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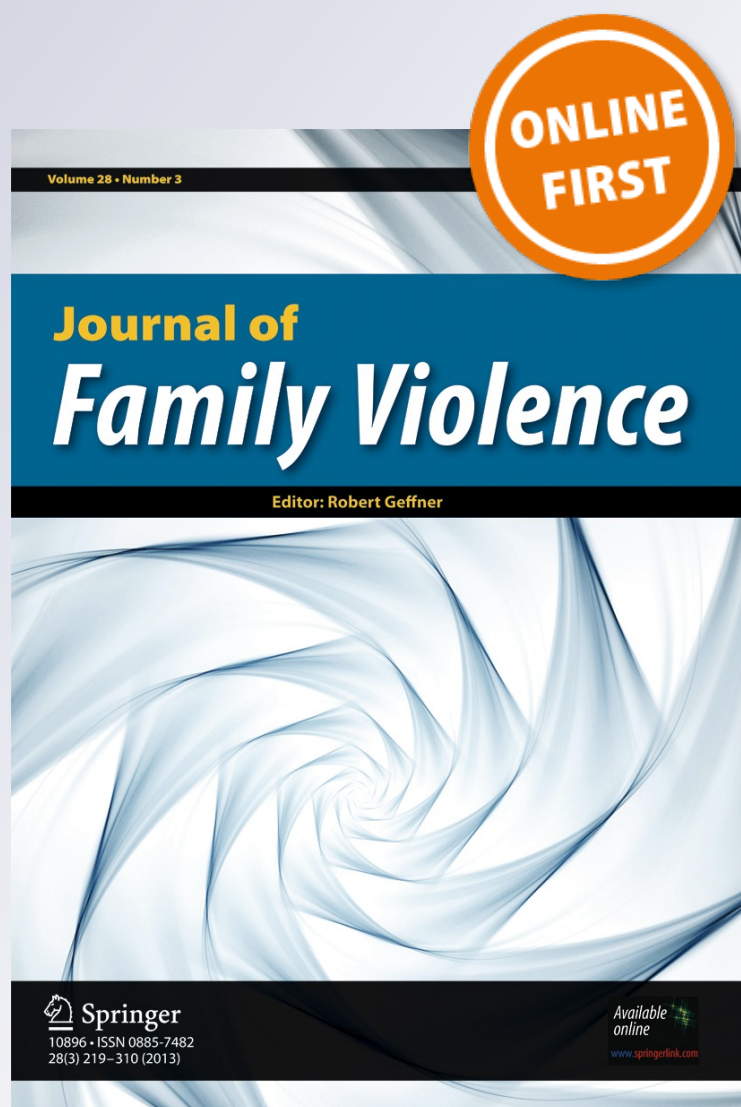
Rachely Yechezkel & Liat Ayalon

Journal of Family Violence

ISSN 0885-7482

J Fam Viol

DOI 10.1007/s10896-013-9506-0



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Social Workers' Attitudes towards Intimate Partner Abuse in Younger vs. Older Women

Rachely Yechezkel · Liat Ayalon

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Abstract Intimate partner abuse is defined as threatened or actual physical, sexual, or psychological abuse by a current or former partner. The present study examined responses of 212 social workers, who were randomly assigned one of four case vignettes describing intimate partner abuse. Vignettes varied by age of perpetrator and victim (elderly vs. young) and type of abuse (emotional vs. physical). Social workers tended to define intimate partner abuse against an elderly woman as non-abusive, in contrast to intimate partner abuse against a young woman. As a rule, social workers tended to favor therapeutic interventions more than legal interventions. However, in the case of intimate partner abuse against an elderly woman, social workers tended to prefer legal interventions. Specific training designed to help social workers to better understand their own ageist attitudes (i.e., age related discrimination) should supplement the training of social workers.

Keywords Ageism · Social workers · Health professionals · Older adults · Abuse · Violence · Attitudes

Abuse against women in a couple relationship ("intimate partner abuse") is defined as threatened or actual physical, sexual, or psychological abuse by a current or former partner (DeKeseredy & MacLeod 1997; Desmarais and Reeves 2007; Saltzman et al. 2002; Krug et al. 2002; Report of Interdepartmental Committee Israel, 1998). A woman is considered a victim of intimate partner abuse when her dignity, her body, her possessions or her liberty is harmed by her partner (Golding 1999). Studies of intimate partner

abuse against women have found the most common kinds of abuse to be emotional/psychological, physical and sexual (Baker et al. 2003; Campbell et al. 2002; Fisher and Regan 2006; Lundy and Grossman 2004; Mouton 2003; Thompson et al. 2006; Zink and Fisher 2006).

