Views about intervening with Al.

The focus groups also spent a large amount of time discussing the possibility of an intervention with Al, Florence’s husband. Recommendations of interventions with Al were offered in five groups: one of the working class African American focus groups (focus group two), one of the working class Caucasian focus groups (focus group three), one of the Latina focus groups (focus group six), and both of the high SES focus groups (focus groups seven and eight). Recommendations included having a social worker (participants did not specify whether this should be an APS social worker or a senior center worker) intervene with Al, requesting that Al attend a male batterers’ group, or receive education about diabetes (Florence’s medical condition).

X: ... in a perfect world, what about helping poor Al, too? What about help for poor Al. I’m talking about a perfect world now!

X: I was just, thought if there would be some way to help him too, see things a little differently maybe he wouldn’t go into a group but I don’t know what’s available. If there are people who could talk to him or make friends with him.

In some cases, working with Al appeared to be suggested as part of the APS intervention, while in other cases, it appeared to be an alternative to APS reporting, and at times it was unclear whether or not this suggestion was connected to an intervention through APS. The motivation for suggesting the intervention with Al seemed to differ across the focus groups; the motivation in the Latina groups seemed to be helping Florence and Al as part of their marriage, whereas the motivation in the other groups was to help Florence by
improving Al’s treatment of her. The suggestion of helping Al was given by one particular participant in the Latina focus group who was more sympathetic towards Al, and desired that he be given a second chance.

In four of the five focus groups in which an intervention with Al was recommended, this recommendation was met with the strong response that Al should not be contacted, because contacting him would prove harmful to Florence. Only in the high SES Caucasian group (focus group eight) did participants not have this strong negative response following the recommendation of intervening with Al.

X: Someone mentioned speaking to Al. But if the social worker really wanted to talk to Al, Al would be very angry with Florence and probably become more abusive because she told somebody.

The only apparent possible trend for the recommendation of not talking with Al was that this was recommended by both of the working class Caucasian focus groups.

Extensiveness across ethnicity and socioeconomic status categories. Within the Latina group (focus group six), the recommendation of intervening with Al was motivated by the desire to preserve the marriage, whereas the other focus groups discussed intervening with Al solely as a means of helping Florence.

Within Group Themes

Latina focus groups: experience with domestic violence; and a range of recommended interventions reflecting traditional and non-traditional views of marriage.

The two Latina focus groups were similar in several respects that distinguished these two focus groups from the other six. For one, as indicated earlier, this scenario resonated especially strongly with these participants, many of whom identified with Florence; a gatekeeper from focus group five stated that most of the participants in this group had been in a relationship like Florence’s.
X: ... that is the custom, among us Hispanics-

X: Yes.

X: We Hispanics, make -it’s happened to me, my husband would abuse me and all that, and when I was enraged, and I wanted to kill him, and would tell my family, but then I would defend him and I didn’t, I didn’t want them to do anything to him. And so the next time, he would do it even worse.

Most of the participants from this focus group were now single through widowhood or divorce, and they were generally very happy to remain single to avoid abusive relationships in the future. Participants in both of the Latina focus groups talked at length about the concept of endurance among Latina women, particularly their ability to endure abuse. They said that Latina women endure abuse out of passivity, fear, becoming accustomed to abuse, faith in God, for the children’s sake, and out of concern for their husbands’ well-being. Some of the participants in both groups, but particularly those in focus group five, described a more traditional view of marriage than participants in the other focus groups. This more traditional view did not necessarily place blame on Al for his actions, and it placed a higher value than the other groups did on preserving and improving the well-being of the family unit; the other groups, in contrast, were solely concerned with the victim’s well-being.

X: The social worker should call them, the two of them first. And consult them before going to the law. Because the law is more serious.

X: Yes.

X: Always taking into consideration that they’ve been husband and wife for 40 years.

X: Sometimes you endure for the sake of the children.

X: For the children’s sake, too.

X: For the children’s sake, you’ve got to endure.
The Latina focus group participants’ views about this case were often contradictory. For example, while participants in focus group five stated that the Florence scenario was abusive, one of the gatekeepers for this group stated that their tone and body language suggested that they did not find this scenario to be particularly unusual or problematic, perhaps because it was so familiar to their own experiences. Also, the two groups had participants who placed a degree of blame on Florence, although the majority viewed her as a victim in need of assistance and empowerment. A quote depicting a degree of blame on Florence reads:

X: Alfonso is not trying to hurt her and if she could do a better job, he wouldn’t act like that.

Yet, another depicts the majority view that she is deserves help and is not to blame:

X: Just because we’re married, doesn’t mean they’re the owners of us. They should respect us like, like we should.

Finally, both groups offered suggestions about interventions ranging from working to preserve their marriage to suggestions that there is no need to remain in an abusive relationship.

Some differences between the two Latina groups were apparent in responses to this question, as participants from focus group five did not favor reporting to APS, whereas participants from focus group six did favor reporting. In addition, while each group had views that both placed some degree of blame on Florence and viewed her as a victim in need of empowerment and assistance, the latter perspective seems to have been somewhat stronger in group six. Chapter three noted that the two Latina focus groups represented two distinct area Latina populations, and that participants from focus group
six tended to have arrived in the U.S. earlier and tended to be more assimilated in dominant culture than participants in focus group five. Both factors—the favoring of reporting and the stronger view of Florence as a victim in need of assistance and empowerment—seen in focus group six is consistent with the other focus groups, and may reflect the greater degree of assimilation among participants from this focus group in comparison with focus group five.

*High SES African American focus group: emphasis on empowerment.*

The high SES African American group stood in contrast to the Latina focus groups in certain ways. Participants in the African American focus group talked about the need for Florence to be empowered, to know that she’s not at fault and that she doesn’t have to be in a relationship like this.

*X: I, too, thought she needed help because first of all, at 66 and having to go out of the home for socialization, and then having to hand Al a cup of coffee, and Al ought to be able to get it himself, she clearly needs to be empowered.*

Similarly, the participants in this group held a less traditional view of marriage than some of the participants in the Latina groups.

*E: … in some groups that we’ve talked, that I’ve talked with, people have said, um, things like, you know, “You need to respect the husband/wife relationship.”*

*X: Awwwwwww……!!*

*X: Uh-uh, uh-uh*

*X: You have to respect the person.*

However, this difference between the high SES African American and the Latina focus groups is not completely clear-cut; not all of the Latina focus group participants expressed a traditional view of marriage, and some of these participants also talked about empowering Florence through their recommendation of counseling for her.
Working class African-American (focus group one): Importance of Religion

The value of religion for addressing this situation was suggested within focus group one. One participant stated:

X: I feel like at this point after she has told this worker at the center and the worker at the center might not want to get involved with this, maybe she could find out if she is a person who has a church home. And can talk to her minister, who is supposed to....

The theme of religion emerged at several points within this focus group and I discuss it more fully in the section describing dominant within group themes.

Working class Caucasian (focus group four): Suggestion that some cultures have more abuse than others.

In discussing the Florence scenario, participants in focus group four suggested that elder maltreatment may be more prevalent in some cultures than others.

X: They don’t talk about nationality at stuff like that because that could be her heritage and all that sort of thing.

E: Yeah, I tried to leave that out of it because that makes it even more complicated.

X: Well I know, but that’s all part of it.

This group mentioned this theme again when discussing the scenario involving John.

Summary of Florence Scenario

This scenario examined the mandatory reporting dilemma as part of the larger protection vs. freedom dilemma. A summary of the major themes and trends based on ethnicity and socioeconomic status appears below. Within group themes included the high SES African American focus group’s emphasis on empowerment, the role of religion in intervening in elder maltreatment described in one of the working class African American groups (focus group one), and the suggestion within one of the
working class Caucasian groups (focus group four) that some cultures may have more abuse than others.

Table 5. Summary of Major Themes For Florence Scenario

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>Extensiveness Across Ethnicity and Socioeconomic Status Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Personal experience with domestic violence</td>
<td>• Strong identification with this issue within both Latina groups, and identification with this issue not mentioned within the High SES focus groups</td>
</tr>
<tr>
<td>2) Identification of scenario as abusive</td>
<td>• Mentioned within 6 of 8 focus groups; theme present across ethnicity and SES categories, although Latina participants identified scenario as normative</td>
</tr>
<tr>
<td>3) Reporting situation to Adult Protective Services</td>
<td>• African American and working class groups may have had somewhat more positive views about reporting, although the majority of participants in most groups favored reporting</td>
</tr>
<tr>
<td>4) Views about APS</td>
<td>• Some evidence that working class African American and Caucasian focus groups had more favorable views about APS than did high SES African American and Caucasian focus groups</td>
</tr>
</tbody>
</table>
| 5) Family theme | • Greater emphasis within working class focus groups than within high SES focus groups  
• Latina group placed greater emphasis on intervening to preserve marriage |
| 6) Counsel Florence and Al together | • Theme present within both Latina focus groups and involved a greater emphasis placed on intervening to preserve the marriage; other groups recommended counseling both together to improve Florence’s situation  
• Neither high SES group mentioned this theme |
| 7) Views about intervening with Al | • Somewhat greater emphasis in Latina group on intervening to preserve marriage |

The Vera Case Scenario

The Vera scenario illustrates the involuntary protective services dilemma, and is the second of the two scenarios that address the larger freedom versus protection dilemma. This scenario depicts Vera, an elderly woman living in a house filled with trash and no plumbing. Police officers who come to her home to check on her ask the elder abuse hotline whether Vera can be hospitalized against her will, and APS social workers investigating the situation in response report that Vera seems to be rational. (Please see Appendix C5 for the questioning route.) After reading this scenario to the participants, I asked them what they thought should happen, and how they felt about hospitalizing Vera against her will. This was the least controversial of the study’s three...
scenarios because there was unanimous agreement about Vera’s need for immediate hospitalization. The analysis of this scenario was therefore very straightforward, and the major themes that emerged are very compatible with one another. There were relatively few trends with respect to ethnicity and socioeconomic status due to the agreement and uniformity of participants’ views about this case. Major themes for this scenario are summarized in Table 6 below.

Table 6. Major Themes For Vera Scenario

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>FG 1 WC AA</th>
<th>FG 2 WC AA</th>
<th>FG 3 WC C</th>
<th>FG 4 WC C</th>
<th>FG 5 Lat</th>
<th>FG 6 Lat</th>
<th>FG 7 HS AA</th>
<th>FG 8 HS C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Awareness of similar cases</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Support for hospitalizing Vera</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3) Public health concerns</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Concern for Vera’s dog</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5) Support for trial period of returning home</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Vera is not rational</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7) Role of age</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Prevention theme</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Neighbor theme</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Major Themes

**Awareness of similar cases.**

Awareness of situations such as Vera’s was quite common among the focus groups participants. Participants in five of the focus groups (both working class African American groups; one of the working class Caucasian groups, focus group four; one of the Latina groups, focus group five; and the high SES African American focus group) indicated that they had personal knowledge of situations such as Vera’s:

*X: We actually had a situation very similar to this. Very similar and it took a long time.*
Therefore, a number of the participants’ responses to this scenario do come from actual knowledge about this type of case, and their familiarity may highlight how common situations such as Vera’s actually are.

**Extensiveness across ethnicity and socioeconomic status categories.** No differences in extensiveness were apparent, as this theme was present across all ethnicity and SES categories. In addition, this theme was noted within all three of the African American focus groups.

*Support for involuntary protective service order to hospitalize Vera.*

Participants in all eight groups agreed with the issuing of an involuntary protective service order to hospitalize Vera. The participants stated that Vera needed to be hospitalized so that her mental and physical condition could be assessed and treated:

*X: Some people are on drugs that are interacting in bad ways. And that should be assessed and I think she probably needs to go to the hospital and have a work up for a few days and see what’s going on with her.*

Participants in many of the focus groups emphasized the role of Vera’s dehydration on her physical health and mental competence.

*X: Well, she’s dehydrated, she’s physically ill; she needs to be hospitalized for physical reasons.*

For many participants, services rendered through hospitalization would include not only assessment and treatment of Vera’s physical and psychological needs, but also the provision of social work services and investigation of her financial status. The need for immediate intervention was stressed in four of the focus groups.

*X: If it’s in this bad of shape, I cannot understand why something can’t be done socially and legally right away.*
The importance of immediate action was conveyed across all the focus groups through the urgency with which participants spoke about the case, as well as by how quickly and forcefully they stated their views.

X: She’s 86 and she needs help bad.

X: She needs help there, and soon.

Extensiveness across ethnicity and socioeconomic status categories. No differences in extensiveness across ethnicity or SES were apparent; there was universal support across the eight focus groups for an involuntary protective service order to hospitalize Vera.

Public health concerns.

Participants in four focus groups—both of the high SES groups, one of the working class Caucasian groups (focus group three), and one of the working class African American groups (focus group two)—stated that intervention was also necessary due to the public health concerns associated with the condition of Vera’s house.

X: They don’t say it’s rats and stuff, but I mean, you hear about that all the time—that there are vermin and everything running in and out of the house into other people’s property.

Participants in the high SES African American group also stated that the condition of Vera’s home might have an impact on property values. These concerns clearly demanded an intervention that would include major cleaning and repair work done on the house. Hospitalization was perceived as beneficial because it might provide an opportunity for conducting this type of renovation of the house. Participants in one group suggested that public health concerns could be leveraged to justify Vera’s hospitalization, even if the primary motivation for hospitalization is actually Vera’s own well-being:

X: But if her house were indeed the condition that’s described here on the inside, the outside would have to be in deplorable condition as well. So now she’s impacting on me, her neighbor, or the city would have some laws, too, governing
that kind of situation. So I would think they could, those social workers and others could have approached that from different points of view in order to get the help necessary for that person.

Extensiveness across ethnicity and socioeconomic status categories. Public health concerns were stated in both high SES groups, but in neither of the Latina groups.

Support for involuntary protective service order based on concern for dog.

The perceived need for intervention even extended to Vera’s dog. Participants believed that if Vera was hospitalized, the dog could be brought to a new environment where it would receive more adequate care.

X: The police is supposed to take her (i.e., to the hospital) for her health and that of the dog. The dog needs to be cared for, too.

Concern for the dog was conveyed in six focus groups (all but the high SES African American focus group and one of the working class African American groups, focus group two), and this was one additional factor indicating to participants that intervention was needed.

Extensiveness across ethnicity and socioeconomic status categories. No differences in extensiveness across ethnicity or SES were apparent, as concern for Vera’s dog was noted within six of eight focus groups.

Support for trial period of returning home with assistance post-hospitalization.

Participants supported the possibility of returning Vera to her home with assistance post-hospitalization. This possibility was discussed within six focus groups (all but the high SES African American focus group and one of the Latina groups, focus group five). A few participants in two of the six focus groups suggested that Vera ought to be brought to a nursing home post-hospitalization, although they eventually agreed with the possibility of Vera living independently with support and supervision from a
nurse or social worker, if through assessment and treatment she was found to be rational. Despite general agreement that returning Vera to her home could be attempted, participants were skeptical about whether this would be a viable long term possibility. They agreed that that this option could only be attempted as a kind of “trial period” with significant ongoing supervision and support from someone such as a social worker or nurse. Participants also agreed that this could be attempted only following major work done to clean the house, fix the plumbing, address vermin issues, etc.

X: If they find her – as this says that she still has her faculties and she’s fine, well look – they should find someone to fix her house, or find her a room somewhere, and they should send her a social worker, a nurse, whomever, to check up on her. And that dog – should be taken out of there!

Hospitalization, then, additionally was seen as providing a window of opportunity for conducting an overhaul of the house.

Extensiveness across ethnicity and socioeconomic status categories. No differences in extensiveness across ethnicity or SES were apparent; a trial period of returning home with support post-hospitalization was supported in the all six groups that discussed this possibility.

Vera is not rational.

A major theme consistent with the stated need for hospitalization was the view, also unanimous across all eight focus groups, that Vera is not rational or competent. In fact, focus group participants would typically burst out laughing when I finished reading the final sentence in the scenario, “Social workers investigate the situation and report that although Vera is clearly unusual, she seems to be rational.”

X: But you can tell that Anna [Vera] is not well, because if she was of sound mind, she would have broken a window, thrown stuff out the window, so that the neighbors would come to help her...you can tell that she’s not well.
X: *If someone is going poop on the floor, and the way the condition that the house is, they gotta be crazy. There's something wrong with them.*

In addition to the strong belief that Vera is not rational or competent, a number of the participants also suggested that the social workers investigating the situation who found her to be rational ought themselves to be investigated. The certainty of the participants’ views about this case was striking. Although I had posed this scenario to them as a dilemma, they did not identify it as one; Vera’s perceived incompetence and need for hospitalization were obvious.

Although there was unanimity in the understanding that Vera is not rational, participants in three of the groups (the high SES Caucasian group; one of the working class Caucasian groups, focus group four; one of the Latina groups, focus group six; and one of the working class African American groups, focus group two) referred to the role that factors such as dehydration can have on one’s competency, and talked about the possibility that treatment in the hospital could return her to a competent state of mind.

X: *We gotta get some help for this woman. When you’re dehydrated, you don’t think well. You’re either faint or your mind is – your equilibrium goes off.*

In addition, although they clearly viewed Vera as incompetent, participants in the high SES African American focus group also described competence as a fluctuating state.

X: *This is that slippery slope of mental competence and incompetence. Because there are, there’s a period, that’s, I think that’s where I started, where, where there’s periods of competency and periods of incompetency, and it’s very difficult to get at sometimes, which is which.*

Thus, although they clearly viewed Vera as irrational, participants in several of the groups expressed some hope for restoring Vera to competence through proper medical attention.
Extensiveness across ethnicity and socioeconomic status categories. No differences in extensiveness across SES and ethnicity categories were apparent; participants universally believed that Vera is not rational.

Role of age.

Another major theme was the significance of age to participants’ assessment of Vera’s situation. Participants in the Latina and working class Caucasian groups suggested that Vera’s advanced age (86 years) provided further evidence both that Vera is not rational, and that intervention is warranted. In one of the working class Caucasian groups (focus group four), however, this suggestion was not universally accepted and led to debate among the participants. A part of this debate reads:

X: Just the fact that she was 86 years old...
E: What does, what does that mean...
X: That means she really needs help from a social worker.
X: Yeah, well...just because she’s 86 years old doesn’t mean she’s incompetent.

X: I think our mind goes. Mine’s going. We’re... you’re not capable, you don’t feel as capable as you were...

Extensiveness across ethnicity and socioeconomic status categories. The importance of Vera’s age in warranting intervention was suggested in the Latina and both working class Caucasian focus groups, but in neither of the working class African American and high SES groups. The significance of Vera’s advanced age in warranting intervention seemed to be particularly accepted in the Latina focus groups.

Prevention theme.
The prevention theme refers to participants’ comments about the value of attempting to prevent problems such as Vera’s from getting out of hand, as opposed to waiting to intervene until these problems reach the level of severity described in the scenarios. The prevention theme is also one of the study’s overarching themes, and will be revisited in the overarching themes section of this chapter. This theme was described by participants in four of the focus groups: all three of the African American focus groups and one of the Latina groups (focus group six).

X: You can’t wait. In these cases, you’ve got to do it quickly – to avoid the problems that will surface afterwards.

Participants in a number of the focus groups expressed frustration about “the system” that is poorly set up, so that problems need to get out of hand before anything can be done to address them.

X: Today, what’s happening is that the authorities are not paying attention, they wait for something big to happen – like when there’s a fire … I … have a little brother-in-law in Puerto Rico. That guy, well is crazy from drugs or whatever. Well, he spent some time in the place, in the hospital, wherever, and so what do they tell him? That they can’t keep him there forever … Because he hasn’t killed anyone, or anything like that – that’s exactly what the police say. So they’re just waiting for the kid to kill someone to then take him… And this is the same as the case that’s happening here. They’re waiting for this woman to die, or she herself puts fire to the house.

Thus, like the protection theme, the prevention theme also implicitly critiques an emphasis on autonomy; the prioritization of autonomy is seen as allowing problems to escalate until something truly disastrous occurs, at which point intervention is allowed.

The prevention theme is consistent with the emphasis on intervention, particularly immediate intervention, described above. In addition, this theme implicitly suggests that interventions occurring at the point of disaster are too late (e.g., the house will burn down or Vera will die of dehydration).
Extensiveness across ethnicity and socioeconomic status categories. The prevention theme was mentioned by all three African American focus groups in their discussion of this scenario, although overall, this overarching theme cut across ethnicity and socioeconomic status categories.

*Neighbor theme.*

In a general sense, the neighbor theme refers to comments about the need for people to have a sense of responsibility for one another.

*X: We should as neighbors, help one another, to check up on one another, right?*

This theme was mentioned within five focus groups: both high SES focus groups, one of the working class Caucasian focus groups (focus group four), one of the working class African American focus groups (focus group two), and one of the Latina focus groups (group five). In some instances, the neighbor and prevention themes coincided in this scenario, as participants expressed dismay that no caring person known to Vera had stepped in earlier to help her.

*X: Might also wonder about the neighbors for letting this go on, I mean I don’t know what the neighbors can do, but it would seem to me, if I had an elderly neighbor who was coming to me for water, ah, I would try to do something. Long before things got to this stage. I mean, just give her water – because she’s obviously in trouble; she either can’t pay her water bill or she can’t fix her plumbing, or something.*

The neighbor and prevention themes are connected in that relationships of mutual interdependence were often described by participants as having a preventive effect.

*X: I have a couple friends that have my door key and a couple of them that I trust have my security number. If anything go wrong, they go look. If somebody come up on my porch too often and my grandson and my granddaughter not there, they going to come over and see what’s wrong.*

A number of the participants described working to be good “neighbors”, either in situations like this, or in more everyday situations:
X: I live alone, and I look for her. I live on the 9, she lives downtown, I go and I knock on the door, if I don’t see her, I knock on the door. And I go to look for her because if I haven’t seen her all day, I go and I check on her. She also comes to my place. ... If I don’t see her in the morning when I’m waiting for the bus when it comes, I think, oh what could have happened to her, I go and I knock on the door, and she says, “Oh I’m ready”, and I say, “Oh, that’s good, let’s go!”

The neighbor theme is also one of the study’s overarching themes and will be discussed in again in that section.

Extensiveness across ethnicity and socioeconomic status categories. No differences in extensiveness were apparent, as this theme was present across all SES and ethnicity categories.

**Within Group Themes**

*Working-class African American (focus group one): importance of religion.*

One of the working class African American focus groups (focus group one) described the importance of religion in preventing abuse. There was suggestion that both faith in God and social support from the church—the community that one gets from religious participation—can have a strong preventive effect against elder maltreatment.

X: And then my church Christ the King over here, I’m connected with them and have been for 35 years. And they go check on me every day. Somebody go check.

The importance of religion also was expressed by this group in the first scenario, when the recommendation was made that the minister should be the one to intervene.

