ELDER ABUSE:
OVERVIEW OF SOURCES, PREVALENCE AND INTERVENTION INITIATIVES

Felix O. Chima, Prairie View A&M University

Abstract

This paper is about elder abuse as a social problem from the perspective of its sources, prevalence and intervention initiatives. The true incidence of elder abuse is difficult to determine because elder abuse is known to be very underreported. Literature, however, suggests that elder abuse is widespread and that probably hundreds of thousands of elderly persons are victimized each year. Because the older adult population is increasing in numbers at a rapid pace, there is little doubt that elder abuse will be among the nation's problems. This article discusses trends and prevalence of elder abuse and neglect. A discussion of social reconstruction theory and its effects on the elderly is provided. The empowerment perspective is discussed as the conceptual framework for professionals in their roles as elder abuse advocates and social service providers. Intervention initiatives recommended include: awareness of policies and services, policy evaluation research, caretaker assistance, and advocacy.

INTRODUCTION

Abuse of the elderly has been called a "national disgrace" (U.S. House of Representatives 1985). Studies have revealed that elder abuse, like child abuse and other forms of family violence, is widespread (Tatara 1995) and that probably hundreds of thousands of the nation's elderly are victimized each year. Although domestic violence and child abuse has come to be defined as a contemporary social problem, most Americans might find it hard to believe that elderly abuse as a social problem even exists. Because the issue of maltreatment of the elderly is still mostly hidden under a shroud of family secrecy, most members of the public and some human service professionals are not well informed of the problem and unfamiliar with ways to provide intervention to protect these at-risk members of society.

While reports of abuse, neglect, and exploitation of the elderly continue to increase, the demographics of the elderly population in the U.S. and other countries dramatically demonstrate that the aging population is growing (Rice 1997). It is estimated that by the year 2020, the number of people age 60 and older will increase from 42 million in 1995 to 72 million (Tatara 1995). Between 1989 and 2030, the population that is 65 and older is expected to more than double, with those 85 and over expected to more than triple as the fastest growing segment of the population (Rice 1997). With continuing trends over the next 30 years, today's 76 million baby boomers can look forward to celebrating their 100th birthday and with life spans of 120 to 130 years (U.S. Bureau of the Census 1995).

By 2050, 1 in 5 Americans, 80 millions in all, more than twice the present number, may be 65 or older (U.S. Bureau of the Census 1995). About 3 million Americans are 85 or older. This 85-plus age group could be nearly one-fourth of the elderly population and five percent of all Americans by 2050 (Thomas 2000; Treas 1995). Gerontologists, Social Scientists who specialize in the study of the aged and aging processes, refer to three groups of older adults: the "young old", "old old", and "oldest old". Chronologically, young old generally refers to people ages 65 to 74, who are active, vital, and vigorous. The old old are those persons ages 75 to 84. The oldest old, age 85 and above and the old old are more likely to be frail and to have difficulty (Zastrow 2000) engaging in some activities of daily living.

This paper offers a review of the prevalence of elder abuse and neglect with special attention to the sources of such abuse and neglect. Three of those sources are: familial, institutional, and societal. An understanding of elder abuse and neglect within our society and its consequences is necessary for professionals who must continue to intervene in the lives of the elderly. The paper also describes social reconstruction theory and its impact on the abuse and neglect of the elderly. An empowerment perspective, which assumes that issues of power and powerlessness are integral to abuse and neglect experience of the elderly is presented as a framework for intervention.

DEFINITION AND EXTENT OF ELDER ABUSE

There are as many definitions of elder abuse as there are elder abuse laws, programs, and research practices (Tatara 1995). Elder abuse has been broadly defined (Mann 1995) as adverse omission or commission of acts against an older person. Elder abuse, which is most commonly perpetrated by unpaid, informal caregivers (mainly family members), can assume many forms including physical, psychological, emotional, financial, material, and social. The National Aging Resources Center on Elder Abuse (NARCEA) developed and used its definitions of domestic elder abuse for several survey studies. The seven categories of domestic elder maltreatment developed by NARCEA (Tatara 1995) are:

Physical abuse: nonaccidental use of physical force that results in bodily injury, pain, or impairment.

