Journal of Elder Abuse & Neglect
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/wean20

Treatment and Prevention of Elder Abuse and Neglect: Where Knowledge and Practice Meet—A Model for Intervention to Prevent and Treat Elder Abuse in Israel

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Accepted author version posted online: 17 Mar 2013.Published online: 05 Feb 2014.

To cite this article: Sara Alon PhD & Ayelet Berg-Warman PhD (2014) Treatment and Prevention of Elder Abuse and Neglect: Where Knowledge and Practice Meet—A Model for Intervention to Prevent and Treat Elder Abuse in Israel, Journal of Elder Abuse & Neglect, 26:2, 150-171, DOI: 10.1080/08946566.2013.784087

To link to this article: http://dx.doi.org/10.1080/08946566.2013.784087

Journal of Elder Abuse & Neglect, 26:150–171, 2014

ISSN: 0894-6566 print/1540-4129 online
DOI: 10.1080/08946566.2013.784087

Routledge
Taylor & Francis Group

Treatment and Prevention of Elder Abuse and Neglect: Where Knowledge and Practice Meet—A Model for Intervention to Prevent and Treat Elder Abuse in Israel

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Successful handling of elder abuse and neglect requires various interventions. This article presents findings from an evaluation study of a model for intervention implemented in three municipalities in Israel. Data from 558 older adults, exposed to abuse and treated through the program, and interviews with victims, abusers, and professionals revealed that improvement was achieved in 66% of the cases. In 20% of the cases, the abuse was stopped. The most widespread type of intervention consisted of individual counseling. Legal intervention yielded the highest rate of improvement (82%). Provision of supportive services for victims of neglect was found to be most effective (82% of improvement in the situation).

KEYWORDS elder abuse and neglect, model for intervention, evaluation

INTRODUCTION

Elder abuse and neglect recently have been recognized as a social problem in Israel. Findings from the national survey (Lowenstein, Eisikovits, Band-Winterstein, & Enosh, 2009) indicated that 18% of the older adults reported at least one form of abuse during the previous year. Approximately 8% reported

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psychological or verbal abuse, 7% reported financial exploitation, almost 3% reported restriction of freedom, and 2% had experienced physical and/or sexual abuse. Eighteen percent reported neglect. As the older adult population comprises 750,000 citizens, we can assume that tens of thousands are exposed to abuse and/or neglect.

Addressing the problem requires multidimensional and multisystem actions: formulating policy, raising awareness, developing social responses, and constructing an array of services. This article presents findings from an evaluation study of a model for intervention implemented in the community and its impact on reducing abuse and the damage it causes.

The literature review describes approaches to interventions and the evaluation of programs. The second section of the article presents the intervention model, followed by measures and findings. The article concludes with a discussion of the findings and limitations of the study and presents its implications for the future.

LITERATURE REVIEW

Addressing Elder Abuse and Neglect

The nature of elder abuse presents society with the serious challenge of tackling the problem and its implications for millions of older adults throughout the world. Preventing and treating elder abuse requires multiple strategies and services. The goal of intervention is to stop elder abuse or at least to reduce its incidence and harm.

Over the years, a range of services and programs to address elder abuse and neglect have been developed, providing education for older adults and caregivers, as well as supportive services (Lowenstein & Doron, 2008; Nerenberg, 2008). Training initiatives for professionals were developed and implemented. In general, an integrated continuum of care is available for victims, abusers, and other family members involved (Doron, Alon, & Offir, 2004; Anetzberger, 2005; Payne, Berg, & Flanagan James, 2001).

Nerenberg (2006, 2008) discussed several paradigms used to address elder abuse. They include protective services, domestic violence, criminal justice, elder rights, and public health models for prevention. Each paradigm has its own ideology, interventions, and strategies. Due to the complexity of the problem and its manifestation in individual cases, it can be assumed that every approach fits some of the abusive situations.

Researchers and professionals in the field of elder abuse relate to different approaches in the encounter with it. Anetzberger (2000) and Anetzberger and Miller (1999) described a framework for tackling elder abuse with three components: The protection model aims at working with the victim and abuser dyad and referral to emergency responses such as hotlines and shelters. The empowerment model focuses on the problems and needs of

individuals. The primary goal is to help victims move beyond perceiving themselves as victims to seeing themselves as "survivors" and taking the lead in self-protection. This is accomplished through provision of information, individual and group counseling, safety planning, financial assistance, and supportive services. Advocacy can be achieved through exercising rights, mediation, and referral to other services.

A different perspective makes a distinction between the therapeutic approach and the legal approach. The therapeutic approach includes detection, assessment, protecting the victim in times of crisis and in emergencies, individual counseling, support groups, advocacy, and providing supportive services (Alon, 2004; Anetzberger, 2005). In essence, all are health and social services aimed at enabling victims to continue living at home and in the community (Barker & Himchak, 2006; Ines-Kenig, Alon, & Ben David, 2007; Manthrope, 1997; Nahmiash & Reis, 2000; Nerenberg, 2006; Penhale, 1999). The legal approach asserts that stopping abuse might require legal interventions to restrain abusers, mandatory reporting, removal of victims from unsafe settings, referral to the officer for the court, and appointment of a guardian (Barker & Himchak, 2006; Doron et al., 2004; Heath, Kobyiarz, Brown, & Castano, 2005; Nerenberg, 2006).