*High SES focus groups: slight autonomy emphasis.*

Although the focus groups overwhelmingly favored protection over autonomy, participants in the two high SES focus groups indicated that autonomy was an important principle as well. One participant in the high SES Caucasian focus group provided the hint of a broader perspective to the overwhelmingly dominant understanding that Vera is irrational and that intervention is necessary.
X: Well, maybe yes, maybe no (regarding whether Vera is rational or not). I mean some of the waste and that sort of thing... but I’ve seen a couple of homes where the newspapers were stacked up to here and there was a little line to weave through the house. And I don’t know you could call this person... I mean this was a long time ago when I was in New York. I mean this is the way he lived.

In addition to this one comment specifically about Vera, participants in both focus groups talked more generally about dehydration and whether people should have the right to deny themselves food and water, and thereby bring about an early death. The participants in the high Caucasian SES focus group generally agreed that a person had the right to do this if he or she was competent to make such a decision, and particularly if he or she was terminally ill. However, they were clear that this right did not accrue to Vera because they believed that she was not currently competent to make this decision, and because there was no indication that she was terminally ill.

X: well, that’s – I think that’s a terribly invasive thing for the court or anybody to be doing (i.e., to court order food and hydration). ... if they’re conscious and decide not to put up with it anymore, that is a choice and it should be respected. And especially if it’s backed up with a living will. I mean that’s a double indication. The person says it and they have indicated it in writing. One or the other or both I think would be big no no’s for the ... for society to step in.

Participants in the high SES African American group had a slightly different perspective on the right to hasten death by choosing to withhold food and water. This group emphasized both that it was an individual’s right to make this decision, and that it was a caregiver’s responsibility to persuade the person to not make this decision:

X: I think it’s, I personally feel that it’s sort of like having a right to, you have a right for everything else... But no, I think you, as the caregiver, have every responsibility, your responsibility is –

X: To see that, unless there are, yeah, unless there’s a medical reason, and you know.

Thus, both high SES focus groups indicated that they attached some value to autonomy. In the case of Vera however, they strongly favored protection through court-ordered
hospitalization, primarily because they perceived her to be incompetent, and secondarily because there was no indication that she was terminally ill.

Summary of Vera Scenario

This scenario examined the dilemma of involuntary protective services as part of the larger philosophical question of whether focus group participants preferred enhancing freedom or protection in elder maltreatment situations. A summary of the major themes and trends based on ethnicity and socioeconomic status appears below. Within group themes included the importance of religion in preventing maltreatment seen in one of the working class African American groups (focus group one), and the emphasis on autonomy given in the high SES focus groups.
Table 7. Summary Of Major Themes For Vera Scenario.

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>Extensiveness Across Ethnicity and Socioeconomic Status Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Awareness of similar cases</td>
<td>• No differences in extensiveness were apparent, as this theme cut across the ethnicity and SES categories</td>
</tr>
<tr>
<td>2) Support for involuntary</td>
<td>• No differences in extensiveness were apparent; the support for an involuntary protective service order was universal</td>
</tr>
<tr>
<td>protective service order</td>
<td></td>
</tr>
<tr>
<td>3) Public health concerns</td>
<td>• Public health concerns were stated in both high SES groups, and in neither of the Latina groups</td>
</tr>
<tr>
<td>4) Concern for Vera’s dog</td>
<td>• No differences in extensiveness were apparent; concern for Vera’s dog cut across socioeconomic status and ethnicity groups</td>
</tr>
<tr>
<td>5) Support for trial period of</td>
<td>• No differences in extensiveness were apparent; a trial period of returning home with support post-hospitalization was supported in the all 6 groups that discussed this possibility</td>
</tr>
<tr>
<td>returning home</td>
<td></td>
</tr>
<tr>
<td>6) Vera is not rational</td>
<td>• No differences in extensiveness were apparent; participants universally believed that Vera is not rational</td>
</tr>
<tr>
<td>7) Role of age</td>
<td>• The significance of Vera’s advanced age in warranting intervention was mentioned in both Latina and working class Caucasian groups, but in neither working class nor high SES African American groups</td>
</tr>
<tr>
<td></td>
<td>• The role of age seemed to be particularly accepted in the Latina focus groups</td>
</tr>
<tr>
<td>8) Prevention theme</td>
<td>• Theme mentioned with all 3 African American focus groups</td>
</tr>
<tr>
<td>9) Neighbor theme</td>
<td>• No differences in extensiveness were apparent, as this theme cut across ethnicity and SES categories</td>
</tr>
</tbody>
</table>

**Implications of the Florence and Vera Scenarios for the Freedom/Protection Dilemma**

This study’s sample of older women clearly resolved the freedom/protection dilemma by favoring protection. Participants emphasized formal and informal methods of intervention in both scenarios. In the Florence scenario, most participants favored reporting to APS, although a sizeable number of participants disagreed with this approach, and instead advocated for help or protection to come from within her network, such as her friends, her family, her church and/or the senior center. Regardless of whether help should emanate from her formal or informal network, however, participants were clear that Florence needed and deserved to be helped. In the Vera scenario, participants were unanimous in their support for an involuntary protective service intervention, although they also emphasized the need for involvement from her informal network, such as her neighbors, as well. Participants were very familiar with the
situations depicted in these two scenarios. The greater emphasis on the need for formal intervention in the Vera scenario was undoubtedly due to factors such as her perceived irrationality, her age (which contributed to this perception), and the perceived greater severity of this scenario. In addition, it is possible that skepticism and unfamiliarity with APS may have contributed to some participants’ reluctance to go outside the informal network in the Florence scenario. The neighbor theme apparent in the Vera scenario is consistent with the informal network interventions described in both scenarios. Similarly, the prevention theme seen in the Vera scenario is consistent with the strong emphasis on protection seen in these cases, since prevention may be understood as a very early form of protection meant to forestall the necessity of later, more dramatic forms of protection.

Question Three: How does a sample of older women resolve the dilemma of criminalizing elder maltreatment?

This study’s third research question, “How does a sample of older women resolve the dilemma of criminalizing elder maltreatment?” corresponds with questions accompanying the John scenario on the questioning route (see Appendix C5). This scenario concerns John, a 77-year old man, who is living with his daughter and son-in-law, who are using his social security check. Although the daughter and son-in-law send all visitors away from the home, eventually police visiting the home for unrelated reasons discover John lying malnourished in a urine-soaked blanket. His finger is festering in a crude bandage and will have to be amputated. While he is quite disoriented, John indicates his reluctance to have criminal charges brought against his daughter and son-in-law. After reading this scenario to the participants, I asked them how they felt John’s
situation should be handled, and how they would feel about John’s daughter and son-in-law being treated as criminals.

In addition to addressing the criminalization dilemma, this scenario also interacts with the autonomy/protection dilemma in that John himself does not want to have charges brought in this case. Prosecution represents a form of intervention against John’s children rather than John, and it is the prosecutor, rather than the victim, who decides whether to bring charges. However, prosecutors usually defer to the victim’s prosecution wishes, and in this case, the victim’s stated wish is to do nothing that would protect him. Participants were asked their views about treating this case criminally, while recognizing that doing so would act against John’s wishes. The major themes for the study’s third research question are summarized in Table 8 below.

Table 8. Major Themes For John Scenario

<table>
<thead>
<tr>
<th></th>
<th>FG 1 WC AA</th>
<th>FG 2 WC AA</th>
<th>FG 3 WC Cau</th>
<th>FG 4 WC Cau</th>
<th>FG 5 Latina</th>
<th>FG 6 Latina</th>
<th>FG 7 HS AA</th>
<th>FG 8 HS Cau</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Awareness of similar cases</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) This case is particularly disturbing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Majority in favor of prosecution</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4) Minority views opposing prosecution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5) Views about daughter’s culpability if she were also abused</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6) Views about sentencing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7) Intervening to help John</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Major Themes Across Groups

Contextual Themes

Awareness of similar cases.

Participants in five of the focus groups (all four of the working class Caucasian and African American groups, and one of the Latina groups—focus group five) described awareness of situations involving the forms of elder maltreatment (i.e., financial abuse, physical neglect, violation of rights, emotional neglect) depicted in this scenario.

X: I know of a case similar to that. Where this daughter is spending all her mom’s money and her mom lives with her.

The Latina focus group participants (focus group five) described their awareness of many instances of neglect and/or financial abuse. Several also indicated that they had reported abuse to the authorities. In addition, a participant in each of the working class Caucasian groups described the potential experience of financial abuse. In one group, this potential appeared from a son-in-law.

X: A long time ago when my eldest son was going to go into another business, and I, or in fact, they were going to move from a small town, ... I said, “Find a nice house with-and I will help you buy it-but, ah, it has to have room for me.” Cause I got along real well with my son and his wife. But, my son-in-law found out about it, and he laid me out for having suggested that I would give my son money when, when that was not the thing to do. I was supposed to consider my other heirs ... how 'bout that! I was shocked!

A participant in the other working class Caucasian group described potential financial abuse from a man who was doing yard work for her:

X: I had a young man who was coming to my house to doing a little bit of outside work, and then he was coming, he’d bring his girlfriend. ... I’d think, “Why is she...?” He said he couldn’t get a job. Well, ’course I’d try and find something for him to do. Then he came one day and he said, um, he wanted money. And I said, “Why, aren’t you working?” He said, “Yes, but they’re not gonna pay me for 2 days, could you let me have ten dollars?” Well, by then, I said, “I don’t have ten dollars.” Then it bothered me afterwards – now, did this boy need that
ten dollars? Was he hungry? I was awake all night worrying about this young man.

Extensiveness across ethnicity and socioeconomic status categories. Neither of the high SES focus groups described having personal awareness of financial abuse, whereas women in the more recently immigrated Latina group (focus group five) described awareness of many situations involving neglect and/or financial abuse.

This case is particularly disturbing.

This case was particularly disturbing to the participants. In the final, summarizing question, “What issues do you feel most strongly about in the stories we’ve discussed?”, participants in four groups (both working class Caucasian groups; one working class African American group, focus group one; and one Latina group, focus group six) expressed that this was the most upsetting scenario to them. This view is consistent with the strong reactions of horror and moral outrage expressed by participants in all of the focus groups upon hearing this scenario. This was not expressed in words as much as it was through factors such as tone of voice and body language, although some quotes do provide some indication of this reaction.

X: No contest. Neglect, abuse, they ought to be locked up.

X: Wow.

X: This situation is heavy.

X: It sure is.

X: Give them 92 years.

Participants provided several reasons why this scenario was particularly upsetting. For one, many participants viewed it as the most severe example of elder maltreatment of the
three scenarios. In addition, some participants viewed it as a more classic example of elder maltreatment (as opposed to the domestic violence and self neglect examples of the Florence and Vera scenarios).

\[ X: \text{Oh, this is pure elderly abuse. This is what I thought of when you said elderly abuse. That and something we haven’t gotten into at all which is financial.} \]

Third, unlike the Florence scenario, this scenario involved clear perpetrators who had knowingly inflicted great harm on a family member. Finally, a number of the participants expressed fear that they could one day be in John’s situation, while they had not felt this same identification with the victims in the first two scenarios.

\[ E: \text{Tell me more about how number three is most important.} \]

\[ X: \text{Because it could have been either one of us. I mean because he was taking care of himself up to whatever point that put him up in the attic. And we’re all coming here to the center and people are helping look out after us. But suppose for some reason the senility set in. Either one of us could be that person in the attic.} \]

Extensiveness across ethnicity and socioeconomic status categories. All groups reacted with strong horror and outrage upon hearing this scenario, and both working class Caucasian groups stated that this was the most upsetting of the three scenarios.

Criminalization Themes

\[ \text{Majority in favor of prosecution.} \]

The majority of participants in all eight focus groups agreed that criminal prosecution was appropriate in this case.

\[ X: \text{I agree 100%. I think criminal charges should be brought.} \]

Participants gave numerous reasons for their belief that criminal prosecution would be appropriate: the theft of John’s social security check; his neglect; the willfulness of this neglect; the need for punishment; the need to protect John because his condition will
continue to deteriorate if his children are not prosecuted; the extent of John’s suffering, and the endangerment of his life; using prosecution to serve as an example, thereby helping to prevent other cases; and the fact that John’s children were spending none of John’s social security check for his care. The latter point reflected the majority view in one of the working class African American groups (focus group two) that caregivers can use a family member’s social security check as long as enough money is being spent on that family member’s care.

I wanted to explore with the participants whether their agreement about the need for prosecution was diminished either by the fact that the perpetrators were his children or by his stated reluctance to prosecute. Even when I explored these factors, however, the majority of the participants in all eight focus groups reiterated the need for prosecution. For example, when asked to explain why prosecution was warranted despite John’s reluctance, one participant stated:

X: I think that the state has the right to protect seniors or people who are incompetent to help themselves. Also, these are so publicized that if one victim is kept a victim and the people get away with it, other people will be doing it.

The participants certainly sympathized with John’s reluctance to prosecute his children, and voiced a number of reasons for this reluctance: love for his children, and not wanting to hurt them; guilt that his children needed to care for him; guilt that he might be sending his children to prison; mental confusion or disorientation; identification with the abusers, or the “Patty Hearst” syndrome; and fear of being alone or sent to a nursing home.

X: Because they’re one’s kids, and they’re not treating him well, but he doesn’t want them to hurt his children.
Rather than suggesting that prosecution should not occur based on John’s reluctance, however, many participants stated that this simply provided more reason that the decision for prosecution should be made by the prosecutor, not the victim.

\[X: \text{I think it should be the prosecutor. If the, if the evidence is as clear as this that both were implicated, this is a crime, and ... I don’t think the victim should be fully responsible; think it speaks for itself.}\]

The desire to pursue this case criminally despite the perpetrators’ familial relationship to the victim and the victim’s stated reluctance to prosecute reflects the strength of the participants’ views about this scenario. It may also reflect the emphasis on protection over autonomy seen in the previous two cases, since it involves overriding his wishes in the interest of his protection.

**Extensiveness across ethnicity and socioeconomic status categories.** No differences in extensiveness were noted across ethnicity and SES categories; the majority of participants in all eight focus groups supported prosecution.

**Minority views opposing prosecution.**

Despite the majority agreement across the eight groups about the need to prosecute, some perspectives within several of the groups argued against prosecution. There were dissenting views about prosecution in both of the Latina focus groups, the high SES Caucasian focus group, and one of the working class Caucasian focus groups (focus group four). Most of the reluctance to prosecute involved considerations such as the desire to respect the father’s wishes, the family relationship, the belief that John’s children should be forgiven and given a second chance, and the view that prosecuting the children would be abusive and harmful to the father.

\[X: \text{If the man Juan (John), even though he’s confused, he insists that they not harm his daughter-and his son-in-law, but especially his daughter, right? Well} \]

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then if they do her harm, then this will end up confusing Juan even more and he will get even more sick...

Another view was that John’s children should not be prosecuted because they are his family.

_X: Blood is blood, I’m sorry._

**Extensiveness across ethnicity and socioeconomic status categories.** That none of the African American focus groups expressed reservations about prosecuting is consistent with African American cultures’ possibly greater support of APS interventions as discussed in the Florence scenario. The reservations about prosecution seen in the Latina groups, due to its impact on the family, is consistent with these groups’ emphasis on interventions meant to involve and preserve the family, as discussed in the autonomy/protection (Florence and Vera) scenarios.

_Daughter may also have been abused._

Participants in six groups suggested that John’s daughter also might have been abused by her husband, John’s son-in-law. Only two groups, one of the working class Caucasian groups (focus group four) and one of the Latina groups (focus group five), did not suggest this possibility. Most participants believed that John’s daughter would still be guilty even if she had also been abused.

_X: If she were abused and even if she had been abused it would not be an excuse for her to allow somebody else who is near and dear to her to be abused just because she didn’t have any backbone. So in other words, this is a good thing for society to say, “Now wait a minute, abuse not only affects the person being abused; it can also have a ripple effect and other people can suffer, too.”_

These groups generally had minority view points that the daughter would be less guilty if she also had been abused, because she might have been too afraid to take action. The
majority of the participants, however, reiterated the daughter’s culpability for her father’s situation even if she also had been a victim.

**Extensiveness across ethnicity and socioeconomic status categories.** Although most groups agreed that the daughter would still be culpable even if she had also been abused by her husband, participants in the Latina and working class Caucasian focus groups had somewhat mixed opinions on this.

*Views About Sentencing*

Although the great majority of the participants agreed that prosecution was warranted, they did not all agree about how those prosecuted should be sentenced. Seven of the focus groups discussed sentencing, while one of the working class African American focus group (focus group one) discussed prosecution only, not sentencing. Six of the focus groups (all but the high SES Caucasian focus group) specifically debated whether or not the children should be incarcerated. Participants in the Latina focus groups largely equated prosecution with incarceration. Of the six groups that discussed incarceration, one group (a working class Caucasian group, focus group three) favored incarceration for the son-in-law only and some other form of sentencing for the daughter. The majority of the participants in the remaining five groups favored incarceration for both the daughter and son-in-law, although all five groups had dissenting minority views opposing incarceration. The rationale for favoring incarceration included the desire to punish John’s children, to send a message to the community, to protect John, and to rehabilitate the daughter and son-in-law. Participants in the Caucasian and African American groups who opposed incarceration were often motivated by the desire to save John from the pain of believing that he had sent his children to prison. They indicated
that incarceration is largely ineffective and that an alternative sentence would be more effective and productive. Although the majority of the participants in the high SES African American focus group favored incarceration, a significant minority opposed it because of distrust of the criminal justice system and its historic inequities and injustice. Suggested alternatives to incarceration included retribution, forcing John’s children to pay for his care, counseling, or court ordered community service. In summary, the majority of the focus groups that discussed sentencing options favored incarceration for both the daughter and son-in-law, although all of these groups also had minority view points that opposed it.

Participants’ views underlying decisions about sentencing differed in the two Latina focus groups. Both of these groups favored incarceration, but there were dissenting voices. Opposition to incarceration included the view that John’s children should have another chance to care for him. Some participants in focus group six thought that only the son-in-law should be incarcerated. Some participants in focus group five suggested that the daughter should be court-ordered to care for her father as a form of punishment. These participants were very supportive of the idea that children should be legally required to care for their parents, and believed that it would be appropriate for courts to order this. The desire to give the children a second chance and the suggestion of court-ordering the daughter to provide care differ markedly from the views of those opposing incarceration in the non-Latina focus groups, and reflect the strong emphasis on the role of family seen in the Latina groups.

Extensiveness across ethnicity and socioeconomic status categories. The majority of the focus groups to discuss sentencing favored incarceration, while minority views opposed
it. The Latina participants who opposed incarceration seemed motivated by concerns for John’s well-being and the desire to preserve the family, while the non-Latina participants were motivated by concerns for John’s well-being and beliefs about the ineffectiveness of incarceration.

Intervening to help John

The participants’ views about intervention did not concern prosecution only; they also concerned considerations for John’s needs that were separate from views about the criminal implications of the case. Participants in seven focus groups wanted John’s safety and well-being to be addressed immediately. The only group that did not discuss this theme explicitly was one of the working class African American groups (focus group one). Participants in one of the Latina groups (focus group six) seemed to be more concerned with assuring help for John than with the actual criminality of the case. In most groups, concern for John’s safety and well-being was expressed by stating his need to be removed from his home, given proper medical care through hospitalization, and brought to a new, safe environment.

X: But of course, he is not well cared for, and there should be someone who makes, who reports this case, so that they take him from the house and take him to a place where he can live more relaxed and differently, right?

One of the working class Caucasian focus groups (focus group three) additionally suggested that John receive counseling. Across all seven focus groups, the participants’ discussion of interventions meant to secure John’s health and well-being emphasizes protection over autonomy, as in the previous case scenarios.

In the Latina focus groups, addressing John’s safety and well-being did not necessarily involve removing him from the home. Participants expressed both the view that John needs to be brought to a new, safe environment and the contrasting views that
his children ought to be given the opportunity to care for him, or ought to be court
ordered to do so.

\textbf{X: But of course Juan [John] is not well cared for, and there should be someone
who makes, who reports this case, so that they take him from the house and take
him to a place where he can live more relaxed and differently, right?}

\textbf{X: And so the authorities need to let her know that she needs to care for him as
they say, or they will take him away, right, give them a chance. Since this is the
first time.}

Several participants in focus group five believed that John’s children should be legally
obligated to care for him. In focus group six, where participants were more part of
American culture, most believed that John should be removed from the home and given
proper medical care; in this group, only two participants emphasized the theme of giving
John’s children a second chance. Both views seem to emphasize John’s need for
adequate care, the difference being whether this care would be coming from his family or
from some outside form of care, provided either by his family or some outside source of
care. In these comments, there seems to be a somewhat greater emphasis on preserving
both John’s and his family’s health and well-being, as opposed to the strict emphasis on
only John’s health and well-being as seen in the other groups’ comments.

\textbf{Extensiveness across ethnicity and socioeconomic status categories.} The Latina and non-
Latina focus groups differed in their suggested interventions to help John, with the Latina
focus groups placing a greater emphasis on interventions that would preserve the family.

\textbf{Within Group Themes}

\textbf{Working Class African American (focus group one): Importance of Religion}

The importance of religion in addressing this scenario was reiterated within one of
the working class African American focus groups (focus group one), as it had been in the
other scenarios. For example, the need for awareness and advocacy on one’s own behalf was described in religious terms:

\[ X: \text{Yeah, you pray to God. God helps them that helps themselves too.} \]

Also emphasized was the value of staying involved and connected with others through venues such as a church community as a means of helping to prevent abuse.

\[ X: \text{Yeah, a lot of people don’t even go to church. They just seem to drop out of life. Then it’s when you’re vulnerable because they know that nobody – trust me, these people know. Got to keep in contact …… other than your family.} \]

The importance of religious involvement as a means of preventing and resolving elder maltreatment was emphasized by this group for all three case scenarios.

\textit{Latina Focus Groups: Authority Theme}

The participants in the Latina focus groups emphasized the role of authority in resolving this dilemma. For example, focus group five participants stated that this situation was easier to resolve because the police discovered the situation themselves. They could simply order the daughter to take care of her father. One participant stated for example:

\[ X: \text{Yes! Yes the police need to put her where they obligate her to have to change, as I told you just now.} \]

A gatekeeper for this group stated that the participants had such a strong view of authority that they seemed to be somewhat confused as to why the police would even need to consult with another system such as APS.

\textit{Working class Caucasian (focus group four): Suggestion that some cultures have more abuse than others.}

The suggestion that some cultures have more abuse than others seemed implicit in focus group four’s discussion of the scenario involving John, as it had been in this
group’s discussion of the scenario involving Florence. The discussion of John’s situation seemed to suggest the belief that elder maltreatment may be more likely to occur, and less likely to be dealt with, among lower socioeconomic status cultures.

X: Now what you said, and you said, nobody’s brought this up, but anyway, we don’t really know anything about the educational level of these people. ... You know all about all these programs ... And yet, if you weren’t aware that there is a way to contact somebody, unless your mind is really out of it, you’ve got a problem. And maybe even if you were smart or something, but your mind is gone ... Then, ah, what I’m saying though is, ah we don’t know whether these are college people, or what the hell they are.

E: It sounds like, though ... that would be more around John’s awareness, like if John had more awareness about the resources available, then ... or do you mean the educational level of the children.

