



Vulnerability and Older Adults: Ethical Considerations



WORLD ELDER ABUSE AWARENESS DAY

Building Strong Support for Elders



Helen Bader
School of Social Welfare
Office of Applied Gerontology



Elder Abuse: Under the Radar

For every one case of
elder abuse that comes
to the attention of a
responsible entity...

1

another twenty-four
cases never
come to light.

24

Presenters



Ann Laatsch, JD

Justice System Coordinator

National Clearinghouse on Abuse in Later Life

Ann Laatsch is the Justice System Coordinator for the National Clearinghouse on Abuse in Later Life (NCALL), a project of End Domestic Abuse Wisconsin (End Abuse). Laatsch is responsible for nationwide leadership within the criminal justice system on enhancing safety and the quality of life of older victims and survivors of abuse. In this role, she also provides training and technical assistance on justice system issues, and creates training materials and curricula on justice system responses to abuse in later life.

In her past work, she has provided legal representation to survivors of domestic and elder abuse, and people with disabilities. Laatsch has developed and presented trainings on a range of topics including domestic violence, housing law, public benefits, elder rights, and disability issues.



Dinah LaCaze, MBA, APSW

APS Prevention Program Coordinator

Milwaukee County DHHS, Aging and Disabilities
Services, Adult Protective Services

Dinah is the APS Prevention Program Coordinator Chapter 55 for Milwaukee County Aging and Disabilities, where she works in the Adult Protective Services Unit. She Coordinates Emergency Protective Placements for adults at risk/older adults and provides education and training on various topics including dementia. Dinah Graduated from UW Milwaukee with her degree in Social Work, has her APSW, and a certificate in trauma counseling.



**Colleen Galambos, PhD, FGSA, FAASWSW,
ACSW, LCSW, LCSW-C**

Helen Bader Endowed Chair in Applied Gerontology
University of Wisconsin-Milwaukee

Dr. Colleen Galambos is a professor and the Helen Bader Endowed Chair in Applied Gerontology at the University of Wisconsin–Milwaukee. She is an adjunct professor at the Medical College of Wisconsin. Dr. Galambos is a fellow of the Gerontological Society of America and the American Academy of Social Work and Social Welfare.

Her practice experience includes clinical, administrative, policy, and research positions in a variety of health and long-term care organizations. She currently serves on the Governing Board for the Aging and Disabilities Resource Center of Milwaukee County, Wisconsin. She served on the State of Missouri Board of Nursing Home Administrators, from 2004 – 2011 and was Vice President of the Board from 2010 -2011. She is a past member of the Board of Directors of the National Association of Social Workers. She is currently a member of the National Academies of Sciences, Engineering and Medicine’s Board on Health Care Services. She was a member of two Consensus Study Committees with the National Academies of Sciences, Engineering, and Medicine.



**Rujeko O. Machinga-Asaolu, CSW-KY,
MSc, MSCFT, MSSW**

Ph.D. Student, College of Social Work
University of Kentucky

A Zimbabwean native, Rujeko “Rue” Machinga-Asaolu is a certified social worker in Kentucky. She has a Master of Science in Community Health Education, a Master of Science in Social Work, and a Master in Couple and Family Therapy. Rujeko has practice experience in community-based and school-link mental health, individual, couple, and family therapy, FlourishCare navigating, and behavioral health case management. Rujeko is a Ph.D. student in Social Work at the University of Kentucky (UKY). Her primary scholarly research explores the intersection of being an intimate partner violence survivor, an older adult, and an immigrant. Currently, she is a predissertation fellow with the Association for Gerontology Education in Social Work (AGESW), a predoctoral fellow with the United in True Racial Equity at the UKY, and a recipient of the Lyman T. Johnson Fellowship. Rujeko is an elected Board Member for AGESW, 2nd Vice President, and Parliamentarian for the Association of Black Social Workers at the University of Kentucky, a Board Member for Dreamers and Survivors’ Support Network, and a Board Trustee for a mental health organization in Zimbabwe.

Vulnerable Adult Statutes and Abuse in Later Life

Ann Laatsch, JD

Justice System Coordinator

National Clearinghouse on Abuse in Later Life

Disclaimer

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National Clearinghouse on Abuse in Later Life (NCALL)

NCALL is committed to creating a world that respects the dignity of older adults and enhances the safety and quality of life of older victims and survivors of abuse. We engage communities to foster a collaborative, inclusive, survivor-centered response to abuse in later life.