Sexual abuse: nonconsensual sexual contact of any kind with an older person.

Emotional or psychological abuse: willful infliction of mental or emotional anguish by threat, humiliation, intimidation, or other verbal or nonverbal abusive conduct.

Neglect: willful or nonwillful failure by the caregiver to fulfill his or her caregiving obligation or duty.

Financial or material exploitation: unauthorized use of funds, property, or any resources of an older person.

Self-abuse or neglect: abusive or neglectful conduct of an older person directed at himself or herself that threatens his or her health or safety.

All other types: all other types of domestic elder abuse that do not belong to the first six categories (p. 835).

While studies have generally found that a typical abuser of older adults is a son or daughter caregiver who is living with (or in close proximity to) the abused older adult, abuse is found in institutional settings as well (Herron, Javier, McDonald, Alderstein 1994). It is estimated that between five and ten percent of elder Americans suffer some type of abuse (Pillemer, Finkelhor 1988). The U.S. House Select Committee on Aging (1990a) reported that in 1989, at least 1.5 million American elderly were victims of abuse, an increase of approximately 500,000 since 1980. In a nationally representative sample of more than 2,000 elderly people, Pillemer and Finkelhor (1988) found that the prevalence of domestic elder abuse, excluding self-neglect, was 32 of every 1,000 older people, or 3.2 percent. These researchers estimated that there were between 701,000 and 1,093,500 abused elders in the United States. Although Shiferaw, Mittelmark, Wofford, Anderson (1994); Tatara (1995); and Crystal (1987) have noted that it is difficult to know exactly how many older people are victimized each year, Tatara (1993b) using the data on domestic elder abuse collected from national survey estimated that 1.57 million elderly people became victims of various types of domestic elder abuse during 1991. This estimate included self-neglect cases because states generally include these in counting elder abuse victims.

Reported cases of domestic elder abuse are often collected by states and used to develop nationwide statistics on the extent of the problem. Tatara (1990c, 1993b) developed estimates of domestic elder abuse for the past several years which included 117,000 reports for 1986, 128,000 for 1987, 140,000 for 1988, 211,000 for 1990, and 227,000 for 1991. While the number of domestic elder abuse reports that were made to authorities across the nation rose a substantial 94 percent from 1986 to 1991, these reports represent only a diminutive portion of the actual incidents of domestic elder abuse, because most domestic elder abuse cases are never reported. Experts (Tatara 1993b; Pillemer, Finkelhor 1988) agree that only about half of the reported elder abuse cases are substantiated each year after investigations.

More recently, however, the number of domestic elder abuse reports rose sharply between 1986 and 1996 and marked an increase of 150.4% during this 10-year period (Tatara 1999; Tartara, Kuzmeskus 1997). In fiscal year 1996, Texas Adult Protective Services workers in that state alone, investigated 49,237 reports of abuse, neglect, and/or exploitation of vulnerable adults who were aged or who were young adults with disabilities. Of the investigations, 39,683 cases were validated as abuse, neglect or exploitation (TDPRS 1997).

SOURCES OF ELDER ABUSE

To further increase our understanding of elder abuse prevalence, a review of elder abuse literature provides a trichotomy of major sources. Those sources are 1) familial, 2) institutional, and 3) societal.

Familial Sources of Elder Abuse

Straus, Gelles, and Steinmetz (1979) examined 2,143 families who were carefully chosen to be representatives of approximately 47 million families in America to determine the extent of elder abuse by family members. The researchers estimated that about one in five children hit a parent the previous year, including a parent who was elderly. In another study, Koch and Koch (1980) estimated from their Cleveland data that there may be a million elderly abused by their adult children. The authors found physical abuse in three-fourths of the cases, almost half included psychological abuse, and in almost every case, there was a violation of rights, including forcing a parent out of his or her own dwelling, usually into a nursing home. An example of elder abuse is related by Koch and Koch (1980):

> In Chicago, a nineteen-year old woman confessed to torturing her eighty-one year-old father and chaining him to a toilet for seven days. She also hit him with a hammer when he was asleep. "I worked him over real good with it. Then after I made him weak enough, I chained his legs together. After that, I left him and rested, I watched TV for a while" (p.14).