X: I mean the whole scene here more or less. Okay.

This quote seems to suggest that a certain level of education or knowledge is required to have the skills needed to seek help when faced with an elder maltreatment situation. The quote also seems to suggest that elder maltreatment may be more likely to occur among those with less education or job skills, particularly since the statement was made amid discussion of the son-in-law’s need to get a job.

Question Three Summary

Analysis of this scenario indicated that, overall, participants strongly agreed with criminalizing elder maltreatment. The major themes for this scenario are summarized in Table 9 below. Within group themes include the importance of religion in addressing maltreatment seen in one of the working class African American groups (focus group one), the emphasis on authority seen in the Latina focus groups, and the suggestion within one of the working class Caucasian groups (focus group four) that elder maltreatment may be more likely to occur in some cultures than in others.
Table 9. Summary Of Major Themes For John Scenario

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>Extensiveness Across Ethnicity and Socioeconomic Status Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Awareness of similar cases</td>
<td>• Both working class African American groups described knowledge of similar cases; participants in recently arrived Latina group described knowing many similar cases</td>
</tr>
</tbody>
</table>
| 2) This case is especially disturbing | • All groups reacted with strong outrage and horror  
• Both working class Caucasian groups said it was most disturbing scenario |
| 3) Majority in favor of prosecution | • No differences in extensiveness apparent; majority of participants in all 8 focus groups support prosecution |
| 4) Minority views opposing prosecution | • Both Latina focus groups had minority views opposing prosecution, and none of the African American groups had minority views opposing prosecution |
| 5) Views about daughter’s culpability if she were also abused | • No differences in extensiveness apparent; majority of groups to discuss issue feel that daughter would still be guilty even if she were also abused |
| 6) Views about sentencing | • Most groups favor incarceration  
• The reasons for opposing incarceration differed between the Latina and non-Latina focus groups, with the Latina participants putting a greater emphasis on preserving the family |
| 7) Intervening to help John | • The Latina focus groups placed a greater emphasis on interventions to help John that would preserve the family |

Overarching Themes

I identify an overarching theme as one that was present across four or more focus groups and two or more questions. Seven overarching themes became apparent using this method: 1) favoring protection over autonomy; 2) prevention and early intervention; 3) value/importance of neighbors; 4) family; 5) views about APS and social workers; 6) “then versus now”; and 7) awareness of similar elder maltreatment situations. These themes are summarized in Table 10 below.
Table 10. Overarching Themes.

<table>
<thead>
<tr>
<th></th>
<th>FG 1 WC AA</th>
<th>FG 2 WC AA</th>
<th>FG 3 WC C</th>
<th>FG 4 WC C</th>
<th>FG 5 Lat</th>
<th>FG 6 Lat</th>
<th>FG 7 HS AA</th>
<th>FG 8 HS C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Favoring Protection over Autonomy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2) Importance of Prevention and Early Intervention</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>3) Neighbor Theme</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>4) Family Theme</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5) Views about APS and Social Workers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>6) “Then vs. Now”</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>7) Awareness of similar elder maltreatment situations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</table>

Favoring Protection Over Autonomy

Perhaps the most important of the overarching themes, participants’ valuing of protection over freedom is at the core of this study. This theme was apparent not only in the first and second scenarios, which specifically addressed this dilemma, but it was also apparent in participants’ responses to the John scenario and to the final, summarizing question, “What issues do you feel most strongly about in the stories we’ve discussed?” In the Florence and Vera scenarios, participants very clearly sided with protection, favoring both mandatory reporting and involuntary protective services interventions. In the case of the John scenario, most of the participants emphasized the need to prosecute the case even though John himself was reluctant to do so. Belief in the value of protection was also reiterated by participants within several groups in the final, summarizing question. Some participants stated that the individuals in all three scenarios needed help:
X: Well, I guess what I’m trying to say here is, yeah, these people, like somebody said here. They all needed help, but didn’t know that they needed it. If you don’t know you don’t know...

X: They need to be protected and educated.

Other participants emphasized the importance of protection in a more general way in the final question:

X: I say, right, that when someone reaches a certain age, like ours, I am lucky, thank God, that I can still do my things. But there are many that are sick, that need help. And if the family can’t, because they – whether it’s because they can’t or they don’t want to, the government should do something for them. For the elderly. Because there are many elderly people who suffer. Because they don’t have anyone to care for them, they’re in the houses. They can’t take – if they take a medicine they don’t remember it. By all means they need a person to give them love.

The protection theme was implicitly present across all the groups through participants’ strong belief in the need for various interventions across the three scenarios.

This theme was even emphasized among the minority of participants who did not favor mandatory reporting, involuntary protective services, or criminalization in the study’s three scenarios. Even when participants did not favor these more formal methods of intervention, they stated that something should be done to protect the individuals described in the scenarios, often instead of recommending formal network interventions.

For example, those who did not support prosecuting John’s daughter and son-in-law still believed that John should be removed from their home and cared for:

L: Okay, so once Juan has been treated and he’s a little better, and he’s already – and they ask him the question of whether he wants to press charges, and he says no. Now he’s no longer confused, and his mind is clearer, but Juan doesn’t want to press charges against his daughter. So then, what do you think should happen?

X: I think that no, if that’s what he says, if he says what he thinks then ____.

X: If he doesn’t want it –
X: But then neither should he keep living with his daughter. They should look for another place, or another person to care for him.

Similarly, those who did not support mandatory reporting in the Florence example believed that she should be helped through existing networks such as the senior center worker, or through a minister, friends or family.

A somewhat more balanced view on the issue of protection and freedom was evident in the high SES focus groups, particularly the high SES African American group. The high SES Caucasian group was one of only two groups that did not favor reporting to APS in the Florence scenario. In addition, as discussed in the Vera section above, both high SES groups indicated an appreciation for enhancing freedom in their discussions of the Vera scenario. When they considered the final question, “What issues do you feel most strongly about in the stories we’ve discussed?”, participants in the high SES African American focus group stated that the issues in the scenarios were too complex to recommend either freedom or protection. As one participant stated:

X: And these are all complex situations, and an either/or doesn’t work for me – in any of these cases. They all require much more complex (words unclear). ... I just always kind of object to the way that we feel that we always have to be for us or against us. And it’s too complex, life is too complex, and these are new questions cause we’re living longer, and they’re becoming even more complex.

On the other hand, these participants suggested that our country tends to lean so heavily towards respecting freedom that it often overlooks protection when it is warranted. Thus, their responses to the Florence, Vera and John scenarios were less concerned with favoring protection unilaterally than they were about bringing freedom and protection into a greater balance.

X: Our society is generally so [words unclear] rights of the individual that autonomy, no matter what, and that may not be the appropriate response.
In summary, although the high SES focus groups, in common with other groups, emphasized protection in their response to the scenarios, they showed some appreciation for the freedom value as well.

**Extensiveness across ethnicity and socioeconomic status categories.** All of the groups favored protection in the scenarios presented, while the high SES focus groups indicated a philosophical appreciation for both autonomy and protection.

*Prevention and Early Intervention*

This theme, closely related to the theme of protection, involved comments about the value of either preventing maltreatment entirely or intervening early enough to prevent it from escalating out of control. This theme may therefore be viewed as an early manifestation of the protection theme. The need for prevention and early intervention typically arose in discussions about the perceived severity of the situations described in the three case scenarios. Upon hearing the scenarios—particularly those related to Vera and John—participants often expressed frustration that no one, either formally (e.g., the police or APS) or informally (e.g., concerned neighbors), had stepped in earlier to help.

*X: But I think other friends and family members should’ve stepped in earlier. I mean, I think it was let go too far.*

When answering the final, summarizing question, “What issues do you feel most strongly about in the stories we’ve discussed?” some participants suggested, further, that an earlier form of intervention such as mandatory reporting might serve to prevent later, more extreme forms of intervention such as involuntary protective services or criminal prosecution. Thus, like the protection emphasis, the prevention theme seems to critique an emphasis on autonomy, in which problems must escalate out of control before
intervention is permissible. Education and awareness were cited as strategies for preventing elder maltreatment.

X: Need for education and awareness before you get in this situation so perhaps if you have any capability at all you can speak out. Speak on your behalf to somebody who will listen and support you and help.

The value of staying involved and connected to other people was also recommended as a means of preventing elder maltreatment:

X: And you know more than likely, this man, he was popular with the group when he was boxing. But he really was not active in a church setting or a setting like [name of senior center].

The need for prevention and/or early intervention was described by six of the focus groups in one or more of the three case scenarios and the final, summarizing question. Only two groups—one of the Latina groups (focus group five) and one of the working class Caucasian groups (focus group three)—did not describe this theme at some point during their discussion. Religion was a very central aspect of focus group one and its importance often interacted with the prevention theme in this group. This occurred through the view that staying connected with others, for example through church, can ward off abuse, and through statements that if you’ve done right, God won’t let anything happen to you.

Extensiveness across ethnicity and socioeconomic status categories. This theme was important across ethnicity and socioeconomic status categories.

The Value and Importance of Neighbors

This overarching theme emphasizes people’s responsibility to look out for and help one another. It is also related to participants’ emphasis on protection in its stress on the need for vulnerable people to be helped. As well, it is related to prevention and early intervention because it emphasizes the value of a social network to offset the need for
later, more dramatic formal network interventions. In the final, summarizing question, one participant illustrated this theme through the statement:

\[ \text{X: And the ones of us that are still able to function, well I guess we have an obligation to the ones that don’t.} \]

This theme was mentioned by six focus groups within discussions about Vera and John, as well as in the final question. One working class Caucasian group (focus group three) and one Latina group (focus group six) did not highlight this theme.

**Extensiveness across ethnicity and socioeconomic status categories.** This theme was important across ethnicity and socioeconomic status categories.

**Family**

This theme, indicating the importance of family members for intervening in elder maltreatment situations, was present across the definitional question, all of the scenarios and the final summary question. This theme was described within six focus groups; only the high SES focus groups were silent on this issue. In the working class Caucasian and African American focus groups, discussion about Florence and John emphasized the need for family members to intervene to stop abuse. When discussing Vera, these groups also emphasized the need for family members to intervene to take care of Vera and reduce her neglect. The importance of family was also emphasized in the initial, definitional question, in which the high SES Caucasian focus group and one of the working class Caucasian groups (focus group four) stated that it is abusive to abandon an elderly relative in a nursing home. This belief underscores the view that family members ought to be involved in the care of their elder relatives, and that it is maltreatment if they are not.
The strength of the family theme within the Latina focus groups was one of these groups’ defining characteristics. It was present across all the questions discussed in the Latina focus groups. The importance of family was also emphasized in the initial, definitional, question, through comments that families who bring their elders to a nursing home are abusive. The Latina participants’ comments about Vera particularly highlighted their strong beliefs that family members have a responsibility to care for their older relatives and that it is abusive to send an elder relative to live in a nursing home.

*X: To take control of her, call the family and let the family know that they need to take her out and take her somewhere. To look for treatment.*

In the final question, a participant from focus group six describes why the Vera scenario was the most significant of the three scenarios:

*X: My opinion was that she was there with the dog, she didn’t have anyone to take care of her, no relatives or anyone.*

In addition, while the working class Caucasian and African American groups emphasized interventions by family members to stop abuse experienced by Florence and John, some participants in the Latina groups suggested interventions that actually sought to help preserve these families. Thus, the Latina focus groups thought more about the scenarios from the perspective of the well-being of the entire family unit than did the non-Latina groups, which thought about the scenarios almost entirely from the perspective of the victim’s well-being.

**Extensiveness across ethnicity and socioeconomic status categories.** Family was of central importance to the Latina focus groups, was also important to the working class African American and Caucasian focus groups, and was not emphasized at all in the high SES focus groups.

*Views About APS and Social Workers*
Throughout the study, participants added to the discussion many comments, both positive and negative, about social workers generally, and APS workers specifically. Comments about APS and social workers occurred within all of the groups, with the exception of one of the Latina groups (focus group five), in discussions of Florence and Vera, and in the final summary question, but not in discussion of John’s situation. Because the latter scenario concerns the criminal justice system more than APS, comments about social workers or APS would have been somewhat surprising here. Positive views about social workers generally, and APS workers specifically, included confidence in their training, knowledge, and ability to be helpful and to conduct a subtle investigation that minimizes the likelihood of harm.

*X: I had called her to ask her something about Medicaid, because hospitals are so greedy. If they think you can’t pay the bill, they said, “Apply for Medicaid.” So, I consulted her about doing that, and had very good advice, so I’ve had a great experience with a social worker. Although, prior to that, I really didn’t have the time of day for a social worker; I thought they were not that good, and they’ve made some terrible mistakes with children. Terrible.

Voiced more frequently, however, were comments describing skepticism about APS, including views that: it lacks adequate funding; APS workers are overworked; clients frequently “fall through the cracks”; the government is often not the best agent for solving interpersonal problems; APS services often backfire, causing more harm than good; and that often “less is more” in terms of interventions. One participant, for example, stated during the final, summarizing question:

*X: But they are overworked, and they have too many jobs, from what I’ve heard.

Many of the negative comments about APS and social workers specifically concerned the Vera scenario, in which participants widely criticized the APS worker who found Vera to be rational.
“Then vs. Now”

“Then vs. now” refers to a variety of comments about changes over time in the prevalence and awareness of domestic violence and elder maltreatment, as well as comments about families’ changing role in caring for elderly relatives. This theme was present in five groups: both of the working class Caucasian focus groups, both of the high SES focus groups, and one of the Latina focus groups (focus group five). It primarily
reflects participants’ comments that there is greater awareness of domestic violence and elder maltreatment now than in the past. Participants from four focus groups (one of the Latina focus groups, focus group five; one of the working class Caucasian focus groups, focus group four; and both of the high SES focus groups) described changes in the awareness and/or prevalence of domestic violence over time. They stated that women now have a greater awareness of domestic violence, more power in relationships with men, and more resources to confront domestic violence than in the past. Some suggested that domestic violence has become less prevalent as a result of these factors.

X: Well I think that in the past there was a lot of abuse because the woman was less prepared, now the women have more opportunities, they prepare, and there is more information too, to help them. In the past they depended a lot on their husbands.

________________________________________________________________________

X: The man worked and that was the only check that came to that house and that was for everything, and she had to endure everything because it was he that gave her everything.

________________________________________________________________________

X: And there are more information centers, that she can inform herself about abuse, about what she needs to do.

Similar views were expressed in the high SES African American focus group and in the working class Caucasian group. As one participant in the working class Caucasian group stated:

X: I think, ah, things are more out there in the open now. None of this hiding things under the rug or in the closet. Bring things out. And I think women are more aggressive. They say we’ll even have, they are in politics, elected now. One place I’ve read that women would be like in ancient Egypt. They’d be the leaders, not the men. You know, so... things change.
On the other hand, in discussing Florence, a participant in the high SES Caucasian focus group suggested that domestic violence among older, married couples was on the rise due to the increasing number of couples living into late life.

\[ X: \text{I see this as a growing problem and it would not necessarily be a case of the husband being abusive for 40 some years. But as people get older, they get less tolerant. And I think marriages are going to be coming under increasing strain because of that. Just by nature of there being more old people who are still married.} \]

In discussing John, participants in the high SES African American focus group also described a growing awareness of elder maltreatment in recent decades. Thus, participants in several focus groups stated that people now have more knowledge and resources available concerning domestic violence and elder maltreatment than in the past. Some participants believed that there is less domestic violence now than in the past, while participants also suggested that domestic violence in late life may be a growing problem as the number of older, married couples increases.

A different aspect of “then vs. now”—one that emphasizes the role of family members in caring for elderly relatives—can be seen in the discussion of the Vera scenario within one of the focus groups. Participants from one working class Caucasian group (focus group three) criticized the failure of family members to care for Vera. They remarked that families no longer take the same degree of responsibility for the care of their elderly relatives that they had in the past.

\[ X: \text{It used to be that the younger people took care of the older people.} \]
\[ X: \text{Not any more, not any more.} \]
\[ X: \text{That used to be.} \]
\[ X: \text{Well...Yeah, what happened?} \]
\[ X: \text{Different world.} \]
These comments overlap with the theme of family, implying that family members ought to take responsibility for the care of their older relatives. In summary, “then vs. now” refers to a variety of comments within five focus groups concerning changes in the awareness or prevalence of domestic violence or elder maltreatment, as well as changes in the responsibility that family members take for their elderly relatives.

Extensiveness across ethnicity and socioeconomic status categories. This theme was present within one or more of the working class Caucasian, high SES, and Latina focus groups, but not within the working class African American groups.

Awareness of Similar Elder Maltreatment Situations

Participants within seven of the focus groups described having knowledge or experience of elder maltreatment situations similar to those depicted in the three scenarios. In particular, the domestic violence depicted in the case of Florence resonated strongly with participants in the two Latina groups, many of whom described having survived similarly abusive relationships. Participants in all three African American focus groups described familiarity with self-neglect similar to the situation involving Vera. Financial abuse was relevant to all the working class African American and Caucasian focus groups, but particularly to the Latina participants from focus group five (the group that had more recently immigrated to the U.S.).

Extensiveness across ethnicity and socioeconomic status categories. Very little direct awareness of elder maltreatment was described within the high SES focus groups, whereas the working class African American and Caucasian groups indicated significant familiarity with these issues. Latina participants described domestic violence, neglect, and financial abuse as a common experience.
Table 11. Summary of Overarching Themes.

<table>
<thead>
<tr>
<th>Overarching Theme</th>
<th>Extensiveness Across Ethnicity and Socioeconomic Status Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Favoring protection over autonomy</td>
<td>• All of the groups favored protection in the scenarios presented, while the high SES focus groups indicated a philosophical appreciation for both autonomy and protection</td>
</tr>
<tr>
<td>2) Prevention and early intervention</td>
<td>• This theme was important across ethnicity and socioeconomic status categories</td>
</tr>
<tr>
<td>3) Value/importance of neighbors</td>
<td>• This theme was important across ethnicity and socioeconomic status categories</td>
</tr>
<tr>
<td>4) Family</td>
<td>• Family was centrally important to the Latina focus groups, was important in the working class African American and Caucasian focus groups, and was not emphasized at all in the high SES focus groups</td>
</tr>
<tr>
<td>5) Views about APS and social workers</td>
<td>• This theme occurred across ethnicity and socioeconomic status categories, with no apparent differences across categories in terms of positive or negative views about APS or social workers</td>
</tr>
<tr>
<td>6) “Then versus Now”</td>
<td>• This theme was present within one or more of the working class Caucasian, high SES, and Latina focus groups, but not within the working class African American groups</td>
</tr>
<tr>
<td>7) Awareness of similar elder maltreatment situations</td>
<td>• Very little direct awareness described within the high SES focus groups, while the working class African American and Caucasian groups indicated significant familiarity with these issues</td>
</tr>
<tr>
<td></td>
<td>• Latina participants described domestic violence, neglect, and financial abuse as common experiences</td>
</tr>
</tbody>
</table>

Question Four: What do their responses to the freedom/protection and criminalization dilemmas tell us about their ethical decision-making processes?

The results of the study’s fourth question are based on analysis of discussions in the member check and focus groups. Decision-making processes described in the member check group were consistent with those present in the overarching themes described above. The member check group provided an opportunity to review the preliminary results with the participants and to confirm that I had accurately understood and conveyed their beliefs about elder maltreatment and the ethical dilemmas contained within the scenarios. It was also an opportunity for the participants to gain a sense of closure from their involvement in the study. In addition, the member check group provided a venue for exploring participants’ decision making processes.
An ethic of care and responsibility and recognition of the limitations of autonomy formed the basis of participants’ emphasis on protection in their decision-making for the ethical dilemmas explored in the focus groups. Participants in the member check group stated that they could identify with the people described in the scenarios because the participants themselves were older people. This identification was also apparent during the focus groups when discussants related their own personal knowledge of and experiences with abuse, and when participants from one of the working class African American groups (focus group one) stated that the scenario involving John scenario was the most important to them because:

*X: Because it could have been either of us. ... Either one of us could be that person in the attic.*

The participants’ identification with the individuals depicted in the scenarios—particularly John—heightened their sense that intervention was urgently needed in these cases. This identification also created an ethic of care in which interventions to help those in need were perceived as a form of caring. As one participant stated during the member check group, “I want to be valued, and I am worth intervening for.” In other words, the failure to intervene was perceived as not caring for or valuing the victims of elder maltreatment depicted in the scenarios. The value/importance of neighbors theme may be seen as another aspect of this ethic of caring, since it emphasizes responsibility towards one’s fellow humans, with the implicit understanding that one may also one day need assistance and care from others.

In addition to participants’ ethic of care and responsibility, they also described favoring protection in the scenarios discussed because favoring autonomy was viewed as highly problematic. For instance, when I asked participants in the member check group
to talk about their decision making in the focus groups, they stated that the emphasis on
the freedom value was what led to Florence, Vera and John’s current situations. This
view was also present in the focus groups. Participants in the high SES African
American focus group, for example, suggested that autonomy is tremendously
overemphasized in our country, such that it is even debated in situations like Vera’s, in
which preserving autonomy is clearly inappropriate. In addition, the prevention/early
intervention theme involved the implicit view that an overemphasis on autonomy will
cause problems to escalate out of control before intervention is allowed. Intervening
quickly when problems arise, and before these problems become catastrophes, was seen
by the participants as being a much less painful alternative. For instance, participants
believed that the extreme maltreatment depicted in the Vera and John scenarios could
have been avoided if a dose of protective intervention had occurred much earlier.
Participants’ ethic of care and responsibility and their recognition of the limitations of
autonomy provided rationale for intervention among those with the majority view
favoring protective interventions through the public sphere (e.g., APS) and those with the
minority view favoring interventions conducted through a private network of family and
friends.

Participants’ decisions to favor protection also stemmed from their perception that
elder maltreatment and domestic violence are now public issues, as opposed to the private
family affairs of earlier times. The recent recognition of elder maltreatment and domestic
violence as social problems naturally leads to the need to intervene to treat these
problems. In the member check group, participants described their comfort with
intervention as a natural outgrowth of the movement of these issues from the private
sphere into the public sphere. In other words, public sphere (e.g., APS, criminal justice system) interventions are seen as consistent with publicly identified social problems. The view that there is now a much greater awareness of elder maltreatment and domestic violence than in the past is consistent with the “then vs. now” overarching theme in the focus groups. The greater awareness of this as a public issue was also seen as providing a public mandate in support of protective and criminal interventions. This was a stronger rationale for intervention among the majority of participants who favored interventions conducted through the public domain than among those favoring protective interventions conducted through private family and friendship networks.

Finally, in the member check group, participants remarked that it was relatively easy for them to support protective interventions that sacrifice freedom when they themselves were not personally involved in the situations being discussed. Although the purpose of the study was to assess public, rather than victim, views of elder maltreatment interventions, this point is noteworthy and will be explored in the next chapter.

In summary, participants’ decision to favor protection and criminalization reflected several decision making processes. These included participants espousing an ethic of care and responsibility, a belief that an exclusive emphasis on autonomy is an inappropriate response to some of the more extreme problems of elder maltreatment, and the view that the greater public awareness and acceptance of elder maltreatment as a social problem naturally lends support to the need for interventions in this problem.

