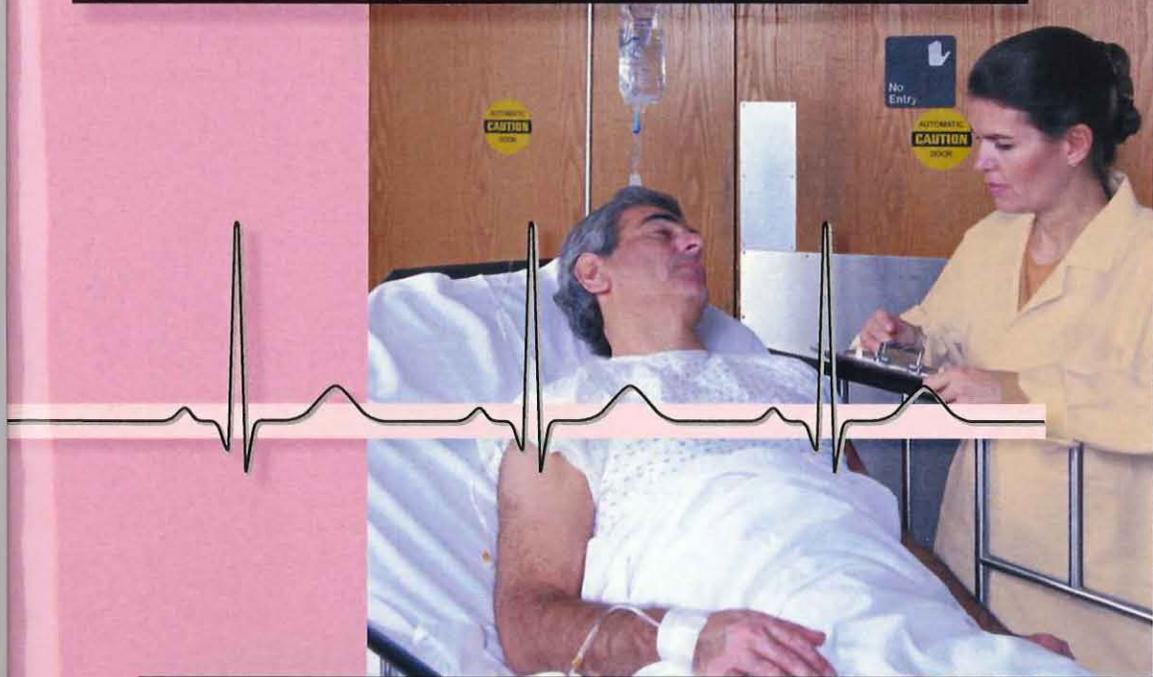


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# Public Forums to Advance Dependent Adult Abuse Policy

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**ABSTRACT.** Sponsored forums were hosted to obtain the opinions of invited professionals on how to create the ideal system for protecting dependent adults in Iowa. The purpose of the study was to determine how the forum participants perceive change in the adult protective service system five years after the forums were held. A mailed sixty-nine-item questionnaire sent to the 1,000 forum participants and professionals in the aging network yielded a 30 percent return rate. Ninety-four percent of the items were ranked by more than half of the respondents as important with abuse awareness items scoring the highest. For each item approximately half of the respondents indicated they did not know if a change had occurred. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

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**KEYWORDS.** Adult abuse, elder abuse, policy, research

In Iowa, Adult Protective Services (APS) are accommodated in the Iowa Department of Human Services (IDHS). The Iowa Department of Elder Affairs (IDEA) and Area Agencies on Aging together with APS work to promote the welfare and safety of residents in Iowa. In 1997 sixteen forums sponsored by the Department of Elder Affairs, Iowa State University Extension, and members of the Dependent Adult Protective Advisory Council were conducted across the State of Iowa. The goal of the forums was to obtain the opinions of invited professionals on how to create the ideal system for protecting dependent adults. The purpose of the present survey is to determine how the forum participants as well as professionals in the aging network perceive change in the adult protective service system five years after the forums were held.