Intimate partner abuse perpetrated by the husband or male partner is found among women of all ages and socio-economic levels (Lundy and Grossman 2004; Lundy and Grossman 2009; Thompson et al. 2006; Vinton 2001). There are several potential similarities between intimate partner abuse directed towards young vs. old women, including the intimate nature and setting in which the abuse takes place as well as the complex nature of the abuse, which usually encompasses more than one type of abuse (Fisher and Regan 2006; Mouton 2003). Both older women and young women share the problem of abuse and their desire to escape it (Lundy and Grossman 2009). The self-reproach and stigma associated with the abuse, the tendency to blame oneself for it and not to seek assistance are also highly prevalent in the case of intimate partner abuse, irrespective of the victim's age (MacMillan and Wathen 2005). The negative consequences of intimate partner abuse, which include loss of respect, loss of sense of control, and a strong sense of disempowerment, in addition to physical harm and disability may also be common to women of all age groups (Bonomi et al. 2006; DeKeseredy and MacLeod 1997; O'Neill and Kerig 2000; Paranjape et al. 2009).

Nonetheless, there are a number of differences between the two age groups of abused women, which potentially place older women in a more vulnerable position (Tetterton and Farnsworth 2010). In Brandl's view (2000), many times when elderly women report being physically abused by their male partners, they are testifying to abuse that has persisted for the many years of an intimate relationship, and has carried over into their old age. This conclusion is supported by the study of Mears and Sargent (2002), which showed that elderly women who suffered intimate

This work represents the Master's thesis of Rachely Yechezkel. The work was conducted under the supervision of Prof. Liat Ayalon

R. Yechezkel · L. Ayalon (✉)
Louis and Gabi Weisfeld School of Social Work, Bar Ilan
University, Ramat Gan 52900, Israel
e-mail: liatayalon0@gmail.com

partner abuse in their old age had been victims of such abuse in their youth. A considerable number of them lived with the pain for most of their lives, because when they were young, these women exhibited silence and restraint, in obedience to the norms of their time (Beaulaurier et al. 2005; Mears 2003; Mears and Sargent 2002). Now, the years of abuse to which these women were subjected shaped their world, exhausting them and limiting their freedom of choice as to whether to remain in their situation or leave (Buchbinder and Winterstein 2003).

Another difference between the two age groups is found in the special needs of elderly victims and perpetrators of intimate partner abuse (Sawin and Parker 2011). Older women have various medical issues as a result of weakness, illness or physical disabilities that are far less common in younger age groups. These conditions put them at a disadvantage and may preclude their ability to seek help (Lundy and Grossman 2009). Moreover, an older woman may be subjected to abuse by her partner as a result of the partner's age-related mental or physical illness (Brandl 2000; Buchbinder and Winterstein 2003; Mears 2003). For instance, a common condition in old age, such as dementia, is often associated with aggressive behaviors. Under these circumstances, the victim might find it difficult to interpret and appropriately respond to the abusive behaviors (Jackson & Mallory 2009).

Another difference between older women and younger women is financial. Elderly women, like young women, might be financially vulnerable and dependent upon their partners. The difference lies in the long years of financial dependence of elderly women on their partners, with the resultant inability to leave their home and familiar environment, extricate themselves from their existing situation and begin a new and independent life (Beaulaurier et al. 2005; Del Bove et al. 2005; Mears 2003). Although, younger women might also be isolated, the fact that compared to younger victims of domestic abuse, older women are less likely to be employed potentially makes them more financially vulnerable and socially isolated (Lundy and Grossman 2009).

Furthermore, in many cases elderly women are afraid of losing touch with their family and their social circle (Mears 2003). In a qualitative study, conducted by Beaulaurier et al. (2005), elderly women expressed the fear that if they revealed the abuse they had suffered at the hands of their partners, it would damage their relations with their adult children. Moreover, a study by Del Bove et al. (2005) found that elderly women have few friends to whom they can turn to for support. They have a smaller number of close friends at that stage of their lives, and are of a generation that felt shame in such circumstances. The shame, the self-reproach, and the fact they would have to admit the failure of their marriage (and, thus, of their entire lives), restrains abused elderly women from seeking a divorce (Beaulaurier et al.

2005). For many, after all, the family is their life's work (Johnson 2001). In support of these claims, a qualitative study of older women in abusive relationships has shown they strive to maintain the appearance of conjugal unity at all costs (Zink et al. 2006).

It is also important to note the specific vulnerabilities of younger women exposed to intimate partner abuse. Specifically, intimate partner abuse is more prevalent among younger, less educated women, who were previously exposed to the abuse as a child. Many of these young women live in poverty and have to raise their children under the constant fear of abuse (Thompson et al. 2006). Hence, these women may lack the physical and emotional resources to resist the abuse.

The Role of the Social Worker with Respect to Intimate Partner Abuse

Social workers are in a uniquely crucial position for the identification and treatment of abuse. The main goal of intervention by social workers is to stop or prevent the abuse, using the following two models for dealing with domestic abuse (Schindler 2007): The Control Model (legal intervention) and the Support Model (therapeutic intervention or counseling). The *Control Model* views abuse as a crime, emphasizes the responsibility of the perpetrator, and uses legal means to intervene (Gelles 1997). Each country employs its own statutory definitions of abuse and violence, rules, and regulations which grant social workers the right to intervene in the case of intimate partner abuse and to provide appropriate referrals and intervention. Potential legal options may include prosecution, mandatory arrest policies, and court orders (Alon 2004). The *Support Model*, on the other hand, takes into account the personal situation of the aggressor. The focus is on therapeutic interventions that rely largely on dialogue, mediation, group therapy and support services like domestic help and day-care centers (Gelles 1997). These models are considered complimentary and not necessarily mutually exclusive (Holder 2001, p. 8).

