

1-1-1991

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Recommended Citation

Sengstock, M. C., M. Hwalek, and C. Stahl. (1991). Developing new models of service delivery to aged abuse victims: does it matter? *Clinical Sociology Review* 9:142-161.

Available at: <http://digitalcommons.wayne.edu/socfrp/9>

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Developing New Models of Service Delivery to Aged Abuse Victims: Does It Matter?

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ABSTRACT

The political pressures imposed on social agencies often require the introduction of alternative models of service delivery. There is some question, however, as to the effectiveness of such theoretical models. Do they play an important role in determining the types of services provided, their effectiveness, or the manner in which the agencies provide the services? Or do agencies provide relatively similar services, regardless of the model? This paper provides an analysis of the services provided to elderly victims of abuse under two different theoretical models: a legal model (with two variations), and a model of intensive service delivery. The programs also varied by region, with two in rural and two in suburban areas. The study was supported by the Illinois Department on Aging, with data collected on 204 elder abuse cases seen during calendar year 1986. Abuse types included Physical Abuse, Confinement, Sexual Abuse, Deprivation, Neglect, Self Neglect, and Financial Exploitation. Results revealed no differences between the models in the services provided or the outcome of cases. Suggestions are made as to the reasons for this finding and the other factors that may have played greater roles.

This paper is based on data that were collected as part of an evaluation of four demonstration projects on elder abuse conducted by SPEC Associates for the Illinois Department on Aging. The current paper is a revised version of a paper presented to the Gerontological Society of America, November 1987, Washington, D.C. The editorial assistance of Marge Singley of SPEC Associates is gratefully acknowledged.

Statement of Problem

Abuse and neglect of older adults is a problem that has received increasing attention in recent years, from the earliest studies which focused on abuse cases observed by medical and social service agencies (Block and Sinnott, 1979; Hickey and Douglass, 1981; Sengstock and Liang, 1983), to recent attempts to gauge the incidence of abuse in the aged population (Pillemer and Finkelhor, 1988). Research has suggested the value of certain types of services in resolving elder abuse problems, including in-home social work (Kinderknecht, 1986); legal assistance (Sengstock and Barrett, 1986); inpatient psychiatric services (Lau, 1986); and crisis intervention, counseling, and support services for both victim and family (Kinney et al., 1986). However, no published literature exists on the models under which these services are delivered.

It has also been noted that each elderly abuse victim usually requires a wide variety of services, and that these should be integrated into a comprehensive, unified whole (Wolf et al., 1985-1986; Conley, 1986). However, needed services are not always available. Funding mechanisms often exclude certain types of services, and many services are unavailable in some communities (Kinderknecht, 1986). Service provision is also complicated by agency fragmentation (Emlet, 1984), and many service providers lack training or experience in dealing with elder abuse, having been trained prior to the recognition of this problem. This is a special difficulty for new workers or for those who handle only an occasional case of elder abuse.

In an attempt to improve services for abused and neglected elders and provide guidance to workers, some social and governmental agencies have developed new theoretical models for the delivery of services to the elders and their families (Traxler, 1986). Such theoretical models are based on the assumption that the design of the program can play an important role in the delivery of services to clients. The value of such theoretical service models is not entirely clear, however. In some instances, new service models have resulted in improved services (Emlet, 1984). In others, the initial promise of a new service model has not been borne out over time (Kallen, 1984).

When such models are developed, sociologists and psychologists are frequently asked to serve as consultants, to assist in evaluating the effectiveness of the models being tested. This paper is an account of one such consultation. In an earlier article, we provided an analysis of the manner in which services to elder abuse victims varied with the type of abuse from which they suffered (Sengstock et al., 1989). In the present paper, our attention is focused on the theoretical model under which services are provided to the elderly victims. We will review the types of services provided, as well as the caseworker's assessment of the

case outcome, in elder abuse cases handled under two different types of service delivery models. The nature of the service models and a description of the data collected will be provided in the two sections that follow.

Methodology

This analysis is based on data collected as part of the Elder Abuse Demonstration Projects conducted by the Illinois Department on Aging, under a directive from the Illinois state legislature. The projects began in March and April, 1985, in four different areas of the state, and lasted until June 30, 1987 (Illinois, 1984; Traxler, 1986:156-58). Service providers in the demonstration projects followed a specific model of service provision; data were collected and compared in order to evaluate the most effective means of serving abused and neglected elders.

