Responding to and Preventing Abuse in Later Life

What Can We Do Better?

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Who's in the room?



Motivation for Project

PREVALENCE

- 10% of adults aged 60+ will be victims of abuse (Acierno et al., 2010)
- For every reported case, may be as many as 25 unreported cases (New York City Department for the Aging, 2011)
- In Virginia, cases of abuse in later life have steadily increased (DARS, 2021)
- As population of older adults grows, problem expected to intensify

LACK OF EMPIRICAL EVIDENCE

- Research is limited in scope
- Many training grants prohibit research (e.g., Office on Violence Against Women, 2020)
- As a result, few trainings are evidence- or needs-based
- No evidence of effectiveness of existing trainings (Mydin et al., 2019)
- Limited work on knowledge, attitudes, and current practices



LACK OF AWARENESS

ence	 Varied definitions of "older adult"
	 Varied definitions of "elder abuse"
	 Little, if any, emphasis in
	training/educational programs
of	 Not routinely assessed (e.g.,
al.,	Rosen et al., 2018)
	 Poor understanding of what elder
	abuse is/confusing it with age-
ces	related change in function

Project Purpose:

To explore recognition of and response to cases of abuse in later life



Focus groups and one-on-one interviews with front line personnel in aging/victim services (n = 9), healthcare (n = 7), and law enforcement (n = 8) in Greater RVA



Quantitative Phase

Survey instrument based on qualitative findings will be administered to front line personnel in same three populations across the Commonwealth



Post-PeRQ

this work

Qualitative Phase

- Use findings to create need and
- evidence-based trainings; obtain
- federal funding to expand the reach of

Guiding Questions



What does it mean to be old?

protocol for responding?

of abuse in later life?

- What does it mean to be abused?
- What does abuse of older adults look like?
- What role does [your profession] play in addressing abuse in later life?
- What role does [other professions] play in addressing abuse in later life?
- If you suspect an older adult has been abused, neglected, or exploited, what is your
- Have you ever collaborated/coordinated with another service provider to respond to a case

YOUR

- What does it mean to be old?
- What does it mean to be abused?
- What does abuse of older adults look like?
- What role does [your profession] play in addressing abuse in later life?
- What role does [other professions] play in addressing abuse in later life?
- If you suspect an older adult has been abused, neglected, or exploited, what is your protocol for responding?
- Have you ever collaborated/coordinated with another service provider to respond to a case of abuse in later life?



emotional-attachment autonomy predatory coordination physical-abuse tolerate recognizing react family technology priority owledge aining community ness resources self-neglect stereotypes uncomfortable prevent



Prevention & Coordination

Current systems and policies leave everyone feeling *helpless*

Increase Capacity



Abuse of older adults rarely covered in training/education Increased training and resources are needed to help frontline personnel adequately fight abuse in later life

Address Ageism



Ageism was quite prevalent, both expressing and acknowledging Ensuring safety and well-being of adults is not a societal priority

Increase Capacity

"No. I did a master's in hospital administration and that never came up. The only time that I can think of actually completing a training on elder abuse was when I was volunteering. Other than that, that was something I sought out myself. There wasn't anything that was presented to me."

-Healthcare participant

"It makes me feel that there's little value on older adults...I will just say that it's probably about six of us APS workers, compared to over 40...on CPS...and so that just makes me feel like they're saying 'Well, they've lived their life. They don't need anybody to advocate. They're not going to be here much longer anyway' and I think that's just awful."

-Aging/victim service participant

Prevention & Coordination

"We could be on the phone with mental health, APS, DSS [Department of Social Services], whoever, begging them to do something to help us get someone out of a situation, and we're there, we're seeing it, we're saying hey, this isn't safe, or hey, they need these resources, and it's almost like they're the ones that are shrugging their shoulders going well, we can't do anything so you've just got to leave them or you've just got to take them to the hospital and we'll deal with it later."

-Law enforcement officer

"And also, I think they're really looking for the crisis, and I think sometimes that's the problem. We don't want to get to the point where we've got [a crisis]. Unless people are in crisis, it's actually harder to handle the situation than if you can detect the rising risk and try to help."