Professionals attending the forums shared their experiences with the current adult protective system and created a vision for future initiatives. The forums were a statewide effort to explore at a grassroots level how the system works to protect vulnerable adults and how that system could be enhanced in the future. Iowa's Adult Protective Services statute requires mandatory reporters, mandatory education for mandatory reporters, and that victims meet an eligibility criterion of being dependent adults for investigations to occur (Iowa Code Ann. §235B). In Iowa, the dependent adult abuse investigations rates were 0.651 cases and substantiation rates 0.125 cases per 1,000 population eighteen years and older in 2001 (IDHS, 2001; IDHS, 2002).

### **METHODOLOGY**

During the forums, three questions were asked: (1) How do the current laws, services, and systems help to protect dependent adults? (2) What needs to be improved? and (3) What can we do to create the ideal system for protecting dependent adults? The answers from the three questions were the framework for the questionnaire developed for this project. Members of the Dependent Adult Protective Advisory Council summarized concepts from the forums and identified thirty-one important items (see Table 1). The items were grouped in categories of general issues, training/education, reporting form, and awareness. The council members wanted to determine if the attendees at the forums and professionals in the

TABLE 1. Concept Items Identified from Forums, Number and Percent of Respondents' Perception of Importance and Change.

Item	Importance			Change			
	Not Important	Neutral	Important	Change for Worse	Not Done No Change	Change for Better	Don't Know
<b>General Issues</b>	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
1. During dependent adult abuse assessment, have a social worker participate with the Dependent Adult Evaluators.	11 (4)	63 (21)	223 (75)	2 (1)	56 (21)	68 (26)	137 (52)
2. During dependent adult abuse assessment, have a physician participate with the Dependent Adult Evaluators.	30 (10)	123 (41)	145 (49)	3 (1)	71 (27)	42 (16)	147 (56)
3. During dependent adult abuse assessment, have a police officer participate with the Dependent Adult Evaluators.	47 (16)	155 (52)	95 (32)	8 (3)	69 (26)	40 (15)	146 (56)
4. During dependent adult abuse assessment, have a nurse participate with the Dependent Adult Evaluators.	17 (6)	81 (27)	198 (67)	3 (1)	49 (19)	73 (28)	137 (52)
5. Have all participants have access to confidential information.	31 (11)	80 (27)	183 (62)	12 (4)	57 (22)	55 (21)	139 (53)
6. Increase the workforce of dependent adult abuse evaluators.	16 (6)	113 (38)	166 (56)	30 (12)	58 (22)	40 (16)	129 (50)
7. Have multi-disciplinary teams who meet regularly.	18 (6)	94 (32)	185 (62)	5 (2)	52 (20)	79 (30)	127 (48)
8. Have a directory listing all available emergency service.	6 (2)	31 (10)	261 (88)	1 (1)	56 (21)	91 (34)	114 (44)
9. Have a legal definition of dependency that is clear.	3 (1)	22 (7)	274 (92)	6 (2)	59 (23)	94 (36)	102 (39)
10. Have a legal definition of caretaker that is clear.	3 (1)	28 (9)	270 (90)	4 (1)	60 (23)	92 (35)	107 (41)
11. Have a standard interpretation of dependency.	4 (1)	36 (12)	260 (87)	6 (2)	58 (22)	84 (32)	114 (44)
12. Have a standard interpretation of caretaker.	5 (2)	35 (12)	258 (86)	4 (1)	59 (23)	81 (31)	116 (45)
13. Have State plan for meeting the dependent adult's needs.	9 (3)	74 (25)	213 (72)	14 (5)	47 (18)	62 (24)	138 (53)
14. Include "at risk adults" in the dependent adult abuse law.	16 (5)	98 (33)	184 (62)	6 (2)	64 (25)	47 (18)	144 (55)
15. Make funds for emergency services available.	3 (1)	47 (16)	246 (83)	15 (6)	50 (19)	52 (20)	145 (55)
<b>Training/Education</b>							
16. Provide specialized dependent adult abuse training for all health care professionals.	2 (1)	16 (6)	262 (93)	2 (1)	44 (18)	120 (48)	81 (33)
17. Have only Certified Trainers provide mandatory reporter training.	30 (11)	86 (31)	162 (58)	12 (5)	54 (22)	73 (29)	109 (44)
18. Provide education sessions for the general public.	3 (1)	79 (28)	197 (71)	4 (2)	59 (24)	63 (25)	121 (49)
19. Establish an approved training curriculum for mandatory reporters.	2 (1)	31 (11)	244 (88)	6 (2)	28 (11)	127 (52)	85 (35)
20. Establish an approved training curriculum for multi-disciplinary teams assessing dependent adult abuse allegations.	3 (1)	55 (20)	220 (79)	4 (2)	47 (19)	74 (30)	121 (49)
21. Establish an approved training curriculum for evaluators/assessors of dependent adult abuse allegations.	2 (1)	34 (12)	242 (87)	4 (2)	38 (15)	79 (32)	126 (51)
<b>Reporting Form</b>							
22. A thorough assessment form is completed for each investigation of a dependent adult abuse allegation.	6 (2)	30 (11)	238 (87)	3 (1)	44 (19)	66 (28)	124 (52)
23. Have an electronic database storing all dependent elder abuse information.	9 (3)	72 (26)	193 (71)	7 (3)	35 (15)	55 (23)	143 (59)
24. Retain unfounded reports for 5 yrs.	25 (9)	87 (31)	166 (60)	5 (2)	37 (15)	51 (21)	148 (62)
25. Remove the status "undetermined"	31 (11)	144 (52)	101 (37)	9 (4)	47 (20)	30 (13)	151 (63)
26. Retain founded reports for 10 yrs.	14 (5)	69 (25)	193 (70)	3 (1)	30 (13)	60 (25)	146 (61)