Preventing elder abuse has relied on public health principles to lower the risk of abuse, in order to forestall the problem. Primary prevention includes legislation, raising awareness, advocacy, and education. Secondary prevention aims at screening and identifying high-risk groups (elders who live with substance-abusing offspring or with a caregiver) as well as easing the strain on caregivers through education, information, and support groups. Tertiary prevention aims at treating problems that are already present, reducing older adults' isolation, and providing supportive services (Alon & Berg-Warman, 2009; Nahmiash & Reis, 2000; Nerenberg, 2006, 2008).

Multidisciplinary teams are now part of many elder abuse prevention programs. The teams provide the combined expertise of social workers, attorneys, physicians, police, and protective services workers to raise awareness and offer education, and they tackle cases of elder abuse in an effective and comprehensive manner. Disciplines supplement and complement each other toward a holistic remedy by providing the client with credible and reliable interventions. The benefits of the team stem from the ability to provide for multiple needs in a collaborative fashion. The team works to maximize the expertise that each member offers, enhance members' understanding of services, help resolve difficult cases, and provide opportunities for learning about different strategies and resources (Cafaro Schneider, Mosqueda, Falk, & Huba, 2010; Morris, 2010; Schecter & Dougherty, 2009; Teaster & Wangmo, 2010).

Elder abuse is a social problem that involves criminal behavior. Thus, solutions to stop abuse and neglect should be based on a variety of approaches. However, social workers tend to prefer and employ therapeutic

interventions rather than legal interventions (Alon, 2004; Berg-Warman & Brodsky, 2008; Lithwick, Beaulieu, Gravel, & Straka, 1999; Nahmiash & Reis, 2000; Preston-Shoot & Wigley, 2002). Social workers' preference stems from the fact that clinical procedures and service provision are part of social workers' routine work with older adults (Alon, 2004; Anetzberger, 2000; Bergeron, 2001; Wolf & Pillemer, 2000).

Evaluation of Intervention Programs

Although a variety of approaches for detection and management of elder abuse were developed and implemented, only a small number included evaluation of intervention methods (Ploeg, Hutchison, McMillan, & Bolan, 2009). The few researchers who evaluated models of interventions to treat and prevent elder abuse have concentrated on the effectiveness of specific interventions. In general, evaluating an intervention is a complex, multifaceted issue, and the professional care provider, the client, and other professionals involved in the case might all perceive the evaluation measures differently.

The following studies can demonstrate attempts to examine the outcomes and impact of interventions on victims' conditions. Wolf (1986) evaluated models for intervention in Massachusetts, New York, and Rhode Island. She found that in three-quarters of the cases, the victims' condition improved. In other words, there was a decrease in the number and severity of manifestations of abuse and neglect. These resulted in reducing the threat to the victims. Findings showed a decline in the victims' dependence on their abusers or other family members, an improvement in the victims' self-esteem, a decline in the abusers' economic dependence on their victims, and a reduction in the tension between them. Removing victims from unsafe settings or removing abusers from home led to a considerable decline in neglect.

Lithwick (1999) found that the provision of supportive services (medical and homecare) and placement in institutional settings were effective in cases of neglect, particularly when the victim was mentally and functionally frail. She claimed that interventions in cases of financial exploitation and physical abuse were terminated in less than a quarter of the cases. This was apparently due to the difficulty in changing deeply rooted relationships within the families. Psychological abuse was reduced in a third of the cases. No change was evident in a large proportion of financial exploitation.

In an evaluation study of a program to prevent elder abuse in Ontario, Canada, Vladescu, Eveleigh, Ploeg, and Patterson (1999) reported that in 35% of the cases, the abuse stopped as a result of the intervention, which included supporting the victims and strengthening their ability to make decisions, providing information, and referring the cases for further treatment. In 31% of the other cases, there was a reduction in the abuse and an improvement in the situation. For all resolved cases, abuse was resolved in 67% of the

physical abuse cases, 84% of the psychological abuse cases, and 61% of the financial exploitation cases.

Wolf and Pillemer (2000) evaluated three models for elder abuse and neglect prevention and intervention. The study found four predictors of the results of intervention and the cessation of elder abuse and neglect: the victim's characteristics (age, gender, state of health, functioning), type of abuse, kinship and relationship between victim and abuser, and the services provided. The study found a correlation between a successful outcome to the intervention, the type of abuse (neglect), and the victim's characteristics (advanced age, limited functioning, and dependence on the abuser). The abuse and neglect were resolved in 58% of the cases. In 68% of these cases, the improvement resulted from a change in living arrangements, as opposed to in the 20% of cases that were not resolved. On examining the association between change in situation and type of abuse, 80% of the nonresolved cases were found to involve psychological abuse, compared to 53% of the resolved cases.