There were some similarities in each of the four projects. Each required that the responsible agency initiate contact with the alleged victim of elder abuse within 24 hours. The agency was also required to manage the case; this included developing a care plan, selecting a service vendor, and monitoring progress on a monthly basis. Agencies responsible for case management were highly diverse, and varied considerably by geographic area; they included senior service agencies, visiting nurses, family social service agencies, and domestic violence agencies, to mention a few. State guidelines also guaranteed the autonomy of the client and allowed him/her to terminate services at any time (Hwalek, 1987:5-8).

Description of the Four Model Projects

The model projects were established in four different areas of Illinois. The services provided to elder abuse victims within each project were based on a specific model of service delivery. There were two major program models, with one of the program types further subdivided into two subtypes. The program models were as follows:

Law Oriented Program Models

Mandatory Reporting Model.

This project implemented an approach that is based on the service system used for abused and neglected children. It has been used in most states that have enacted elder abuse laws, and requires that certain professionals who work with aged persons report suspected cases of elder abuse to specified state agencies. It also requires that the agency be responsible for receiving the reports to instruct

the mandated professionals as to the nature of the abuse that must be reported. This approach was followed in the area that will be known as "Rural 1."

Legal Intervention Model.

This model emphasized the use of the legal system for providing services to victims of elder abuse, focusing on such services as restraining orders, complaints to the police and the courts, and the collection of accurate case data for use in possible prosecution. The Legal Intervention Model was used in the area known as "Suburban 1."

Advocacy Model (High Service)

This approach views the service provider as an "advocate," assisting the elderly victim in defining and working toward specific goals. It assumes the lowest level of intervention on the part of the worker, but at the same time, it advocates a broad use of formal and informal services in assisting the aged victim in dealing with the problem. This approach was used in two areas, known as "Suburban 2" and "Rural 2."

Workers in the various agencies providing the services were responsible for the collection of data. SPEC Associates of Birmingham, Michigan, handled data entry and management. Data collected during the calendar year 1986 are included in the present paper. Data were collected through the use of nine separate instruments; these included report and intake forms, instruments for the assessment and verification of abuse, service plan forms, worker activities reports, and evaluation forms (Hwalek, 1987:8-11). Personnel at SPEC Associates provided training on data collection to the workers and took considerable pains to supervise the data collection process.

The value of the data for research purposes are necessarily limited, to some degree, by the nature of the study. First of all, the agencies' major concern focused on the provision of services, rather than the collection of data. Hence, data were collected not solely for research, but to enable agencies to verify their payment claims for client services. As a result, modifications were often necessary to adapt the data for research purposes. Second, the diverse nature of the projects assured that a large number of workers over a broad geographic area would be involved in data collection. Even extreme efforts to maintain comparability would be taxed. Third, data collectors were primarily service workers, many of whom are resistant to a task that they feel is secondary to their main goal or that may even inhibit it. Their basic reluctance may limit the value of the data.

Finally, these data represent cases reported at a specific point in time in specific areas of a single state. While there is little reason to believe that Illinois is unique, it may possess characteristics that could limit the applicability of the findings. Illinois is located in the Midwest and is composed of a mixture of urban and rural areas. Also, the Department on Aging is unique in that it has a statewide program that offers assessment and case management services to all elderly, regardless of income level.

The four projects focused on widely diverse areas of the state. Since variation in the program model is the key variable to be considered here, it should be noted that there is no clear distinction in the present data between the program model and the nature of the community in which the program was located. That is, it is impossible to separate any differences resulting from the program model from those resulting from characteristics of the community in which it was located. This is particularly problematic with regard to the two variations of the legal model, where one is located in a rural area, and the other in a suburban area.

The definitions of elder abuse employed in this analysis are those in use in the state of Illinois. There are seven categories of abuse in the Illinois definition: Physical Abuse, defined as "the infliction of physical pain"; Sexual Abuse, that is defined as "the penetration, touching, or fondling of the sex organs, anus, or breasts of the elder through physical force, or when the elder is incapable of giving consent"; Confinement, or restriction of the freedom of the individual "for other than medical reasons"; Deprivation, or preventing the elder from obtaining services necessary to health; Financial Exploitation, defined as using the financial resources of an elderly person to his or her disadvantage; Neglect, or the failure of a caretaker to provide needed services for an elderly person under his/her care; and Self Neglect which consists of the failure of an aged person to obtain the needed services for him/herself (Hwalek, 1987:1-3). If the worker assigned to investigate a report determined that one or more of the types of abuse or neglect reported was "substantiated" or highly suspected, then that was considered to be a case of abuse for the purposes of this study.