Tatara (1993b) studied the characteristics of elderly abusers and victims in all states and found that in 1991, 33% of elderly abuse victims were abused by their adult children, 14% were abused by their spouses (of both sexes), 24% by other relatives, friends or neighbors, and grandchildren. After analyzing data for types of abuse, Tatara (1993b) found: 45% of neglect, 17% financial and material exploitation, 14% percent psychological and emotional abuse, and 5% of all others including sexual abuse.

Studies of family caregiving suggest that caring for older people is difficult and stressful, particularly when the elder is frail or physically impaired, when the caregiver is ill prepared for the task because of inadequate training and knowledge, or when the needed resources for eldercare are lacking (Dwyer, Folts, Rosenberg 1994). One theory holds that abuse and/or willful neglect will occur as a result of increased levels of stress and frustration among caregivers (Tatara 1995). Families with limited resources frequently face problems in caring for older members and have higher rates of abuse. In a controlled study of abused victims and non-abused control group, Pillemer and Finkelhor (1989) noted that personality problems of abusers were "increasingly evident with the increased burden and stress in caring for elderly persons." Huckle (1994) also notes that the increased burden of caring for relatives with dementia can lead to pathological caring. Other factors such as alcohol and drug abuse appear to contribute to maltreatment. This relationship was studied by Anetzberger (1993) who found that elder abusers were more likely to abuse alcohol than non-abusers. Additional risk factors for potential abusers include medication or drug abuse, senile dementia, and emotional illness. Although victims of domestic elder abuse are more likely to be women than men, both males and females with high levels of dependency are at greater risk.

Self-neglect is common (Vinton 1991) particularly among elders who may be considered legally competent yet unable to "provide themselves with adequate food, clothing, shelter, or medication, and through their actions represent a danger to themselves or the community." In a study of 227 elders who were "reportedly competent but self-neglectful," Vinton (1991) found "higher rates of disabling conditions such as Alzheimer's or other related dementia and alcoholism when compared with the general older population." The likelihood of self-neglect increases with age.

Institutional Sources of Elder Abuse

For elders whose families are unable to care for them, the standard solution has been a nursing home or hospital. Although most older people are healthy and independent, about 25 percent need some help with the routine of daily life. The likelihood of becoming a nursing home resident increases with age. While only one percent of those 65 to 75 are in nursing homes, about a third of nursing home residents are those 90 to 94 (Zastrow 2000). It is important to note that the nursing home population is more likely to be those with multiple chronic diseases, some forms of dementia, and major impairments in activities of daily living. Nevertheless, absence of caregivers or a social support network appears to be a major factor that distinguishes long-term nursing home residents from those with equal impairments living in the community. Nursing home care is an area dominated by private, and particularly for-profit provision of services. More

than 1.5 million older people now live in extended-care facilities, making nursing homes a billion dollar industry (Meddaugh 1993). Recently, care in nursing homes has been characterized by one abuse scandal after another (Mann 1995).

Meddaugh (1993) used ethnographic methodologies to study elder abuse in nursing homes and suggests it occurs frequently in the form of subtle psychological abuse such as isolation, labeling, and other forms which violates the elderly residents rights. About 50.8 older people in every 1,000 living in nursing homes suffer some form of abuse. More specifically, 26.3 of every 1,000 experience passive neglect, 11.2 verbal or emotional neglect, 10.5 intentional, severe neglect, and 2.8 physical or severe physical abuse. According to a federal report by the Health Care Financing Administration in 1988, 43 percent of the nation's nursing homes fail to meet food sanitation standards, approximately a third have problems providing personal hygiene and properly administering drugs for their residents (Wineke 1988). The U.S. Senate Special Committee on Aging in 1987 found that conditions were overall dangerous and abusive in one out of ten nursing homes. The study's findings include neglect, medical maltreatment, beatings, and rape. According to that study, seventy-nine patients died as a direct result of neglect in California alone between 1985 and 1986 (Robinson 1988). A nationwide study (Robinson 1988) of nursing homes found significant abuses which included giving new and unapproved drugs to patients without their consent, and giving patients heavy doses of tranquilizers to keep them submissive.