Cross-Question Thematic Analysis

In addition to serially listing the study’s themes and the participants’ decision making processes, I was also interested in exploring their interrelationships. These are
depicted graphically in Appendix E, Figure E1. The protection, prevention, and neighbor overarching themes were the most closely related of the overarching themes. The neighbor theme relates to the protection theme in that both emphasize the need for vulnerable people to be helped. This theme also relates to the prevention and early intervention theme in that both emphasize the value of a social network for preventing later, more dramatic formal network interventions. The prevention and early intervention theme may be seen as an early form of the protection theme in its effort to prevent or stop elder maltreatment at a very early stage. Both themes also serve to critique an overemphasis on autonomy, in which problems are seen as escalating out of control before intervention is allowable. The religion theme within one of the working class African American focus groups (focus group one) also connected with the prevention theme through its emphasis on the value of religious involvement for preventing elder maltreatment.

The family and neighbor overarching themes were also interrelated in that both emphasized the importance of informal network involvement in elder maltreatment situations, whether or not formal network interventions (e.g., APS) were also occurring. The importance of family to the focus groups was not just apparent in the participants’ responses to the scenarios; it was also apparent in their definitions of elder maltreatment—namely, in the belief that it is abusive to put or abandon an elderly relative in a nursing home. The “views about APS and social workers” overarching theme seemed to be largely removed from the other overarching themes and decision making processes. Views about APS and social workers, for example, did not clearly
relate to the protection theme, since protective interventions were advocated whether or not participants believed that these interventions should come from APS.

“Then vs. now” was interestingly both an overarching theme and a decision-making process utilized in participants’ decision to favor protection over autonomy. As an overarching theme, “then vs. now” primarily involved comments indicating participants’ belief that there is a greater awareness of elder maltreatment and domestic violence as social problems now than in the past. This overarching theme was also a decision-making process. Participants stated that their decision to favor protective interventions was a result of the greater public recognition of elder maltreatment and domestic violence as social problems. In addition, the recognition of these as public problems—rather than a personal private matter—led to participants favoring interventions conducted through the public domain over those conducted only through informal social networks.

The participants’ ethic of care and responsibility related to both the protection and neighbor overarching themes. The participants viewed protective interventions as a form of caring, and they viewed their decision to favor protective interventions as a natural outgrowth of caring for and valuing the individuals described in the scenarios. Showing care and responsibility towards others was also seen as a way of being a good neighbor and helping to ensure that one would be cared for by others in the future. The ethic of care and responsibility, in turn, related to the overarching theme, “awareness of similar elder maltreatment situations”. The participants could identify with and feel concern for the individuals depicted in the scenarios partially because of their own experiences with and knowledge of similar elder maltreatment situations. The participants advocated for
caring (i.e., protective) interventions partially because they could imagine themselves or someone they cared for being in a similar situation.

Finally, the protection and prevention/early intervention overarching themes both related to the decision making process involving the view that autonomy is problematic. Participants perceived the scenarios as illustrating the problems that can occur when autonomy is overemphasized. Protecting the victim and possibly intervening early or preventing maltreatment altogether were seen as ways of avoiding these problems.

Chapter Summary

This chapter described the results of this study in terms of its four research questions. In general terms, the older women who participated in this study’s eight focus groups held broad definitions of elder maltreatment. They also supported mandatory elder maltreatment reporting, involuntary protective service interventions, and the criminalization of elder maltreatment. Overall, these participants favored protection over autonomy. This chapter also reviewed group differences based on ethnicity and socioeconomic status. Participants’ favoring of criminalization and protection over autonomy reflects several underlying decision making processes. Chapter five, the next and final chapter, will discuss the findings and limitations of this study, and its implications for research, policy, and practice.
CHAPTER FIVE: DISCUSSION

Introduction

This chapter discusses this study’s findings within the context of the empirical and theoretical literature discussed in Chapter Two. I begin with a review of the study’s most significant findings based on its four research questions. After reviewing the findings, I describe limitations that may have affected my study’s trustworthiness. In the final section I present implications of this study for elder maltreatment research, practice and policy.

Discussion of findings

This study was guided by four research questions:

5) How does a sample of older women define elder maltreatment?

6) How does a sample of older women resolve the freedom vs. protection dilemma?

7) How does a sample of older women resolve the dilemma of criminalizing elder maltreatment?

8) What do their responses to the freedom/protection and criminalization dilemmas tell us about their ethical decision-making processes?

Research questions 1, 2 and 3 are based in the empirical literature concerning public perceptions of elder maltreatment. This body of research first developed in the 1990’s with the examination of public understandings of the definition of elder maltreatment; more recently it also has concerned public views regarding interventions. This study added to the knowledge base within this research through its examination of public perceptions of maltreatment intervention dilemmas. Knowledge and understanding of public views about these dilemmas could assist practitioners and policy makers who struggle to make ethical decisions in response to them.
The fourth question is drawn from the theoretical literature on moral development and reasoning. Carol Gilligan (1982a; 1982b; Gilligan, 1988; Gilligan & Attanucci, 1988; Murphy & Gilligan, 1980) and Anthony Cortese (1982; 1984a; 1985; 1989) critique the stages of moral development described by Kohlberg (Colby et al., 1983; Kohlberg, 1973; Kohlberg & Hersh, 1977; Kohlberg & Ryncarz, 1990; Levine et al., 1985) and argue that these stages do not adequately describe moral development in females, ethnic minorities and non-Western cultural groups. Gilligan also presents an alternate understanding of moral reasoning among females. Most participants in both Gilligan and Kohlberg’s research have ranged in age from childhood to early adulthood, while neither scholar has emphasized moral decision-making in later life. The lack of research emphasizing moral decision-making in later life creates a missing piece within this theoretical literature.

**Question One: How Does a Sample of Older Women Define Elder Maltreatment?**

Participants in this study held a broad definition of elder maltreatment that included physical neglect, emotional neglect, physical abuse, verbal abuse, financial abuse, societal maltreatment, putting or abandoning an elder relative in a nursing home, maltreatment by family and strangers, and abuse within nursing homes. Their perceptions of elder maltreatment may be compared with the taxonomy and definitions inductively developed by Hudson (1991) through a three-round Delphi survey with a national panel of elder mistreatment experts. (See Table 1 in Chapter Two.) Like the expert panel in Hudson’s survey, the participants in this study defined maltreatment in terms of: abuse and neglect (commission and omission); personal (e.g., family) and business (e.g., nursing assistant) relationships; and in terms of physical, psychological,
social (i.e., labeled in my study as emotional neglect) and financial maltreatment.

Hudson’s taxonomy and definitions considered self-neglect and crime by strangers to be phenomena that are separate from, though closely related to, elder maltreatment, while participants in this study included crime and maltreatment by strangers within their definition. The participants’ inclusion of societal maltreatment and maltreatment by strangers as aspects of maltreatment represents a greatly broadened definition of the problem in comparison with expert understandings such as Hudson’s. With the exception of the high SES Caucasian focus group, none of the focus groups discussed whether the issue of self-neglect should be included within the definition of elder maltreatment. This is noteworthy, since the majority of cases reported to APS in Ohio involve self-neglect ([ODJFS], 2002). Finally, while Hudson’s expert panel described maltreatment as occurring intentionally and unintentionally, participants in my study did not discuss intentionality in defining maltreatment.

The broad range of elder maltreatment categories described by participants within this study is generally consistent with Hudson’s previous research comparing public understandings of elder maltreatment with the experts’ taxonomy and definitions (Hudson et al., 2000; Hudson & Carlson, 1994; Hudson & Carlson, 1998, 1999). The emphasis given to verbal abuse and emotional neglect by participants in this study also has been noted within other public perception research (Anetzberger et al., 1996; Hudson & Carlson, 1998; Moon & Benton, 2000; Nagpaul, 1997; Nandlal & Wood, 1997). (Please see Appendix A, Table A1 for a summary of the elder maltreatment public perception research.) The societal maltreatment theme that emerged in this study is consistent with the societal abuse of elders category that emerged in Hudson and
Carlson’s (1998) research. The maltreatment by strangers theme is consistent with the emotional neglect theme identified within Anetzberger et al.’s (1996) research. Although the major theme of putting or abandoning an elder relative in a nursing home did not emerge in other studies, the larger issues of neglect and abandonment by families certainly did (Anetzberger et al., 1996; Hudson & Carlson, 1998; Nagpaul, 1997; Nandlal & Wood, 1997). The issue of self-neglect was also not specifically addressed in other public perception research studies, which focused more on abuse and neglect by others.

Two noteworthy patterns with respect to socioeconomic status in my study were that neither high SES group identified financial abuse or maltreatment by strangers. With regard to financial abuse, it may be that financial abuse is less common in cultural groups in which economic scarcity is not an issue. On the other hand, a case-comparison study by Godkin, Wolf, and Pillemer (1989) did not find significant income differences between abused and non-abused elders. With regard to maltreatment by strangers, it is possible that socioeconomic status affects the attention and services received by elders in public settings, such that high SES groups are less likely to be maltreated by strangers in public settings than are immigrants or persons of lower socioeconomic status. Public perception research has generally paid little attention to SES, with the exception of Hudson (1994), who found that adults with the least education (eighth grade or less) held broader definitions of elder abuse than those with higher levels of education. Given the little attention paid to socioeconomic status in the elder maltreatment public perception literature, my study’s investigation of socioeconomic status can be considered a new contribution to this literature.
It is noteworthy that the four working class Caucasian and African American focus groups identified financial abuse as an aspect of elder maltreatment, while the high SES and Latina groups did not. The fact that the Latina groups did not identify financial abuse as an aspect of elder maltreatment is consistent with Sanchez’ study (1999), in which most of the Mexican American participants did not identify that elder parents providing their adult children with money or other resources might be exploitative. Although the Latina participants in the current study had less economic security than the high SES groups, these participants also brought a particularly strong family emphasis to their discussions. The strong familial orientation in Latino communities may involve a more communitarian approach to family resources, which has been noted in other groups, such as Asian Indians (Nagpaul, 1997), as well.

The Caucasian groups had the fewest themes in common with one another. One commonality was that neither of the working class Caucasian groups identified verbal abuse as an aspect of elder maltreatment. This is consistent with Moon and Benton’s finding (2000) that white elders were more likely to tolerate verbal abuse than Korean and African American elders. Unlike the participants in my study, European American respondents in Anetzberger et al.’s research (1996) included psychological abuse (referred to as verbal abuse in my study) within their definition of elder abuse. Like the participants in my study, however, they placed a stronger emphasis on psychological neglect (referred to as emotional neglect in my study) than on psychological/verbal abuse.

The African American focus groups had more in common with each other than the Caucasian groups did. All three of the African American groups (the two
middle/working class groups, and the high SES group) identified emotional neglect as an aspect of elder maltreatment, while only one of each of the Caucasian and Latina focus groups identified this aspect of neglect. In addition, societal maltreatment and financial abuse appeared to be especially important to the understanding of elder maltreatment among working class African Americans, but neither of these groups identified physical abuse. The larger number of elder maltreatment categories identified by both working class African American focus groups may be consistent with other research findings that African Americans identify more areas of elder maltreatment than do Caucasians (Hudson & Carlson, 1999; Moon & Williams, 1993) and are less tolerant of it (Moon & Benton, 2000). Some of the individual focus group themes are also consistent with the notion of a broad understanding of elder maltreatment among African Americans, for example: the idea that it’s abusive to not report abuse, described by one of the working class African American focus groups (focus group 2); and the fear of violent crime against the elderly by strangers, described by one of the working class African American focus groups (focus group 1). In addition, participants in the high SES African American focus group described the phenomenon of grandparents raising grandchildren as a form of maltreatment by the grandparents’ adult children towards their elderly parents. This theme, however, may have reflected the intersection of ethnicity and socioeconomic status within this particular group.

**Latina Focus Group Differences**

The Latina focus groups, in particular, stood out in their similarity to one another and their differences from the other groups. Both Latina groups identified verbal abuse, maltreatment by strangers, and putting an elderly parent in a nursing home as aspects of
elder maltreatment, while neither group identified financial abuse or societal maltreatment as aspects of maltreatment. A strong family orientation combined with limited financial resources may lead to a communal understanding of family resources that is counter to the notion of financial abuse within families. In addition, the Latina groups appeared to have a somewhat greater tolerance for spousal abuse, but had less tolerance for putting a relative in a nursing home, than did the American-born African American and Caucasian focus groups. In comparison with the Caucasian and African American focus groups, the Latina groups’ differing tolerance for various forms of maltreatment may reflect their lesser degree of acculturation to the larger U.S. culture. Similarly, several studies have found Asian immigrant groups to be more tolerant of verbal abuse, but less tolerant of financial exploitation, than Asian and non-Asian American-born cultural groups (Moon & Benton, 2000; Moon et al., 2001b).

Maltreatment by strangers was a more prominent theme within the Latina focus groups than within the other focus groups, while this theme was not even mentioned within the high SES groups. The Latina women from this study have less power and are less skilled in negotiating this culture than people with high socioeconomic status, and they may very well be more likely to be overlooked when interacting with strangers in public settings. In addition, the Latina focus groups were the only groups to identify placing an elderly family member in a nursing home as being abusive in and of itself. This finding relates to the category, “denial of shelter” in the definition of elder abuse identified by individuals of Mexican origin in Sanchez’ study (1999). The term, “denial of shelter” primarily refers to family members denying an elderly parent a place to live on a long-
term basis. In my study, sending an elderly parent to live in a nursing home was seen as tantamount to denying them shelter in their adult child’s home.

A final difference between the Latina and non-Latina focus groups was that neither of the Latina focus groups identified societal maltreatment (e.g., maltreatment related to systems such as HMOs or Medicare) as an aspect of elder maltreatment, while this was a major theme within the other focus groups. Perhaps the Latina focus group participants did not identify societal maltreatment as an aspect of elder maltreatment simply because they were less familiar than the other focus group participants with U.S. systems to serve the elderly.

Questions Two and Three: The Florence, Vera, and John Scenarios

The study’s second research question, “How does a sample of older women resolve the freedom vs. protection dilemma?” was analyzed through the focus group participants’ responses to the Florence and Vera scenarios. These scenarios illustrated the mandatory reporting and involuntary protective services dilemmas, respectively, as well as the larger freedom vs. protection dilemma. The study’s third research question, “How does a sample of older women resolve the dilemma of criminalizing elder maltreatment?” was analyzed through the focus group participants’ responses to the John scenario. A number of the public perception research studies explored views about intervention and criminalization in elder maltreatment (Anetzberger et al., 1996; Hudson, 1994; Johnson I. M., 1995; Moon & Benton, 2000; Moon, Tomita, & Jung-Kamei, 2001a; Moon & Williams, 1993; Nagpaul, 1997; Pablo & Braun, 1997; Sanchez, 1999), although they were not framed as ethical dilemmas in these studies, as they were in my study. (See Appendix A, Table A1 for a review of these studies.) In contrast, Anetzberger, Dayton and McMonagle’s (1997) community dialogue series on ethics and
elder abuse examined professional perspectives on a variety of dilemmas in elder abuse. (See Appendix A, Tables A1 and A2 for a review of these studies.) My study attempted to replicate Anetzberger et al’s series through the examination of public, rather than professional, perspectives on several of its ethical dilemmas (i.e., mandatory reporting, involuntary protective services, and criminalization dilemmas). In this section, I review major findings from the Florence, Vera, and John scenarios and discuss them within the context of other public perception studies. I then compare them with the findings from Anetzberger et al’s community dialogue series.

Discussion of Findings Within the Context of Other Public Perception Studies

In general, participants from my study strongly favored protection over autonomy through their support for mandatory reporting and involuntary protective services in the Florence and Vera case scenarios, respectively. Participants in Hudson’s (Hudson, 1994) study were similarly comfortable with professional intervention in elder abuse situations. In my study, most participants in the majority of focus groups favored mandatory reporting in the Florence scenario. However, a strong concern for and desire to help Florence was also expressed by those participants and focus groups (one Latina group, and the high SES Caucasian group) that did not favor reporting; these participants and groups instead favored interventions through informal systems such as family, friends, and known service providers (e.g., a senior center or religious group). The Vera scenario dealt with the issue of involuntary protective service orders. In discussing this scenario, participants believed that Vera was not rational and therefore unanimously agreed that she should receive an involuntary protective service order to be hospitalized for
evaluation and treatment. In addition, the participants in most groups supported a trial period in which Vera would return home with assistance post-hospitalization.

The John scenario concerned the criminalization of elder maltreatment. The majority of participants in all eight focus groups favored prosecution in this case. Most of the groups that discussed sentencing options favored incarceration for John’s abusive and neglectful daughter and son-in-law. Johnson (1995) also examined older adults’ views about the criminalization of elder abuse. Participants in Johnson’s study preferred dealing with elder abuse through social services or the family to dealing with it through the criminal justice system. Perhaps the greater support for criminal interventions found in my study was due to the graphic depictions of elder maltreatment in the John scenario; participants in Johnson’s study, in contrast, were simply asked questions about their views concerning criminalizing elder abuse. However, participants in Johnson’s study seemed to support the criminalization of elder abuse in other ways; for instance, they generally supported the passage of laws making elder abuse a crime. Thus, while participants in Johnson’s study indicated mixed views on criminalizing elder maltreatment, participants in my study were generally in favor of it.

This study also had a number of overarching themes, or themes that were apparent across two or more scenarios or other question areas. 1) The most prominent of these was that participants strongly favored protection over autonomy. This theme was evident in responses to both the Florence (mandatory reporting) and Vera (involuntary protective services) scenarios. 2) Another theme was the strong emphasis on prevention and early intervention in elder maltreatment cases, an emphasis that was also found in Hudson’s pilot study (1994) study concerning public perceptions of elder abuse. 3) A third
overarching theme, the neighbor theme, involved an emphasis on the importance of friends and neighbors in recognizing and intervening in elder maltreatment. The neighbor theme also can be seen as a version of protection in that it acknowledges the need for interdependence. 4) Fourth, the importance of family in intervening in elder maltreatment, discussed in greater detail in the following paragraph, was emphasized within the Latina and the working class African American and Caucasian focus groups. 5) Fifth, all but the Latina groups voiced opinions about APS workers and social workers generally; these could be positive or negative, and it was apparent that few participants were familiar with APS. 6) A sixth overarching theme, the “Then vs. Now” theme, described a greater awareness of elder maltreatment and domestic violence now than in the past. 7) Finally, personal knowledge or direct experience with elder maltreatment and domestic violence was expressed by participants across the focus groups, with less direct experience noted in the high SES groups and more noted in the Latina groups. Similarly, more than half of the participants in Hudson’s (1994) research indicated that they had personal knowledge of an elder abuse situation, and nearly one third of these participants reported that they had been abused at some time in their lives; five of the 104 participants stated that they had been abused as an older adult.

A number of differences based on ethnicity and socioeconomic status were apparent despite significant similarities across groups in response to the three scenarios. Although the two high SES focus groups supported an involuntary protective service order in the Vera scenario, these were also the only two groups to describe the importance of enhancing freedom when possible and appropriate.
The African American focus groups strongly favored mandatory elder maltreatment reporting and criminalization. This is consistent with Moon and Williams’ finding (1993) that African American elderly women were more likely than both Caucasian-American or Korean-American elders to turn to formal sources of help in dealing with elder abuse. Finally, the working class African American and Caucasian focus groups and the Latina focus groups emphasized the role of families in intervening in the Florence (mandatory reporting) scenario, while the two high SES groups instead emphasized interventions by professionals. It may be that, as professionals themselves, participants within the high SES groups were more comfortable with professional interventions. Furthermore, many participants in these groups expressed the assumption that, because of their own geographic distance and career responsibilities, most of the care for elderly relatives had been/would be assumed by others (e.g., nursing home, home care aides, etc.). This greater comfort with professionals may have translated into these groups’ greater comfort with professional interventions in elder maltreatment situations.

*Latina focus group differences.*

In responding to the Florence, Vera, and John (mandatory reporting, involuntary protective services, and criminalization dilemmas, respectively) scenarios, the Latina focus groups stood out from the other focus groups in my study in several ways. Participants in these groups seemed to have been more likely than participants in other groups to have experienced or known about domestic violence, neglect, and/or financial abuse, and domestic violence appeared to be normative among these participants. The Latina groups also appeared to be somewhat more likely than the other focus groups to blame the victim. This somewhat greater likelihood of blaming victims appears to relate...
to the Latina groups’ acculturation outside of the U.S.; other studies (Moon, 2000; Moon et al., 2001a) have also found various Asian immigrant groups (i.e., Korean Americans and Taiwanese Americans) are more likely than American-born groups (i.e., Caucasian, African American, Chinese American, Japanese American) to blame victims of elder maltreatment.

In addition, the Latina groups placed a greater emphasis than did other groups on intervening with the goal of preserving the marriage in the Florence scenario, and the parent-child relationship in the John scenario. Marriage-preserving recommendations in the former case included counseling Al and Florence alone or together. While the majority of the Latina focus group participants favored criminalizing elder maltreatment in the John scenario, particularly vocal minorities in both groups disagreed with criminalization, largely due to their desire to preserve the family unit. Similarly, although the majority of the Latina participants favored incarcerating John’s daughter and son-in-law, a larger and more vocal minority than in other groups opposed their incarceration. Those who opposed incarceration often did so out of reluctance to separate the family unit; in fact, a number of participants favored having the daughter prosecuted as a means of court-ordering her to care for him, and therefore keep the family together.

The greater emphasis on family-based interventions noted in the Latina groups may reflect the very strong family orientation seen in Latina cultures, as well as these participants’ acculturation outside of the U.S. Other studies (Anetzberger et al., 1996; Moon & Benton, 2000; Moon et al., 2001b; Moon & Williams, 1993; Pablo & Braun, 1997) have also compared immigrant and non-immigrant views about elder maltreatment interventions. These studies have generally found a greater preference for either non-
intervention or informal sources of intervention (e.g., contacting family members for help) among various immigrant groups (e.g., Korean, Japanese, Puerto Rican, Taiwanese) than among various American-born cultural groups. Other studies have also noted a preference for informal sources of intervention over formal sources among Asian Indians (Nagpaul, 1997) and individuals of Mexican origin (Sanchez, 1999). Thus, among immigrant groups in my study as well as in these other studies, there is a greater emphasis on informal elder maltreatment interventions among groups not acculturated within the U.S.