Both models are applicable for use with all age groups. According to Preston-Shoot and Wigley (2002), social workers most commonly adopt a supportive therapeutic approach. The difficulty of separating perpetrator and victim who are involved in an intimate relationship, and the low prospect of the couple resolving their situation, influence social workers to follow a course of therapeutic interventions (Vladescu et al. 1999; Wolf and Pillemer 2000).

Lack of cooperation or problems of cooperation, may exist between social workers and law enforcement agencies, like police and the courts. When the process seems so complicated, social workers often prefer not to begin the process (Anetzberger 2001; Preston-Shoot and Wigley

2002). Declining to take legal action is particularly common in cases of domestic abuse. Several studies show that when the husband is the abuser, social workers prefer therapeutic intervention (Alon 2004; Nahmiash and Reis 2000; Preston-Shoot and Wigley 2002), especially when the burden and stress of caring for an ill spouse constitute mitigating circumstances for caregiver's abusive behavior (Werner et al. 2009).

In the case of older victims, a lack of knowledge or expertise in the identification of abuse can cause the social worker to confuse signs of abuse with medical symptoms associated with old age such as bruises or confusion, and thus overlook an abusive situation (Anetzberger 2001; Lachs and Pillemer 2004; Wyandt 2004). Signs of physical abuse, for example, can sometimes appear to be related to the natural ageing process (Payne 2011). Similarly, mental abuse is difficult to discern if the victim and/or the perpetrator suffer from a deterioration in their mental capacity (Bergeron 1999), or when the elderly person is unwilling to cooperate in exposing the abuse (Saunders et al. 2005). On the other hand, a control model, which encompasses a referral to protective service laws, may more often be implemented in the case of older women, under the perception of older women as requiring extra protection relative to younger ones (Lachs et al. 2002).

Ageism may serve as yet another potential barrier to accurate identification and intervention in the case of abused elderly. Butler (1975) coined the term "ageism" to describe negative social attitudes that stigmatize the elderly merely because of their age. Past research has shown health professionals to hold a differential treatment towards old vs. young adult and to favor the care of the latter even under similar circumstances (Uncapher and Arean 2000). Hence, it is possible that social workers react differently merely because of the age of the individuals involved in intimate partner abuse, disregarding other important aspects of the case.

Finally, the way social workers choose to intervene may also depend on whether they define a particular behavior as abusive or non-abusive and by the social worker's assessment of the type and severity of the abuse (Preston-Shoot and Wigley 2002). Several studies have shown that when visible signs of physical abuse have persuaded social workers to label the behavior as abusive, they will initiate legal intervention (Childs et al. 2000; Lithwick et al. 2000).

The Present Study

This study examines whether social workers respond similarly to case vignettes of intimate partner abuse against elderly women vs. younger victims. It also examines

whether the kind of abuse to which the victim is subjected (physical or emotional) may correlate with the potential response of social workers.

The questions presented in the study focused on the connection between the characteristics of the case (victim's age and type of abuse), and its definition (abusive vs. non-abusive) and intended intervention (therapeutic vs. legal) by the social workers. For this purpose, we used a 2 (victim's age) x 2 (type of abuse) between subjects factorial design. Our dependent variables were the definition of the case (abusive vs. non-abusive) and the choice of intervention (therapeutic vs. legal).

Hypothesis 1: Definition of the Case Consistent with past research (Uncapher and Arean 2000), our hypothesis was that when the victim is an elderly woman (rather than a young one), social workers tend to define the case as non-abusive. We also expected that social workers would define cases of physical abuse as abusive more readily than emotional abuse.

Hypothesis 2: Choice of Intervention With respect to the type of intervention, as in past research (Alon 2004; Nahmiash and Reis 2000; Preston-Shoot and Wigley 2002), we hypothesized that social workers, in general, tend to initiate therapeutic rather than legal intervention. At the same time, we expected that social workers were more likely to opt for legal intervention in the case of an elderly woman than of a young one. Furthermore, we hypothesized that in cases of physical abuse, social workers would choose legal intervention, whereas in cases of emotional abuse, the choice would more likely be a therapeutic intervention. Finally, consistent with past research (Preston-Shoot and Wigley 2002), we hypothesized a connection between the definition of a case and the intended intervention: social workers who defined a case as abusive would prefer legal intervention.