Learning Objectives

As a result of this training, participants will be better able to:

- Describe the purpose and history of vulnerable adult statutes
- Identify ways in which vulnerable adult statutes may help or hinder a community's response to elder abuse

Abuse in Later Life Defined



The term 'abuse in later life' means (i) neglect, abandonment, economic abuse, or willful harm of an adult aged 50 or older by an individual in an ongoing relationship of trust with the victim; or (ii) domestic violence, dating violence, sexual assault, or stalking of an adult aged 50 or older by any individual; and does not include self-neglect.

Violence Against Women Act (VAWA)
Reauthorization Act of 2021

Types of Abuse

- Physical Abuse
- Sexual Abuse
- Psychological or Emotional Abuse
- Financial Abuse
- Neglect

Perpetrators of Elder Abuse



Perpetrators of elder abuse are spouses, partners, family members, caregivers and other persons in a relationship where the victim and society expects compassion and caring.

Acierno, R. Hernandez-Tejada, M., Muzzy, W., Steve, K. (2009).

Elder Abuse in the Community



1 in 10 community-residing older adults reported experiencing elder abuse in the past year.

Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010).

Rosay, A. B., & Mulford, C. F. (2017).

Elder Abuse in Congregate Settings



Prevalence estimates within institutions:

- psychological abuse (33.4%)
- physical (14.1%)
- financial (13.8%)
- neglect (11.6%)
- sexual abuse (1.9%).

Yongjie Yon, Maria Ramiro-Gonzalez, Christopher R Mikton, Manfred Huber, Dinesh Sethi(2019).

Victims of Abuse



About 2/3 of elder abuse victims are women.

Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging. (2011).

What is a Vulnerable Adult Statute?

- Designed to ensure that vulnerable adults are safe in their living environments and in the receipt of health care and supportive services
- Defines vulnerable adult
- Specifies who is required or permitted to report maltreatment
- Defines what constitutes maltreatment
- May provide for enhanced criminal penalties

Vulnerable Adult Terminology

- “Vulnerable adult”
- “Incapacitated adult”
- “Elder adult at risk” Wis. Stat. § 49.90(1)(br)
 - “...any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.”

Sample Language

- “...an individual age 18 or older who has the functional, mental, or physical inability to care for themselves.”
- “...one who is unable to protect themselves against significant harm or exploitation.”
- “A vulnerable adult is one that has a substantial mental or functional impairment.”

Variety in Statutory Schemes

- Age
- Functional ability – ADL's
- Diagnosis dependent
 - “developmental disability”
- Living arrangement
- Autonomy
 - In-home services
 - Guardianship/conservatorship
- Forms of abuse

How do these statutes protect older victims of abuse?

- Awareness
- APS
- Enhanced penalties
- Reporting
- Balancing safety and autonomy

Is there a downside?

- Caring society vs. paternalism
- Older adult may reject the label and disengage
- Fear of mandatory reporting
- Other barriers
 - Distrust
 - Lack of community resources
 - Fear of what will be lost

Trends in Vulnerable Adult Laws

- “Harmful act” provisions (CO)
- Allowing APS to offer services to prevent self-neglect
- Expanding the definition of harm to include psychological harm (WV)
- Codification of undue influence more frequently within elder abuse statutes
- “Personal degradation” added to definition of abuse (IA)



Resources

State-by-state Vulnerable Adult/Mandatory Reporting Laws

https://www.americanbar.org/groups/senior_lawyers/resources/elder-law-statutes/

https://www.americanbar.org/content/dam/aba/administrative/law_aging/2020-elder-abuse-reporting-chart.pdf

NCALL Systems Change Workbooks

- APS/Elder Abuse organization
- Courts
- Law Enforcement
- Prosecution
- Victim Services

NOTE: Use of these tools is optional.



NCALL Website



URL: www.ncall.us

NCALL Publications Library

Publications Library



Our Publications Library is home to a number of written resources, toolkits, webinars, articles, and more, created by NCALL staff and through collaboration with various organizations and entities in the elder abuse field.

[Click here to be directed to the Publications Library.](#)

www.ncall.us/resources/publications-library/

For Professionals

For Professionals

Given the complexity of abuse in later life cases, a multidisciplinary response is often the most effective approach. An effective collaborative response includes engaging key partners who hold integral roles in addressing abuse in later life.