*Comparison with Anetzberger, Dayton, and McMonagle’s Community Dialogue Series*

The participants from Anetzberger, Dayton and McMonagle’s community dialogue series (1997) and my study participants were quite similar in terms of their views about mandatory reporting and criminalization, but they differed in important ways in their views about involuntary protective services. (See Appendix A, Tables A1 and A2 for a review of the dialogue series and its findings.) The professionals in the community dialogue series generally supported reporting elder abuse, particularly when reporting would produce more good than not reporting. Similarly, the majority of the participants in my study supported mandatory reporting in the Florence example, while those who opposed it generally did so because they feared it would do more harm than good. The community dialogue series participants also supported the criminalization of elder abuse in certain cases, and suggested that the benefit to the older adult should be assessed when considering criminalization. Similarly, most participants in my study supported criminalization in the John scenario, while those who opposed it were often motivated by the belief that prosecuting John’s children would cause him to experience
even greater harm. Finally, community dialogue series participants recommended that elder abuse should be resolved within the family context including, at times, prosecution to leverage treatment and services for a reluctant perpetrator family member. The importance of family in resolving elder abuse was similarly emphasized in my study within the Latina focus groups, as well as working class Caucasian and African American focus groups.

There were noteworthy differences between participants from Anetzberger et al’s (1997) community dialogue series and participants from my study regarding reactions to the Vera scenario, which was discussed in both studies. To the participants in my study, this scenario was not a dilemma; Vera was clearly irrational, the need for an involuntary protective service order for hospitalization was obvious, and public health concerns further validated this need. Furthermore, some participants believed that Vera’s age (86) provided greater evidence of the need for an involuntary protective service order. In contrast, participants from the community dialogue series placed a much greater emphasis on autonomy than did participants from my study. For instance, the series guidelines stated that intervention should occur only after great deliberation, including a thorough assessment of mental capacity, and that self-determination and individual rights should be preserved whenever possible. The guidelines also emphasized guarding against ageism, and the need for community education focused on self-determination and client rights. Finally, series guidelines stated that the primary responsibility is to the client, and not to society, whereas in my study, the participants’ rationale for intervention included public health concerns.

Question Four: What do their responses to the freedom/protection and criminalization dilemmas tell us about their ethical decision-making processes?
This study examined moral reasoning among older women, an age group that has received little attention in moral development and moral reasoning research and theory. The participants’ emphasis on protection in responding to the freedom/protection and criminalization dilemmas reflected underlying decision-making processes based in an ethic of care and responsibility, and recognition of the limitations of autonomy. This type of moral reasoning clearly fits the care perspective form of moral orientation that Carol Gilligan describes as emphasizing connection, not hurting, care and response, and relating to problems involving attachment and abandonment. The justice perspective—the moral orientation that Gilligan believes is captured by Kohlberg’s theory of moral development—in contrast, emphasizes equality, reciprocity, justice, and rights, and relates to problems involving inequality and oppression (Gilligan, 1988; Gilligan & Attanucci, 1988; Kohlberg & Ryncarz, 1990). From a justice perspective of moral reasoning, not intervening in these scenarios might be seen positively as promoting autonomy and individual rights. However, the participants in this study clearly viewed the possibility of not intervening differently; to them, not intervening would be fundamentally uncaring, an abandonment of someone in need. The findings from this study are consistent with Gilligan’s finding that females are more likely to utilize a care perspective when responding to dilemmas (Gilligan & Attanucci, 1988).

The results of this study are also consistent with the different gender-based forms of moral reasoning described by Gilligan. Gilligan argues that the care and justice perspectives reflect different gender-based forms of moral reasoning. She states that as boys mature, their reasoning increasingly utilizes formal and impersonal laws, rules of logic and abstract principles. Girls’ moral reasoning, in contrast, is described as
increasingly emphasizing caring, responsibility, interconnectedness, and the resolution of dilemmas personally, through communication in relationship (1982a, p. 29). The participants in this study utilized reasoning consistent with the latter description. First, participants stated that they supported intervention because they saw it as a way of caring for people in need; they did not seem to come to this conclusion through the application of formal laws or rules of logic. The neighbor and family overarching themes also fit with this more female form of reasoning consistent with the care perspective. The neighbor theme emphasizes people’s responsibility to look out for and help one another, a strong element in the more female form of moral reasoning described by Gilligan. The neighbor theme is also consistent with this type of moral reasoning because it is based on an understanding of people as interconnected through mutual concern and assistance. The family theme similarly emphasizes family members’ responsibility and interconnectedness. The family theme and importance of interconnectedness was particularly apparent among the Latina focus group participants, some of whom responded to the scenarios with greater apparent concern for the well-being of the family unit than for the victim’s well-being.

Despite Cortese’s findings (1982; 1984b; 1985) of cultural differences in moral reasoning across ethnic groups, the strong favoring of protection over autonomy and the related ethic of care and responsibility among participants in this study was consistent across all ethnicity categories. Results of this study may also be somewhat inconsistent with Gilligan and Attanucci (1988), who found that minority groups placed a greater emphasis on the justice perspective than did Caucasian groups. On the other hand, their research concerned both men and women, while the participants in my study were only
women—a group more likely to emphasize a care perspective than a justice perspective. While the protection and care emphasis was consistent in my study across ethnicity categories, there was evidence that socioeconomic status may have been related to moral reasoning; although the high SES groups favored protection in discussing the study’s scenarios, they were the only groups to indicate having an appreciation for autonomy, which is of importance to the justice perspective. This may be consistent with Cortese’s finding that people from higher SES backgrounds score higher on Kohlberg’s moral development scales than do those from lower SES backgrounds (1984b). It may also support his contention that moral reasoning is culturally determined, since socioeconomic status is one important cultural identifier.

Participants in a number of the focus groups stated their belief that our society leans so heavily towards favoring autonomy that it overlooks the importance of protection, even when it is clearly warranted. Similarly, within the prevention and early intervention overarching theme is the idea that too often problems must be allowed to escalate out of control before interventions are allowable. This study’s participants are not alone in the belief that our society places such importance on autonomy that it overlooks beneficence when the latter is an appropriate response. In their book, *The perversion of autonomy: the proper uses of coercion and constraints in a liberal society*, Willard Gaylin and Bruce Jennings (1996) similarly argue that “individualism, privacy, and rights claims are sometimes so overblown that they become caricatures of themselves” (p. 5). For example, they state that:

…the products of this beautiful world of “freedom” are disturbing… The mentally ill and addicted are left like so much refuse on the desolate and dangerous streets of our urban centers. Homeless men and women cannot be taken to shelters (or
even hospitals) by city officials “against their will”. The arrogance of autonomy allows them the freedom to freeze to death on city streets. (p. 8)

Much like the high SES African American group in my study, Gaylin and Jennings argue for a “common sense” morality in which autonomy and protection are brought into a more balanced relationship with one another. Combining this perspective with Gilligan’s work suggests the value of utilizing both care and justice moral orientations when considering and responding to ethical dilemmas.

*Cross-Question Thematic Analysis*

In addition to examining the study’s themes and decision-making processes themselves, I was also interested in exploring their interrelationships. These interrelationships are depicted graphically in Appendix F. The protection, prevention, and neighbor overarching themes related closely to one another. The neighbor and protection themes both emphasize the need for vulnerable people to be helped, while the neighbor and prevention/early intervention themes both emphasize the importance of social networks for preventing later, more intensive formal network interventions. The prevention/early intervention theme may be understood as an early form of the protection theme; both themes critique a perceived overemphasis on autonomy, in which problems must escalate out of control before interventions are allowed. Additional thematic interrelationships include the family and neighbor overarching themes, both of which emphasize the importance of informal networks (e.g., family, friends, neighbors, church groups) for preventing and intervening in elder maltreatment situations, whether or not formal network interventions are also occurring.

“Then vs. now” was both an overarching theme and a decision-making process. As an overarching theme, “then vs. now” primarily involved comments regarding the
greater awareness of elder maltreatment and domestic violence as social problems now than in the past. As a decision-making process, participants stated that their decision to favor protective interventions was due in part to the recent public recognition of elder maltreatment and domestic violence as social problems.

Another decision-making process, participants’ ethic of care and responsibility, related to both the protection and neighbor overarching themes. The participants viewed protection (e.g., mandatory reporting or involuntary protective services) as a form of caring for and valuing the individuals described in the scenarios. Caring and taking responsible for others was also seen as being a good neighbor and ensuring one’s own future care by others. The ethic of care and responsibility, in turn, related to the overarching theme, “awareness of similar elder maltreatment situations” in that participants’ concern for the individuals depicted in the scenarios stemmed in part from their own and experiences with and knowledge of similar situations. The participants could imagine themselves or someone they cared for in these situations, and the participants stated that they would want a caring (i.e., protective) intervention if they or someone they cared for were in a similar situation. It is this view of protection as caring that most closely relates to the female “care and responsibility” form of moral orientation described by Carol Gilligan (1982b; 1988; 1988).

The protection and prevention/early intervention overarching themes both related to the view that autonomy is problematic, in that participants saw the scenarios as illustrating the problems that occur when autonomy is overemphasized. Protecting the victim, as well as possibly intervening early enough to prevent the maltreatment
altogether, were seen as ways of avoiding these problems. This more critical view of autonomy again reflects the care perspective described by Gilligan (1982b; 1988; 1988).

Limitations of the Study

As exploratory research involving older women, this study has certain inherent limitations. For example, it used a convenience sample with a likely selection bias (discussed in further detail below). In addition, only women’s perceptions were assessed, while examining men’s perceptions would be important to more fully examine public understandings of the dilemmas examined in this study. Furthermore, while exploring responses to the dilemmas across different areas of acculturation (i.e., ethnicity and SES), this study provides little insight into how acculturation overall impacts attitudes towards intervention. Replication of the study with a broader sample—including men—would be important to determine whether its results are transferable across a variety of public settings.

Lincoln and Guba’s four criteria for establishing the trustworthiness of qualitative research are “credibility”, “transferability”, “dependability” and “confirmability”. These roughly parallel the four criteria for establishing trustworthiness within quantitative data – “internal validity”, “external validity”, “reliability”, and “objectivity” (Lincoln & Guba, 1985). I used a number of techniques for establishing the trustworthiness of my research with regard to each of the qualitative criteria. For example, I enlisted a volunteer “auditor” for my study to help establish the credibility, dependability, and confirmability of the findings. My study’s volunteer auditor read through my transcribed data and formulated her own initial themes and categorizations, which were then compared with the results of my content analysis. The volunteer auditor was an individual whom I knew
personally, who was not involved in the field of social work and who was also not previously involved with my study. Her thematic analysis was consistent with the themes and categories that emerged through my content analysis. (Chapter three provides a full description of the qualitative trustworthiness criteria and the techniques I used for establishing them.)

One potential limitation with respect to credibility related to the choice of scenarios themselves; my study’s credibility would be limited if the questioning route scenarios did not fully reflect the underlying research questions. I wanted to choose scenarios that clearly illustrated the dilemmas, but was concerned that my scenarios—particularly concerning Vera and John—may have been too strong to be seen as dilemmas. I wondered whether more debate around criminalization would have occurred in the John scenario had the abuse and neglect depicted in this scenario been less severe. The focus group participants widely perceived the Vera scenario as being very extreme, and they did not view it as a dilemma; the possibility of preserving Vera’s freedom seemed absurd to participants in this case. On the other hand, the participants in Anetzberger et al.’s community dialogue series (1997) clearly perceived this same scenario to be a dilemma, and they placed a much greater emphasis on autonomy in its resolution than did participants from my study. This suggests that the problem may not have been with the dilemma per se, but with the individuals considering the dilemma. The contrast between professionals’ responses to this scenario in Anetzberger et al’s series and public responses in my study illustrates the extent to which views about autonomy and involuntary protective services differed across the series and my study. Thus, I was inclined after consideration to believe that the chosen scenarios adequately
reflected the underlying dilemmas. It would be helpful to see how perceptions of and responses to the dilemmas vary based on severity. (Please see “Implications for Research” section below for further discussion on this point.)

Two comments are appropriate regarding transferability, which is approximately analogous to “generalizability” or “external validity” in quantitative research. Qualitative research assumes that findings do not generalize to a larger population, but that the researcher should provide enough detailed, “thick” description of the data that judgments of transferability can be made by those transferring the research to a new setting. The use of scenarios to illustrate the mandatory reporting, involuntary protective services, and criminalization dilemmas indicates that the meaning of the study results should not be inferred beyond the specific situations illustrated in the scenarios. Future research could present scenarios with differing levels of severity to explore people’s responses to a broader range of illustrations of these dilemmas.

Because of potential selection bias, participants in my study may have favored protective interventions more strongly than older women in general. This study used a convenience sample of older women who were enthusiastic and devoted participants in a variety of social programs. Most of were actively involved in the senior centers where the focus groups were held. The high SES Caucasian focus group was held at an area Presbyterian church and was made up of participants who were active congregants at that church. The high SES African American focus group, held at the home of one of the group participants, also consisted of participants who were heavily involved in a variety of social programs and causes. Given the active involvement in social programs and services by participants across the focus groups, it is reasonable to wonder whether these
participants may have had a greater comfort with protective interventions than would older women who were not so similarly involved. This study did not attempt to recruit a representative sample of older adults, and this potential lack of representativeness should not be considered a limitation *per se*. However, given the points made here, the results of this research should not be transferred beyond this study’s sample population. Future research with a more representative sample would be necessary to make inferences to a larger population.

A final note regarding study limitations concerns the member check group. The purpose of this group was to provide an opportunity for confirming the accuracy of my analysis and exploring participants’ decision making processes. Because the majority of the allocated member check meeting time was spent reviewing the analysis with participants and obtaining their feedback about this analysis, little time remained to devote to exploring participants’ decision making processes. I was able to spend some time exploring this with participants, but I was not able to gain a full understanding of their decision making processes. Certainly, some information about participants’ decision making came directly from their responses during the focus group meetings. More time spent in discussion of decision making during the member check group would have allowed for a fuller understanding of this aspect of the research.

**Research, Practice and Policy Implications**

**Research Implications**

Public perception research is a relatively new area in the elder abuse literature. For the most part, this new stream of research has concerned questions about public definitions of elder abuse, with less attention paid to public views about the treatment of
elder abuse, and no attention given to the many ethical dilemmas associated with its treatment. This exploratory study begins to fill this gap and move this area of research in a new direction through its examination of older women’s views about ethical dilemmas in adult protective services.

A number of questions stem from this study’s findings, and these include the following: How would a sample of older men respond to the questions posed in this study? Would older men’s responses indicate different underlying ethical decision-making processes? How would people of different ages respond to the questions posed in this study? Would differing ages be associated with different underlying ethical decision-making processes? Would using scenarios with differing severity levels affect people’s responses by changing their perceptions of the underlying dilemmas? This study could be replicated with a number of new populations, for example, with men, and with different age and cultural groups, to determine whether its findings are transferable across different settings. It would also be important to replicate this study using scenarios with varying degrees of severity, since the participants viewed the Vera and John scenarios as quite extreme, limiting the extent to which they viewed them as dilemmas. Eventually, when hypotheses were more firmly established, it would be important to move beyond the qualitative methods used in this study, which are more appropriate for exploratory research, and into quantitative designs using probability sampling techniques and a broader range of scenarios to illustrate the underlying dilemmas. More definitive conclusions could be attached to such research.

One final note is that this study supports the value of focus groups as a research method for research concerning older women from marginalized cultural and ethnic
backgrounds. Many of the participants in my study stated that participating in a focus group discussion was personally rewarding, both informative and empowering.

X: ...this has been very good because one has been able to communicate, and talk, and understand many things that one doesn’t know...

X: ... really I feel very happy that I could be here, um, I feel very happy with all that you have talked about. And as ______ said, um, it’s good that we speak our minds, and that we not be afraid to share with our children about how we feel ...

I was struck by the enthusiasm that participants displayed for the subject matter, and believed that the focus group format created a space that was safe for participants to share their views. Other researchers (Farquar, 1999; Madriz, 2000; Wilkinson, 1999) have described the usefulness of this methodology for empowering marginalized populations, such as people in poverty, or women of color. Focus groups are seen as offering a safe environment for soliciting and sharing the perspectives of people whose views are not typically sought in research, and who might feel intimidated and uncomfortable in one-on-one interview settings. Focus groups are also viewed as providing participants with more control and power in the research process, and as enjoyable and creating enthusiasm for the subject matter (Farquar, 1999; Madriz, 2000; Wilkinson, 1999). I was especially aware of these benefits in my focus groups with particularly marginalized populations, such as older Latina and working class African American women. Another empowering aspect of focus groups described by Wilkinson is their potential for ‘consciousness raising’ (i.e., raising awareness about social and/or political concerns in a group setting). Certainly, much of the sense of empowerment reported by the participants in this research was due to learning about this issue with other interested women. As one participant said, “We should do this more often. Talking about important issues like this sure beats
bingo.” In summary, this study supports the value of focus group research when conducting research with older, minority women.

**Practice Implications**

APS practice emphasizes conducting collaborative interventions with family, friends, and neighbors whenever possible. The family and neighbor overarching themes, and the emphasis on care and responsibility in decision-making by participants within this study all support APS systems continuing to develop and expand collaborative intervention models that work with and strengthen the victim’s informal network (e.g., family, friends, neighbors). The participants’ emphasis on care and responsibility in decision-making indicates a responsibility to look out for and help those within one’s informal network. The family and neighbor themes also describe the importance of informal network members looking out for and helping one another. The family theme was emphasized in the working class focus groups, and was of particular importance within the Latina focus groups. Collaborative models of APS practice involve APS workers actively including family members, friends, or neighbors—whenever the maltreatment victim allowed, and doing so would not be harmful—in assessment, intervention, and follow-up. Like the participants in my study, the professional participants in Anetzberger et al.’s community dialogue series (1997) also emphasized the involvement of family in elder maltreatment interventions.

APS practice also supports the use, when possible, of intervention techniques in which separation of the victim and perpetrator is not the only option. For instance, the ethical principle “maintenance of family” is one of the top ten principles of APS practice (Anetzberger, 1988, May) and emphasizes interventions that allow the victim’s family
unit to remain intact when possible. Self-determination, another ethical principle of APS practice, would also suggest the value of interventions that maintain the family when the participant’s wishes include remaining with his or her family. In my study, the participants’ emphasis on family, as described in the family overarching theme, supports the value placed in APS practice on maintaining the family. Culturally-competent practice may mandate a particular effort towards working to improve family relationships within Latina immigrant cultures, given the particularly strong emphasis on family within the Latina focus groups in this study. For instance, some participants in the Latina groups advocated for interventions such as counseling Al alone or with Florence, that were meant to both stop the abuse and preserve the marriage, whereas other groups emphasized interventions that would empower Florence to leave Al. Likewise, in discussing the John (abuse by adult children) scenario, some Latina participants recommended that John’s children be court-ordered and taught to provide proper care for him. These recommendations suggest that APS practice models should continue to be developed and expanded to encourage safety within the home when the victim does not wish to be separated from the perpetrator. At times, the target of intervention should be the perpetrator, rather than the victim (Anetzberger, 2000). Treatment models aimed at preventing future abuse, rather than necessarily separating perpetrator and victim, could involve voluntary or court-ordered drug counseling, abuser groups and/or counseling for abusers that could facilitate less dysfunctional victim-perpetrator interactions.

**Implications for APS Public Awareness Efforts**

One of the study’s overarching themes, “Views About APS and Social Workers”, included the findings that many of the participants were unfamiliar with Adult Protective
Services, and that many of these participants held views, both positive and negative, about APS workers and social workers in general. The unfamiliarity with APS among the high SES African American participants was especially noteworthy, given the strong familiarity that many reported having with Child Protective Services. The unfamiliarity with and negative views about APS described by the focus group participants suggest the value of having a Public Relations division or position become a standard component of APS programs. Such a division could arrange ongoing public awareness and training efforts and could serve as a liaison to the community, including service providers. The importance of such efforts is highlighted by research indicating that public and professional awareness of elder maltreatment and confidence in public systems dealing with it are more important for case identification than are mandatory reporting laws (Clark-Daniels et al., 1990; Silva, 1992).

This study also has implications for the content of public awareness campaigns that APS might adopt. Direct experience or knowledge of domestic violence, neglect, and financial abuse appeared to be more common within the Latina groups, and domestic violence appeared to be normative among these participants. A greater tendency to blame victims was also noted among the Latina participants in my study. Several other studies (Moon & Benton, 2000; Moon et al., 2001b) have also suggested that the tolerance of domestic violence in late life, and/or the tendency to blame victims may be especially high among Latina immigrant elders and other cultural groups whose primary acculturation occurred outside of the United States. APS and domestic violence programs could collaborate to provide education about elder maltreatment and domestic violence in late life that is particularly targeted to immigrant communities. Such
education would include information about the existence and value of services available outside the family. This education might also promote use of these services as an acceptable means of supporting a family’s well-being, given the very strong emphasis placed on maintenance of family and family-based interventions within the Latina groups.

While self-neglect is the form of elder maltreatment most commonly reported to APS in Ohio, it was mentioned within only one focus group (high SES Caucasian group) in response to the question, “When I say the terms elder abuse and neglect, what sorts of things come to mind?” This may indicate that there is limited recognition of self-neglect as an aspect of maltreatment. Including self-neglect in APS public awareness campaigns is one way to increase the public’s recognition of this problem and the role of APS in treating it. For example, while elder abuse public awareness campaigns often depict physically abused elders who have bruises, the under-emphasis of self-neglect in this study suggests that it may also be appropriate to depict elders who appear unkempt and malnourished.

Public education campaigns about APS also should emphasize non-ageism and individual rights. “Role of age”, one of the major themes for the Vera scenario, described the belief among some participants that Vera’s advanced age (86 years) provided further evidence that she is not rational and that intervention is necessary. This suggested to me the importance of public awareness campaigns about APS and elder maltreatment that emphasize non-ageism. In addition, “favoring protection over autonomy”, one of the study’s overarching themes, described participants’ strong favoring of protective interventions over freedom in the study’s three scenarios. I was concerned that
participants were so strongly in favor of protection in the Vera scenario that they were unable to consider it a dilemma at all. It was striking how quickly they became willing to remove Vera’s civil liberties through an involuntary protective service order for her hospitalization. This suggested to me that APS public awareness efforts directed at older adults need to emphasize individual rights. In responding to this scenario, participants in Anetzberger et al’s community dialogue series (1997) also recommended offering community education focused on self-determination and individual rights, and guarding against ageism in responding to this dilemma.

Several of this study’s findings regarding the dilemmas and participants’ ethical decision-making processes have value for planning public awareness efforts about elder abuse reporting. The family and neighbor overarching themes, and the ethic of care and responsibility all relate to a sense of responsibility to look out for and care for people within one’s personal network. APS programs could capitalize on this reported sense of responsibility by encouraging people to seek help for those they care about. Public awareness efforts about elder maltreatment and APS could appeal to people’s sense of responsibility to care for one another using headlines such as, “Because You Care: Report Abuse or Neglect of an elderly friend, neighbor, or relative.” Another possibility might be, “Be a Good Neighbor: Report Elder Abuse and Neglect”. Some APS programs are reticent to emphasize elder maltreatment as a crime, fearing that this would prevent friends and relatives from reporting abuse. The findings from this exploratory study, however, suggest that there may be significant public support for the criminalization of elder abuse. This might suggest public awareness efforts emphasizing the criminal aspects of elder maltreatment. Public awareness campaign posters could state, for
example, “Report Elder Abuse: It’s a Crime”. Finally, one of the working class African American focus groups placed great importance on the role of various aspects of religion (e.g., faith in God, the Church, ministers) in addressing elder maltreatment. This suggests that targeting churches or clergy may be a valuable means of raising awareness about elder maltreatment and APS in working class African American cultures. Targeting clergy is particularly important given research indicating that they are one of the occupational groups that are least helpful in discovering elder maltreatment, and that they are the least helpful in its treatment (Blakely & Dolon, 1991).