Method

Sample

The study was conducted among 212 Israeli social workers. Their ages ranged from 25 to 64, Mean [SD]=40.88[10.78]; and their professional experience from six months to 40 years Mean [SD]=13.86[10.17]. Table 1 shows that the great majority was women (94.8 %), most of them married (67.9 %) and most (64.2 %) with some training on the subject of abuse. Of the participants, 65.1 % had a B.A. degree in Social Work, and 24.1 % had more advanced qualifications. The sampling showed no significant differences when grouped by case vignette.

Table 1 Characteristics of the sample

Characteristic	Value	n	%
Gender	Male	11	5.2
	Female	201	
Education	B.A	138	65.1
	>B.A.	74	34.9
Marital status	Married	144	67.9
	Unmarried	68	32.1
Prior training	Yes	136	64.2
	No	61	28.2
	Not answered	15	7.1

Measures

Before distributing the questionnaires to participants, a preliminary pilot study was conducted among 25 social workers to confirm the clarity of the questions, and the willingness of the respondents to answer them. A second preliminary study among 14 social workers (hereinafter “the judges”) tested whether the cases and the questions related to them were clearly formulated and easily understood.

Case Vignettes This tool contains four cases that are identical in all parameters except for the age of the victims (77 and 37) and the aggressor (81 and 41, respectively) and the nature of the case (emotional abuse vs. physical abuse of the victim by her male partner). Each respondent randomly received only one of the four case vignettes. The composition of the case vignettes was guided by various qualitative articles, particularly those in which women described the abuse they had suffered, and their feelings afterward (Beaulaurier et al. 2005; Buchbinder and Winterstein 2003; Gillis et al. 2006; Hassouneh and Glass 2008; Pinnewala 2009; Towns and Adams 2000). The focus with respect to physical versus emotional abuse was based on studies that stress that these are among the most common forms of abuse of the elderly (Comijs et al. 1998; Iecovich et al. 2004; Katzman and Litwin 2002; Lowenstein and Ron 2000; Zoabi 1994; 2000). The focus, with respect to the age of the victims, was selected in line with articles that recorded that intimate abuse against elderly partners occurred mostly against women over the age of 70 (Choi and Mayer 2000; Iecovich et al. 2004; Wolf and Pillemer 2000). In a comparable younger group, the victims of intimate partner abuse were generally women over 30 (Bledsoe et al. 2004; Del Bove et al. 2005).

The vignette in the subsequent text depicts a younger victim, exposed to emotional abuse. In parentheses is the version concerning the older victim and in italics is the version which depicts physical abuse.

‘A’ is 37 (or 77) years old, married with no children. She suffers from epilepsy, and is prone to frequent seizures. ‘A’ is dependent on her husband, aged 41 (or 81), who takes care of her during her seizures. Such episodes involve general muscular convulsions and attendant muscular weakness. Sometimes they cause involuntary urination, tongue-biting and harm to the muscles of the mouth, making it hard for ‘A’ to chew and swallow. Her speech is slow, broken and sometimes indistinct, especially after a seizure. She tells the social worker that every time there is an episode, her husband does not stop cursing his ill fortune, saying to himself: “What have I done to deserve this, that at my age I have to take care of my wife all the time instead of taking care of myself? What kind of wife is this? I need help too. I have a heart condition and there’s no one to take care of me.” ‘A’ feels in a very difficult position. After every seizure, she cannot stop crying and cursing herself for her bitter fate. *She tells the social worker that ever since she was diagnosed with epilepsy, her life has changed entirely. Her difficulty with eating has affected her appetite, and she has lost a lot of weight. Her husband, who fails to understand her problem, feeds her by force, injuring her in the process.*

Definition of the Case Following the presentation of one of these four vignettes, respondents were asked: “How would you define the case?” and were given three options from which to choose: (1) abuse; (2) a private domestic matter; or, (3) natural behavior.

This item was formulated by the researchers and validated by ten social workers. For the purpose of analyzing the data of the study, however, the latter two categories (“a private domestic matter” and “natural behavior”) were collapsed under the option of “non-abusive.” The decision to merge them derived from the greater proximity of the two categories to each other than of either to the category of “abuse,” and from the small number of respondents who selected “natural behavior.” This redivision was verified and reinforced in later discussions with thirteen of the judges.

Intentions in Initiating Intervention The purpose was to examine respondents’ intentions regarding initiation of legal vs. therapeutic intervention. The original questionnaire contained eleven items, with respect to which the respondents indicated the likelihood that they would initiate each of the various interventions (e.g., refer to a welfare officer), on a scale of 1 (very unlikely) to 5 (very likely). These various interventions were selected in order to represent the various types of potential interventions available to social workers in cases of intimate partner abuse in Israel (Alon 2004).

These items were divided into two groups, one relating to legal intervention (e.g. reporting to the police) and the other to therapeutic intervention (e.g. individual therapy). Comments by the judges led us to include an additional item, couple

therapy. This item was assigned to the category of therapeutic intervention based on face validity. The questionnaire was split into two indicators: (1) legal intervention, and (2) therapeutic intervention. Each indicator contains six items. The indicator is computed as the mean of all items in that category, with a range of 1 to 6. The higher the score, the more appropriate the respondent regards that intervention.