Davis and Medina-Ariza (2001) and Davis, Medina, and Avitabile (2001) examined the effectiveness of education about family violence (intervention 1) and home visits made by police and domestic violence counselors (intervention 2) on the frequency of calling police, knowledge of elder abuse and awareness of services available, self-esteem, and psychological well-being of participants. Findings showed that home visits plus public education yielded more frequent calls to police compared with control groups. No differences were found between intervention groups and control groups regarding knowledge of elder abuse and awareness of services, self-esteem, and psychological well-being.

Making generalizations from these findings is difficult due to methodological limitations. There is lack of consensus of what constitutes case resolution and who defines it: the client or the social worker. The existence of different types of intervention makes comparisons between them difficult. Evaluation studies also tend to consist of small samples, and most of them do not include a control group.

Despite the limited number of evaluation studies, we can gain some understanding about the effectiveness of interventions. The studies presented provide insight into relationships regarding the type of abuse, method of intervention, and cessation of abuse or relief in the situation. Findings indicated that case resolution was associated with neglect. Separating the victim from the abuser yielded cessation of abuse.

Combating elder abuse requires a variety of combined approaches and different disciplines to respond effectively (Anetzberger, 2005; Nerenberg, 2008). The following section describes an integrative model for intervention that was developed and implemented as an experimental initiative, through the social service departments at three municipalities in Israel.

THE ISRAELI MULTISYSTEM MODEL FOR THE TREATMENT AND PREVENTION OF ELDER ABUSE IN THE COMMUNITY

Elder abuse and neglect is a complex, multidimensional phenomenon that has implications for the life of older adults, their families, professionals, and society as a whole. Therefore, services and professionals from different types of organizations are required to work together to deal with the problem effectively.

ESHEL (the Association for the Planning and Development of Services for the Aged in Israel—NGO), the Ministry of Social Affairs and Social Services, and social workers working with older adults in municipalities[1] developed a multisystem model. The model aimed at addressing effectively the problem of elder abuse and neglect for people living in the community. The program was funded by ESHEL.

The model was implemented as an experimental initiative at three municipalities during the years 2005–2007. The main features included the establishment of a Specialized Unit for the Prevention and Treatment of Elder Abuse (SUPTEA), with a social worker as coordinator, a paraprofessional (a social worker assistant who makes home visits and follow-up visits and accompanies older people to medical checkups), and a multidisciplinary advisory team. Other social workers serving older adults at the municipal social service department took part in the project (a total of 40 social workers at all three municipalities). These social workers underwent two special training programs: (1) Detecting and identifying elder abuse and neglect (42-hour course); and (2) Methods of intervention in cases of elder abuse (150-hour course).

Based on the cumulative knowledge that the employment of strategies from various paradigms and approaches is necessary to address elder abuse, SUPTEA engaged in the following activities: (1) Case work: Based on public health models for prevention, social workers used screening tools for detecting abuse and neglect and tools for risk assessment. Based on therapeutic and empowerment paradigms, they also employed techniques such as individual counseling, group therapy, mediation, and referral to the appropriate services, along with providing supportive services to the victim, abuser, and other family members. Use of legal means such as reporting and filing complaints with the police, obtaining protection orders and/or compulsory intervention orders, and the appointment of a legal guardian are drawn from the legal approach. The advisory multidisciplinary team was established as a forum for sharing information and expertise, discussing complex cases, and developing an intervention plan. The team consisted of professionals from the fields of geriatric medicine, psychiatry, law, and social work, along with a welfare officer for the court. (2) Community work: Recognizing that elder abuse is a community problem calls for responses such as raising awareness among older adults, including educational workshops in daycare

centers, seniors clubs, and conferences for professionals. Social workers were involved in recruiting professional partners from health care clinics, homecare agencies, hospitals, the police force, and nonprofit organizations providing services for older adults.

METHODS

Research Questions

The present study aimed to evaluate the intervention model and its impact on the clients and professionals. It had the following research questions:

1. What types of interventions did social workers employ in cases of elder abuse?
2. Is there a relationship between type of intervention and type of abuse?
3. What are the outcomes of the program on improving clients' situations (i.e., cessation/reduction of abusive behavior, improvement of the victim's ability to cope)?
4. Is there relationship between clients' outcomes and type of intervention?
5. What is the impact of model implementation on working procedures (social workers' skills, enhancing partnerships with professionals in the community)?

Design

The study was designed as a prospective evaluation, using various instruments.

Study Population

The study included clients and professionals as follows:

1. Five hundred and fifty-eight older adults living in the community identified as victims of abuse and/or neglect and treated in the program. Most of them were referred by social workers to the SUPTEA for further intervention. Others were referred by homecare services agencies, health care clinics, and hospitals.
2. Ten social workers working with victims and their abusers.
3. Nine professional associates from various services for older adults.

Data Collection

Study instruments consisted of questionnaires, interviews, and observations.