The emphasis on elder maltreatment within APS-sponsored public awareness campaigns is consistent with this study’s prevention/early intervention overarching theme, which included the need for education and awareness to prevent abuse. One of the dilemmas explored in Anetzberger et al’s community dialogue series (1997) was, “Should the focus of elder abuse intervention be on preventing or treating the problem?” This dilemma speaks to the tension in APS programs between expending a larger proportion of limited APS funding on prevention and education activities when this necessarily means less available funding for treatment. The participants in my study also raised this issue by emphasizing both the need to prevent abuse through education, and to intervene early and decisively in elder maltreatment situations to prevent them from escalating to the level described in the scenarios. These findings suggest that APS programs consider devoting a larger percentage of funding towards prevention activities, even if this means a reduction in funds available for treatment of the problem.

Policy Implications
The participants in this study generally espoused a broad understanding of elder maltreatment, and the policy implications of this broad definition merit consideration. A particularly relevant issue is whether the APS definition of elder maltreatment should include such greatly broadened aspects of the problem as societal maltreatment and maltreatment by strangers. I believe this would not be the appropriate response, and that including these phenomena would substantially change and dilute the function of APS. Instead, this expanded definition of elder maltreatment speaks more appropriately to the larger issues of micro, mezzo, and macro ageism than to the specific forms of maltreatment that should be covered under APS law. On the other hand, participants also included “putting or abandoning an elder in a nursing home” within their definition of maltreatment, and abandonment is a form of maltreatment included within several states’ APS laws (Tatara, 1995). This finding indicates that there may be value in including the issue of abandonment within Ohio APS law.

This study suggests initial public support for mandatory reporting, involuntary protective services, and elder maltreatment criminalization policies. Policy makers may feel more comfortable developing, maintaining, or expanding these policies if further research continues to find public support for them. Public support is not the only necessary ingredient for sound policies. Yet, public perspectives are helpful and important for professionals and experts considering current or potential policies—particularly those that are controversial or debated.

Continued evidence of public approval for mandatory reporting laws would add support for these laws among states that were considering adopting them, and it might also add support for states that are considering expanding their categories of mandated
reporters. For example, bankers are not currently mandated reporters in Ohio although this category of professionals has the great potential to come into contact with financial abuse. Among the study’s overarching themes, ‘awareness of similar elder maltreatment situations”, involved participants having knowledge or experience of elder maltreatment situations similar to those depicted in the scenarios, including financial abuse. One implication stemming from the participants’ favoring of mandatory reporting and their familiarity with financial abuse situations might be to have bankers included as mandated reporters in Ohio.

The participants in this study were very sure about how the Vera scenario should be resolved, as there was unanimous agreement about the need for an involuntary protective service order for her. Two competing implications follow from this finding. On the one hand, probate court judges need to be aware of public opinion favoring involuntary protective services should future research continue to provide evidence of public support for these services in “gray” cases of indeterminate client capacity. However, the fact that participants in this study did not consider the Vera (emergency protective services order) scenario a dilemma also suggests the importance of elder maltreatment education that emphasizes autonomy and non-ageism.

In my study, the focus groups’ general support for criminal prosecution in the John scenario indicated a broad acceptance of criminal prosecution in certain cases. Policymakers may feel more comfortable with criminalizing elder maltreatment should future research continue to find public support for it. The increased criminalization of elder maltreatment in Ohio through APS could occur in various ways. A minimal first step towards enhancing the criminalization of Ohio APS practice would be to cross
reference the current relevant criminal codes within the APS codes. This would assist APS social workers in working with prosecutors to identify when cases are appropriate to handle criminally. In addition, Ohio APS law currently does not specify elder maltreatment as a crime, although certain forms of elder abuse, such as physical assault, financial fraud, and certain extreme forms of neglect, are covered under separate, pre-existing statutes. Ohio APS law could therefore be amended to identify types of intentional or reckless maltreatment as a crime and implement state penalties for perpetrators. Third, elder abuse and neglect reports go directly to APS and a law enforcement agency may not be involved. An alternative approach would be to have prosecutors and detectives on staff at Ohio APS programs, which would enhance coordination and collaboration between law enforcement and APS. This approach could be implemented with or without adding criminal statutes and penalties to Ohio APS law.

Conclusion

This exploratory study examined older women’s perceptions of three ethical dilemmas related to elder maltreatment and adult protective services—mandatory reporting, emergency protective services, and the criminalization of elder maltreatment. These dilemmas were framed within the larger autonomy (freedom) and beneficence (protection) dilemma that is pervasive within adult protective services work. The participants in this study favored mandatory reporting, involuntary protective services, and the criminalization of elder maltreatment when discussing scenarios that illustrated these dilemmas. This exploratory study expands on the literature base of research concerning public perceptions of elder maltreatment, a body of literature that has primarily concerned public views about the definition of elder maltreatment, and focused
little on the ethical dilemmas examined here. This study also builds on Anetzberger, Dayton and McMonagle’s (1997) examination of professionals’ views about ethical dilemmas in elder maltreatment. Participants in the current study had views similar to the professionals in Anetzberger et al’s study in terms of favoring mandatory reporting and the criminalization of elder maltreatment, particularly when these interventions were seen as helping the older adult. However, in discussing the involuntary protective services dilemma, participants from my study placed a much stronger emphasis on protection than did the professionals in Anetzberger et al’s series. This study also represents an expansion of the theoretical literature concerning moral reasoning and development. The ethical decision making processes utilized by participants in this study were consistent with Carol Gilligan’s description of female moral reasoning as emphasizing an ethic of care and responsibility.
Appendix A
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| (Webster & O'Toole, 1990) | • EA definition  
  • Public perceptions of elder abuse definition. | 55 university students completed a survey on perceptions of elder abuse vignettes. A factor analysis was performed to determine the primary factors in elder parent abuse. | • Subjects created more categories of spousal abuse than traditional professional classification, but fewer categories of child abuse and elder abuse than traditional professional classification. |
| (Moon & Williams, 1993) | • EM definition and help-seeking patterns  
  • Multicultural perception.  
  • Impact of age on perception. | Nonprobability purposive sample of 30 African-American, 30 Korean-American, 30 Caucasian-American elderly women (60-75) in Minnesota interviewed individually regarding perceptions about 13 elder mistreatment scenarios. Respondents were asked about each scenario: 1) whether it represented abuse; 2) (if yes to 1) what kind of abuse and how severe; 3) whether she would seek help; 4) (if yes to 3) from whom she would seek help. Group differences analyzed using chi-square and Kramer’s V statistics. | • Significant group differences evident in half of the thirteen scenarios: Korean-American elders viewed the smallest percentage of scenarios as abusive, and African-Americans the most. Respondents considered the intention of the person involved, the circumstantial factors, and the nature of the behavior when deciding if a behavior constituted abuse.  
  • Perceiving situation as abusive was strong predictor of intention to seek help.  
  • Significant differences between groups in help-seeking behavior: lower percentage of Korean-American elders than African-American or Caucasian-American elders reported that they would seek help.  
  • Korean-Americans reported being most likely to turn to informal sources of help; African-Americans reported being most likely to turn to formal sources of help.  
  • Older elders less likely to perceive situations as abusive. |
| (Hudson, 1994) | • EA definition and intervention  
  • Public vs. professional perspectives  
  • Impact of age on perspectives | 99 community dwelling adults ages 40-91 interviewed to determine perceptions about the meaning and types of elder abuse. This study also sought to identify types of elder abuse that the public believes warrant professional intervention. Responses compared with expert taxonomy and definitions | • General agreement with experts’ taxonomic categories of elder abuse; most, but not all agreed with experts’ categorization of elder abuse and elder neglect as distinct concepts.  
  • General agreement with experts’ definitions of elder abuse, with one exception: |
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| (Hudson, 1994 cont’d) |  | as reported in Hudson, 1991. (Pilot study to Hudson, 1998 and Hudson, 1999) | subjects believed that one instance of an abusive behavior was sufficient to label it elder abuse.  
- Subjects expressed a consistent theme of early intervention, and did not express reluctance about seeking professional help.  
- Older participants rated more behaviors as highly abusive, and included more behaviors within their definitions of abuse, than did middle-aged subjects. |
|  |  |  |  |
| (Johnson I. M., 1995) | • EA definition and intervention  
- Public vs. professional perspectives  
- Impact of age on perspectives | Random sample of 47 elders and their primary caregivers were queried about their attitudes towards the definition, criminalization, and treatment of elder abuse. Responses were statistically analyzed using chi-square tests. | • Elders and caregivers provided similar definitions of abuse; both primarily included physical abuse and neglect in this definition. Neglect was more highly endorsed in elders’ definitions than in caregivers’ definitions, whereas physical abuse was more highly endorsed in caregivers’ definitions - differences not statistically significant.  
- Elders were more favorable towards passing criminal laws against elder abuse than were caregivers.  
- Elders and caregivers did not differ as to whether elder abuse is best dealt with as a crime, social problem or family problem.  
- Elders were more favorable towards dealing with elder abuse through social services and the family than were caregivers. Caregivers, on the other hand, were more favorable towards dealing with elder abuse through the courts/criminal justice system than were elders. |
|  |  |  |  |
| (Anetzberger et al., 1996) | • EM definition and intervention  
- Public vs. professional perceptions  
- Impact of age on perceptions  
- Impact of culture | Focus group methodology examining perceived definitions of elder maltreatment through seven scenarios across two generations (elder and caregiver age) of four ethnic groups (European American, African American, Puerto-Rican, and | Providing emotional support seen across groups as ‘best thing’ that family can do for an elder.  
- The ‘worst thing’ that a family member can do to an elder defined in terms of psychological maltreatment. |
|  |  |  |  |
(Anetzberger et al., 1996)

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|                | on perceptions   | Japanese-American. | European-Americans and Puerto Ricans defined the ‘worst thing’ in terms of psychological neglect, and Japanese Americans and African Americans defined the ‘worst thing’ in terms of psychological abuse.  
• ‘Very bad treatment’ defined in terms of physical neglect among African-Americans and European Americans, and defined in terms of psychological abuse among Puerto Ricans and Japanese Americans.  
• When asked what they would do if they “thought an elderly person was being mistreated by a family member,” the most common response was: talking to the proper authorities among Puerto-Ricans, contacting agencies which serve elders among European-Americans and African Americans, and talking with family or friends about the incident among Japanese Americans.  
• Elders more likely than caregivers to identify hypothetical situations as mistreatment, but half as likely as caregivers to contact service agencies.  
• Greatest congruence between generations found among Puerto Ricans and Japanese Americans. Least amount of congruence between generations found among African-Americans and European Americans.  
• African Americans most likely to recognize the most commonly defined forms of abuse, and the only group to consider financial exploitation when defining elder mistreatment. |

(Anetzberger et al., 1997)

| Study          | Dilemmas | Professional perspectives | Community Dialogue Series on Ethics and Elder Abuse, held in Cleveland, Ohio over a six-month period in 1995, had three | Participants identified 6 dilemmas for discussion.  
1 Should health and social service professionals be |
### Study Relevance Description Results

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<td>(Anetzberger et al., 1997)</td>
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<td>purposes: 1) identify ethical dilemmas in prevention and treatment of elder abuse, 2) identify perspectives regarding these dilemmas, and 3) suggest ways for resolving these dilemmas. 34 individuals from eight professional disciplines, including medicine and law; ten service systems, such as social services and mental health; and various ethnic groups, including African-American, Puerto Rican, and Asian Indian.</td>
<td>mandated to report a known or suspected elder abuse situation? 2 Is elder abuse in the “eyes of the beholder?” 3 Should the elder abuse perpetrator be regarded as a criminal or person with problems? 4 Should the civil liberties of the abused elder be removed in the interest of providing protection? 5 Should the focus of elder abuse intervention be on preventing or treating the problem? 6 Do we have a responsibility to intercede in elder abuse cases at all?</td>
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<td>(Nagpaul, 1997)</td>
<td>• EM definition and intervention • Multicultural perceptions • Impact of age on perceptions</td>
<td>Study of perceptions about elder abuse, based on Anetzberger’s 1996 methodology, in two groups: 1) Informal interviews held with elder parents and adult children of 20 families in New Delhi, India. 2) 2 Focus group discussions among Indian immigrants of two age groups (55-65 and 24-35) in Cleveland, Ohio.</td>
<td>• General agreement between the two ages in the two focus groups, with one exception; the older focus group participants viewed one of the scenarios (ignoring an elder parent) as abusive, while the younger focus groups participants viewed this more as “bad manners”. • Some within age-group disagreement among the Asian Indians in the United States as to whether the potential financial abuse scenario constituted elder abuse; some believed it did, others didn’t. • Like respondents in Anetzberger’s (1996) study, respondents in this study viewed providing emotional support seen as “best thing”</td>
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<td>(Nagpaul, 1997)</td>
<td>• Support seen as “best thing” that family members could do for an elder, and psychological abuse and neglect as the “worst things”.</td>
<td>Study of 100 family caregivers, 30 of whom thought an elderly person was being mistreated.</td>
<td>When asked what they would do if they “thought an elderly person was being mistreated by a family member”, Asian Indians, both young and old, favored talking with family and other informal resources over talking the authorities; this response was similar to the response by Japanese-Americans in Anetzberger’s (1996) study.</td>
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<td>(Nandlal &amp; Wood, 1997)</td>
<td>• EA definition</td>
<td>Analysis of interviews with eight older people about the meaning of the term abuse and their experiences with abuse.</td>
<td>Participants’ definitions of abuse differed from traditional definitions. For example, psychological abuse was understood to be potentially more severe than physical abuse. Also, abuse was understood as being both active and intentional. All forms of abuse were understood as involving verbal abuse.</td>
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<td>(Pablo &amp; Braun, 1997)</td>
<td>• EM definition and help-seeking patterns</td>
<td>Replication of Moon &amp; Williams 1993 study with nonprobability purposive sample of 10 Korean and 10 Filipino older women living in Honolulu. Participants were individually interviewed regarding perceptions about 13 elder mistreatment scenarios. Respondents were asked about each scenario: 1) whether it represented abuse; 2) (if yes to 1) what kind of abuse and how severe; 3) from whom she would seek help. Group differences analyzed using t-tests and chi-square tests.</td>
<td>Filipino and Korean respondents in Hawai’i had similar perceptions of what was abusive. Compared with the Koreans in Moon &amp; Williams’ 1993 study, the Koreans in the Hawaiian sample were more likely to perceive situations as abusive. Koreans in the Hawaiian sample were also more likely to seek help from formal sources. Overall, perceptions of abuse and help-seeking patterns among Korean and Filipino elder women in Hawai’i were more similar to the responses of the African Americans and Caucasians than to the Koreans in Moon &amp; Williams’ 1993 Minnesota sample. Authors discuss the greater similarity of the Korean and Filipino groups in Hawaii to...</td>
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<td>(Pablo &amp; Braun, 1997)</td>
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<td>the Caucasian and African American respondents in Minnesota than to the Koreans in Minnesota. The authors suggest that this greater similarity may be due to the Asians in the Hawai‘i sample being more acculturated to the U.S., more connected to social service networks, and having access to more culturally appropriate services.</td>
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| (Hudson & Carlson, 1998)      | • EA definition                              | Stratified, clustered random sample of African American, Caucasian, and Native American (N=944) subjects age 40 or over from 7 counties in North Carolina interviewed to determine perceptions about the meaning and types of elder abuse. Responses compared with expert taxonomy and definitions as reported in Hudson, 1991. (Same data set as Hudson, 1999, 1999, & 2000.) | • General agreement with experts’ taxonomic categories of elder abuse as including physical, psychological, social and financial abuse, as well as domestic and nondomestic abuse, and intentional and unintentional abuse.  
• General agreement with experts’ definitions of elder abuse, with one exception: subjects believed that one instance of an abusive behavior was sufficient to label it elder abuse.  
• Several areas of disagreement between public & experts: public respondents more likely to define elder abuse as involving dependency on the part of the elder, and to believe that elder abuse can be unintentional. |
| (Hudson & Carlson, 1999)      | • EA definition  
• Multicultural perspectives | Stratified, clustered random sample of African American, Caucasian, and Native American (N=944) subjects age 40 or over from 7 counties in North Carolina interviewed to determine perceptions about the meaning and types of elder abuse. Group differences were analyzed using regression equations, and responses compared with expert taxonomy and definitions as reported in Hudson, 1991. (Same data set as Hudson, 1998, 1999, & 2000.) | • Overall, the total sample and its three subgroups had similar perceptions of elder abuse that were in agreement with the experts’ taxonomic categories of elder abuse as including physical, psychological, social and financial abuse, as well as domestic and nondomestic abuse, and intentional and unintentional abuse.  
• The sample also generally agreed with the experts’ definition of elder abuse, with one exception: subjects believed that one instance of an abusive behavior was sufficient to label it elder abuse.  
• Native Americans ranked more |
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<td>(Hudson &amp; Carlson, 1999)</td>
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<td>elder abuse vignettes as abusive and at a higher level of severity than did African Americans, who in turned ranked more items as abusive and at a higher level of severity than did Caucasians.</td>
<td>• African Americans included neglect in their definition of elder maltreatment more than Caucasians and Native Americans.</td>
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<td>• Several instances of interaction effects between age, race and gender.</td>
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<td>(Hudson et al., 1999)</td>
<td>• EA definition</td>
<td>Random cluster sample of 318 African American subjects age 40 or over from 4 counties in North Carolina interviewed to determine perceptions about the meaning and types of elder abuse. Group differences across counties analyzed using standard and logistic regression equations. Responses also compared with expert taxonomy and definitions as reported in Hudson, 1991. (Same data set as Hudson, 1998, 1999, &amp; 2000.)</td>
<td>• General agreement with experts’ taxonomic categories of elder abuse as including physical, psychological, social and financial abuse, as well as domestic and nondomestic abuse, and intentional and unintentional abuse.</td>
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<td>• Multicultural perspectives</td>
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<td>• General agreement with experts’ definitions of elder abuse, with one exception: subjects believed that one instance of an abusive behavior was sufficient to label it elder abuse. In addition, while most respondents agreed with experts that elders do not have to be dependent to be abused, there was a fair amount of disagreement on this item.</td>
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<td>• Significant intra-racial group differences indicating cultural differences by region. Respondents from one county rated vignettes as more abusive than respondents from the other three counties, and respondents from one county rated vignettes as less abusive than respondents from the other three; respondents from the latter county indicated that fewer vignettes required professional intervention. In multiple regression equations, region was a more significant predictor of responses than gender, age, education, and abuse experience.</td>
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<td>(Sanchez, 1999)</td>
<td>• Knowledge of EM</td>
<td>Convenience sample of 62 individuals of Mexican origin (age 60 and older) residing in Carson City, Nevada and Detroit, Michigan. Telephone interviews were conducted using structured and open-ended questions. Respondents were asked about their knowledge of elder mistreatment and their perception that elder mistreatment is a problem in the Mexican American community. Analysis conducted through descriptive statistics and t-tests.</td>
<td>• Most respondents did not consider parents responsible for helping their children with issues of care for grandchildren and with providing money and other resources as needed and do not consider this exploitative.</td>
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<td>• Perceptin of EM as problem in Mexican American community</td>
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<td>• Perception of elder maltreatment as a problem in the Mexican American community much more prevalent in the Detroit sample than in the Carson City (more acculturated) sample.</td>
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<td>• EM definition and intervention</td>
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<td>• Denial of shelter (i.e., family member denying an elderly parent a place to live on a long-term basis) reported as the most frequent form of maltreatment. Detroit (less acculturated) sample reported higher rates of denial of shelter, neglect, and physical abuse than Carson City (more acculturated) sample.</td>
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<td>• Multicultural perspectives</td>
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<td>• The majority of participants in both samples preferred talking to family members over contacting the authorities if they were being abused by a family member, or if a neighbor was being abused by a family member. However, if they were being maltreated by an individual outside the family, both groups preferred contacting the authorities to talking with family members.</td>
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<td>(Childs et al., 2000)</td>
<td>• EA definition</td>
<td>623 individuals – 422 undergraduate college students and 201 middle-aged adults – completed instruments measuring elder abuse attitudes, intentions, and behaviors; and experiences with violence. ANOVAs used to statistically analyze main and interaction effects.</td>
<td>• Respondent age did not impact perceptions of physical abuse, but did impact perceptions of psychological abuse. Middle-aged adults more likely than younger adults to label behaviors as psychologically abusive, to state that psychological abuse has harmful effects, and to report abuse.</td>
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<td>(Hudson et al., 2000)</td>
<td>• EA definition</td>
<td>Random cluster sample of 424 Caucasian American subjects age 40 or over from 5 counties</td>
<td>• General agreement with experts’ taxonomic categories of elder abuse as including</td>
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<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| (Hudson et al., 2000)         | Study Relevance                               | in North Carolina interviewed to determine perceptions about the meaning and types of elder abuse. Group differences across counties analyzed using standard and logistic regression equations. Responses also compared with expert taxonomy and definitions as reported in Hudson, 1991. (Same data set as Hudson, 1998, 1999, 1999.) | physical, psychological, social and financial abuse, as well as domestic and nondomestic abuse, and intentional and unintentional abuse.  
• General agreement with experts’ definitions of elder abuse, with one exception: subjects believed that one instance of an abusive behavior was sufficient to label it elder abuse.  
• Significant intra-racial group differences indicating cultural differences by region. Respondents from one county, in particular, were less likely than respondents from the other four counties to agree that the experts’ definition, taxonomy or vignettes indicated abuse; respondents from this county also listed the fewest number of vignettes as warranting professional intervention. In multiple regression equations, region was a more significant predictor of responses than gender, age, education, and abuse experience. |
| (Malley-Morrison et al., 2000) | Study of impact of culture and attachment styles on the perception of elder maltreatment. 100 Caucasian-American and 115 Korean college students completed questionnaires about judgment of abusiveness and typicality of caregiver abusive behaviors. T-tests, ANOVAS, and regression analyses used to compare group differences and interactions on responses to five types of maltreatment: financial abuse, psychological abuse, psychological neglect, physical abuse, and physical neglect. | ● U.S. sample scored higher on judgments of abusiveness overall, and on the subscales for financial abuse, physical abuse and physical neglect. On the other hand, Korean students perceived psychological abuse as more abusive than Caucasian American students did. Interestingly, the Americans judged physical mistreatment to be more abusive than psychological mistreatment, while the reverse was true for the Korean students.  
● No group differences in typicality scores; both the Korean and American students considered psychological neglect as significantly more typical (i.e., common) than the other forms of mistreatment. |
<table>
<thead>
<tr>
<th>Study</th>
<th>Relevance</th>
<th>Description</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Moon &amp; Benton, 2000)</td>
<td>• EA definition and intervention • Multicultural perspectives</td>
<td>Study examined similarities and differences among 100 African-American, 95 Korean American, and 90 White elderly regarding their tolerance for potential elder abuse, perceptions regarding perpetrators and the causes of elder abuse, and attitudes toward third-party intervention and reporting of elder abuse to the authorities. Sample obtained through purposive and convenience sampling methods. Group differences analyzed using chi-square statistics.</td>
<td>• White elders more likely to tolerate verbal abuse than other groups. • Most respondents agreed that psychological abuse is as hurtful as physical abuse. • Korean American elders were most tolerant of potential forms of abuse (e.g., financial exploitation, use of medications), African Americans least tolerant (with exception of • Korean American elders more likely to blame victims of elder abuse than White and African American elders. • African American and White elders, in comparison to Korean American elders, held relatively positive views towards third party interventions, including reporting abuse to authorities. Approximately ½ of Korean elders believed that reporting elder abuse to authorities would destroy their lives; a greater percentage of Korean American elders than white or African American elders opposed reporting elder abuse. • Majority of respondents from all groups believed that elder abuse should not be reported to authorities until they are absolutely sure that abuse has occurred.</td>
</tr>
<tr>
<td>(Moon et al., 2001b)</td>
<td>• Tolerance for elder mistreatment, tendency to victim-blame, attitudes towards reporting elder mistreatment • Multicultural perspectives</td>
<td>Study examined similarities and differences among four purposive and convenience sample of 273 Asian American elders (60 or older) (American-born Chinese Americans, American-born Japanese Americans, first-generation Korean Americans, first-generation Taiwanese Americans) about 1) tolerance for elder mistreatment, 2) tendency to victim-blame, and 3) attitudes towards reporting elder mistreatment. In one-on-one interviews, participants</td>
<td>• American-born groups more likely to be tolerant of verbal abuse, less likely to tolerate financial exploitation, less likely to blame elderly parents for causing mistreatment by their grown children, and were more favorable towards reporting elder mistreatment to the authorities. • Korean and Taiwanese Americans were more likely than American-born Asian groups to disapprove of an adult child caregiver who ties down a physically or mentally</td>
</tr>
<tr>
<td>Study</td>
<td>Relevance</td>
<td>Description</td>
<td>Results</td>
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<td>-------</td>
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</tbody>
</table>
| (Moon et al., 2001b) | | were asked to respond to 14 statements about elder mistreatment, victim blaming, and attitudes towards reporting. Group differences analyzed using frequency distribution, chi-square tests, and ANOVA tests. Association among the 3 elder mistreatment variables measured using correlation. | impaired parent in bed.  
• Korean Americans differed significantly from the other groups. They were most likely to tolerate financial exploitation, least likely tolerate verbal abuse, more likely to blame the elder for causing mistreatment, and less favorable views toward outside intervention. Korean Americans were also more likely than the other groups to believe that reporting abusers to authorities would destroy the abusers’ lives.  
• Tolerance for elder maltreatment strongly associated with victim blaming and not favoring reporting and outside intervention.  
• Indication that the groups were unfamiliar with the problems of elder mistreatment. |
**Table A2. Series Guidelines for Decision-Making (Anetzberger et al., 1997, pp. 46-49)**