The benefits of working together include:

- Gaining a more complete picture of victims' needs by hearing from professionals with various perspectives
- Creating a more complete list of options for victims by raising awareness among professionals of remedies and services that are available, or highlighting gaps in available services
- Leveraging additional resources
- Reducing the duplication of services

Please see the pages below to find resources for some of these professionals. Visit our [Resources](#) page to find an expansive list of resources organized by topic.

Other pages in this section

Civil Attorneys

Civil attorneys and other civil legal system professionals work each day to ensure victim safety and hold offenders accountable for harm to older survivors. Their knowledge and understanding of the fundamentals of elder abuse, as well as the legal remedies and non-litigation resources available to older survivors, are critical in developing effective intervention strategies to end elder abuse and prevent further harm to older adults.

[Learn More](#)

Crime Victim Services Providers/Advocates and Criminal Justice Systems Stakeholders

Crime victim services providers, advocates, VOCA administrators, and other stakeholders and professionals within the crime victims field need resources and critical information to address the systemic barriers faced by older victims seeking access to healing supports and just outcomes.

[Learn More](#)

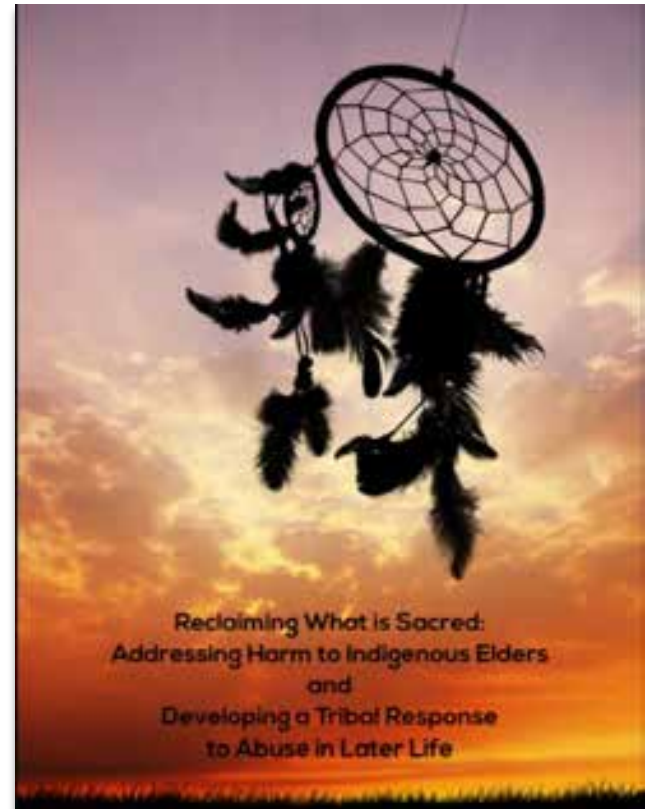
Domestic and Sexual Violence Advocates and Programs

Many older survivors will seek the help of domestic and sexual violence advocates and programs in dealing with the abuse they experience. Older victims can benefit from many of the services traditionally offered by domestic violence and sexual assault programs such as individual and peer counseling, support groups, emergency and transitional housing, and specialized economic and legal advocacy.

<https://www.ncall.us/for-professionals/>

Resources for Working with Tribal Communities

- Reclaiming What is Sacred: Addressing Harm to Indigenous Elders and Developing a Tribal Response to Abuse in Later Life: <http://s3-us-east-2.amazonaws.com/ncall/wp-content/uploads/2019/02/01110042/TribalPaperNCALL.pdf>



NCALL Video Library

- Web address: www.ncall.us/video-library
- More than 30 video clips with subject matter experts
- Personal accounts from older survivors who have experienced abuse in later life
- Link to NCALL's YouTube Channel with more streaming videos