TABLE 1 (continued)

Item	Importance			Change			
	Not Important	Neutral	Important	Change for Worse	Not Done No Change	Change for Better	Don't Know
<b>Awareness</b>							
27. The importance of dependent adult abuse issues is recognized by the general public.	6 (2)	42 (15)	229 (83)	5 (2)	72 (30)	67 (27)	101 (41)
28. The importance of dependent adult abuse issues is recognized by law enforcement.	3 (1)	25 (9)	250 (90)	5 (2)	54 (22)	92 (37)	98 (38)
29. The importance of dependent adult abuse issues is recognized by health care officials.	1 (1)	10 (3)	264 (96)	2 (1)	37 (15)	117 (47)	94 (37)
30. The importance of dependent adult abuse issues is recognized by county attorneys.	3 (1)	37 (13)	237 (86)	6 (2)	56 (23)	68 (27)	118 (48)
31. The importance of dependent adult abuse issues is recognized by legislators.	4 (1)	29 (11)	243 (88)	12 (5)	55 (22)	64 (26)	118 (47)

aging network felt those items were still important and if there has been a change for the better or worse for each item. The questionnaire was piloted with professionals in the Department of Family Medicine and from the IDEA and IDHS. Revisions were made after the pilot that included: starting each question with a verb, specifying health care professionals, and accurately reflecting what is in the current statute.

The final questionnaire entitled, Dependent Adult Abuse Professional Forums Questionnaire had 69 questions. Seven questions were on demographics and 31 questions concerned the concepts identified during the forums as important. These 31 concept questions were asked to determine if they were still important (31) and if they changed since 1997 (31). Foils for an item's importance were ranked as 1 = not important, 2 = neutral, and 3 = important. Foils for an items change were 1 = change for worse, 2 = not done, no change, 3 = change for the better, and 4 = don't know. For analysis the change variable was dichotomized with 1 and 2 = 0, 3 = 1, and 4 being eliminated. After omitting those responses of "don't know," Spearman correlations were conducted between the importance and change variables for each item.

The committee chairperson mailed 1,000 questionnaires in December 2002 to the 409 forum participants and 591 professionals in the aging network who utilize the Department of Elder Affairs Trainers Guide for Mandatory Reporters.

## **RESULTS**

After one mailing, 301 questionnaires were returned for a 30% response rate. Eighty percent of the respondents were female and 96 per-

cent worked full-time. Seventy-six percent of the respondents had a baccalaureate degree or higher level of education. Thirty-two percent of the respondents had a social work education and 31 percent had a nursing education. The respondent's average age was 48 years and average length of time in current position was 12 years (see Table 2).

Five items (#9, 10, 16, 28, and 29) were identified by more than 90 percent of the respondents as important. Those items included clear legal definitions of dependency and caregiver, provision of specialized dependent adult abuse training for all health care professionals, and that law enforcement and health care officials recognize the importance of dependent adult abuse issues. The items (#27 through #31) grouped under "awareness" tallied the highest in importance ranging from 83 to 96 percent of the respondents. The two lowest items were having a police officer participate in dependent adult abuse assessments (#3) and removing the status "undetermined" from the reporting form (#25) (see Table 1.)