Questionnaires: Data were gathered using two types of questionnaires: (1) Intake questionnaire containing 13 items about the characteristics of the victim and the abuser (gender, family status, perceived health status, functioning, residential status, family relations, etc.) as well as the referring agency. It also included three questions about the type of abuse, and seven questions about the proposed intervention plan. The open-ended questions required the social workers to describe the relationship between the victim and the abuser (spouse/offspring), manifestations of abusive behavior, and the victim's experience of dealing with the problem. The victim's motivation to receive help also was assessed. (2) Periodic evaluation questionnaire included data about types of intervention and outcomes, including extent of change in frequency of abusive behavior (reduction, cessation, or worsening), change in the victim's ability to cope (greater sense of control, assertive behavior toward the abuser), or no change whatsoever in the situation. These indicators were derived from intensive discussions with professionals, researchers, and social workers.

Questionnaires were validated through pretest on the first 20 cases treated.

Interviews: Face-to-face, semistructured, in-depth interviews were conducted with victims ($n = 18$), abusers ($n = 3$), social workers ($n = 10$), and professional associates (two bank clerks, two police officers, three homecare personnel, and two social workers from daycare centers). Interviews were conducted by trained interviewers. A specific interview guide was prepared for each interview group.

Victims were asked to describe the contribution of the intervention and changes made in their daily lives. Abusers were asked how the intervention helped them to change their offensive behavior. Social workers and professional partners were asked about skills acquired, changes in their working procedures, and coordination and cooperation between professional partners and organizations. Partners also were asked if they refer elder abuse cases to SUPTEA for further treatment.

Observations: These were conducted in support group sessions for victims of spousal abuse. The therapeutic process and feedback were documented.

Data Collection Methods

Social workers completed the intake questionnaire for every new client prior to intervention ($n = 558$). They documented clinical procedures and evaluated outcomes every 6 months based on clients' reports. During the years 2005–2007 social workers completed periodic questionnaires for 246 (out of the 558) clients.

Interviews with victims and abusers were conducted by trained interviewers after the completion of the treatment process. Social workers and

professional associates were interviewed twice: 1 year after starting the program and again after 2 years. An interview guide was prepared. Researchers conducted observations on the support-group process and obtained feedback from participants after 6 and 12 months. Data (from questionnaires, interviews, and observations) were collected after the participants had given their consent.

Data Processing Methods

Descriptive statistics: These included frequency and distribution of the characteristics of the victims and abusers, type of abuse, and type of intervention.

Inferential statistics: These consisted of correlation among variables, such as type of abuse and type of intervention, using χ^2 statistics.

Qualitative analysis: Interviews and observations were documented and transcribed and were subsequently analyzed to identify common themes concerning the impact of the program on professionals, and outcomes experienced by individual clients and participants of support groups.

RESULTS

Characteristics of the Victim, Abuser, and Type of Abuse

Most of the victims were women ($n = 558$, 85%). The average age of the victims was 75 (range: 52–103, standard deviation: 8.8). Most had functional disabilities (61%), about half of them were widowed, and fewer than half were married. Approximately a third of the victims had immigrated to Israel after 1990. Approximately a fifth of the victims lived alone, a third lived with adult offspring, a quarter lived only with their spouse, and a tenth lived with their spouse and offspring. Thirty-nine percent of the victims did not have an informal support system, 37% had no formal help, and 18% had no support system at all, either formal or informal.

Three-quarters of the abusers were men ($n = 384$); approximately half of them were adult offspring. Their average age was 46 ($n = 270$; range 14–69; standard deviation: 10.0). A third of the abusers were spouses, with an average age of 74 ($n = 185$; range: 44–89; standard deviation: 7.6). The abusers' main problems were financial difficulties and unemployment, addictions, and mental illness. Other problems included caregiver burnout, health problems, and disability or decline in functional ability.

The most prevalent type of abuse (two-thirds) was psychological. Approximately half of the victims were exposed to physical violence. Over a third were victims of financial exploitation, mostly by their offspring, and a fifth suffered from neglect (either by commission or omission). About

TABLE 1 Type of Therapeutic Intervention, by Type of Abuse ($n = 246$)

Type of Intervention	Total (%)	Psychological	Physical	Financial Exploitation	Neglect	Violation of Rights
n	246	165	117	98	53	37
			Percentages			
Individual counseling[a]	**79**	**82****	**80**	**80**	**64***	**86**
For victim	**74**	79*	76	77	47*	73
For abuser	**33**	33	37	29	42	38
For other family members	**24**	24	19**	27	25	30
Support group	**14**	**16***	**15***	**8***	**4***	**15**
Supportive services[a]	**40**	**33***	**39**	**41**	**55***	**41**
Medical and nursing care	**24**	21**	26	20	30**	22
Homecare	**18**	12*	12*	20	30*	22
Daycare center	**11**	7**	10	10	11	8

[a]At least one of the services in the group.
*$p < 0.05$; **$p < 0.10$.

three-quarters were neglected by adult offspring. About a fifth of the victims had been abused by their spouses for many years.