Some modifications of the data were necessary for the purposes of analysis. Sexual Abuse was omitted from consideration since no cases were reported during the data collection period. Because only a small number (6) of Confinement cases were observed, it was decided to consider Confinement and Deprivation cases together. This seemed appropriate because of a conceptual similarity between the two categories, both of which represent an active restriction of the elder's activities or access to services, and because service providers tended to handle both types of cases in similar ways (Sengstock et al., 1987).

Service Types

Service providers had twenty different types of services available to their elderly victims. Thirteen of these were general health or social services: Case Management (including coordination of services and monthly monitoring); Home-making Aid; Medical Care (or therapy); Home Health Assistance (visiting nurses, for example); Meals Assistance (Meals-on-Wheels, for example); Income Assistance; Supervision and Reassurance (including telephone reassurance); Counseling; Housing or Relocation; Transportation; Socializing (including recreation, home visitors, senior centers); Job Training; and Institutional Placement. Seven legal and crisis services were also available: Police Visits; Crisis Intervention Assistance; Investigation (such as in preparing a court case); Guardianship Orders; Orders of Protection; Court Work; and Miscellaneous Legal Assistance (filing legal papers, legal correspondence, etc.). (For further description of the service types, see Hwalek, 1987:31–36, Table 16.)

Data Analysis

Variation in Services as a Function of the Program Model

If service providers were to follow the dictates of the theoretical model under which he/she worked, we would expect that the levels of different types of services would be quite different in each of the projects. The Law Oriented Models (Suburban 1 and Rural 1) should be exceptionally high in the use of legal interventions. The two Advocacy Models (Suburban 2 and Rural 2) should have high rates of service in general. The Mandatory Reporting Model (Rural 1) should have higher rates of reported cases. Similarly, because of the nature of legal services, in which the "service" (i.e., prosecution) is provided to the abuser rather than the victim, we would expect abuser services to be more frequent in Law Oriented Programs than in Advocacy Oriented ones.

Indicated in Table 1 are the mean number of service types provided in the four model programs. As can be seen in the table, one of the two Law Oriented Programs (Rural 1, which focused on Mandated Reporting) had a higher mean number of services than the other three (2.95). Interestingly, the lowest mean was for one of the two Advocacy Oriented Programs, which theoretically focused a high level of service (Rural 2, with a mean of 1.92).

Since the highest volume of service types occurred in a Law Oriented Program, our first hypothesis, that Advocacy Models will have the highest level of services provided, is not borne out. One is tempted to conclude that the provision of a variety of services might be more difficult in rural areas, where such services might be expected to be less available. However, the fact that

the highest mean occurs in another rural area suggests that this is too simple an explanation. Clearly a variety of services can be provided in rural areas. It is difficult to understand, however, why the lowest mean number of services occurs in a program that should focus on high service levels. It may be that this area had high levels of a few services, rather than a variety of services. It is also possible that a broad variety of services were not available in this community. Or, with its advocacy focus, case workers might have more easily accepted the victims' desires to refuse services.

Table 1.
Number of Services and Service Recipient

Program Model											
Law Oriented											
Advocacy High Service											
Total Sample											
Mandated Reporting Rural 1											
Legal Intervention Suburban 1											
Rural 2											
Suburban 2											
Mean Number of Service Types	2.67		2.95		2.54		1.92		2.52		
Service Recipient:											
Unknown	2	1.0%	1	1.3%	1	1.4%	0	0.0%	0	0.0%	
Victim	170	83.3%	76	95.0%	48	64.9%	24	96.0%	22	88.0%	
Abuser	1	0.5%	0	0.0%	0	0.0%	0	0.0%	1	4.0%	
Both	31	15.2%	3	3.8%	25	33.8%	1	4.0%	2	8.0%	
	N=204		N=80		N=74		N=25		N=25		
	Total N=204										
	Total Abuse Cases=136										

Our second hypothesis focused on the question of services to the abuser. As indicated in Table 1, services were rarely provided to the abuser alone. However, our prediction that services to the abuser would be more frequent in Law Oriented Programs, is borne out; for we find that the Legal Intervention Program (Suburban 1) is far more likely than any of the other programs to provide services to the abuser as well as to the victim. One-third of their cases involved services to both abuser and victim, as opposed to only two or three cases in each of the other programs. The other Law Oriented Program could be

expected to provide relatively few services to abusers also, since it focused only on mandatory reporting, rather than on legal intervention.