There were significant correlations between 24 of 31 items perceived as important and the items being changed for the better. Those items with high correlations included having certified trainers for mandatory reporter training (#17), retaining founded reports for 10 years (#26), removing the status undetermined for investigation findings (#25), and having a police officer involved in dependent adult abuse assessments (#3) (see Table 3).

Analyses were performed for importance and change for each of the 31 items compared to the respondent's area of education. For this analysis respondents indicating "don't know" were not included and a dichotomous variable was developed collapsing "change for the worse" and "no change" together. Those who had criminal justice backgrounds found higher importance for the police officer participating in dependent adult abuse assessments and those with a nursing education found the same for nurses participating in dependent adult abuse assessments. All respondents except social workers indicated a change for the better for the legal definition of caretaker (see Table 4).

Social work respondents noted that having certified trainers provide mandatory reporter training was significantly more important than the other respondents. An approved training curriculum for mandatory reporters had changed for the better according to the social work, nursing, and aging studies respondents. Retaining unfounded reports for five years were perceived as significantly important by the respondents with nursing, social work and criminal justice education (see Table 4).

TABLE 2. Respondent Characteristics

Characteristics		
		N (%)
Sex (N = 298)	Women	239 (80)
	Men	59 (20)
Age (N = 290)	Mean	48 years
	Range	21 to 74 years
Level of Education (N = 293)	High School Graduate	12 (4)
	Associate Degree	56 (19)
	Baccalaureate Degree	134 (46)
	Some Graduate Work	37 (12)
	Masters Degree	52 (18)
Education Training (N = 297)	Doctorate Degree	2 (1)
	Social Work	97 (32)
	Nursing	93 (31)
	Criminal Justice	18 (6)
	Aging Studies	17 (6)
	Medicine	2 (1)
	Other	70 (24)
Employment Status (N = 296)	Full-time	287 (97)
	Part-time	9 (3)
Length of Employment (N = 295)	Mean	12 years
	Range	2 month to 40 years

For all items, there were some respondents who did not know if change had occurred. For 15 of the items, 50% or more of the respondents did not know if a change had occurred. The item, which most respondents were aware of, was the required training for mandatory reporters (see Table 1).

## DISCUSSION

Persons who attended the statewide forums were highly motivated civic-minded individuals as their attendance was voluntary. Those who responded to the questionnaire were mature, committed to their current work position, and had a baccalaureate education. They held top administrative positions as evidenced by their job titles (see Appendix).

It's natural to assume that the majority of the respondents would perceive the items they discussed at the statewide forums as important. For two items this was not true. Removal of the status "undetermined" on the reporting form and inclusion of a police officer in the assessment of de-

TABLE 3. Spearman Estimates of Correlation ( $r_s$ ) Between Importance and Change of an Item.

Item	Correlation
<b>General Issues</b>	
1. During dependent adult abuse assessment, have a <b>social worker</b> participate with the Dependent Adult Evaluators.	0.482**
2. During dependent adult abuse assessment, have a <b>physician</b> participate with the Dependent Adult Evaluators.	0.392**
3. During dependent adult abuse assessment, have a <b>police officer</b> participate with the Dependent Adult Evaluators.	0.560**
4. During dependent adult abuse assessment, have a <b>nurse</b> participate with the Dependent Adult Evaluators.	0.403**
5. Have all participants have access to confidential information.	0.458**
6. Increase the workforce of dependent adult abuse evaluators.	0.146
7. Have multi-disciplinary teams who meet regularly.	0.361**
8. Have a directory listing all available emergency service.	0.418**
9. Have a legal definition of dependency that is clear.	0.220*
10. Have a legal definition of caretaker that is clear.	0.264**
11. Have a standard interpretation of dependency.	0.213**
12. Have a standard interpretation of caretaker.	0.300**
13. Have State plan for meeting the dependent adult's needs.	0.229*
14. Include "at risk adults" in the dependent adult abuse law.	0.429**
15. Make funds for emergency services available.	0.130
<b>Training/Education</b>	
16. Provide specialized dependent adult abuse training for all health care professionals.	0.095
17. Have only Certified Trainers provide mandatory reporter training.	0.591**
18. Provide education sessions for the general public.	0.153
19. Establish an approved training curriculum for mandatory reporters.	0.387**
20. Establish an approved training curriculum for multi-disciplinary teams assessing dependent adult abuse allegations.	0.297**
21. Establish an approved training curriculum for evaluators/assessors of dependent adult abuse allegations.	0.177
<b>Reporting Form</b>	
22. A thorough assessment form is completed for each investigation of a dependent adult abuse allegation.	0.241*
23. Have an electronic database storing all dependent elder abuse information.	0.451**
24. Retain unfounded reports for 5 yrs.	0.460**
25. Remove the status "undetermined."	0.501**
26. Retain founded reports for 10 yrs.	0.537**
<b>Awareness</b>	
27. The importance of dependent adult abuse issues is recognized by the general public.	0.195*
28. The importance of dependent adult abuse issues is recognized by law enforcement.	0.099
29. The importance of dependent adult abuse issues is recognized by health care officials.	0.163*
30. The importance of dependent adult abuse issues is recognized by county attorneys.	0.122
31. The importance of dependent adult abuse issues is recognized by legislators.	0.203*