The actions and attitudes of some professionals, whether intentional or unintentional, can constitute elder abuse. Many physicians, nurses, psychologists, social workers, and other professionals engage in negative activities that are not in the best interest of the elderly people they serve. For example, a grown daughter takes her mother for a medical checkup, and the physician directs all conversation to the daughter, as though the mother were a child or not even there. According to a Comprehensive Cancer Center Study published by the University of Wisconsin in 1992, patients over 75 were one-third as likely to be offered radiation and chemotherapy as younger people. This practice is disturbing since the overall cancer death rate has gone up 13 percent for people 65 and over and declined five percent for younger people in the last fifteen years (Mann 1995). Many older people are not given the kinds of diagnostic screening tests that are indicated by their physical condition. Women over 65 tend not to be treated as aggressively for ovarian cancer as are younger women. Frequently, doctors overload their older patients with pills, while others fail to prescribe needed medications (Poddolsky, Siberner 1993). Some doctors are too quick to recommend a nursing home without exploring other alternatives such as services provided by community agencies (Poddolsky, Siberner 1993; Mann 1995).

A task force report of the American Psychiatric Association (1993) estimates that 10 percent to 30 percent of all treatable mental disorders in older people are misdiagnosed as untreatable, often because the physician assumes that mental impairment is to be expected with old age and fails to rule out reversible disorders. Community mental health centers are often unresponsive to the elderly, lack sufficient funds to cover them, and prefer treating younger patients who are seen as more severely and chronically mentally ill. Insurance companies are quick to act when elderly patients do not demonstrate "timely and progressive improvement" in a rehabilitation program. Social workers sometimes treat older people as if they were incapable of making good decisions for themselves instead of concentrating on how to carefully present all the options available to the older person in such a way as to encourage self-determination (Mann 1995).

Societal Sources of Elder Abuse

Many Americans think of old age in very negative ways. Stereotypes, prejudice, and discrimination adversely affect many lives in America, whether against racial groups (racism), women and men (sexism), or against the elderly (ageism). Ageism is characterized by three conspicuously yet interrelated aspects (Mann 1995): 1) prejudicial attitudes toward the aged and toward the aging process, including attitudes held by the aging themselves; 2) discriminatory practices against the elderly in employment, and in other social roles; and 3) institutional practices and policies that undermine their personal dignity. Attributes of age-

ism in the U.S. society have contributed to the transformation of aging from a natural process into a social problem. Ageism is perhaps the major impediment confronting the elderly in contemporary society. Beliefs about the elderly being unwilling or unable to change, incapable of learning, asexual, rigid, conservative in nature, and dependent and withdrawn are commonly held misconceptions (Rice 1997). Many stereotypes about old age do not accurately describe how older people feel and act. Older individuals have diverse needs and interests. They are often erroneously perceived as being a homogeneous category of people, while in fact, they vary broadly in health status, ethnic and racial background, income level, degree of educational attainment, and level of independence.

Our society places a high value on youth and on having a beautiful body. From advertisement to television talk show jokes, negative messages are so endemic and create an image of the elderly as debilitated and useless. The constant bombardment of negative stereotypes in the culture gets internalized by older people, which lowers their expectation of performance. Trafford (2000) reported on the findings from a recent Yale University research into the health consequences of chronic exposure to negative stereotypes about aging. The study shows that elder bashing can damage a person's mental and physical functioning.