Turning to an analysis of the nature of the services, we can see from Table 2 that the service patterns were quite different under each of the four programs. Although all of the programs provided Case Management services to the vast majority of their cases, one of the Advocacy Programs (Suburban 2) provided them to a considerably smaller percentage (80% vs. 100% in each of the others). This area is also considerably lower than the other programs in providing Homemaking Assistance (8.0% vs. 34.8% for the sample as a whole). In contrast, the levels of other types of services, such as Miscellaneous Legal Services and Counseling, tend to be higher here than in other programs (32.0% and 28.0% vs. 24.5% and 13.2%, respectively). This program is also higher than others in the percent of cases receiving Institutional Placement (28.0% vs. 14.7%).

An analysis of the approach that workers in this program take toward their cases indicates that they tend to define their role somewhat differently from other workers. While agencies in the other programs tend to view their role as case managers, referring abuse victims to other agencies for the actual services, workers in Suburban 2 tend to maintain a closer contact with the cases, providing the actual counseling services themselves. Hence, this program appears lower in the Case Management category and higher in the Counseling category. It is less clear, however, why Homemaking Assistance should be so much lower, and Institutional Placement should be considerably higher (over one-fourth of the cases), in this area than in the others.

The other Advocacy Oriented Program (Rural 2) appears to provide services other than Case Management to rather few of the clients. Only one service, Homemaking Assistance, was provided to one-fifth or more of the clients. Two other services, Miscellaneous Legal and Home Health services, were provided to between 10 and 20 percent of the cases. All other services were provided to fewer than 10 percent of the clients. Since this area theoretically should focus on providing a high level of services, it is difficult to understand why this pattern appears. This system does not, however, measure the level of each service provided. Hence it is possible that the clients received a high level of each of the few services provided.

The highest level of services of all types was provided in Rural 1, a Law Oriented Program. In addition to Case Management, half of their clients received Homemaking Assistance (vs. 34.8% in the sample as a whole). Over 20 percent received two other services (Medical Care/Therapy, 26.3%; and Miscellaneous Legal Assistance, 21.3%). And five services, none of them legal in character, were provided to between 10 and 19 percent of the clients. These were

Table 2.
Types of Services Provided by Program Model

Service Type	Total Sample			Law Oriented			Program Model			Advocacy High Service		
	Mandated Reporting			Legal Intervention			Rural 1			Rural 2		
	No.	Pct.	Rank	No.	Pct.	Rank	No.	Pct.	Rank	No.	Pct.	Rank
Case Management	199	97.5%	1	80	100.0%	1	74	100.0%	1	25	100.0%	1
Homemaking Asst.	71	34.8%	2	40	50.0%	2	24	32.4%	2	5	20.0%	2
Misc. Legal Asst.	50	24.5%	3	17	21.3%	4	22	29.7%	3	3	12.0%	4
Med. Care/Therapy	33	16.2%	4	21	26.3%	3	9	12.2%	*6	0	0.0%	
Inst. Placement	30	14.7%	5	15	18.8%	5	7	9.5%	8	1	4.0%	
Superv./Reassure	29	14.2%	6	10	12.5%	8	12	16.2%	4	2	8.0%	
Counseling	27	13.2%	7	11	13.8%	7	9	12.2%	*6	0	0.0%	
Home Health Asst.	25	12.3%	8	9	11.3%	9	11	14.9%	5	4	16.0%	3
Meals Assistance	21	10.3%	9	12	15.0%	6	6	8.1%	9	1	4.0%	
Income Assistance	13	6.4%	*10	7	8.8%	10	2	2.7%		2	8.0%	
Housing/Relocation	13	6.4%	*10	3	3.8%	13	4	5.4%	10	2	8.0%	
Police Visit	10	4.9%	12	5	6.3%	11	2	2.7%		1	4.0%	
Transportation	7	3.4%	*13	4	5.0%	12	1	1.4%		1	4.0%	
Guardian Order	7	3.4%	*13	1	1.3%		2	2.7%		1	4.0%	
Socializing	4	2.0%	15	0	0.0%		2	2.7%		0	0.0%	
Job Assistance	2	1.0%		1	1.3%		1	1.4%		0	0.0%	
Protection Order	2	1.0%		0	0.0%		0	0.0%		0	0.0%	
Court Work	2	1.0%		0	0.0%		0	0.0%		0	0.0%	
Investigation	0	0.0%		0	0.0%		0	0.0%		0	0.0%	
Crisis Intervention	0	0.0%		0	0.0%		0	0.0%		0	0.0%	