<table>
<thead>
<tr>
<th>Dilemma</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should health and social service professionals be mandated to report a</td>
<td>Clinical</td>
</tr>
<tr>
<td>known or suspected elder abuse situation?</td>
<td>• Report when suspicion of elder abuse exists along with a belief that</td>
</tr>
<tr>
<td></td>
<td>reporting will produce more good than not reporting for the older</td>
</tr>
<tr>
<td></td>
<td>adult and family.</td>
</tr>
<tr>
<td></td>
<td>• Report when suspicion of elder abuse exists and the potential harm</td>
</tr>
<tr>
<td></td>
<td>caused by reporting is less than the harm caused by the situation</td>
</tr>
<tr>
<td></td>
<td>in question.</td>
</tr>
<tr>
<td></td>
<td>Community</td>
</tr>
<tr>
<td></td>
<td>• Encourage APS to establish quality improvement and inspection systems,</td>
</tr>
<tr>
<td></td>
<td>including the regular opportunity for professionals to assess the</td>
</tr>
<tr>
<td></td>
<td>agency service delivery system.</td>
</tr>
<tr>
<td></td>
<td>• Maintain good relations with APS, working with the agency to address</td>
</tr>
<tr>
<td></td>
<td>problems in report receipt and investigation.</td>
</tr>
<tr>
<td>Should the civil liberties of the abused elder be removed in the</td>
<td>Clinical</td>
</tr>
<tr>
<td>interest of providing protection?</td>
<td>• Provide comprehensive assessment of mental capacity.</td>
</tr>
<tr>
<td></td>
<td>• Understanding the individual in the context of lifestyle and capacity</td>
</tr>
<tr>
<td></td>
<td>to make life-supporting decisions is essential.</td>
</tr>
<tr>
<td></td>
<td>• Community and APS social work input are needed as well as in-patient</td>
</tr>
<tr>
<td></td>
<td>observations.</td>
</tr>
<tr>
<td></td>
<td>• Insure that primary responsibility is to the client, and not the</td>
</tr>
<tr>
<td></td>
<td>community.</td>
</tr>
<tr>
<td></td>
<td>• Give the benefit of the doubt to the client.</td>
</tr>
<tr>
<td></td>
<td>• Guard against ageism in responding to this dilemma.</td>
</tr>
<tr>
<td></td>
<td>• Make change in the older adult’s lifestyle as slowly as possible,</td>
</tr>
<tr>
<td></td>
<td>measuring the “cost” in intrusion.</td>
</tr>
<tr>
<td></td>
<td>Community</td>
</tr>
<tr>
<td></td>
<td>• Offer community education focused on self-determination and individual</td>
</tr>
<tr>
<td></td>
<td>rights.</td>
</tr>
<tr>
<td>Should an elder abuse perpetrator be regarded as a criminal or a</td>
<td>Clinical</td>
</tr>
<tr>
<td>person with problems?</td>
<td>• Promote a multidisciplinary approach for effectively resolving acts</td>
</tr>
<tr>
<td></td>
<td>of elder abuse.</td>
</tr>
<tr>
<td></td>
<td>• Through investigation and comprehensive assessment distinguish family</td>
</tr>
<tr>
<td></td>
<td>involvement from the criminal act.</td>
</tr>
<tr>
<td></td>
<td>• Resolve the problem within the family context.</td>
</tr>
<tr>
<td></td>
<td>• Sponsor cross trainings for professionals, including prosecutors,</td>
</tr>
<tr>
<td></td>
<td>police, protective service workers, and health care personnel.</td>
</tr>
<tr>
<td></td>
<td>• Increase professional and public awareness of the criminality of elder</td>
</tr>
<tr>
<td></td>
<td>abuse.</td>
</tr>
<tr>
<td></td>
<td>• Examine state law for possible changes, reinforcing that elder</td>
</tr>
<tr>
<td></td>
<td>mistreatment can be a crime. Laws can be changed and a change in</td>
</tr>
<tr>
<td></td>
<td>law can possibly better serve the older population.</td>
</tr>
</tbody>
</table>
Appendix B
Dear (Name of Senior Center) Participant:

We are looking for participants in our research study concerning older women’s feelings about elder abuse and neglect. Paulette McMonagle is helping us and has suggested that you might be interested in participating in our study. Elder abuse and neglect are significant social problems, and participating in this study is one way to make a meaningful contribution to our understanding of these issues. We need a total of 8-10 women from the (Name of Senior Center) to participate in a 2-hour group discussion about several questions concerning elder abuse and neglect. The group discussion will take place at the (Name of Senior Center) on Monday, July 15th, from 9:30 a.m. to 12:00 p.m. We will be serving a free lunch after the discussion. We will be discussing questions such as:

What does the term “elder abuse” mean to you?

How should we deal with difficult situations involving elder abuse?

You are eligible to participate in this study if you:
- are at least 60 years old,
- are a woman,
- have never worked as a gerontological social worker.

If you are interested in participating, please leave your name, telephone number, and address with Paulette McMonagle, so that we can contact you. Please feel free to contact Emily Dakin should you have any questions concerning this study. She can be reached at (216) 295-9249, or by email at emilydakin@hotmail.com. Your consideration is greatly appreciated.

Thank you,

Sue Pearlmutter          Emily Dakin
Responsible Investigator  Co-Investigator
July 11, 2002

Name of Participant
Address of Participant

Dear (Name of Participant):

Thank you for agreeing to participate in our study concerning older women’s feelings about elder abuse and neglect. Elder abuse and neglect are significant social problems, and participating in this study is one way to make a meaningful contribution to our understanding of these issues. The group discussion will be taking place:

Wednesday, July 17th
from 9-11:30 a.m.
at the (Name of Senior Center).

It will be a small group discussion with other women from the (Name of Senior Center). We will be serving a free continental breakfast during the discussion. Please contact Emily Dakin if you have any concerns (such as transportation) or questions about the study. She can be reached at (216) 295-9249.

If for some reason you won’t be able to join us, please call as soon as possible. Again, we thank you for agreeing to participate in this important study, and look forward to our group discussion on July 17th.

Sincerely,

Sue Pearlmutter          Emily Dakin
Responsible Investigator  Co-Investigator
### Orientation-Memory-Concentration Test
**Short Blessed Test (SDT)**

**Instruction:**
Score 1 error for each incorrect response, to maximum for each item.

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Maximum Error</th>
<th>Score X</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>What year is it now?</td>
<td>1</td>
<td>____ x 4</td>
<td>= _____</td>
</tr>
<tr>
<td>2.</td>
<td>What month is it now?</td>
<td>1</td>
<td>____ x 3</td>
<td>= _____</td>
</tr>
<tr>
<td></td>
<td>Repeat this phrase:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>John Brown, 42 Market Street, Chicago</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or (UK):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>John Brown, 42 West Street, Gateshead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>About what time is it? (within one hour)</td>
<td>1</td>
<td>____ x 3</td>
<td>= _____</td>
</tr>
<tr>
<td>4.</td>
<td>Count backwards 20 to 1</td>
<td>2</td>
<td>____ x 2</td>
<td>= _____</td>
</tr>
<tr>
<td>5.</td>
<td>Say the months in reverse order</td>
<td>2</td>
<td>____ x 2</td>
<td>= _____</td>
</tr>
<tr>
<td>6.</td>
<td>Repeat the phrase just given</td>
<td>5</td>
<td>____ x 2</td>
<td>= _____</td>
</tr>
</tbody>
</table>

**Total error score = _____/28**

**References**

INFORMED CONSENT FORM
Older Women’s Perceptions of Ethical Dilemmas in Adult Protective Services

You are being asked to be part of a research study about how older women feel about ethical concerns in dealing with elder abuse and neglect. Please read this form and ask any questions that you may have before agreeing to be in the study.

As a participant in these discussions, we would like you to know and agree to several important points:

1) Participation in the study is completely voluntary. You may leave at any time if you are not comfortable and/or do not wish to take part in the discussion.

2) We will ask you to participate in a focus group discussion with about 7-11 other women. The focus group session will last for approximately two hours. We will begin with introductions. Then I will lead you in a discussion of several questions about elder abuse and neglect. We will take a short break about half-way through this discussion. The focus group discussion will be tape-recorded. I will turn on the tape recorder after we have introduced ourselves to one another. We will refer to each other by first name only to protect the confidentiality of the participants. The tapes will be transcribed and we will include no names in the transcriptions.

3) While we do not anticipate any risk to you for participating in the study, we acknowledge that elder abuse and neglect can be difficult subjects to talk about, and you could experience some discomfort in talking about these issues. If the discussion makes you uncomfortable and you’d like to talk with someone, you can call me for a referral for someone to talk with. You can also call the Benjamin Rose Intake at 791-8000, or United Way’s First Call for Help at 436-2000, for a referral to an appropriate resource.
The benefits of participating in this study include the opportunity to share your thoughts and feelings in a group setting. In addition, a meal will be provided to you at not cost if you participate.

4) All discussion here is confidential. No names or identifying information about you will be used after you leave this room. We will keep tapes and transcriptions from the groups in a locked file and will destroy all of the data when the study has been completed. Any report we publish will not include any information that will make it possible to identify a participant. The Institutional Review Board at Case Western Reserve University, which approves the study, will also have access to the data should any questions arise about the study.

5) If at any time you have questions about the study or about this group, please feel free to contact either of us at the telephone numbers below. Should you wish to speak with someone other than us about the study, you can contact the Institutional Review Board at Case Western Reserve University at 216-368-4510 or send them a letter at 10900 Euclid Avenue, Cleveland, Ohio 44106-7015.

Sincerely,

Dr. Sue Pearlmutter                    Emily Dakin, MSSA
Responsible Investigator                Co-Investigator
Mandel School of Applied Social Sciences 216-991-5119
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7164
216-368-8780

Please indicate below that you have read and understand this informed consent. We will collect the signed copy and you may keep the other copy in case you want to contact us at a later time.

I ______________________________ (participant name) am 60 years old or older and wish to participate in a focus group study being conducted by Sue Pearlmutter and Emily Dakin. I understand the purpose of the research and how the results will be used. I understand that I do not have to
participate and may leave at any time. I know that I can contact the researchers if I have questions. I will be given a copy of this form. I consent to participation in the study.

Signature of Participant ____________________________

Date__________________________

Signature of Person Obtaining Consent: _____________ Date: _____
Aviso de Consentimiento
Percepciones de Mujeres Mayores de Dilemas Ético con los Servicios Protectivos de Adultos

Les estamos invitando a participar en un estudio sobre el abuso y negligencia de las personas de mayor edad. Por favor lea este circular que explica el estudio. Si tiene preguntas, por favor, hágalas antes de firmar este consentimiento para poder participar en el estudio.

Como participante en estas discusiones, es importante que usted conozca y esté de acuerdo con varios puntos importantes:

1) Participación en este estudio es completamente voluntaria. Si por alguna razón en algún momento se siente incomoda durante el estudio usted puede dejar de participar en la discusión.

2) Nosotros les vamos a pedir a usted que participe en una discusión con un grupo de 7 a 11 otras mujeres. El grupo de discusión va a durar como 2 horas. Vamos a empezar con introducciones. Entonces, comenzaré la discusión con algunas preguntas sobre el abuso y negligencia de las personas de mayor edad. Yo voy a utilizar una grabadora para documentar la discusión. Voy a empezar a grabar la discusión después que nos introducimos. Solamente vamos usar los primeros nombres de todas las participantes durante la discusión. La información es confidencial, por ejemplo, ningún nombre de las participantes va aparecer en el reporte.

3) No anticipamos riesgos con usted participando en este estudio, pero nosotros comprendemos que hablando de abuso y negligencia de las personas de mayor edad es difícil y usted puede tener algunos momentos que no se siente cómoda. Si la discusión le hace sentirse mal y piensa que necesita hablar con alguien puede comunicarse con mí para obtener servicios de consejos. También puede llamar a Benjamin Rose al 216-791-8000 o United Way’s First Call for Help al 216-436-2000 para pedir ayuda.
Los benéficos de participar en este estudio incluyen la oportunidad de compartir su pensamiento y sentimientos con el grupo y también un almuerzo gratis para todas las participantes.

4) Las discusiones del grupo son confidenciales. Ningún nombre o información de identificación que nos da se va usar después que se termina la discusión en grupo. Todas las notas y conversaciones que grabamos del grupo van estar guardadas en un archivo con cierre durante el estudio y después del estudio se van a destruir. Cualquier reporte que publiquemos sobre el estudio será publicado sin su nombre e identificación. Este estudio es aprobado por el Institutional Review Board at Case Western Reserve University y van a tener acceso a esta información por sí acaso se presentan preguntas.

5) Si durante este estudio usted tiene alguna pregunta sobre el estudio o el grupo, póngase en contacto con nosotros en los números listos. También puede comunicarse con el Institutional Review Board at Case Western Reserve University al 216-368-4510, o les puede escribir una carta, 10900 Euclid Avenue, Cleveland, Ohio 44106-7015.

Sinceramente,

Dr. Sue Pearlmutter       Emily Dakin, MSSA
Responsible Investigator  Co-Investigator
Mandel School of Applied Social Sciences  216-991-5119
Case Western Reserve University  
10900 Euclid Avenue
Cleveland, Ohio 44106-7164
216-368-8780

Por favor firme abajo que usted a leído y comprende el Aviso de Consentimiento. Vamos a colectar una copia firmada. La segunda copia es para usted si necesita ponerse en contacto con nosotros.

Yo, ________________________ (nombre de participante) tengo 60 años o más y quiero ser participante en estas discusiones de grupo que son conducida por las investigadoras de la universidad, Dr. Sue Pearlmutter y
Emily Dakin. Yo comprendo el propósito de este estudio y como van a usar los resultados. Yo comprendo que yo no tengo que participar y puedo abandonar este estudio en cualquier momento. Yo sé que puedo comunicarme con los investigadoras si tengo algunas preguntas. Me van a dar una copia de este contrato. Yo doy mi consentimiento para participar en este estudio.

Firma del Participante ______________________________

Fecha ______________________________________________

Firma de La Persona Obteniendo Consentimiento  
________________________________________

Fecha ______________________________________________
1) Introductions (5 minutes)
- Welcome - good afternoon and welcome, my name, thanks so much for coming. We're here to talk about ethical questions related to elder abuse and neglect.
- Have others go around the table and introduce themselves.
- Elder abuse and neglect can be difficult issues to talk about, and so I really appreciate your willingness to share your views on this topic. It's especially important to know how seniors, such as yourselves, feel about these issues.
- Discuss "ground rules" (only one person talking at a time, no right or wrong answers, I expect differing views, feel free to share your views even if they differ from what others are saying).
- I will be taping the conversation so that I don't need to take as many notes, and so that I can refer back to the discussion when I write my report. We will use first names to protect confidentiality, and no names will be used in any reporting.
- Talk with each other - not just with me. I'm here to facilitate the group discussion. I'd like to hear from everyone in the group. If you're talking a lot, I may ask you to give others a chance. If you're not talking much, I may call on you.

2) When I say the terms elder abuse and elder neglect, what sorts of things come to mind? (Introductory Question - 10 minutes)

* Provide some background about how we are going from introductory discussion of elder abuse and neglect to discussion of adult protective services, the government system for people who are being abused and neglected. Adult protective services faces three dilemmas (mandatory reporting, involuntary protective services, and criminalization). I am going to read three stories that involve these dilemmas, and will then be asking the group to respond to these stories. Your responses will help adult protective services better understand how to deal with these dilemmas.

**Case 1.** (20 minutes altogether)
Florence, a quiet, 66-year old woman, is a regular at the senior center’s lunch program. She usually keeps to herself, and often seems distracted. She
doesn't talk much about her home life, or about Al, her husband of forty years. Today, she seems upset, and begins crying after lunch. The senior center worker asks what is upsetting her, and Florence explains that she was shaky this morning when she forgot to take her insulin, and spilled Al's coffee. She said that he grabbed her arms and shoved her against the wall. She also talked about how he upset her, as he often does, by calling her “no good”. Florence says she can't tolerate his threats and physical aggression as well as she could when they were younger. However, when she finishes crying, she firmly tells the worker that Al doesn't really mean to upset her. If fact, she says that if she could just do a better job, he wouldn't act this way. She also says that Al will apologize to her later, and then whispers to the worker, “Please don’t tell anyone about this.”

3) What should the senior center worker do?
*(follow-up probe) How do you feel about requiring the worker to report this situation to the authorities?

Case 2. (20 minutes altogether)
On a hot summer day, the elder abuse hotline receives a call from a police officer. Neighbors have called the police out of their concern for an 86-year old woman named Vera and her dog. Vera and her dog are dependent on the neighbors for water because the plumbing in Vera's house does not work. These neighbors have not seen Vera or her dog for several days, and are worried that she and the dog have died. The police enter the unlocked house to check on Vera. They are barely able to walk through the house because it is piled floor-to-ceiling with trash. As the police make their way through the house, they hear the angry voice of an elderly woman calling to them from the second floor, “Who is in my house? Get out!” The police proceed up the stairs, which are slippery with trash, to the second floor, where they find Vera, who seems to be dehydrated. It is obvious that there is no working toilet in the house, and that Vera and her dog are using the floor and newspapers instead. The police report the condition to the elder abuse hotline and ask whether they can hospitalize the protesting woman against her will. Social workers investigate the situation and report that although Vera is clearly unusual, she seems to be rational.

4) What should happen?
* (Optional follow-up probe) How do you feel about hospitalizing Vera against her will?

Case 3. (20 minutes altogether)
John is a 77-year old man who lives in the attic of his daughter and son-in-law’s house. His family is living off of his social security check each month. When John’s friends and other relatives try to visit him, his daughter and son-in-law send them away, saying that he is not feeling well, and doesn’t want visitors. Eventually, however, when the police are called to the home for other reasons, they discover John in the attic. He is found lying in a urine-soaked blanket. The police call an ambulance that takes John to the hospital. A medical exam reveals that he is severely malnourished. A wound on his finger has been festering in a crude bandage, and his finger will have to be amputated. Although John is quite disoriented, he indicates his reluctance to have criminal charges brought against his daughter and son-in-law.

5) How should John’s situation be handled?
* (Optional follow-up probe) How do you feel about treating John’s daughter and son-in-law as criminals?

6) What issues do you feel most strongly about in the stories we’ve discussed? (10 minutes)

*Provide a short summary (two or three minutes) of the group’s discussion around the key questions.

7) Did I correctly describe what was said? (Summary Question - 5 minutes)

* Brief review. I’ve talked with you about some of the kinds of difficult situations seen in adult protective services. I’m interested to know how older members of the public feel about these issues.

8) Have I missed anything? (Ending Question - 10 minutes) During first focus group ask, “This is the first out of several groups that I’m doing. Do you have any advice for how I can improve?”
What is your religious background (for example, Catholic, Presbyterian, Jewish)?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Are you currently involved with any religious activities (for example, attending church or synagogue)?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

What was the highest grade of education that you have completed (for example, 8th grade, 10th grade, high school, some college, college graduate)?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

What was your most recent employment (if any)?
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
B5. Research Protocol 7.2.02

Introductions (5 minutes)

- Welcome - good afternoon and welcome, my name, thanks so much for coming. We’re here to talk about ethical questions related to elder abuse and neglect.
- Have others go around the table and introduce themselves.
- Elder abuse and neglect can be difficult issues to talk about, and so I really appreciate your willingness to share your views on this topic. It’s especially important to know how seniors, such as yourselves, feel about these issues.
- Discuss “ground rules” (only one person talking at a time, no right or wrong answers, I expect differing views, feel free to share your views even if they differ from what others are saying).
- I will be taping the conversation so that I don’t need to take as many notes, and so that I can refer back to the discussion when I write my report. We will use first names to protect confidentiality, and no names will be used in any reporting.
- Talk with each other - not just with me. I’m here to facilitate the group discussion. I’d like to hear from everyone in the group. If you’re talking a lot, I may ask you to give others a chance. If you’re not talking much, I may call on you.