Intervention

During the study, the social workers documented the types of interventions that were employed. Tables 1 and 2 present the frequency of types of intervention by type of abuse. The statistical significance of the correlation was examined using χ^2 tests, which compared the types of intervention employed for each type of abuse. Note that victims were exposed to more

TABLE 2 Use of Legal Intervention, by Type of Abuse ($n = 246$)

	Total (%)	Psychological	Physical	Financial Exploitation	Neglect	Violation of Rights
n	246	165	117	98	53	37
			Percentages			
Legal intervention[a]	**39**	**38**	**44****	**49***	**36**	**51****
Authoritative intervention by WOC	**24**	23	27	33*	30	38*
Complaint filed with police	**14**	17**	23*	14	8**	22
Application for court order	**7**	6	7	7	8	11
Legal advice	**5**	5	5	8*	2	14*
Legal guardianship	**5**	1*	2*	7**	9**	3

[a]At least one of the interventions in the group.
*$p < 0.05$; **$p < 0.10$.

than one type of abuse and, in many cases, more than one intervention was employed. For this reason, the figures do not add up to 100%.

Table 1 shows that the most frequently used intervention was individual counseling for the victim followed by individual counseling for the abuser. Fourteen percent of the victims participated in a support group. The most prevalent use of individual counseling was among cases of violation of rights and psychological abuse (86% and 82%, respectively). The least frequent use of this type of intervention was in cases of neglect (64%).

Medical treatment was the most prevalent of the supportive services (24%), followed by homecare (18%) and daycare centers (11%). These supportive services were provided mainly in cases of neglect (55%).

Table 2 shows that legal interventions were used in 39% of the cases. The frequency was greater in cases of violation of rights, financial exploitation, and physical abuse. In a quarter of the cases, there was an authoritative intervention on the part of a welfare officer for the court (WOC), and in 14% of the cases, a complaint was filed with the police. Welfare officers were found to be involved more frequently in cases of violation of rights and financial exploitation. Complaints were most often filed with the police in situations of physical violence and less often in cases of neglect.

Evaluation of Case Work Intervention

The study examined the effectiveness of the various types of interventions according to type of abuse reported. In the periodic evaluation questionnaire, social workers were asked to assess (based on clients' report) the extent to which there had been a change in the abusive situation compared with how things had been 6 months previously. The data are presented in Table 3.

As shown in Table 3, social workers assessed that in two-thirds of the cases, the situation had improved. The table also shows that the most significant improvement was in cases of neglect (72% of cases). In addition, data showed that among those suffering from neglect, the highest rates of improvement were found among cases of neglect by omission (82%).

TABLE 3 Change in Abusive Situation, by Type of Abuse, as Perceived by Social Workers ($n = 246$)

	Total (%)	Psychological	Physical	Financial Exploitation	Neglect	Violation of Rights
n	246	165	117	98	53	37
Total (%)	**100**	**100**	**100**	**100**	**100**	**100**
Improvement	**66**	63	61	66	72	67
No change	**33**	35	38	31	28	30
Deterioration	**1**	2	2	3	—	3

Social workers observed an improvement in two main areas: (1) reduction in the frequency of abusive behavior; and (2) improvement in the victims' ability to cope, reflected in a greater sense of control over their lives and more assertive behavior toward the abuser.

In 33% of the cases, there was no change. Analysis of the responses shows that the social workers believed the main reason for this to be the lack of willingness or inability to involve the abuser in the therapeutic process, and minimal motivation for change.

Change in the situation according to the types of interventions was examined using χ^2 tests to compare the distribution of change for each type of intervention, with the distribution of change among clients who had not received that type of intervention. Table 4 presents the results.

The findings indicate an improvement in 74% of the cases when legal interventions were used. Most of these were applications for a court order and/or a complaint filed with the police. Individual counseling led to an improvement among 68% of the victims. Individual counseling for the abuser led to an improvement among 71% of the cases, whereas counseling for family members brought about an improvement in 74% of the cases. In 66% of the cases, the situation improved for victims who received supportive services in the community.

To isolate the confounders caused by using several intervention methods, we examined the rates of change for each intervention group separately. The analysis showed that when legal intervention was used exclusively, the improvement rate was 82%. When supportive services only were provided, the improvement rate was 65%. The same applies to individual counseling

TABLE 4 Change in the Abusive Situation, by Types of Intervention, as Perceived by Social Worker ($n = 246$)

	n	Improvement Total	Improvement (%)	No Change	Deterioration
Individual counseling[a]	194	100	68	31	2
For victim	183	100	67	31	2
For abuser	83	100	71	25	4
For other family members	58	100	74	24	2
Support group	**61**	**100**	**50**	**50**	—
Supportive services[a]**	98	100	66	31	3
Medical and nursing care	58	100	63	34	3
Homecare	44	100	68	29	2
Daycare center	23	100	64	27	9
Legal intervention[a]*	96	100	74	23	3
Authoritative intervention by WOC*	**60**	**100**	**69**	**26**	**6**
Complaint filed with police*	35	100	74	19	7
Application for court order	17	100	88	12	—

[a]At least one of the services in the group.
*$p < 0.05$; **$p < 0.10$.

(65% improvement). Even when social workers combined legal intervention with the provision of supportive services and therapy, the improvement rate was the same—65%. Data analysis also shows that the use of supportive services for older adults suffering from neglect produced high improvement rates (82%).

An examination of the correlation between the number of interventions implemented with the client and the outcomes found that the more interventions were implemented, the lower were the rates of improvement. For example, when one, two, or three types of intervention were implemented, a 72% improvement was achieved; when four or more interventions were implemented, only a 44% improvement was achieved. A possible explanation for this finding is that the more complex the situation, the more interventions were implemented that could not necessarily bring about a significant improvement.