\*\*Correlation is significant at  $P \leq 0.01$  level (two-tailed).\*Correlation is significant at  $P \leq 0.05$  level (two-tailed).

TABLE 4. Means (Standard Deviations) and Sample Sizes of Respondents' Perception of Importance and Change by Item.<sup>‡</sup>

	Importance	Change
	1 = Not Important 2 = Neutral 3 = Important	0 = No change or change for the worse 1 = Change for the better
During Dependent Adult Abuse assessment, have a police officer participate with the Dependent Adult Evaluators: Social Worker Nursing Criminal Justice Aging Studies	** 2.18 (0.71), 95 2.13 (0.61), 93 2.82 (0.53), 17 2.06 (0.66), 17	 0.38 (0.49), 47 0.27 (0.45), 30 0.67 (0.50), 9 0.22 (0.44), 9
During Dependent Adult Abuse assessment, have a nurse participate with the Dependent Adult Evaluators: Social Worker Nursing Criminal Justice Aging Studies	** 2.52 (0.65), 94 2.82 (0.42), 93 2.24 (0.66), 17 2.53 (0.62), 17	 0.42 (0.50), 50 0.68 (0.48), 37 0.67 (0.58), 3 0.57 (0.57), 7
Have a legal definition of caretaker that is clear: Social Worker Nursing Criminal Justice Aging Studies	 2.93 (0.26), 97 2.89 (0.35), 93 2.89 (0.32), 18 2.88 (0.31), 17	* 0.45 (0.50), 65 0.74 (0.44), 43 0.63 (0.52), 8 0.63 (0.52), 8
Have only Certified Trainers provide mandatory reporter training: Social Worker Nursing Criminal Justice Aging Studies	* 2.66 (0.58), 90 2.48 (0.65), 86 2.44 (0.73), 16 2.24 (0.90), 17	 0.53 (0.50), 51 0.61 (0.49), 44 0.50 (0.58), 4 0.25 (0.46), 8
Establish an approved training curriculum for mandatory reporters: Social Worker Nursing Criminal Justice Aging Studies	 2.92 (0.31), 88 2.93 (0.26), 84 2.82 (0.39), 17 2.82 (0.39), 17	** 0.80 (0.41), 54 0.90 (0.30), 51 0.33 (0.50), 9 0.67 (0.50), 9
Retain unfounded reports for five years: Social Worker Nursing Criminal Justice Aging Studies	* 2.58 (0.60), 90 2.60 (0.58), 85 2.56 (0.51), 16 2.12 (0.78), 17	 0.49 (0.51), 43 0.70 (0.47), 20 0.60 (0.55), 5 0.20 (0.50), 5

\*P < 0.05, \*\* P < 0.001

<sup>‡</sup> Listed are only items from the 31 items that had significant differences in importance or change when completing one-way ANOVA.

pendent adult abuse allegations were only found important by 37 percent of the respondents. Perception of importance varied by the educational background of the respondent. The items grouped under awareness showed the highest percent of perceived importance by all respondents.