Charlotte and Howard: Financial Exploitation by a Befriender



Donna: Coercive Control and Intimate Partner Violence



Jewel: Intimate Partner Violence including Economic Abuse



Leonard and Meneleo: Financial Exploitation by Strangers



Linda: Sexual Assault by a Neighbor



Mariana: Financial Exploitation by a Befriender



Mary Ann: Stalking in Later Life by an Acquaintance



Mary Lou: Intimate Partner Violence in Later Life



Tammy: Sexual and Physical Abuse in an Intimate Partner Relationship

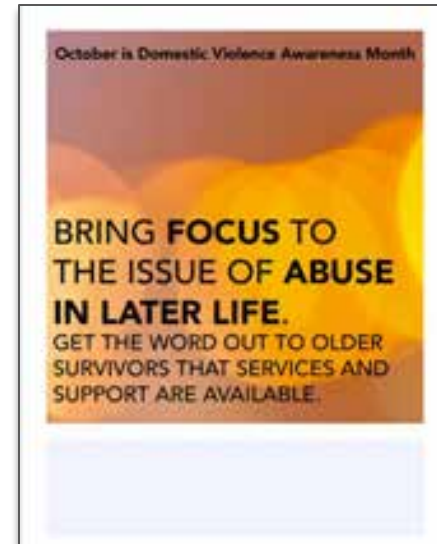


NCALL YouTube Channel

- Web address: <https://www.youtube.com/@ncall>
- More than 150 streaming videos



Awareness/Outreach Materials



Staying Connected to NCALL

Sign up for our e-newsletter:

www.ncall.us/take-action



Website: www.ncall.us



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Thank You!

Ann Laatsch

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Elements of an Elder Abuse Investigation

Dinah LaCaze, MBA, APSW

Milwaukee County DHHS, Aging and Disabilities Services, Adult Protective Services



Adult Protective Services Overview



**Tools: Wisconsin Statutes for investigation, Protective Services
Court Orders for Decision Makers and Protection**

Limitations: Self Determination the process by which a person controls their own life

Guardianship and Protective Placement/Services are the intervention of last resort.

A Few Stats about Elder Abuse

- 1 in 10 persons aged 60+ Experience Abuse
- Approximately 5 Million per year
- Annual Estimates of Financial Losses from Financial abuse range from 2.9-36.5 Billion Dollars.
- 9% of Victims turn to State Medicaid Funds due to Money Stolen

The Elephant in the Room



Case Study

1st referral:

95-year-old female, Mrs. C, referred into APS as she does not feel comfortable with documents, she signed drafted by an attorney who met with her in the hospital following a suicide attempt. She took 12 or more pain medications. She thinks it was a new power of attorney document that allows her new friends who are twins to direct her care and finances. Since the document was drafted 2 days ago Mrs. C has been placed in an assisted living facility voluntarily. Her Power of Attorney (POA) has not been activated.

2nd referral:

Expressed a concern because this 95-year-old female, has a long established POA for Health Care which is a family member a distant cousin, and a Financial POA, who is also a distant family member. She has multiple financial accounts all her accounts are listed as Payable On Death (POD) accounts in the amounts of 250,000. She has approximately 10 different accounts. Her Financial Power of Attorney (FPOA) has expressed concerns because she has begun taking out larger amounts of money more than \$10,000.00 each withdrawal every couple weeks and states she is helping her friends.

3rd referral

Reports that she has been with her same Primary care physician for the past 20+ years and has recently begun visiting multiple Emergency Rooms across hospital systems to get prescriptions for pain medication which in the past she has refused to take.

She has a long-time caregiver that has been helping her with daily visits to prepare meals and make sure she has taken her medications, the caregiver takes her to medical appointments, and assists her in mailing her bills after she writes all the checks 1-2 times per month. She is paid about 250.00 per week to assist her.

Mrs. C also had a regular gardener who took care of her front and back lawn, snow shoveling, and her home is paid off. Her husband passed away 10 years ago, she has twin sons who have retired and moved to a southern state she speaks with them a couple times per year. Referral source reports that the gardener resigned because Mrs. C kept asking him out on dates and referring to him as her boyfriend and he was uncomfortable with her advances.

4th referral

Expressed concerns for 95-year-old female, who has significant financial planning completed including a home and POD accounts, however a newly drafted financial POA was presented to the bank to withdraw the total amount in her account to pay for her new facility and care needs by her new friends.