Demographic Data Questions concerning respondents' personal and professional background: their sex, marital status (married/unmarried), academic qualifications (B.A., >B.A.), extent of professional experience (years of experience), and prior training in the field of abuse (yes/no) were gathered based on self report.

Recruitment of Respondents

Respondents were recruited to the study for a period of seven months. At first, we approached the Ministry of Welfare and Social Services. Questionnaires were mailed to the various agencies and completed onsite. In light of the modest response rate (67.5 % of all the questionnaires), the researchers approached the administrators of a social workers' on-line forum, requesting permission to circulate the questionnaires on the site. The response rate was very low (6.1 % of all the questionnaires). Snowballing techniques were employed to recruit the remaining respondents.

In summary, 400 questionnaires were distributed, one hundred for each combination of the case (abusive vs. non-abusive) and the victim's age (young vs. old). The distribution of the vignettes was random. Of these, 212 were returned (53 % return rate): 48 for case 'A' (emotional abuse) relating to an elderly woman; 52 for case 'A' relating to a younger woman; 58 for case 'B' (physical abuse) relating to an elderly woman; and 54 for case 'B' relating to a younger woman.

Analysis

Analysis was conducted using the Statistical Packages for the Social Sciences (SPSS) 17.0. In order to test the hypothesis regarding the definition of a case as abusive vs. non-abusive, we conducted X^2 analyses with type of case (physical vs. emotional) and the age of the victim (old vs. young) as independent variables. This was followed by a logistic regression in order to account for social workers' characteristics in addition to the vignette's characteristics. The definition of the case served as the outcome variable, the age of the victim (old vs. young) and type of case (physical vs. emotional) as independent variables and respondents' characteristics as covariates. In order to test whether the victim's age and/or the type of the case are associated with intention to

intervene (legal vs. therapeutic), we conducted MANOVA 2x2 analyses (type of case x victim's age).

In order to compare intention to intervene by type of case and victim's age, we conducted 2X2X2 analysis of variance, with repeated measures concerning the two indicators of intervention intention. Finally, in order to take into account social workers' characteristics, we conducted two separate linear regression analyses with intention to intervene as the outcome variables (legal or therapeutic) and age of the victim and type of case as independent variables. The definition of the case (abusive vs. non-abusive) was included as an additional predictor. Social workers' characteristics served as covariates. Because social workers' age and years of professional experience were highly correlated ($r=0.91^{**}$), we included only professional experience as a covariate.

Results

Definition of the Case

In bivariate analysis, a relationship was found between the definition of the case (violent/non-violent) and both the type of case (physical/emotional) and the age of the victim (elderly woman/young woman). Social workers who were given a case vignette that described physical abuse tended to describe the case as violent (44.6 %), in contrast to social workers who were given a case vignette that described emotional abuse (17.6 %), $X^2[1]=16.80$, $p<0.001$. More respondents defined a case as violent where a young woman was concerned (39 %), than where an elderly woman was concerned (25.5 %), $X^2[1]=4.34$, $p<0.05$.

Results remained consistent in multivariate logistic regression analysis, which took social workers' characteristics into account. Relative to physical abuse, emotional abuse was more likely to be portrayed as non-abusive. In addition, when the victim was an older adult, social workers were more likely to portray the case as non-abusive. Social workers' variables associated with the definition of the case were level of education and prior training. Those social workers who had a B.A. in social work or no prior training in the field of abuse were more likely to define the case as non-abusive. See Table 2 for details.

Choice of Intervention

In general, social workers preferred to initiate therapeutic intervention Mean [SD]=4.32[0.63] rather than legal intervention (Mean[SD]=1.80[0.81]). However, there was a significant difference between age of victim (young/old) and the indicators of intervention intention (legal/therapeutic), $F[2,199]=6.07$, $p<0.01$, $\eta^2=0.06$). Social workers who

Table 2 Type of abuse and age of the victim as predictors of the definition of the case as abusive vs. non-abusive

Predictors	OR	95% CI
Type of abuse (physical-reference group vs. emotional)	5.74**	2.69–12.28
Age of the victim (old-reference group vs. young)	0.41*	0.20–0.84
Respondent's gender (male-reference group vs. female)	1.61	0.38–6.69
Respondent's education (BA-reference group vs. >BA)	0.47*	0.23–0.98
Respondent's prior training (yes-reference group vs. no)	3.63**	1.58–8.33
Professional experience (years)	0.99	0.96–1.03

* $p < 0.05$; ** $p < 0.01$

-2Log likelihood=198.25

were given a case vignette of an elderly woman (Mean legal intervention [SD]=1.95[0.75]) tended to call for legal intervention compared to a case of a younger woman (Mean legal intervention [SD]=1.65[0.84]; $F[1, 200]=6.34$, $p < 0.05$, $Eta^2=0.03$), whereas social workers who were given a case vignette of a younger woman (Mean therapeutic intervention [SD]=4.44[0.58]) tended to call for therapeutic intervention compared to a case of an older woman (Mean therapeutic intervention [SD]=4.21[0.65]; $F[1, 200]=5.60$, $p < 0.05$, $Eta^2=0.03$).