N=204

N=80

N=74

N=25

N=25

*denotes tied ranks

Institutional Placement, Supervision/ Reassurance, Counseling, Home Health Assistance, and Meals Assistance.

Suburban 1 closely approximates Rural 1 in the variety of service types provided to their clients. This similarity is not surprising in view of the fact that both are Law Oriented Programs. Nearly one-third of Suburban 1 clients (32.4%) received Homemaking Assistance. As expected, Suburban 1 also had a somewhat higher rate of providing Miscellaneous Legal Assistance (29.7% vs. 24.5% for the sample as a whole). This rate was not as high, however, as the rate for Suburban 2 (an Advocacy area), which provided this service to 32.0% of their cases. As with the other Law Oriented Program, a number of nonlegal services (Medical Care/Therapy, Supervision/Reassurance, Counseling, and Home Health Assistance) were provided to 10 to 19 percent of the cases in Suburban 1.

Thus, our major hypotheses concerning the types of services provided in each area do not seem to be borne out. The Legal Intervention Program had a fairly high, though not the highest rate, of providing legal assistance. The two Advocacy Oriented Programs, which focused on high service levels, did not have the highest rates of providing a variety of services. One Advocacy Program provided a wide variety of services, while the other provided little more than Case Management.

The two Law Oriented Programs, emphasizing Mandatory Reporting (Rural 1) and Legal Intervention (Suburban 1), might have been expected to take a somewhat legalistic, nonservice oriented approach to their cases. Yet these were the areas that provided the greatest variety of services to their clients. Conversely, one Advocacy Program provided a higher rate of legal services than either Law Oriented Program. We are forced to conclude that the nature of the services that elderly abuse victims receive must be based on some factor other than the nature of the theoretical model under which the services are provided.

Variations in Case Outcomes

One might argue, of course, that the type of services that clients receive is not the most important criterion of the success of a program. The real test of a program's success is the outcome for the client. If, in the service worker's best judgment, the client's position is improved, then the case has had a successful outcome, regardless of the nature of the program. We turn now to an analysis of the disposition of the cases as seen by the worker in charge. Did the worker believe that the client was now in a safe environment? Were the client's goals achieved? Or, on the other hand, had the client or his/her family terminated services prior to the achievement of a stable situation? In this analysis, we

consider only those cases closed during the period of the study. There were 87 cases closed during 1986. In each case, the worker's assessment of the final disposition was listed. In a few cases, two dispositions were listed. We have, however, only analyzed the first one listed. The data on final disposition are listed in Table 3.

As the table indicates, the most frequently listed disposition in the sample, as a whole, is the assessment that the case was "safe and stable," listed for 28.7 percent of the cases. This was about twice the number of cases as for the next most frequent category, which was actually a conglomerate of dispositions that could not fit into any of the other categories; these accounted for 14.9 percent of the cases.

Other categories, with 10 percent or more of the cases, also present an interesting picture. In 13.8 percent of the cases, the client had entered a long term care facility and was presumably receiving assistance from another agency. The client's refusal of further assistance represented the final outcome in a substantial number of cases: in 13.8 percent of the cases, the client had refused additional assistance; in another 10.3 percent, the client had even refused to allow an initial assessment. This amounts to a total of 24.1 percent of cases in which the termination of the case resulted from a decision on the part of the client not to accept services.

The pattern of case dispositions from one program to another is particularly interesting. One Law Oriented Program (Suburban 1) and one Advocacy Oriented Program (Rural 2) both follow the pattern of the sample as a whole, in that the most frequent estimate of the outcome was that the case was "safe and stable" (38.1% in Suburban 1; 33.3% in Rural 2). In the other Advocacy Oriented Program, (Suburban 2), however, the most frequent outcome listed is the miscellaneous category (46.7%). In the other Law Oriented Program (Rural 1), the most frequent outcome was the client's refusal of further service. Since Rural 1 was testing a Mandatory Reporting Model, the question might be raised as to whether mandatory reporting might have a deleterious effect on client rapport, resulting in a termination of services. Alternatively, perhaps a Mandatory Reporting Model may produce a larger number of cases in which the elderly is less frail and consequently, less in need of assistance.