Elements of an APS/Elder Abuse Investigation

- Interview with the client and collateral contacts
- Records review

Adult Protective Services Values

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights unless a court adjudicates otherwise.
 - i.e., the right to live their lives as they wish, manage their own finances, enter contracts, marry, etc.
- Adults have the right to make decisions that do not conform with societal norms if these decisions do not harm others.
- Adults have the right to accept or refuse services



Resources

- <https://www.dhs.wisconsin.gov/adrc/index.htm>
- <https://www.legalaction.org/services/seniorlaw-free-legal-services-for-age-60-residents>
- <https://www.dhs.wisconsin.gov/aging/legal-assistance.htm>
- <https://www.dhs.wisconsin.gov/aps/index.htm#:~:text=c%20all%20your%20county%20helpline%20or,at%20833%2D586%2D0107.>



Ethical Considerations in Labeling Older Adult Vulnerable

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Learning Objectives



- Participants will explore ethical dilemmas that occur between protecting an older adult from harm and respecting individual freedoms.
- Participants will explore how to maintain professional competence when faced with an ethical dilemma.
- An ethical decision-making tool and codes of conduct will be examined.



Vulnerability Presents Ethical Dilemma



- The use of vulnerability label presents ethical dilemmas for both the older adult and the practitioner
- An ethical dilemma is a situation in which there are conflicts between 2 equally important ethical principles or moral principles.
- Competing moral principles of autonomy vs nonmaleficence.



Ethical Considerations for the Older Adult

- What are the potential vulnerability factors that place older adults at risk? How do they influence how we handle the situation?
- Are older adults at risk of basic human vulnerability?
- Are older adults at risk for experiencing situational vulnerability?
- Are older adults at risk due to social justice issues?



Vulnerability Perception of The Older Adult



- Does the older adult want to be in control and direct their own affairs?
- Does the older adult have entrusted persons in their life who can help if asked?
- Are they being coerced into a course of action?
- Are they being labeled prematurely?
- Have we recognized vulnerability too late and has harm already occurred?



Virtue Ethics and Social Work Practice



- Seven Core Virtues

- Compassion
- Discernment
- Trustworthiness
- Integrity
- Conscientiousness
 - (Beauchamp & Childress, 2019)



Ethics of Care



- Not simply a matter of making the right or best decision.
- Goal - preserve the relationship between caregivers and care receivers.
- How do we manage moral dilemmas?
- How do our actions and decision making impact all involved parties? Do we address the emotional aftermath?





Deontology

Ethical theory that provides guidance for professional conduct.

Actions are good or bad according to a clear set of rules.

Codes of Ethics, State Codes of Conduct are examples.

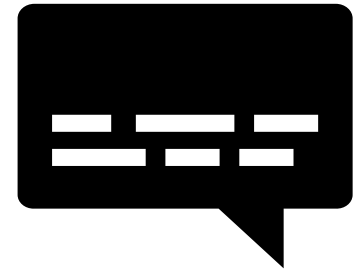


Pertinent Section Wisconsin Statute



Wisconsin Statute: MPSW 20.02 Unprofessional Conduct:

(8) Discriminating on the basis of age, race, color, biological sex, gender, gender identity, religion, creed, national origin, ancestry, ethnicity, disability or sexual orientation by means of service provided or denied



NASW Code of Ethics



1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

NASW Code of Ethics



1.05 Cultural Competence

(b) Social workers should demonstrate knowledge that guides practice with clients of various cultures and be able to demonstrate skills in the provision of culturally informed services that empower marginalized individuals and groups. Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.

NASW Code of Ethics



1.05 Cultural Competence

c) Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable for advancing cultural humility.

NASW Code of Ethics



1.05 Cultural Competence

(d) Social workers should obtain education about and demonstrate understanding of the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

A Model for Ethical Decision Making



Questions to Ask Self



- How will the label of vulnerable help or hinder my client?
- Have I provided equal opportunity to hear what my client wishes as an outcome?
- Have I provided equal opportunity to hear how the situation is impacting caregivers?
- Am I respectful of cultural considerations?



Questions to Ask Self (con't)



- What course of action is necessary to preserve all relationships?
- Am I entering into a decision fully aware of my own bias?
- Is my decision supported by my agency?
 - By the community?
 - Do I have enough supervisory support?



References



Beauchamp, T.L., & Childress, J.F. (2019) *Principles of Biomedical Ethics*, 8th ed. Oxford University Press: Oxford.

Sanchini, V., Sala, R., Gastmans, C. (2022). The concept of vulnerability in aged care: a systematic review of argument based ethics literature. *BMC Medical Ethics*, 23:84. <https://doi.org/10.1186/s12910-022-00819-3>.