In addition, there was a significant difference [$F(2,199)=10.63$, $p < 0.001$, $Eta^2=0.10$] between the type of case (physical abuse/emotional abuse) and the indicators of intervention intention (legal/therapeutic). Respondents who were given case vignettes which described physical abuse tended to favor legal intervention (Mean legal intervention [SD]=2.02[0.84]) compared to cases of emotional abuse (Mean legal intervention [SD]=1.55[0.70]; $F[1,200]=16.77$, $p < 0.001$; $Eta^2=0.08$); those who were given case vignettes which described emotional abuse tended to favor therapeutic intervention (Mean therapeutic intervention [SD]=4.43[0.58]) compared to cases of physical abuse (Mean therapeutic intervention [SD]=4.23[0.68]; $F[1,200]=4.22$ $p < 0.05$; $Eta^2=0.02$).

Finally, a relationship was found between the definition of a case and intervention intention. Social workers who defined the case as violent tended to call for legal intervention (Mean legal intervention [SD]=2.24[0.87]) compared with those who described the case as non-violent Mean legal intervention([SD]=1.59[0.70], $F(1,200)=25.93$, $p < 0.001$, $Eta^2=0.12$; $F(2,191)=12.90$, $p < 0.001$, $Eta^2=0.12$).

Next, multivariate regression analysis with therapeutic intervention as an outcome and case characteristics and the definition of the case as independent variables and social workers' characteristics as covariates was conducted. The only significant predictor of a preference towards therapeutic intervention was the age of the victim. When the victim was older, social workers were less likely to prefer therapeutic intervention relative to a case vignette depicting a younger victim]. See Table 3.

In order to identify predictors of legal intervention, multivariate regression analysis with legal intervention as an

outcome and case characteristics and the definition of the case as independent variables and social workers' characteristics as covariates was conducted. Social workers were less likely to choose legal intervention in the case of emotional abuse relative to physical abuse. Compared to the case of an older victim, when the victim was younger, social workers were less likely to choose legal intervention. In addition, social workers were less likely to choose legal intervention when the case was defined as non-abusive compared to when it was defined as abusive. Finally, social workers of more advanced educational level (> B.A.) and those of fewer years of professional experience were more likely to opt for legal intervention. See Table 4.

Discussion

This study evaluated whether social workers respond similarly to case vignettes of intimate partner abuse against elderly women vs. younger victims. It also examined whether the kind of abuse to which the victim is subjected (physical or emotional) may correlate with the potential response of social workers. Such an evaluation is important for training purposes as it provides insights into specific areas that may be more challenging for social workers.

Definition of the Case

The most notable finding of the study is the differential attitudes towards intimate partner abuse directed towards an elderly vs. a younger woman. Specifically, there was a significant relationship between the victim's age (elderly woman, 77; younger woman, 37) and social workers' definition of the case (abusive/non-abusive). In the case of a younger woman, more respondents defined her case as abusive, in contrast to the case of an elderly woman—despite the fact that all elements of the case vignette were identical, except for age. This finding might be supported by other studies that concluded there is room for confusion among professionals between signs of intimate abuse and signs of illness and old age (Anetzberger 2001; Bergeron 1999; Lachs and Pillemer 2004; Payne 2011; Saunders et al. 2005; Wyandt 2004).

Table 3 Type of abuse and age of the victim as predictors of the intention to choose therapeutic interventions

Predictors	Beta	β	SE
Type of abuse (physical-reference group vs. emotional)	0.12	0.16	0.10
Age of the victim (old-reference group vs. young)	0.16*	0.20	0.09
Definition of case (abusive-reference group vs. non-abusive)	-0.009	-0.01	0.11
Respondent's gender (male-reference group vs. female)	0.08	0.21	0.20
Respondent's education (BA-reference group vs. >BA)	-0.005	-0.007	0.10
Respondent's prior training (yes-reference group vs. no)	-0.03	-0.04	0.10
Professional experience (years)	0.08	0.005	0.005

* $p < 0.05$ $R^2 = 0.06$, $F(179, 7) = 1.68$, n.s.

A different explanation lies in an ageist perspective of professionals that reflects negative, stigmatizing social attitudes toward the elderly, merely because of their age (Nerenberg 2000; Paton et al. 2001). It is possible this perception is the reason for the failure of social workers to define cases concerning elderly women as abusive, viewing them instead as evidence of the degeneration that characterizes that age group.

The type of case (physical vs. emotional abuse) was also found to correlate with social workers' definition of the case. Social workers who were given case vignettes involving physical abuse tended to define the case as abusive, whereas those given case vignettes involving emotional abuse did not. This finding supports our hypothesis, which suggests there are substantive differences in the way the two kinds of abuse are perceived. Emotional abuse may be perceived as "lighter," and thus defined less unequivocally as abusive. Physical abuse, on the other hand, is regarded as a clearer case of abuse, since it involves a physical act (Childs et al. 2000; Dalton 1999; Lithwick et al. 2000; Preston-Shoot & Wigley 2002). This finding is important as it shows that social workers tend not to define emotional abuse as abuse, despite its severe impact on the woman; and the fact that it can serve as a warning sign, thereby potentially helping prevent an escalation of abuse and/or the formation of additional types of intimate abuse (Eisikovits et al. 2004; Fisher and Regan 2006).