Researchers divided 54 men and women between the ages of 64 and 82 into two groups. In one group, participants were exposed to several negative messages. Participants in the other group received all positive messages about the elderly. It was found that those who got negative messages experienced significant increases in blood pressure that lasted for half an hour. High blood pressure increases the risk of heart attack and stress. Those older adults in the study who were exposed to negative messages also showed a greater response to stress according to skin measurement (Trafford 2000). Moreover, participants in the negative-message group performed worse on mathematical tests. They had more difficulty on a verbal test in which they had to recount a stressful experience in the past five years when compared with the group that received positive messages. The extent of societal sources of elder abuse is severe enough to prompt geri-

atrician Jesse Ruth, professor of medicine at Johns Hopkins University School of Medicine to note that:

We are permitting a level of negative humor with the elderly that disappeared at the racial and gender level two decades ago. We are allowing words to describe the elderly that would cause one to lose his or her job if those words were associated with gender or race (Trafford 2000).

Job discrimination is one societal source of abuse and neglect against the elderly. Older workers are frequent targets of job discrimination when seeking new employment and promotion. The 1967 Age Discrimination in Employment Act, designed to protect workers between 40 and 65, has still not succeeded in eradicating discrimination against the elderly. Although there are state and federal laws prohibiting age discrimination, complaints continue to grow. For example, requests for information on fighting age discrimination have increased 55 percent since 1990 (Henderson 1994). Charges of age discrimination nearly doubled during the 1980s and by the 1990s there were 22, 537 new cases filed. Along with the cases filed through the Equal Employment Opportunity Commission (EEOC), private lawsuits alleging age discrimination increased 2,200 percent from 1969 to 1989 (Henderson 1994).

In 1990 the EEOC had a backlog of age discrimination cases exceeding 45,000, and it received 17,000 more complaints in 1991. A record 60,000 discharged because of age cases were filed with EEOC in 1992. Moreover, there is a trend of lower wages, harsher performance appraisals and less training opportunities given to older workers, perhaps under the misconception that they are not adaptable or trainable. Those who have suffered racial, ethnic, or sex discrimination can expect to find additional indignities in old age. While it would seem progressive for society to find a meaningful productive role for the elderly, early retirement programs and stereotypic expectations of the elderly often result in the elderly being viewed as unproductive, inactive, dependent, and unfulfilled.

THEORETICAL PERSPECTIVES ON ABUSE

Elder abuse is a multi-dimensional problem that requires broad expertise and a variety of resources. The most common approach to pre-

venting elder abuse is to provide professional and public education programs at the community level. In addition to established federal and state laws designed for reporting elderly abuse and neglect, many states also provide informal caregivers and interested citizens with training in eldercare. In most communities, both public and private agencies such as the police, prosecutor's office, court client advocacy groups, hospitals and practicing physicians, and social service providers work collaboratively to ensure the protection of vulnerable elders (Tatara 1995). Although the causes of elderly abuse and neglect are complex and varied, a promising approach to increasing self-determination for the elderly is based on empowerment concepts. The rationale for the use of an empowerment approach to the elderly abuse and neglect problem derive from the powerlessness they experience based on social reconstruction theory, an orientation specific to older age.

SOCIAL RECONSTRUCTION THEORY

The basic tenets of social reconstruction theory (Kuyper, Bengston 1973) are based on analysis of breakdown and competence in older age. This theory suggests that, as a result of social reorganization that occurs in later life, older people are devalued and develop negative self-images. Social reconstruction theory provides a perspective for assessing planned change at the societal level that will benefit older adults. Older adults typically experience the loss of occupational roles and established network. As this loss occurs (Long, Holle 1997), they receive feedback from others that they are less needed and less valued. Older persons, in this way, are stripped of their dignity and opportunities to productively use knowledge and abilities they have spent a lifetime developing (Long, Holle 1997).

An understanding of social reconstruction theory and its effects on the elderly, provides valuable empowerment perspectives and techniques to reverse its negative cycle. Rice (1995) identifies how society reduces the self-concept of the aged in the following four steps:

1) our society brings about role loss, offers only sparse normative information and guidance, and deprives the elderly of reference groups, so that they lose the sense of who they are and what their roles are;

2) society then labels them negatively as incompetent and deficient;

3) society deprives them of opportunities to use their skills, which atrophy in the process; and

4) the aged accept the external labeling, identify themselves as inadequate, and begin to act as they are expected to act, setting the stage for another spiral.