It should be noted that the two rural areas both seem to have problems with client refusals. As noted, the most frequent outcome in Rural 1 was the client's refusal of more assistance (27.6%); another 20.7 percent refused an initial assessment. Hence nearly half (48.3%) of their clients terminated services at some point. In Rural 2, client termination of services was considerably lower, though still fairly high. Of clients in this area, 11.1 percent refused initial assessment, and 16.7 percent refused services at a later point, for a total of 27.8 percent

Table 3.
Disposition of Cases by Program Model

Disposition	Program Model														
	Law Oriented						Advocacy High Service								
	Mandated Reporting			Legal Intervention			Rural 2			Suburban 2					
	No.	Pct.	Rank	No.	Pct.	Rank	No.	Pct.	Rank	No.	Pct.	Rank			
Case Safe & Stable	25	28.7%	1	6	20.7%	*2	8	38.1%	1	6	33.3%	1	5	33.3%	2
Miscellaneous	13	14.9%	2	3	10.3%	5	3	14.3%	*3	0	0.0%		7	46.7%	1
Refuses More Assistance	12	13.8%	*3	8	27.6%	1	1	4.8%		3	16.7%	*3	0	0.0%	
Enter Long Term Care	12	13.8%	*3	4	13.8%	4	3	14.3%	*3	4	22.2%	2	1	6.7%	
Client Refused Assessment	9	10.3%	5	6	20.7%	*2	0	0.0%		2	11.1%		1	6.7%	
Death of Client	8	9.2%	6	2	6.9%		3	14.3%	*3	1	5.6%		2	13.3%	
Goals Achieved	4	4.6%	7	0	0.0%		4	19.0%	2	0	0.0%		0	0.0%	
Client Needs Changed	3	3.4%	8	0	0.0%		0	0.0%		3	16.7%	*3	0	0.0%	
Moved Out of Area	1	1.1%		1	3.4%		0	0.0%		0	0.0%		0	0.0%	
Enter Hospital	0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%	
Change Service Volume	0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%	
Abuser Refuses Access	0	0.0%		0	0.0%		0	0.0%		0	0.0%		0	0.0%	
	N=87			N=29			N=21			N=18			N=15		

*denotes tied ranks

*denotes tied ranks

who terminated services. These high refusal rates may be due to the Advocacy Model, in which the case worker's overriding concern is to allow the client to decide if and when he/she will receive services. Workers in this area still considered the largest percentage of the cases to be "safe and stable" (33.3%), however.

A final issue might be raised with regard to the question of case outcome. It is difficult to understand the case workers' judgments regarding the case outcomes when the terms used for categorizing the disposition are as ambiguous as those presented here. In large part, the categories were determined by the workers themselves, rather than the evaluating agency. Consequently, they are categories that the workers deemed useful. More clearly defined outcomes are needed in future studies of this nature.

The most frequently used category, for example, is one in which the worker indicates that the case is "safe and stable." This category is of dubious value, either for research or clinical purposes. Research on elder abuse and neglect suggests that these cases are highly volatile. The factors that are related to abuse are complex and prolonged (Galbraith, 1986). Even though abuse has been terminated, there is always a strong possibility that it may recur should there be a change in any of several factors in the family situation. Also problematic is the fact that the second most frequently used disposition is the "miscellaneous" category.

In both instances, the disposition is not descriptive of the outcome of the case or of any problems that may remain. From a research perspective, these categories provide little understanding of the effectiveness of the interventions employed. From a clinical point of view, these dispositions provide no guidance to other workers who may later handle the case should it be reactivated. Theoretically, such information should appear in case notes, but these too are often missing.

The categories are also of limited value for appraising the effectiveness of the programs. The major finding in terms of disposition is the frequency of service termination in rural areas. Is the Mandated Reporting Program weaker because its most frequent outcome is a refusal of further services? Or does this reflect only a greater degree of frankness on the part of the workers in this program? It is also possible that a larger number of healthy elderly may be referred to the program because of the professional obligation to report, resulting in a large number of clients who neither want nor need services. The most frequently used dispositions provide little information because of their ambiguity. Can we conclude that Suburban 2 is less effective than the other Advocacy Program because its most frequent outcome is "miscellaneous" rather than "safe and stable"? Or does this simply reflect a

difference in terminology? The current categories do not provide answers to these questions.