At the end of the evaluation period, the social workers were asked to report whether the case had been closed for each of their clients and, if so, to specify the reason. Table 5 indicates the reason for termination, by types of abuse.

Table 5 shows that the treatment was terminated for 32% of the clients. In 18% of cases, the abuse had stopped. An analysis of the data reveals that the cessation of abuse was achieved mainly through an institutional arrangement (placement in a nursing home) or by providing separate housing for the victim and the abuser. Eight percent of the victims died. The difference between neglect and all other forms of abuse was striking in respect of the high percentage of cases in which treatment was terminated, the high mortality rates, and the fact that it was possible to help a greater number of clients.

Victims' perceptions of the assistance given to them and the contribution of the intervention was examined using two tools: periodic questionnaires (based on clients' reports) and face-to-face interviews with clients. Clients mentioned counseling, support, supervision, and guidance in certain cases, as well as the determination of the social worker to take steps such as convincing victims to use legal measures and accompanying them

TABLE 5 Reasons for Termination of Intervention, by Type of Abuse ($n = 246$)

	Total	Psychological	Physical (%)	Financial Exploitation	Neglect	Violation of Rights
Termination of intervention—Total	**32**	**31**	**21**	**32**	**48**	**30**
Death	**8**	8	5	6	18	12
Abuse stopped	**18**	15	8	19	30	9
Dropped out of program/Cannot be helped	**6**	8	8	7	—	9

to the police and to court. In their view, the most important contribution was empowerment and enhancement of their ability to deal with the abuse.

This is illustrated by one of the victims (74 years old) who had been subjected to decades of abuse by her spouse: *"At first, I didn't want help from a social worker and I told them that they just make things worse. In the end, I agreed. The social worker was a really good listener. She understood me. She came to my house. . . . I'd talk to her and I'd feel relieved. . . . She helped me with the National Insurance Institute and arrangements with the Health Ministry. . . . [She] said things couldn't go on like that. I went to the police and filed a complaint. The social worker told the policewoman that my husband humiliated me, cursed me and bit me. . . . We went to court. . . . I got my husband removed from the house. . . . I won't let him come back to continue humiliating me. The social worker is an angel from heaven. If it weren't for her, I'd be in my grave."*

One of the abusers (a husband, 76 years old) gave the following description: *"I don't know how it happened; I got to the kitchen and picked up a knife. The police arrived. My trial is this month. . . . The social worker said I'd done wrong. I know that and she made it clear to me. The social worker met me half way and she wants to help me. She's given me a way to sort things out. Now if I get angry, I go outside."* We can deduce from this that the main contribution was the attention from the social worker and her candid willingness to help the abuser despite the fact that he was on trial for violent behavior. By setting limits, she conveyed the message that such behavior was unacceptable.

Evaluation of Support Group Sessions

The study included observations of three support groups for women who had suffered long-term spousal abuse, and interviews with some of the participants. According to their perception the process yielded two main outcomes:

1. *Revealing the "hidden secret":* Being in a supportive atmosphere with other women sharing a "common fate" allowed the participants to be open and disclose their intimate secret. To quote one of them: *"I came to the group with broken wings. Once upon a time, we were ashamed; we accepted all we got and said nothing. [The group] warms your heart. In times of trouble, I'm not embarrassed to come and ask [for help]. They have guided me."*
2. *Empowerment:* Counseling and supportive processes gave some of the participants the skills and strength to cope with their daily lives. *"Thanks to the group, we can hold our heads high. The group gave me courage." "I'm stronger now. I am not afraid to stand up to my husband and do*

what's best for me. The group gave me strength." "I have a violent husband. Here [in the group], I have support. I've told my husband that I'm no longer afraid of him, I'd never said 'No!' to him. . . . Now he's afraid . . . at one time, I didn't know that this was violence. Today, I understand."

Community Activity

The community activities focused on two target populations: professionals (service providers at associated organizations) and senior citizens. The service providers included professional personnel from banks, hospitals, health clinics, and homecare agencies, as well as police officers, legal advisers, and volunteers. Hundreds of participants attended the seminars and workshops for professionals, and hundreds also attended the public education meetings for senior citizens. The main goals of these activities were to raise awareness of elder abuse and neglect and to inform the target populations of the existence of the SUPTEA at the social service department.

Interviews with professional associates revealed that the project had raised their awareness of elder abuse and the problems of tackling it and informed them that they could consult with the SUPTEA and refer older adult victims. Bank clerks noted that after the public education meetings, they understood statements made by their clients in a different way and were more sensitive to the issue. Respondents also noted that patterns of collaboration among professional associates had been consolidated.