NASW (2022) Code of Ethics. NASW: Washington D.C.

Reamer, F. (2017). Virtue Ethics in Social Work, *Social Work Today* . Retrieved: <https://www.socialworktoday.com/archive/060117.shtml>.

Statute Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board, Chapter MPSW 20, Conduct.

THANK YOU!!



Vulnerability Assessment: Cultural Considerations

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Session Plan



INTRODUCTION



ASSESSMENT CONSIDERATIONS



WHAT CAN YOU DO?



REFLECTION

SESSION GOAL:

Begin to think about cultural, ethnic, and racial considerations in the assessment for vulnerability

INTRODUCTION

Definitions

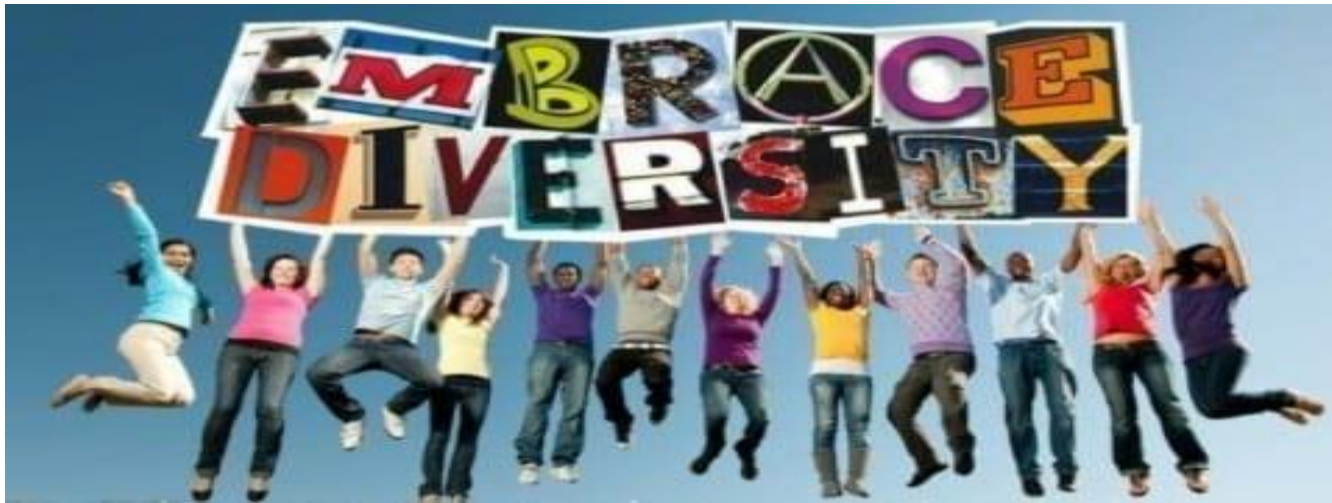
Culture: A set of shared ideas, customs, traditions, beliefs, and practices shared by a group of people that is constantly changing in subtle and major ways (1).

People of color: A blanket term to include those who do not identify as only white or Caucasian. This is the preferred and most inclusive term, currently (1).

Ethnicity: A group of people who identify with one another based on shared culture.

Diversity: What makes people different (age, sex, gender, culture, race, religion, etc.)

Ethnic Diversity: the existence of people from various cultural and diverse backgrounds within a single area



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**Cultures
are NOT
ONLY
diverse BUT
ALSO
complex**



CULTURAL
COMPETENCY



CULTURAL
HUMILITY

“DOUBLE JEOPARDY”

A gerontological term used to describe the outcomes of the intersection of age with another social indicator that has put people at risk for discrimination throughout their lives (2)

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ASSESSMENT CONSIDERATIONS

Rationale for Targeted Screening

Routine screening of vulnerability among older individuals helps identify unknown vulnerable situations and prevent future abuse.

Solicit a story on sensitive subjects

Screening is generally acceptable under conditions perceived as private and safe, and questions are asked in a comfortable manner.