This suggests the need for a different set of disposition categories that are more descriptive of the resolution of the case. We might suggest, for example, that categories might indicate the reasons why the case was judged "safe and stable." Sample categories might include "victim removed from abuser's home," "caregiver receiving respite," "abuser in counseling," and so on. Alternatively, categories could describe the degree of success of the outcomes, such as "victim recovered from injuries," "some recovery of financial loss," etc. Since the data do not provide greater detail on case outcomes, these can be only suggestions. Analysis of case notes could suggest more appropriate categories.

Discussion

Analysis of the data in this study can suggest strategies for clinical sociology, not only in terms of service delivery techniques, but also in research procedures for applied settings. Results supported only one hypothesis about the impact of service delivery models on elder abuse services: more services were provided to both victim and abuser in one of the legal intervention models.

Program Factors

Since all of the other hypotheses were not supported, we are led to conclude that some factors other than the program model were responsible for the level and type of services provided under each program, as well as the outcome of the cases. We will suggest some of these factors, focusing on the clients, workers, agency, and community.

Client-centered Factors.

Client needs are an obvious reason why workers in any program might deliver services other than those that the program emphasized. Workers in all of the Illinois elder abuse programs were strongly committed to the proposition that the needs of the client were of utmost importance. They frequently referred to the necessity of employing intervention strategies that did not conform to program guidelines if they felt the client's needs warranted such action (Hwalek, 1987:41).

Such action on the part of service workers should indicate the need for caution in the implementation of new programs of all types, for such programs are generally based on an analysis of the prevailing needs of the majority of clients in a specific category. While the proposed services may be highly valuable to

this dominant type, they may not be applicable to all. Individual differences may make the program inadequate for some clients. For others, the program may be entirely inappropriate. It is up to the individual worker, in analyzing the needs of his/her client, to apply the general program to the specific case. The Illinois elder abuse workers clearly felt the need to make adjustments in the program for some cases. This need may be reflected in the lack of conformity between program and service type.

Worker-centered Factors.

Variations in the characteristics of service workers in each program may also have played a role in altering the program service patterns. Workers implementing the programs were not newly hired for these projects; most had previously served in the agencies in some other capacity. Social service workers may vary on a number of dimensions, including field of original professional training, level of expertise, commitment to their professional roles, and level of commitment to the program.

As Tobin and Gustafson (1987) have pointed out, gerontological workers come from a wide variety of professional backgrounds, each with its own set of theoretical assumptions about the nature of human behavior and the needs of persons in trouble. A similar observation has also been made about social workers (Cocozzelli, 1987). While the Illinois Department on Aging went to considerable effort to train the project workers and introduce the philosophical basis of the model under which they would operate, the assumptions of such training may conflict with the propositions developed in some of the workers' professional training. In such instances, we would expect the workers to experience conflict between the recommendations of the program and their long held professional convictions about client needs.

Consequently, professional variations among workers and their degree of commitment to the new program are additional variables that may account for the lack of congruity between program and service type. In fact, the workers' concern for client needs, mentioned in the preceding section, may stem from these individual professional convictions. Consequently, it is difficult to determine whether deviations from the program model are due to a variation in actual client needs or to variations in the workers' perceptions of these needs.

Agency-centered Factors.

The social agencies, like the workers, do not come to the programs as *tabulae rasae*. They too have developed their own sets of procedures, priorities, and techniques for assisting clients. As numerous sociologists have pointed out, such bureaucratic procedures are not easily overcome (see, for example, Hage

and Aiken, 1970). Hence, an agency that is accustomed to referring a frail elder to home health services or placing him/her in a nursing home does not need to look far for a reason why such a referral is more appropriate to the client's best interest than referral to a legal agency. Consequently, some social agencies, without deliberate intent to do so, may have disregarded the program model under which they operated.

Community-centered Factors.