-Healthcare participant

Address Ageism

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-Aging/Victim Services participant

"Well I think there's a difference in how people look at child abuse and adult abuse. With Child Protective Services, they have the clout to do things: remove the child, more legal actions. With elder abuse, there are no laws. They don't have any...power behind them to force the issue to be looked at."

-Aging/Victim Services participant

Quotes

"Well, what do you expect? Sure they smell like urine and they're not caring for themselves, but they're old and that's how it goes"

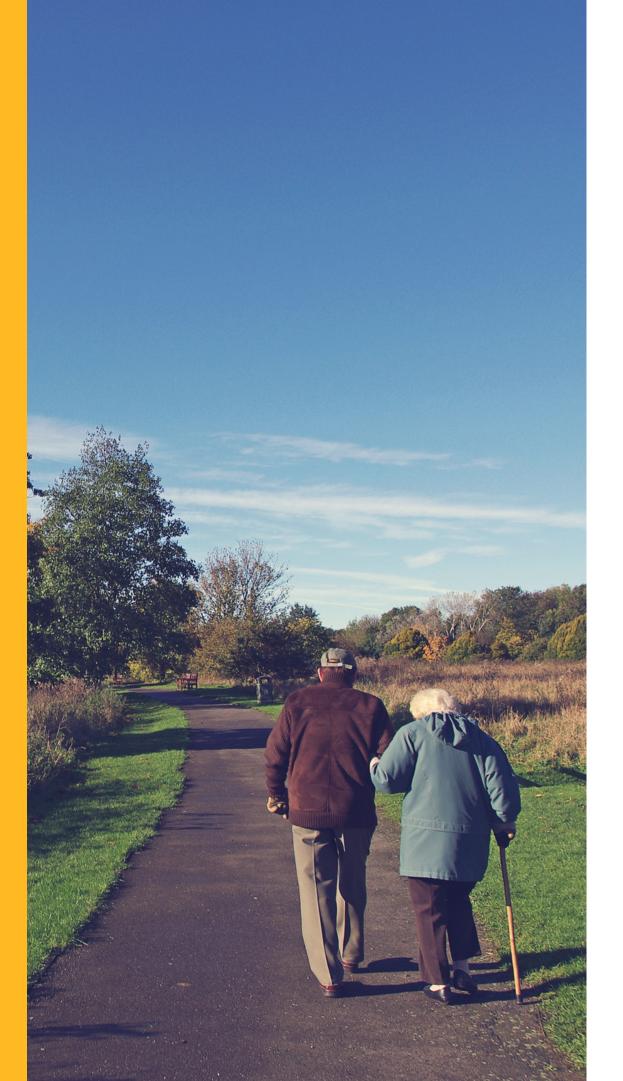
> "...I've been in the field for a long time...I have experienced a lack of coordination, maybe, or maybe it would just be nice to see a linking of the systems so that advocates and people actually working in the field know who they can turn to for certain types of assistance."

"You're giving them a voice that, I think, a lot of times, as people get older, society tends to put them on mute, so to say."

"That's the frustrating part for law enforcement or any first responders. We're here to go. We're in motion; things are going to happen. Once you make that phone call, everything slows down..." "We spend a lot of time agonizing about whether or not APS should be called"

> "I had a contact there that was good about responding and notifying me that this did or did not meet the criteria for them to come out to look into. I've lost touch with that contact. They've gotten some reports, but I haven't gotten direct feedback from them, so it's not as good of a partnership as I would expect it to be."

Implications



Findings demonstrate need for:

- Increasing capacity of those trained and qualified to address elder mistreatment; expand training and education opportunities to include other fields
- Investing in further research; exploring connections between ageism and elder abuse
- Developing prevention based policies and protocols to promote the safety and well-being of older adults

Next Steps

Use qualitative findings to develop quantitative survey Findings will inform training and education efforts Findings will inform direction of future research Increase safety and well-being for all older Virginians

What role can you play?

What research do you think is important?

Thank you!

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