Human - social	Physical	Economic	Cultural Environmental
<ul style="list-style-type: none"> • Fatalities • Injuries • Loss of income or employment • Homelessness 	<ul style="list-style-type: none"> • Structural damage or collapse to buildings • Non-structural damage and damage to contents • Structural damage infrastructure 	<ul style="list-style-type: none"> • Interruption of business due to damage to buildings and infrastructure • Loss of productive workforce through fatalities, injuries and relief efforts • Capital costs of response and relief 	<ul style="list-style-type: none"> • Sedimentation • Pollution • Endangered species • Destruction of ecological zones • Destruction of cultural heritage
<ul style="list-style-type: none"> • Diseases • Permanent disability • Psychological impact • Loss of social cohesion due to disruption of community • Political unrest 	<ul style="list-style-type: none"> • Progressive deterioration of damaged buildings and infrastructure which are not repaired 	<ul style="list-style-type: none"> • Economic losses due to short term disruption of activities • Long term economic losses • insurance losses weaken-ing the insurance market • Less investments • Capital costs of repair • Reduction in tourism 	<ul style="list-style-type: none"> • Loss of biodiversity • Loss of cultural diversity

DIFFERENT ASSESSMENT & SCREENING TOOLS (7,online handout)

Brief Abuse Screen for the Elderly (BASE)

Caregiver Abuse Screen (CASE)

Elder Abuse Suspicion Index© (EASI)

Elder Assessment Instrument (EAI)

Health Attitudes Toward Aging

Living Arrangements, and Finances (HALF) Assessment

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)

Elderly Indicators of Abuse Screen (E-IOA)

Partner Violence Screen (PVS)

Questions to Elicit Elder Abuse

Vulnerability to Abuse Screening Scale (VASS)

Elder Psychological Abuse Scale (EPAS)

ASSESSMENT TOOL (7)	PURPOSE (7)	VALIDITY TARGET POPULATION
Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)	To identify people at high risk of the need for protective services	USA
Vulnerability Abuse Screening Scale (VASS)	To identify older women at risk of elder abuse	Australia
Elder Abuse Suspicion Index (EASI)	To identify victims of elder abuse	Canada
Caregiver Abuse Screen for the Elderly (CASE)	To identify abuse of older people by an informal caregiver	Canada
Brief Abuse Screen for the Elderly (BASE)	To assess the risk of elder abuse	Canada
Caregiver Psychological Elder Abuse Behavior (CPEAB)	To identify psychological abusive behavior by the caregiver	China
Older Adult Abuse Psychological Measure (OAPAM)	To identify psychological abuse	USA
Older Adult Financial Exploitation Measure (OAFEM)	To identify financial abuse	USA
Assessment Tool for Domestic Elder Abuse (ATDEA)	Detection and prevention of elder abuse	Japan
Risk on Elder Abuse and Mistreatment Instrument (REAMI)	To identify people at risk of elder abuse	Belgium
QualCare Scale	To identify people at risk or experiencing abuse due to caregiver behaviors	USA
Elder Abuse Risk Assessment and Evaluation (EARAE) tool	To capture elder abuse indicators, track contributing risk factors, measure multiple case outcomes, and track types of interventions utilized	USA
Older Adult Financial Exploitation Measure (OAFEM) Short Form		USA
Older Adult Emotional Abuse Measure (OAEAM) Short Form	Short-form measures to assess four types of elder abuse: financial, emotional/psychological, physical, and neglect.	
Older Adult Physical Abuse Measure (OAPAM) Short Form		
Older Adult Neglect Measure (OANM) Short Form		
Lichtenberg Financial Decision Screening Scale (LFDSS)	To assess financial decision making and preventing financial exploitation	USA
Family Members Mistreatment of Older Adults Screening Questionnaire (FAMOASQ)	Early identification of the familial mistreatment of older adults	Mexico

Family Members Mistreatment of Older Adults Screening Questionnaire (FAMOASQ).

Num.	Question	Answer to consider mistreatment
1	Do you feel abandoned?	Yes
2	Have you been left alone for long periods of time? (a long time)	Yes
3	Does your family visit you? (frequently, all the time)	No
4	Do they help you with your personal activities? (to go shopping or to the bank)	No
5	When you are sick or do not feel well, does someone accompany you?	No
6	Do they help you with your medication?	No
7	Do you trust the person you live with?	No
8	Do you go out for pleasure or entertainment with your family?	No
9	Is your family usually angry at you? (all the time, regularly)	Yes
10	Have you been emotionally hurt?	Yes
11	Are you always afraid of something?	Yes
12	Do you feel you are threatened?	Yes
13	Do you feel you are the cause of problems? (some kind of burden)	Yes
14	Do you feel you are not respected?	Yes
15	Does the person you live with ignore you? (Does not pay attention to you, does not consider you)	Yes

Source (8): Ruelas González y cols. Research Project “Modelo de Atención para adultos mayores maltratados”, funded by CONACYT 87671 and 248566

Challenges with Assessment

NO GOLD STANDARD TEST: Lack of an agreed-upon screening method

Wide-ranging risk factors

Lack of training

Unclear guidance about whom to screen and what to do if vulnerability is identified

Fear, intimidation, and lack of support prevent many from disclosing.