Police officers reported that the meetings had led to a change of attitude. They said that previously, they had tended to ignore reports of abuse, but that since then, they were making such complaints a priority. They consulted with a social worker in the social service department about further police action. As one officer noted, *"The training programs helped me most. I gained a better understanding of the old people's suffering . . . I wasn't so aware of the problem before. Now, I take action immediately."*

Impact on Working Procedures

The establishment of the SUPTEA and the introduction of a new topic led to professional and organizational changes in the social service departments. Before starting the project (in 2004), 157 older adults who were victims of elder abuse were treated at the social service departments, compared to 558 older adults treated at the SUPTEA (2005–2007). From interviews with social workers, we learned that dealing with elder abuse and neglect had become the focus of their work. Intervention in risk situations and proactive outreach for cases of abuse and neglect are now priorities.

At the professional level, social workers reported an improvement in their skill at discerning when abuse is actually happening. Through the

program, they received in-service training. The knowledge and experience they acquired had enabled them to implement a broader range of intervention methods (e.g., individual counseling especially with abusers, conducting support groups and educational activities) based on a systematic assessment and intervention plan. The enhanced professionalization of the social workers also is reflected in the following statement: *"We now try to deal with the root of the problem, so that victims are better able to cope. They receive help in solving their problems and become stronger. Previously, we used mostly legal measures. Now, we employ various intervention techniques."*

Improvement in social workers' skills also is expressed by the types of abuse identified and treated at SUPTEA. In 2004 (before the initiative began), the percentages of victims of physical abuse were higher (approximately 60% compared with 50%) and the percentages of victims of financial exploitation and neglect were lower (approximately 20% and 4%, compared with 33% and 20%, respectively). This probably can be explained by the fact that before the project began, the older adults receiving treatment were those who had experienced visible abuse. As social workers and their professional associates had become more aware and skilled, they were able to identify and assess older adults who had experienced other types of abuse, such as neglect and financial exploitation. Social workers also reported that the population receiving help before the start of the program came from a lower socioeconomic background, but once the program began, middle-class population groups also were referred and treated.

Another contribution was the establishment of a multidisciplinary team. The discussions enabled the staff to consult with professionals, and the meetings gave them the opportunity to look for alternatives, draw up treatment plans, and discuss ethical and professional dilemmas. This bolstered the social workers' professional confidence and encouraged them to make use of a variety of treatment methods. The connection between professionals representing different professions and a range of services helped streamline the procedures for working with associates. The cooperation made it possible to share responsibility. One of the participants said: *"Sharing, consulting, devising treatment plans with the team and the program coordinator—those are the important changes."*

At the organizational level, the work became methodical and systematically planned. Data were gathered to provide a comprehensive picture of the clients and their characteristics as well as the interventions used.

DISCUSSION

The article describes implementation of a model for elder abuse intervention in the community and its evaluation. Interventions included activities at two levels: case work (individual counseling, group therapy, legal measures, and

provision of supportive services) and activities in the community to raise awareness and recruit new professional partners. The uniqueness of this evaluation lies in examining the extent to which methods for intervention were employed by social workers, and relationships between types of interventions and types of abuse and/or neglect and their effectiveness (in terms of reducing elder abuse and neglect).

Findings show that social workers employed various types of intervention methods. However, they tended to make greater use of therapeutic interventions (79%), in comparison with other intervention methods. A possible explanation for this tendency is that therapeutic intervention approaches are part of the social workers' daily routine in working with older adults. Individual counseling for the victim was found to be the most prevalent, particularly in cases of psychological abuse and violation of rights, and the least prevalent in cases of neglect. Similar findings were reported in other studies (Alon, 2004; Berg-Warman & Brodsky, 2008; Katzman & Litwin, 2002; Lithwick et al., 1999; Nahmiash & Reis, 2000; Nerenberg, 2006; Preston-Shoot & Wigley, 2002).

Supportive services were provided in 40% of the cases. The most prevalent type of abuse for which this intervention was provided was for cases of neglect, as found in other studies (Berg-Warman & Brodsky, 2008; Lithwick, 1999).

Legal intervention was used in 39% of the cases, mostly in cases of violation of rights (51%), financial exploitation (49%), and physical abuse (46%). As for neglect and psychological abuse, legal intervention was used in only 36% and 38% of cases, respectively. We assume that social workers tend to apply more legal methods in cases that they perceive to be more serious (physical injury, unauthorized use of the older person's finances, etc.) and more conspicuously perceptible regarding the implications and damages to the older person. Although the signs of the violation of rights are usually imperceptible, we believe that the tendency to involve legal methods is derived from the ethical basis of social work as a profession. Self-determination and freedom of choice are fundamental values that have received legal basis in several laws.

The most prevalent form of legal intervention was referral to the welfare officer for the court (WOC), particularly in cases of violation of rights and financial exploitation. The WOC is a specialized social worker who has been authorized by the state to exercise the authority to intervene when an older adult is at risk and protection is required. Similar findings were presented in the study by Alon (2004), which explained that referral to a WOC was perceived by social workers to be a treatment tool and less extreme than restraining orders and reports to the police, which are identified as sanctions and punishment means.