Within existing models of responses to the elderly abuse and neglect problem, the problems of the elderly are couched in individual terms and analyzed in relation to a specific client situation, and overlook the role of objective powerlessness. An empowerment perspective, which assumes that issues of power and powerlessness are integral to the experience of older people, can be used to address elderly abuse problems.

EMPOWERMENT PERSPECTIVE

Empowerment is a process of increasing personal, interpersonal, or political power so that individuals can take action to improve their life situation (Gutierrez 1990). Researchers often approach empowerment from either a macrosystems perspective or from a microsystems perspective (Pinderhughes 1983). On the macrosystems level, empowerment is depicted as the process of increasing collective political power. Conversely, on the microsystems level, empowerment often is described as the development of a personal feeling of increased power or control without an actual change in structural arrangements (Pinderhughes 1983). Other researchers (Gutierrez 1990; Rappaport 1985) advocate for the interface of the two approaches: how individual empowerment can contribute to group empowerment and how the increase in a groups power can enhance the functioning of its individual members.

The literature describes four associated psychological changes that seem crucial for moving individuals from apathy and despair (Gutierrez 1990) to action. First is increasing self-efficiency. This pertains to belief in one's ability to produce and to regulate events in one's life. It uses such concepts as strengthening ego functioning, developing a sense of personal power or strength, developing a sense of mastery, initiative, or increased ability to act. Second is developing group consciousness. The development of group consciousness in powerless persons results in critical perspective on society that redefines indi-

vidual, group, or community problems as emerging from lack of power. Efforts of organizations such as the NARCEA and the Area Agencies of Aging (AAA) are designed to evaluate elderly abuses, identify their needs, develop comprehensive, community-based services to meet those needs, and administer federal funds largely through local service providers. Further, these organizations promote group consciousness among the older persons which allows them to focus their energies on the causes of their problems. Self-determination is encouraged.

Third is reducing self-blame. By attributing their problems to the existing power arrangements in society, older persons are freed from feeling responsible for their negative situations. Because self-blame has been associated with feelings of depression and immobilization, this shift in focus allows the elderly to feel less defective or deficient and more capable of changing their situation (Gutierrez 1990). Fourth is assuming personal responsibility for change. This aspect of the empowerment perspective assumes that as individuals develop self-efficiency, they may become more likely to assume personal responsibility for change. Further, the assumption of personal responsibility for change counteracts some of the potentially negative results of reducing self-blame. Researchers who have studied this process also suggest that one does not necessarily "achieve empowerment" but rather that it is a continual process of growth and change that can occur throughout the life cycle (Gutierrez 1990).

THE HELPING PROFESSION'S ROLE

Professional helpers and particularly social workers concerned about the social functioning and well-being of older persons are in a better position to help when they are cognizant and assess various avenues for social empowerment. The literature on empowerment suggests intervention on the individual and family levels. However, integrating individuals and social environmental factors often are neglected. It is essential that the social worker recognize that the older person's problems may be related to society's actions toward them. Empowering the elderly may require workers to recognize the older person's competence, society's responsibility to the older person, and educating them on their rights.

Competence Recognition. In our society, a person's worth is disproportionately weighted in relationship to one's performance in economically productive roles (Long, Holle 1997). Retirement and lower physical strength decreases feelings of self-worth among older persons. Social workers have the professional values to provide alternatives and help to redefine self-worth through empowerment. While recognizing that a shift in values is not a simple task (Kuyper, Bengston 1973), greater emphasis on wisdom, experience, and creativity are essential qualities that could be used to persuade employers, voluntary organizations, and schools to use the services of the elderly.

Societal Responsibility. Various helping professions have a rich tradition of providing clinical services to assist older persons in adapting to environmental change (Long, Holle 1997). However, placing emphasis on their ability to adapt creates more stress. Rather, older people need help and encouragement from society to pursue goals, make their own choices, and feel good about themselves.