Provider's discomfort with screening

Time constraints

Some survivors may view abuse as normal behavior and some blame themselves for the abusive situation

Many tools have been tested but no study evaluated the acceptability of the instruments by older people themselves

Many survivors raise concerns about increased risk and vulnerability associated with both screening and mandatory reporting

WHAT DO YOU DO?

Recognizing Common Barriers

Is this
assessment
even
appropriate?

Language

Different point of
views

Stigma (both
provider and
client)

Lack of
awareness/lack
of exposure

Fear (both
provider and
client)

Legal Obligations

Title VI of the Civil Rights Act-1984 ⁽⁵⁾

- No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Executive Order 13166: "Improving Access to Services for Persons with Limited English Proficiency." ⁽⁶⁾

- The Executive Order requires Federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them.

Small Changes Make a Huge Difference

Research on appropriate tools

Accessing language services

- Interpreters & Translators
- Service lines
- Translated informational material

Non-verbal communication is just as important as verbal

- Body language, tone, posture, eye contact?, gestures

Use of different words or rephrasing

Use visuals

Do not assume, ASK directly

Summary



Celebrate diversity!



Create culturally sensitive spaces



Do it with them, not just for them – a process of empowerment



Cross-cultural communication / other ways of communicating is vital



Minimize generalizing



Self-reflect as a provider

Case Study

1st referral:

95-year-old female, Mrs. C, referred into APS as she does not feel comfortable with documents, she signed drafted by an attorney who met with her in the hospital following a suicide attempt. She took 12 or more pain medications. She thinks it was a new power of attorney document that allows her new friends who are twins to direct her care and finances. Since the document was drafted 2 days ago Mrs. C has been placed in an assisted living facility voluntarily. Her Power of Attorney (POA) has not been activated.

2nd referral:

Expressed a concern because this 95-year-old female, has a long established POA for Health Care which is a family member a distant cousin, and a Financial POA, who is also a distant family member. She has multiple financial accounts all her accounts are listed as Payable On Death (POD) accounts in the amounts of 250,000. She has approximately 10 different accounts. Her Financial Power of Attorney (FPOA) has expressed concerns because she has begun taking out larger amounts of money more than \$10,000.00 each withdrawal every couple weeks and states she is helping her friends.

3rd referral

Reports that she has been with her same Primary care physician for the past 20+ years and has recently begun visiting multiple Emergency Rooms across hospital systems to get prescriptions for pain medication which in the past she has refused to take. She has a long-time caregiver that has been helping her with daily visits to prepare meals and make sure she has taken her medications, the caregiver takes her to medical appointments, and assists her in mailing her bills after she writes all the checks 1-2 times per month. She is paid about 250.00 per week to assist her. Mrs. C also had a regular gardener who took care of her front and back lawn, snow shoveling, and her home is paid off. Her husband passed away 10 years ago, she has twin sons who have retired and moved to a southern state she speaks with them a couple times per year. Referral source reports that the gardener resigned because Mrs. C kept asking him out on dates and referring to him as her boyfriend and he was uncomfortable with her advances.

4th referral

Expressed concerns for 95-year-old female, who has significant financial planning completed including a home and POD accounts, however a newly drafted financial POA was presented to the bank to withdraw the total amount in her account to pay for her new facility and care needs by her new friends.

Case Study Reflection

How will you handle this situation if you discover that Mrs. C is from a different ethnic culture?

- **What steps would you take to make your assessment go well?**

Considering cultural diversity, what practical changes could your workplace make to improve how you address assessment with individuals from different cultures

What are some ethical considerations for this case study?

TYPE ANSWERS IN CHAT BOX

Assessment Tools References

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Q & A and Wrap Up



**WORLD ELDER ABUSE
AWARENESS DAY**

Building Strong Support for Elders