The difficulty social workers experience in defining emotional abuse as abuse can be linked to the absence of a clear definition of abuse and its characteristics (which is, after all,

a subjective concept that lends itself to numerous interpretations) (Ayalon 2011). This fact makes it difficult for professionals to define behavior as abusive or non-abusive (Green 1997; Hudson and Carlson 1998; Innes-Kening et al. 2007; Lowenstien and Ron 2000; Wyandt 2004; Zoabi 2000). It should be noted that in the present study, the definition of the case of emotional abuse as abusive was particularly challenging given its ambiguous nature. Nevertheless, such ambiguity often prevails in real life as well

The finding that those social workers who had prior training in the field of abuse were more likely to define the case as abusive provides support to the importance of training in the field of abuse. Even though we have no systemic data on the type of training delivered, we found that training does play a role in social workers' ability to define a case. This finding is in accordance with past research that suggested that training in the field of abuse improves social workers' ability to identify abuse, to better understand risk factors, and to offer effective interventions (Saunders et al. 2005; Zink and Fisher 2006). Our results also show that those social workers of more advanced educational degree also were more likely to identify abusive situations. This attests to potential benefits associated with further training in social work.

Choice of Intervention

Apart from the need to identify and define cases of abuse as abusive, the social worker is obliged to work toward the

Table 4 Type of abuse and age of the victim as predictors of the intention to choose legal interventions

Predictors	Beta	β	SE
Type of abuse (physical-reference group vs. emotional)	-0.20**	-0.33	0.12
Age of the victim (old-reference group vs. young)	-0.27**	-0.45	0.11
Definition of case (abusive-reference group vs. non-abusive)	-0.28**	-0.50	0.13
Respondent's gender (male-reference group vs. female)	0.07	0.25	0.23
Respondent's education (BA-reference group vs. >BA)	0.15*	0.27	0.12
Respondent's prior training (yes-reference group vs. no)	-0.11	-0.20	0.12
Professional experience (years)	-0.24**	-0.007	0.01

* $p < 0.05$; ** $p < 0.001$ $R^2 = 0.28$, $F(176, 7) = 9.72$ **

cessation of abuse. The results of this study show that, as a rule, social workers clearly prefer therapeutic intervention to legal intervention. This finding is in accordance with past research (Alon 2004; Iecovich et al. 2004; Katzman and Litwin 2002; Nahmiash and Reis 2000; Penhale 1999; Preston-Shoot and Wigley 2002; Vladescu et al. 1999; Wolf and Pillemer 2000).

The question, therefore, is what prompts social workers to choose legal or therapeutic intervention? The findings of the study indicate that their choice is partially related to the victim's age. Respondents who were given a case vignette concerning an elderly woman tended to prefer legal intervention; where the case vignette concerned a younger woman, the preference tended to be for therapeutic intervention.

The present finding has several possible explanations. First, the kind of intervention may be related to the characteristics of the victim. Elderly women often have complex health issues as a result of weakness, illness or physical disability that do not affect much younger women. For these elderly women, remaining in an abusive relationship with their husbands has enormous physical and psychological ramifications (Bonomi et al. 2006; Brush 2000; Fisher and Regan 2006; Tolman and Raphael 2000). Perhaps social workers, who are aware of such medical needs, and of the implications of elderly women living with continuing abuse, prefer to employ stricter legal means for their welfare and protection, to enable them to live without fear.

Second, the duration and severity of the abuse could be considerations in deciding on intervention. Several studies have shown that elderly women in an abusive intimate relationship often suffered intimate partner abuse when they were young, making the pain a constant companion for most of their lives (Brandl 2000; Mears and Sargent 2002). Perhaps the professionals are aware that many women, after a lifetime of silence, find it hard to tell their own story of intimate abuse (Zink and Fisher 2006; Zink et al. 2005; Zink et al. 2003). Raised to be obedient, passive and tight-lipped, they are suddenly compelled to share private details of their domestic life with strangers (Beaulaurier et al. 2005; Johnson 2001). Elderly women may therefore be reluctant to seek outside help. Social workers who want to persuade these women to break their long silence about domestic abuse take a legal approach with far-reaching ramifications, both for the victim and for her family situation. It is possible that social workers who are privy to the victim's long history of suffering are intent on ending it by strong legal intervention. The intention is to demonstrate that, despite their apprehension, there are solutions which can bring change to their lives, and end the abuse.