Senior Rights Education. People of older age are susceptible to losing control over their lives (Long, Holle 1997). An important role of the social worker is to empower them to be decision makers regarding the social policies and programs that affect them and their positions in life. Older people are more likely to demand fair treatment from society when their self-worth is raised and their self-blame is reduced through empowerment. Areas of importance for social workers working in the interest of the elderly include awareness of policies and services, policy evaluation research, caretakers assistance, and advocacy. These intervention approaches are detailed below.

INTERVENTION APPROACHES

Awareness of Policies and Services. Although many social workers have clinical training and experience, it is essential to become involved in the policy-making process. Engaging older persons in social policy discourse and toward the acceptance of responsibility for their own happiness and social functioning is an important role for the social worker. Significant attention needs to be paid to the provision of services. Services provided should be evaluated on their impact on pre-

venting or reducing risks of abuse and neglect. Available resources include approximately 670 Area Agencies on Aging in the United States providing services to the elderly in almost every community. These resources are available to social workers and include elder evaluation, case management, information referral, adult day care, education, employment, support groups and many others.

Policy Evaluation Research. Another vital role for social workers is to actively expand their research agenda focusing on evaluating the implementation and impact of social policy. Such research effort will not only provide us with an assessment and understanding of the impact of social policies on the elderly, it will help in the maximization of resource allocation. Research is also essential to ensure that services are designed to foster maximum self-determination on the part of the elderly.

Caretaker Assistance. Many caretakers of older persons tend to have other responsibilities such as employment and raising their own families. These responsibilities become overwhelming to some who may require services that would alleviate family stress resulting from the need to care for a dependent older member. Caretakers can be provided with information regarding resources. They can be educated in the area of abuse and neglect and on how to manage their own emotions. Providing caretakers with information about the physical, emotional, medical, and social needs of the elderly persons, including other supportive available services to assist them in their care of the elderly, will reduce abuse and neglect.

Advocacy. While the roles of social workers in the field of aging is increasing to include consultants, community planners, researchers, and administrators of services, the role of advocate is crucial in responding to elderly abuse. Social workers have an obligation to help the elderly identify specific instances of ageism and discrimination and then serve as advocates in eradicating them. A beneficial guideline for advocacy is the Older Americans Act of 1965 and its amendments which provided the basis for financial aid by the federal government to assist states and local communities to meet the needs of the elderly.

The objective of the act is to secure for the elderly (U.S. Department of Health, Educa-

tion, Welfare 1970): an adequate income, best possible physical and mental health, suitable housing, restorative services for those who require institutionalized care, opportunity for employment, retirement, health, honor, and dignity, pursuit of meaningful activity, efficient community services, immediate benefit from research knowledge to sustain and improve health and happiness, freedom, independence, and the free exercise of elderly individual initiative in planning and managing their own lives. These objectives are commendable, and some progress has been made, in reality they have not been realized for many of the elderly. Thus, these objectives provide the advocate with systematic measures and purpose of actions to at least increase the chances of more elderly needs being met in accordance with the Older Americans Act of 1965.

CONCLUSION

Although significant inroads have been made in improving social functioning and well-being for the elderly population, the increasing incidences of abuse and neglect is a national concern. For social workers to have an impact on conditions of elderly powerlessness, it is essential to move beyond work with individual clients and problems, to engaging in efforts toward both institutional and societal change. The literature on empowerment suggests specific ways for a social worker to engage individual elderly persons from feelings of hopelessness and apathy to active change. It also provides suggestions on how to advocate and challenge other systems (institutional, societal) that impacts on the lives of the elderly people.

The effectiveness of empowering practice requires interest in the structure and context of social work education. That is, in addition to developing skills in the area of individual and family forms, social workers are also to be empowered and supported to engage themselves in the social contexts of their clients and to move among levels of intervention. The growing aging population provides a compelling need for social workers to provide social justice initiatives and integrated intervention against elderly abuse and neglect.

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