Another interesting finding is reported in the current study: In 14% of the cases, a complaint was filed with the police. In cases of physical abuse,

the rate was the highest (in a quarter of the cases). In a previous study in Israel (Alon, 2004), social workers were reluctant to report cases of elder abuse to the police. This increase in willingness to report could be explained by the accumulated experience and knowledge of the social workers and greater confidence in working relations with police officers. The interviews conducted with the social workers reported that they *"now consider filing a complaint with the police to be an effective means of achieving change."* Interviews with police officers reported that they are giving priority to investigating complaints of elder abuse. The change in the police officers' attitudes and the fact that they take complaints seriously evidently encourages the social workers to file complaints when necessary.

Regarding the effectiveness of different intervention methods, legal intervention (when it was exclusively used) yielded the highest rates of improvement (82%), in terms of stopping/reducing the frequency of abusive behavior and strengthening the victim's ability to cope. The rate of improvement in employing legal intervention can be explained by the fact that legal intervention strategies have a deterrent effect and clearly set out the limits between the permissible and the unacceptable in interpersonal relations. Some of the legal interventions also have a punitive element that could help stop abuse and neglect.

Provision of supportive services yielded a 65% improvement (in terms of reducing neglectful behaviors). The most significant improvement was observed in cases of neglect (82%). A possible explanation for these findings is that the provision of supportive services, such as medical treatment, homecare, and daycare centers, contributes to an improvement in neglectful situations. Supportive services are practical tools that should respond immediately to older people's basic primary and secondary needs and make things easier for caregivers. Similar findings about the effectiveness of providing supportive services in neglectful situations also have been reported by other researchers (Anetzberger, 2005; Barker & Himachak, 2006; Brownell & Wolden, 2002; Lithwick, 1999; Nahmiash & Reis, 2000).

Broadening the victim's support network and engaging the abuser with the treatment process brings about a considerable change and might reduce or put an end to neglect.

With regard to the findings that there was no change in one-third of the cases, it is possible that the situations were complex and/or that neither the victim nor the abuser could or would make the necessary change.

The current study found that one-third of the cases were closed. Resolution was achieved in 18% of the cases (abuse was stopped). Examining case resolution by type of abuse found the highest percentages in cases of neglect (almost half). Other studies reported various rates of case resolution (Vladescu et al., 1999; Wolf & Pillemer, 2000), but those findings are incomparable due to different definitions of case resolution.

As noted, evaluation also observed changes at the organizational and community levels. The number of identified victims increased; working procedures became systematic and methodical, as reflected in using intake questionnaires, case assessment, treatment plans, and periodic evaluation. Social workers employed a variety of interventions. Before the initiative began, social workers focused only on treating victims. Part of the expertise acquired is reflected by working with abusers. Furthermore, it appeared that before the initiative was implemented, physical abuse was the most common type in social workers' caseload. Over time, other forms of abuse have been identified and treated.

Limitations of the Study

This research has some limitations. First, the study population consisted of older adult victims who were exposed to abuse and neglect and were being treated at the SUPTEA at the social service departments. They do not constitute a representative sample of older adults, and consequently, the findings relate to this particular group only, limiting generalizability. However, due to the fact that other studies depicted similar characteristics of victims, abusers, and types of abuse, some conclusions from the current study can be drawn (Biggs, Manthrope, Tinker, Doyle, & Erens 2009; Katzman & Litwin, 2002; De Sevilia, Adler-Bronstein, & Rotem-Albaz, 2007; Lithwick et al., 1999; Ploeg et al., 2009; Vladescu et al., 1999; Wolf, 1986; Wolf & Li, 1999).

Another difficulty stems from the fact that intervention outcomes were evaluated by social workers. Reliance on this information incurs the risk of a subjective evaluation. To overcome this problem and to prevent bias, clients and professional associates were interviewed in order to understand their perceptions about changes concerning abusive situations. Focus groups were held with social workers and the researcher, to reach a consensus defining concepts such as "improvement in the situation."

Implications and Recommendations

Despite the limitations listed, research findings can contribute additional knowledge about methods for intervention in cases of elder abuse and their effectiveness. Thus, if assimilation of the model is planned for intervention at other municipalities, professionals can learn from the accumulated knowledge and improve the ways of dealing with the problem of elder abuse.

The creation of coalitions is recommended on the community level as well as the national level. Strengthening cooperation among professionals from different disciplines and different organizations might yield positive results in reducing the scope of elder abuse and neglect and the damages it causes.

As for professionals working with older adults, it is recommended to develop and implement training programs for professionals to enhance skills for identifying and treating victims, abusers, and others involved. In light of the findings, it is recommended that professionals acquire knowledge about legal measures and tools for solving ethical dilemmas concerning elder abuse and neglect.

For further understanding, it is essential to continue examining the outcomes and effectiveness of intervention methods in greater depth and for a longer period of time with more participants. This could enable longitudinal and multivariate analyses (effectiveness of intervention methods by types of abuse, characteristics of victims and abusers). It is proposed to compare older adults who are exposed to abuse, who are not treated by social workers expert in elder abuse, with older adult victims treated at the SUPTEA. This would enable evaluation of the intervention methods and make a more comprehensive examination of the impact of the initiative and its contribution to contending with the problem.

Social workers' decision-making processes and the factors involved should also be explored more deeply in a follow-up study.

NOTE

1. In Israel, most of the social services for older adults are provided through municipal social service departments in the community.

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