Payne, Berg, and Toussaint (2001) observe that elder abuse historically was a social problem but with the passage of adult protective services statutes, mandatory reporting, and penalties for not reporting, elder abuse was criminalized. This criminalization has led to law enforcement

involvement to help prevent and intervene in elder abuse investigations. It is now accepted that police officers play a pivotal role in the response to elder abuse and family violence (Davis & Medina-Ariza, 2001; Wolf, 1996) and APS workers report police are helpful in detecting elder abuse (Blakely & Dolon, 2001).

Social service professionals and police officers view elder abuse differently; social service professionals tend to assess for the necessary services that need to be put in place and police are more likely to assess for the crime. Previous research has found that police officers do not fully understand how to identify abuse (Dolon & Hendricks, 1989; Daniels, Baumhover, Formby et al., 1999; Payne, Berg, & Byars, 1999; and Payne & Berg, 1999). When called for an investigation of an abuse allegation, law enforcement has various functions including assessment, enforcement, support and referral. Social service personnel have similar functions but usually do not determine if a crime has been committed (Dolon & Hendricks, 1989). The difference in perception of police officer involvement in dependent adult abuse investigations was evident in our results. Eighty-eight percent of those with criminal justice education ranked police involvement as important compared to 2 percent in aging studies, 10 percent in nursing, and 15 percent in social work. Whereas, only 35 percent of those respondents with the criminal justice education felt nurses should be involved in the assessments compared to 82 percent of the nurses, 61 percent of the social workers, and 59 percent of those in aging studies.

Some items on the survey have not changed over the last five years. The statute definitions of "dependency" and "caretaker" (#9 and 10) have not been changed. Although, 36 and 35 percent respectively of the respondents indicated the definitions had changed for the better. The standard interpretations of dependency and caretaker are found in the Administrative Rules and the IDHS policy manual and neither have changed in the last five years. However, as indicated in the 1997 forums, variation exists in the application of dependency due to its subjectivity. The variation occurs between local DHS Offices as well as workers. Some have a wide acceptance of what constitutes dependency while others take a more conservative view. Again 32 and 31 percent respectively of the respondents indicated the interpretations (#11 and 12) had changed for the better.

A definition of "at-risk adult" has not been added to the statute either and 18 percent of the respondents indicated the definition was better. Even though these items had not changed on paper, the perception of some of the respondents was that a change did occur for the better. This

may indicate that these items administratively are targeted for change or it could be that the increase in public awareness and education has been elevated. Another rationale for this finding is that more persons are being accepted for abuse referral by IDHS, who meet the definition of dependent adult, and more persons who are involved with dependent adults are being interpreted to meet the definition of caretaker. It is reasonable to assume that over the past five years, these individuals have gained more experience, increased their knowledge base, increase their awareness and possibly their advocacy on these issues. These assumptions coupled with the witnessing of interventions and the utilization of resources to assist individuals in these circumstances, may make it appear that the definitions are more clear when, in fact, the definitions have remained the same. It is possible the players in the system have developed methods of addressing the issues and barriers previously encountered and therefore have developed a more clear understanding of the dependency interpretation. Persons who answered the questionnaire could interpret that to mean the definitions had changed for the better.

Since 1997, the Iowa Department of Elder Affairs received funding through the Senior Living Trust to provide public awareness and education for the prevention, detection, intervention and reporting of elder abuse. This initiative also provides a coordination component between the Area Agencies on Aging and the local IDHS offices. Combining the resources and expertise in aging issues has facilitated the needed and appropriate response for prevention and intervention. Now, because more abused elders and potential victims are receiving the benefit of this initiative in areas where the IDEA program is operating, the respondents may have perceived that the definitions had changed for the better. The perceived change for the better may be attributed to the areas where more liberal interpretations are utilized which would result in quicker response and an increase in the number of referrals, which would appear to be a change for the better.

Out of all the concept items, only six were significantly different among respondents based on various educational and training backgrounds. Four items were significantly different in importance, two of which were directly related to the disciplines of nursing and law enforcement. Those in nursing indicated they should participate with dependent adult evaluators during dependent adult abuse assessments and the same was noted for those respondents in the field of criminal justice. Although each discipline, nursing and criminal justice, highly agreed on participation for their own discipline, they had a different opinion if other professionals should be involved. This reaction may be because

the participants have not experienced the benefits of including the other discipline during an evaluation and/or that there is a difference in socialization to respective professions with consequent difference in values. It would be presumptuous to assume such collaboration would not be advantageous. For the other two items, having only certified trainers provide mandatory reporter training and retaining unfounded reports for five years, respondents in aging studies were neutral regarding importance as compared to the other three disciplines.