Third, elderly women are forced to grapple with a combination of sexism and ageism. A study by Eisikovits et al. (2004) demonstrated that elderly women who are victims of intimate partner abuse experience discrimination on both

grounds. In this way, they are more vulnerable than younger women, with whom they have only the sexual discrimination in common. Perhaps social workers who are aware of the double rejection of elderly women are inclined to initiate legal intervention in order to reduce the rejection, and to prevent it from recurring in the future.

On the other hand, it is possible that the explanation lies in a paternalistic attitude and an ageist approach. There may be a tendency to believe that younger women can take care of themselves, and even find some resolution that would terminate the situation of intimate partner abuse in which they find themselves. When it comes to elderly women, however, it is possible that social workers are influenced by ageist perceptions (Carmel and Cohen 2001). Social workers may feel that they need to impose a solution to the problematic situation of the elderly women, whom they perceive as weak and vulnerable or as unable to effect change in their lives. Designating the intervention as legal may also allow social workers to shift responsibility for the case to other professionals.

Another factor connected to the intentions of social workers to initiate legal or therapeutic intervention is the nature of the case (physical abuse/emotional abuse). Social workers who were given a case vignette in which the abuse was physical tended to call for legal intervention. This finding is consistent with the hypothesis of this study, and with other studies conducted in the field, according to which the choice of intervention is generally influenced by the nature and severity of the abuse. Social workers perceive visible behavior, like physical abuse, as more severe, and therefore, initiate legal intervention (Childs et al. 2000; Lithwick et al. 2000; Preston-Shoot and Wigley 2002).

The definition of a case as abusive or non-abusive was also found to correlate with the social workers' choice of legal intervention. The study showed that social workers who defined a case as abusive were more likely to initiate legal intervention than those who defined a case as non-abusive. This finding supports the hypothesis of this study and the results of other studies (Childs et al. 2000; Lithwick et al. 2000; Nerenberg 2000).

The only other variables associated with a preference towards legal intervention were respondent's level of education and years of experience in the field, with social workers of higher level of education and those of fewer years of experience in the field demonstrating a preference towards legal intervention. This finding is partially in accordance with past research that found that less experienced social workers tend to prefer legal intervention in order to compensate for their insecurity and lack of experience (Kinstle et al. 2008; Logan et al. 2006). In contrast, more experienced workers tend to have a greater sense of control and to consider therapeutic intervention that take into consideration the circumstances under which the act of abuse

was perpetrated (Alon 2004). The fact that social workers of higher level of education were more likely to opt for legal intervention is somewhat inconsistent. However, in our study, there was no correlation between level of education and years of experience in the field. Hence, it is possible that those social workers of higher educational level are more likely to prefer legal intervention due to their academic training, which might have put a greater emphasis on legal intervention.

Limitations & Implications

Despite its strengths, several limitations should be noted. The study examined intention only, not actual behavior, and intention does not perfectly predict behavior. Furthermore, the use of case vignettes only approximates reality, and the responses of the respondents could be different when faced by a similar real-life situation. It is relevant to note, however, that the use of case vignettes is widespread in the study of elder abuse (e.g., Dennison, and Thompson 2011; Kane et al. 2011), because it exposes the participants to a wide range of situations with only minor feelings of discomfort. In addition, the dichotomist definition of the case as either abusive or non-abusive may not reflect real-life thinking, which might be less polar. However, our study shows that such a polar definition does predict well intention to intervene. Finally, the study was based on a convenience sampling, which employed several different interviewing methods. This could impact the responses of participants. Finally, the focus on a woman who suffers from epilepsy might have impacted social workers' response. However, our rationale for including this medical condition in the vignettes was that: a) epilepsy is a condition that is not unique to old age and, thus, can be used in both old and young vignettes; and, b) disease and disability are common features of old age and, thus, a realistic vignette should have reference to disease or disability.

Nevertheless, this study has important implications that should be noted. This study shows that social workers differentiate between elderly victims and young ones. When the victim of such abuse is an elderly woman, most social workers tend to dismiss the presence of abuse, and define the case as non-abusive. The definition of a case as abusive or non-abusive is of great importance, because a connection has been established between the definition and the readiness of the social worker to initiate intervention in cases of abuse. In other words, social workers that fail to identify a case as abusive may refrain from initiating intervention, thereby allowing the abuse to continue. In the light of such cases, professional training needs to focus on the identification of abuse and the resultant initiation of intervention, with special emphasis on the tendency among social workers to ageism (discrimination based on age).

Training should strive to familiarize social workers with their own differential approach towards younger vs. older adults as well as with inhering beliefs and preferences towards certain age groups. Such training has to teach social workers to relate even-handedly to old and young victims of abuse at least with regard to the definition of the case as abusive.

The study also shows that social workers find it easier to identify physical abuse than emotional abuse. Considering that emotional abuse is the most common form among the elderly, and that it is typically accompanied by other forms of abuse, social workers need to be well trained in identifying it. There is a need for a clear, uniform definition of intimate emotional abuse; the awareness of social workers as to the recognizable signs of emotional abuse needs to be enhanced; and there needs to be an expansion of training and workshops in the identification of abuse.

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