1) When I say the terms elder abuse and elder neglect, what sorts of things come to mind? (Introductory Question - 10 minutes)

* Provide some background about how we are going from introductory discussion of elder abuse and neglect to discussion of adult protective services, the government system for people who are being abused and neglected. Adult protective services faces three dilemmas (mandatory reporting, involuntary protective services, and criminalization). I am going to read three stories that involve these dilemmas, and will then be asking the group to respond to these stories. Your responses will help adult protective services better understand how to deal with these dilemmas.

Case 1. (20 minutes altogether)
Florence, a quiet, 66-year old woman, is a regular at the senior center’s lunch program. She usually keeps to herself, and often seems distracted. She
doesn't talk much about her home life, or about Al, her husband of forty years. Today, she seems upset, and begins crying after lunch. The senior center worker asks what is upsetting her, and Florence explains that she was shaky this morning when she forgot to take her insulin, and spilled Al's coffee. She said that he grabbed her arms and shoved her against the wall. She also talked about how he upset her, as he often does, by calling her "no good". Florence says she can't tolerate his threats and physical aggression as well as she could when they were younger. However, when she finishes crying, she firmly tells the worker that Al doesn't really mean to upset her. If fact, she says that if she could just do a better job, he wouldn't act this way. She also says that Al will apologize to her later, and then whispers to the worker, "Please don't tell anyone about this."

2) What should the senior center worker do?
*(follow-up probe) How do you feel about requiring the worker to report this situation to the authorities?

3) Does anyone feel differently?

*Provide a short summary (two or three minutes) of the group's discussion around this case.

4) Did we correctly describe what was said? (Summary Question)

5) Have we missed anything? (Ending Question)

Case 2. (20 minutes altogether)
On a hot summer day, the elder abuse hotline receives a call from a police officer. Neighbors have called the police out of their concern for an 86-year old woman named Vera and her dog. Vera and her dog are dependent on the neighbors for water because the plumbing in Vera's house does not work. These neighbors have not seen Vera or her dog for several days, and are worried that she and the dog have died. The police enter the unlocked house to check on Vera. They are barely able to walk through the house because it is piled floor-to-ceiling with trash. As the police make their way through the house, they hear the angry voice of an elderly woman calling to them from the second floor, "Who is in my house? Get out!" The police proceed up the stairs, which are slippery with trash, to the second floor, where they find
Vera, who seems to be dehydrated. It is obvious that there is no working toilet in the house, and that Vera and her dog are using the floor and newspapers instead. The police report the condition to the elder abuse hotline and ask whether they can hospitalize the protesting woman against her will. Social workers investigate the situation and report that although Vera is clearly unusual, she seems to be rational.

6) What should happen?
* (Optional follow-up probe) How do you feel about hospitalizing Vera against her will?

7) Does anyone feel differently?

*Provide a short summary (two or three minutes) of the group’s discussion around this case.

8) Did we correctly describe what was said? (Summary Question)

9) Have we missed anything? (Ending Question)

Case 3. (20 minutes altogether)
John is a 77-year old man who lives in the attic of his daughter and son-in-law’s house. His family is living off of his social security check each month. When John’s friends and other relatives try to visit him, his daughter and son-in-law send them away, saying that he is not feeling well, and doesn’t want visitors. Eventually, however, when the police are called to the home for other reasons, they discover John in the attic. He is found lying in a urine-soaked blanket. The police call an ambulance that takes John to the hospital. A medical exam reveals that he is severely malnourished. A wound on his finger has been festering in a crude bandage, and his finger will have to be amputated. Although John is quite disoriented, he indicates his reluctance to have criminal charges brought against his daughter and son-in-law.

10) How should John’s situation be handled?
* (Optional follow-up probe) How do you feel about treating John’s daughter and son-in-law as criminals?
11) Does anyone feel differently?

*Provide a short summary (two or three minutes) of the group's discussion around this case.

12) Did we correctly describe what was said? (Summary Question)

13) Have we missed anything? (Ending Question)

* Brief review. I've talked with you about some of the kinds of difficult situations seen in adult protective services. I'm interested to know how older members of the public feel about these issues.

14) What issues do you feel most strongly about in the stories we've discussed? (10 minutes)
What is your religious background (for example, Catholic, Presbyterian, Jewish)?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Are you currently involved with any religious activities (for example, attending church or synagogue)?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

What was the highest grade of education that you have completed (for example, 8th grade, 10th grade, high school, some college, college graduate)?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

What was your most recent employment (if any)?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________
Introducciones ( 5 minutos)

¡Buenos Días!

1) ¿Cuando yo digo el termino “abuso y negligencia de las personas de mayor edad”, en que piensa Ud.? ( Pregunta de Introducción – 10 minutos)

Nota : Dilemas Ético con los Servicios Protectivos de Adultos
   o Reportes Mandatarios
   o Servicios Protectivos Involuntarios
   o Acciones Criminales

Dar tres ejemplos

Ejemplo 1 ( 20 minutos, todo el grupo)

Flora es una mujer tímida de 66 años que viene muy a menudo al Centro para almorzar. Casi siempre se mantiene sola y se ve distraída. Ella no le gusta hablar de su vida privada, ni de su esposo de 40 años, Alfonso. Hoy se ve molesta y empieza a llorar cuando se acaba el almuerzo. La trabajadora del Centro le pregunta a Flora por que esta molesta. Flora le explica que esta mañana ella estuvo temblores cuando se olvido de administrar su insulina y derramó el café de Alfonso. Ella explicó que él la agarró por sus brazos y la empujó contra la pared. Alfonso la hace sentirse mal porque el siempre la llama nombres y le dice que no “sirve para nada”. Flora dice que ella ya no puede tolerar sus acciones agresivas y sus amenazas como antes, cuando era joven. Sin embargo, cuando ella deía de llorar le dice a la trabajadora que Alfonso no la trata de lastimara y si ella pudiese hacer un mejor trabajo, el no actuaría a sí. También le dice a la trabajadora del Centro que Alfonso siempre se disculpa. ¡Con su voz baja le dice a la trabajadora “¡Por favor, esto no se le lo digas a nadie!”

2) ¿Que debe hacer la trabajadora del Centro?
   ¿Cómo se siente Ud. sobre hacerlo mandatorio que la trabajadora social reporte esta situación a las autoridades?

3) ¿Alguna persona piensan o se sienten diferente?

* Dar un sumario breve ( 2-3 minutos) de la discusión del grupo
4) ¿Piensa Ud. que describimos bien lo que sí habló?

5) ¿Piensa Ud. que se nos olvido hablar de alguna cosa?

**Ejemplo 2** (20 minutos, todo grupo)

Un día de verano muy caluroso los Servicios Protectivos de Adultos recibieron una llamada urgente de la policía. Unos vecinos llamaron a la policía para investigar su vecina, Ana una mujer de 86 años y su perro. Ambos son dependientes de los vecinos para agua fresca porque la plomería de la casa no estaba buena y por las cañerías no-corre agua fresca para beber. Los vecinos están preocupados porque no han visto a Ana ni su perro por varios días y temen que algo malo le haya pasado y que posiblemente están los dos muerto. La casa estaba abierta y la policía entra para averiguar. Fue difícil recorrer la casa porque la policía se encontró con mucha basura y cosas sin valor por dentro. Desde la segunda planta la policía oyó la voz de una mujer mayor gritando: “¿Quién esta en mi casa?”, ¡Salga de aquí! La policía subió por la escalera resbalosa y encontraron a Ana. Ella aparecía deshidratada. También fue obvio que el inodoro tampoco trabajaba y Ana y el perro estaban usando el piso para ir al baño. Mas Ana había usado periódicos viejos para limpiarse. La policía reportó las condiciones a los Servicios Protectivos de Adultos y preguntaron si ellos pudiesen obligar que Ana fuera al hospital para poder ser evaluada por un médico. La investigadora de los Servicios Protectivos le dijo que aunque el caso de Ana es extraordinario, ella todavía tiene su mente clara.

6) ¿Que piensa usted que debe pasar?
   * (pregunta opcional) ¿Qué usted peñas del obligar a Vera a ir a le hospital sin su premiso?

7) ¿Alguien piensa diferente?
   * Dar un sumario breve al grupo

8) ¿Piensa Ud. que describimos bien lo que sí habló?

9) ) ¿Piensa Ud. que se nos olvido hablar de alguna cosa?
Ejemplo 3 (20 minutos, todo grupo)

Juan es un hombre de 77 años que vive en el ático de la casa de su hija y yerno. Todos los meses su familia abusa de su cheque del seguro social. Cuando otros familiares y amigos quieren visitar a Juan, su hija y su yerno no los dejan. Siempre tienen la excusa que Juan no se siente bien y que él no quiere visita. Al fin, un día la policía responde a una llamada de la casa por otro asunto y se encuentran a Juan en el ático, acostado en el piso envuelto en una frazada orinada. La policía llama a una ambulancia para que lo lleven al hospital. El médico lo encuentra muy desnutrido y también con una infección tan grave en un dedo de la mano que van a tener que amputarlo. Aunque Juan está confundido, él insiste que no le pongan cargos criminales contra su hija y yerno.

10) ¿Cómo se debe tratar la situación de Juan?
   * (pregunta opcional) ¿Qué piensa Ud. si tratan a su hija y yerno como criminales?

11) ¿Alguien que piensa diferente?

   * Dar un sumario breve a grupo

12) ¿Piensa Ud. que describimos bien lo que sé habló?

13) ¿Piensa Ud. que se nos olvido hablar de alguna cosa?

(Hemos hablado de varias situaciones que representan dilemas éticos con los Servicios Protectivos de Adultos. Pero también estoy interesada en oír los pensamientos y sentimientos que tiene el público de mayor edad sobre estos casos.)

14) ¿De los tres ejemplos, cuáles son los puntos que significan más importancia para Ud.?)
¿Cuál es su religión? (por ejemplo, Católico, Bautista, Judío)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

¿Participa en algunas actividades religiosas? (por ejemplo, ir a misa, o el templo)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

¿Cuál grado de educación ha completado? (por ejemplo, graduado del grado ocho, graduado de la escuela secundaria, matriculado en la universidad y tomando clases o graduado en la universidad)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

¿Si aplica, su trabajo en el presente o más recién?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Appendix C
From: <cwru-irb@po.cwru.edu>
Sent: Wednesday, May 8, 2002 11:39 AM
To: <rsp9@po.cwru.edu>
CC: <cwru-irb@po.cwru.edu>, <exd25@po.cwru.edu>
Subject: Approval of Protocol 20020424
Please note that the following email serves as your official notification of approval from the CWRU Institutional Review Board (IRB). Please print out this notice for your records.

Case Western Reserve University
Institutional Review Board
NOTICE OF APPROVAL

Responsible Investigator: R. Sue Pearlmutter
Department: MSASS
IRB Protocol #20020424
Title: Older Women’s Perceptions of Ethical Dilemmas in Adult Protective Services
[Co-Investigator: Emily Dakin]

Approval Date: Tuesday, May 07, 2002
Continuing Review Deadline: Tuesday, April 22, 2003
Expiration Date: Tuesday, May 06, 2003

The Institutional Review Board (IRB) has APPROVED the above new protocol through the expedited review process.

It has been determined that this study involves minimal risk, and that no vulnerable populations will be involved.

As an investigator of human subjects, your responsibilities include the following:

1. Report all adverse events and unanticipated problems involving human subjects to the Office of Research Administration (ORA) within three (3) days of your knowledge of the occurrence.
2. Provide the ORA with a complete Continuing Review form (available at the CWRU IRB Web Pages, or from the ORA) by the continuing review deadline noted above, and when the study is terminated.
3. Discontinue all work pertaining to this protocol if a continuing review approval is not finalized by the expiration date noted above.
4. Submit all proposed changes to the protocol to the ORA, and receive approval from the IRB, before implementation of the change.
5. Keep all research data and consent documents in your possession for at least three (3) years after the completion of the research activity.

*********************************************************************************

CWRU Institutional Review Board
10900 Euclid Ave
Cleveland, OH 44106-7015
phone: 216.368.4513 fax: 216.368.4679

Please feel free to reply to this email address, or to contact:
Compliance Assistant
Maureen Dore-Arshenovitz mxd4@po.cwru.edu or 216.368.6925
IRB Administrative Office (IAO) Head
Natale K. Polinko nkp@po.cwru.edu or 216.368.6131
Table D1. Summary of Focus Groups and Member Check Group.

<table>
<thead>
<tr>
<th>Focus Group Summary</th>
<th>Religion of Participants</th>
<th>Education of Participants</th>
<th>Most Recent Work Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group One</td>
<td>Primarily Protestant (10 of 12 participants)</td>
<td>Range of educational background; majority were not college graduates.</td>
<td>Largely working-class jobs in traditional areas of women’s employment</td>
</tr>
<tr>
<td>Working Class</td>
<td>Secondarily Catholic (Two of 12 participants)</td>
<td>Three were college graduates</td>
<td>Six had most recently worked in a professional or paraprofessional caregiving capacity</td>
</tr>
<tr>
<td>African American</td>
<td>Religiously active (11 of 12 indicated regular involvement with religious activities)</td>
<td>Six had attended some college</td>
<td>Three had most recently worked in other traditional areas of women’s employment (secretary, waitress, work in beauty industry)</td>
</tr>
<tr>
<td>12 Participants</td>
<td></td>
<td>One had completed the 11th grade</td>
<td>One participant had most recently worked as a city councilwoman</td>
</tr>
<tr>
<td>Focus Group Two</td>
<td>Primarily Protestant (12 of 14 participants: six Protestants, four Baptists, one Lutheran, one Episcopalian)</td>
<td>None were college graduates; nine had completed some college</td>
<td>Solid working-class employment backgrounds within traditional areas of women’s employment (within city’s senior programs, as an LPN, as a teaching assistant, at an area hospital)</td>
</tr>
<tr>
<td>Working Class</td>
<td>One Catholic</td>
<td>Four had completed high school</td>
<td>One participant had most recently been self-employed</td>
</tr>
<tr>
<td>African American</td>
<td>One Christian Scientist</td>
<td>One had completed the 12th grade</td>
<td>One participant had most recently worked as a council woman</td>
</tr>
<tr>
<td>participants</td>
<td>Religiously active (12 of 14 reported involvement in religious activities)</td>
<td></td>
<td>Three participants had most recently worked for the government or in business</td>
</tr>
<tr>
<td>Focus Group Three</td>
<td>Mixed religious involvement</td>
<td>Range of educational background; majority were not college graduates</td>
<td>Majority (five of eight) of participants’ most recent employment experiences reflected traditional working class women’s employment (e.g., secretary, cook, paid caregiver).</td>
</tr>
<tr>
<td>Working Class</td>
<td>Four Catholics</td>
<td>One college graduate</td>
<td>One participant (the college graduate) had most recently</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Three Protestants (one Protestant, one Methodist, one Presbyterian)</td>
<td>Three had</td>
<td></td>
</tr>
<tr>
<td>Eight Caucasian</td>
<td>One Jewish participant</td>
<td></td>
<td></td>
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<tr>
<td>participants</td>
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</tr>
<tr>
<td>Focus Group Summary</td>
<td>Religion of Participants</td>
<td>Education of Participants</td>
<td>Most Recent Work Experiences</td>
</tr>
<tr>
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</tr>
<tr>
<td>Focus Group Four Working Class Caucasian</td>
<td>• Half of the participants were currently involved in religious activities</td>
<td>completed some college • One had completed college</td>
<td>worked as a media technician at a Jr. High School • One participant had most recently worked for an auto manufacturer (specific job not indicated) • One participant listed “none” for most recent work</td>
</tr>
<tr>
<td>Focus Group Five Latina</td>
<td>• Mixed religious involvement • Five Protestants (two Lutherans, one Methodist, two listed “Protestant”) • Four Catholics • Six participants were currently involved with religious activities, while three were not</td>
<td>Range of educational background; majority were not college graduates • One had graduated from college and done some graduate work • Two had attended business college • Three had completed some college • Three were high school graduates</td>
<td>Participants had most recently been employed in a mixture of traditional and middle-class jobs, largely in traditionally female areas of employment (five had most recently worked as secretaries, while one had most recently worked as a teacher). • One had most recently worked as an accountant. • One participant’s most recent employment experience was doing “research for the C.B.C.” • One had most recently worked in apartment management • One stated being out of the workforce for a long time</td>
</tr>
<tr>
<td>Focus Group Six Latina</td>
<td>• Eight Catholics • Four participants were Pentecostal • One participant was Lutheran • All reported participation in religious activities</td>
<td>Overall, this group had little formal education, ranging from no formal education through graduation from high school (one participant); most had not gone past grade school.</td>
<td>Most participants were either housewives or had most recently worked in a paid domestic capacity (e.g., cleaning, housekeeping, homecare/nursing assistant) • One had most recently worked filling orders for a clothing factory</td>
</tr>
<tr>
<td>Focus Group Seven High Socioeconomic</td>
<td>• Five Catholics • Four Protestants (one Pentecostal, one Lutheran, one Baptist, one listed “Protestant”) • One Jehovah’s Witness • All were religiously active</td>
<td>Overall, this group had little formal education, ranging from no formal education through graduation from high school (one participant); most had not gone past grade school.</td>
<td>The participants had most recently worked in working-class, and sometimes blue-collar, jobs (e.g., laundry, jewelry sales, cosmetology, auto manufacturing, seamstress, green house work, factory work). • Four did not indicate a work history</td>
</tr>
</tbody>
</table>

Focus Group Summary:

- Focus Group Four Working Class Caucasian
  - Took place at a suburban senior center
  - Nine Caucasian participants
  - Mixed religious involvement
    - Five Protestants (two Lutherans, one Methodist, two listed “Protestant”)
    - Four Catholics
    - Six participants were currently involved with religious activities, while three were not
  - Range of educational background; majority were not college graduates
    - One had graduated from college and done some graduate work
    - Two had attended business college
    - Three had completed some college
    - Three were high school graduates
  - Participants had most recently been employed in a mixture of traditional and middle-class jobs, largely in traditionally female areas of employment (five had most recently worked as secretaries, while one had most recently worked as a teacher).
    - One had most recently worked as an accountant.
    - One participant’s most recent employment experience was doing “research for the C.B.C.”
    - One had most recently worked in apartment management.
    - One stated being out of the workforce for a long time

Focus Group Five Latina

- Took place an urban senior center
- 14 Latina participants (majority were Puerto Rican and had come to the U.S. as adults)
- Eight Catholics
  - Four participants were Pentecostal
  - One participant was Lutheran
  - All reported participation in religious activities
- Overall, this group had little formal education, ranging from no formal education through graduation from high school (one participant); most had not gone past grade school.
  - Most participants were either housewives or had most recently worked in a paid domestic capacity (e.g., cleaning, housekeeping, homecare/nursing assistant)
  - One had most recently worked filling orders for a clothing factory

Focus Group Six Latina

- Took place at a suburban senior center
- 10 Latina participants (majority were Puerto Rican and had come to the U.S. as adults)
- Five Catholics
  - Four Protestants (one Pentecostal, one Lutheran, one Baptist, one listed “Protestant”)
  - One Jehovah’s Witness
  - All were religiously active
- Overall, this group had little formal education, ranging from no formal education through graduation from high school (one participant); most had not gone past grade school.
  - The participants had most recently worked in working-class, and sometimes blue-collar, jobs (e.g., laundry, jewelry sales, cosmetology, auto manufacturing, seamstress, green house work, factory work).
  - Four did not indicate a work history

Focus Group Seven High Socioeconomic

- Most were Protestant (two Presbyterians, two Congregationalists)
- This was a highly educated group.
  - Six held graduate degrees
- The group’s most recent employment backgrounds were varied, middle-class, and not limited to traditionally female
<table>
<thead>
<tr>
<th>Focus Group Summary</th>
<th>Religion of Participants</th>
<th>Education of Participants</th>
<th>Most Recent Work Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status African American</td>
<td>one Episcopalian, one Lutheran, one non-denominational, one listed “Protestant”)</td>
<td>One had completed one year of graduate school</td>
<td>areas of employment (i.e., property insurance (title) owner, librarian, three professors, Financial Aid Director of a scholarship program, Assistant Vice President at a university, sales, office manager, self-employed real estate investor).</td>
</tr>
<tr>
<td>Took place in the suburban home of one of the focus group participants</td>
<td>One Catholic</td>
<td>One was a college graduate</td>
<td></td>
</tr>
<tr>
<td>Nine African American participants</td>
<td>Five participants were currently involved in religious activities, while four were not</td>
<td>One had completed some college</td>
<td></td>
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<tr>
<td>Focus Group Eight</td>
<td>All participants were active members or attendees of the Presbyterian church where the focus group took place</td>
<td>Overall, this was a highly educated group.</td>
<td></td>
</tr>
<tr>
<td>High Socioeconomic Status Caucasian</td>
<td>Eight held graduate degrees.</td>
<td>Eight held graduate degrees.</td>
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</tr>
<tr>
<td>Took place at a prominent area Presbyterian church</td>
<td>Two were college graduates.</td>
<td>Two were college graduates.</td>
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<tr>
<td>12 Caucasian participants</td>
<td>One had completed two years of college</td>
<td>One had completed two years of college</td>
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<tr>
<td></td>
<td>One was a high school graduate.</td>
<td>One was a high school graduate.</td>
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<td>Member Check Group</td>
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<tr>
<td>Consisted of members of the focus groups</td>
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<tr>
<td>Took place a church</td>
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<tr>
<td>Attended by 28 participants from seven focus groups, and 5 focus group gatekeepers from 5 focus groups</td>
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<tr>
<td>Several women attended the member check group who had not participated</td>
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<td></td>
<td>The participants had most recently held diverse jobs not limited to traditionally female areas of employment.</td>
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<td></td>
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<td></td>
<td>Participants with graduate degrees had most recently had varied work experiences (county health department, pastor’s secretary, elementary math specialist, school physician, bank economist and administrator, realtor, French teacher, attorney)</td>
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<td></td>
<td></td>
<td></td>
<td>The college graduates had most recently worked as a teacher and teaching needlework</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>The high school graduates had most recently worked in offices, in real estate sales, and as a waitress. These participants had both been out of the work force for over 10 years.</td>
</tr>
<tr>
<td>Focus Group Summary</td>
<td>Religion of Participants</td>
<td>Education of Participants</td>
<td>Most Recent Work Experiences</td>
</tr>
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<tr>
<td>in the original focus groups</td>
<td></td>
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</tbody>
</table>
Appendix E
Figure E1. Cross-Question Thematic Analysis

- Decision-making process
- Over-arching theme
- Within-group theme
- Elder maltreatment definition

- Autonomy seen as problematic
- Ethic of care and responsibility
- Favoring Protection Over Autonomy
- Neighbors Theme (emphasis on people’s need to look out for and help one another)
- Family Theme (Importance of family intervening in elder maltreatment situations)
- Views about APS and Social Workers
- It’s abusive to put or abandon an elder relative in a nursing home.
- Preventative value of religion stated in working class African American group

Importance of Prevention and Early Intervention
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