Overwhelmingly, social work and nursing indicated there was a change for the better in establishing an approved training curriculum for mandatory reporters. There had been a change in this area. In 2001, Iowa established an Abuse Education Review Panel (Iowa Department of Public Health, n.d.) to "provide an objective method by which curricula for child and dependent adult abuse mandatory reporter training are reviewed and approved" (Chapter 93; 641-93.1).

The legal definition of caretaker was the other item that nursing and criminal justice respondents had indicated changed for the better. This feeling of change may be attributed to the attention given to the caretaker concept in practice and in the literature. This also may account for the moderately significant correlations between 26 of 31 of the item's importance and change for the better. Respondents felt the items were so important and thus wish that the items were improved.

Many public forums are hosted at either the local, state, or national level with a variety of purposes and mediums. Forums can be hosted for a one time event, a series of events, or ongoing through the Internet with the main purpose of providing information to the forum host. Forums provide the opportunity for participants to communicate with each other and to make recommendations about specific issues. Once the forum host is provided information, it is important for that information to be processed and change to be made; otherwise the forums would not be productive. The mixed results from this survey do indicate issues were important to forum participants but that change was not implemented in the Adult Protective Service system.

### **LIMITATIONS**

Persons who attended the forums were concerned enough about the topic to attend and provide input although the return rate for the survey did not reflect this same attitude and was a typical response rate for a mailed questionnaire. The questionnaire used a self-report style and the

individual respondents had to recall how a system operated over a five year time period, which limits the validity of findings.

### CONCLUSION

Statewide forums were hosted to help shape public policy on dependent adult abuse. Professionals from many disciplines participated and generated excellent suggestions to improve the system. Five years later, the members of the Iowa Dependent Adult Protective Advisory Council wanted to know if the forum attendees and professionals in the aging network thought specific items were still important and if there had been a change for the better since the forums. Ninety-four percent of the items were ranked by more than half of the respondents as important, with abuse awareness items scoring the highest. For each item approximately half of the respondents indicated they did not know if a change had occurred.

The ideal adult protective service system is not in place, no significant changes in legislation have occurred, coordination of prevention and intervention services between IDHS and IDEA has been implemented and respondents indicate training, reporting, public awareness, and assessment procedures are still very important. The forums and responses to the questionnaire raise important issues that continued work to improve the system are necessary and communication to constituents is essential.

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## APPENDIX

### Job Titles

Social Worker, RN, Clinical Director, Director of Operations, Education Coordinator, Inservice Director, Sheriff, Administrator, County Extension Education Director, Counselor, Performance Improvement Coordinator, EM Specialist, Police Chief, Care Manager, Director Case Management, Parent Educators, Attorney, CEO, Regional Prevention Coordinator, Activity Coordinator, Sergeant, Executive Director, Public Health Administrator, Director of Social Services, Associate Director, Manager, Consumer Services Coordinator, Program Coordinator, Chief, Social Service Manager, Police Officer, Regulation Prevention Coordinator, Training Coordinator, Support Staff, DON, Director of Program Service, Patient Care Coordinator, Violent Crime Survivor and Support Advocate, RAC, County Resource Coordinator, Director of Operations, Program Director, Ass. Dean of Health Education, Services Director, Director, Director Health/Wellness, CNO, Nurse Manager, Supervisor, Outreach Coordinator, LISW, Home Health Administrator, Director Residential Services, COO, Social Worker II, Director Family Services, Protective Service Supervisor, Agency Director, RCF-MR Director, QMHP, Program Manager, Home Care Director, Health Education Supervisor, LBSW, Detective Sergeant, Elderly Case Manager, Greens Keeper, SW Supervisor, Nursing Staff Development Coordinator, Legal Case Manager, Community

Resource Specialist, Community Care Coordinator, Investigator, Supervisor of Services Case Manager, PHN, Supervisor Outpatient Services, Elder Abuse Prevention Coordinator, ICF/MR Manager, Vice President of Operations, Adult Service Coordinator, CM Coordinator, School Superintendent, Director of Human Resources, LPN, Health Coordinator, Activity Specialist II, EMT, Superintendent, and Director Community Health Services.