Finally, each program was affected by the services actually available in the community in which it was located. While we must presume that each program was provided with sufficient resources of the appropriate type, there is no control for the services of this type that may have been available in all of the programs. For example, the Law Oriented Programs may have had sufficient legal services available to carry out their mandate. But an Advocacy Oriented Program (such as Suburban 2) might also happen to have legal services available. In fact, this community happened to have an attorney who was interested in the problem of elder abuse and had made legal services available to service workers. Under the mandate of an advocacy program, workers should also be referring their clients to these services. Such service patterns could also account for the lack of correspondence between service type and program.

Methodological Considerations

Finally, this study might suggest some conclusions in terms of research approaches for use in agency settings. As we noted earlier, there are a number of problems that arise in conducting such research. Due to the primacy of service provision in agency activities, research requirements necessarily assume a secondary role. This has consequences for the nature of the data collected, as well as the training and commitment of the data collectors. Hopefully, our experience can suggest methods for accommodating the requirements of both research and service provision.

Collecting Data for Dual Purposes.

All agencies are required to collect data for a variety of reasons. They must provide documentation of numbers, types of clients served, and services provided in order to justify continued existence of the agency and the appropriate level of compensation for agency activity. Even though they may find it annoying, agency personnel, at least at administrative levels, usually recognize the need for such data. The collection of research data is resisted because these are seen

as additional tasks requiring time and attention but not accruing to the benefit of the agency or its clients.

Consequently, research efforts in agency settings will be improved if researchers can develop data collection techniques accommodating the needs of both research investigation and service documentation. For example, researchers may agree to assist agency personnel in developing methods for more effective reporting of agency activities, or they may agree to work with agency staff in the development of grant proposals to obtain further support. Such assistance on the part of research staff would go far in obtaining the cooperation of agency administrative personnel who understand only too well the need for establishing stable financial support.

Co-opting Service Personnel for Research.

Obtaining the cooperation of administrative staff, however, does not necessarily assure the cooperation of field personnel, whose assistance is necessary if accurate data are to be collected. If agency goals and procedures must be accommodated in the development of service-based research projects, the same can be said for the objectives and aspirations of the personnel asked to perform the tasks of data collection for the project. Unlike independently controlled research, agency-based research cannot rely on personnel who have a unique training and commitment to research. Instead such projects depend on data collection by personnel whose training and commitment is to the provision of services and the needs of clients. Frequently, their research efforts are less than wholehearted, due to a conviction that these activities are, at best, depriving them of time and effort that should be spent on behalf of their clients. At worst, they may even see these activities as detrimental to their own or their clients' interests.

To obtain effective data collection under such circumstances, researchers must convince agency workers that the data collected are not detrimental to their clients and may even assist in their service work. If researchers, for example, could develop a set of categories for case outcomes that workers could see to be relevant to their needs, this might lead to greater commitment to the research and willingness to be trained and involved in data collection. Such categories might include items that would make it easier for workers to categorize their cases, and more meaningful when they or their successors must revive a case several months later. Had our project been in a position to develop such categories, our data might have been more useful, not only for research purposes but also for the workers themselves. Hopefully future studies may make more effective use of such techniques.

In a similar vein, human service workers often find themselves pressed to develop periodic reports of client progress or staff activities that also take

time away from their major client-centered tasks. If researchers can develop techniques that assist workers in such time-consuming and undesirable tasks, they might find them more responsive to data collection efforts.

Conclusion

This analysis has found little relationship between the theoretical model of service delivery in effect in a program and the nature of the services that are provided to elderly victims of abuse and neglect. While law-oriented programs might be expected to have higher levels of legal services, it was found that advocacy programs may be equally likely to provide legal services to their clients. Conversely, a law-oriented program was found to provide higher levels of nonlegal services than a program focusing on high service delivery.

We have suggested that several factors other than the theoretical model probably account for case workers' decisions as to the services that should be provided to clients. These include factors focusing on the client and his/her needs, the professional background and philosophical orientation of the worker, characteristics and resources of the agency, and the resources available in the community.

Unfortunately, the data available did not allow verification of these hypotheses, a difficulty that often arises with research based in social agencies. Such problems should not allow researchers to be deterred from conducting such research, however. Many important questions about social behavior and the solution of social problems can be obtained from data currently existing in agency files. It would be a serious mistake to ignore such data sources due to misgivings regarding their inherent problems. Our experience has also suggested several techniques that may improve such agency based research efforts. Hopefully these methodological suggestions may lead to the development of further research that may confirm or refute the validity of the hypotheses proposed.

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