Evaluation of Training to Address Family Violence and the Older Adult

Final Report
June 2005

for
The Action Group on Elder Abuse

by
Deborah Jesso, MA, MSW Student
RESOLVE Alberta
Faculty of Social Work, University of Calgary
and
Leslie Tutty, Ph.D., RSW
Academic Research Coordinator, RESOLVE Alberta
Faculty of Social Work, University of Calgary

RESOLVE Alberta
EDT 1410
University of Calgary
2500 University Dr. N.W. Calgary, AB T2N 1N4
Email: resolve@ucalgary.ca
www.ucalgary.ca/resolve

Acknowledgements

Table of Contents

1.0 Executive Summary

Older adult abuse or elder abuse, as it is referred to in the literature, was identified as an issue and brought to the forefront in the 1980's. Since then, there has been increasing awareness about older adult abuse in journal articles, newspapers, government, and university studies (Schlesinger & Schlesinger, 1999). Elder abuse includes abuse in the home by caregivers/providers who may be intimate partners or adult children, and/or in institutional settings. It occurs in the forms of emotional, physical and financial abuse and neglect.

Older adult abuse is difficult to detect and often goes unnoticed in the community due to a reluctance to report and the lack of coordinated efforts to screen, identify and intervene in these cases. While only a small percentage of older adults are abused, the abuse is potentially more harmful given that the older adult maybe poor, live in isolation after retirement, and have may have poorer health due to the aging process. Also, with the increase in the population of older adults in the coming years, the incidence of abuse will likely increase.

Older adult abuse cannot be addressed unless it is detected and reported (Ramsey-Klawsnik, 1996) and interventions cannot occur unless detected abuse is reported to those who can intervene or refer to other agencies (Utley, 1999). Therefore, it is essential that screening tools and protocols be developed that allow for screening and referral to deal with cases that are suspected or reported (Anetzberger, 2001). Screening tools and protocols assist the detection of older adult abuse and can guide professionals in effectively responding to abused clients since cases are often difficult to detect and seldom self-reported. Workers that see older adults as part of their professional responsibilities need training to ask about experiences of abuse, otherwise cases of abuse and neglect will continue to go undetected and further harm cannot be prevented.

Available statistics on older adult abuse in Alberta, cited in the brief submitted to the Alberta Roundtable on Family Violence and Bullying by the Action Group on Elder Abuse in the spring of 2004, are as follows:

- A survey of 800 Albertans found that 18% stated they knew a senior who experienced abuse (Omnibus Survey, 2003)

- Since 1998, more than 4,000 allegations of abuse and neglect have been reported under the Alberta Protection for Persons in Care Act (PPCA), the majority of allegations involving abuse of seniors in long term care facilities (Quarterly PPCA Reports)

- The Kerby Rotary Shelter in Calgary responds to 60-90 calls per month from individuals experiencing various types of abuse.

1.1 Action Group on Elder Abuse (AGEA)

The Action Group on Elder Abuse (AGEA) is a group that has embarked on developing collaborative efforts to address older adult abuse in Calgary (see Appendix 1). AGEA was initiated in January 2004 from a partnership between ACAV (Action Committee Against Violence) and the City of Calgary Senior Services Division and consists of a network of seniors and organizations that have a mutual concern for older

adult abuse in the family, community or institutional settings. AGEA emerged to examine ways to effectively engage the community in addressing older adult abuse.

AGEA obtained a grant from FCSS and hired a part-time Community Development Coordinator, Linda White, for six months from June to November 2004. AGEA has drafted Terms of Reference and created a strategic plan for the project. Rob Wiles of the City of Calgary serves as a Chair of the group. In a short time period of over a year, AGEA has been successful in the following endeavours:

- A brief was submitted to the Alberta Roundtable on Family Violence and Bullying;
- Successful funding obtained for a full time Program Coordinator for two years beginning May 2005
- A 6-month coordinator position (June-November 2004) was funded;
- A conference was held in November 2004 for front line service providers;
- Completed resource mapping and identified gaps in service;
- Conducted a best practices literature review;
- Contacted service providers to initiate protocol writing, and
- Completed a terms of reference, logic model and strategic plan for the initiative.

The goals of AGEA are as follows:

- To increase awareness of abuse of older adults among seniors, professionals and the general public;

- To enhance and coordinate services provided to older adults experiencing abuse; and

- To increase awareness at local, provincial and federal levels of needs of older adults experiencing abuse and gaps in services and protection

1.2 Family Violence and the Older Adult Training

One of the strategies that AGEA has highlighted is to provide education with respect to identifying and intervening in cases of older adult abuse to workers providing outreach services to older adults in Calgary. AGEA approached RESOLVE Alberta requesting an evaluation of their training on *Family Violence and the Older Adult*, which was provided to outreach workers in Calgary working with the older adults 50 years of age and older, on January 25, 2005. Deborah Jesso, an MSW Student at the University of Calgary and Dr. Leslie Tutty, Academic Research Coordinator at RESOLVE Alberta, conducted this evaluation. RESOLVE Alberta is a member of a tri-provincial family violence research institute with an office at the University of Calgary.

The *Family Violence and the Older Adult* training provided information on the following areas:

- Dynamics involved in older adult abuse,
- Allowed outreach workers to examine their attitudes and values,
- How to approach people about experiences of abuse
- How to complete risk assessments and conduct safety planning

- Resources in the community (i.e. such as mental health resources, and how to access the Victim's Assistance Fund for eligible abused older adults

This evaluation provides information on the strengths, limitations and gaps in training needed for outreach workers in Calgary who are working with abused older adults.

The research advisory team that provided input for the evaluation included Brenda Hill, Kerby Rotary Shelter Director, Lynda Gardner of the Calgary Women's Emergency Shelter (Older Women's Long-term Survival Program) and Bonnie Jardine, clinical supervisor of FCSS-funded outreach workers. These individuals designed, set up and facilitated the training workshop. The training was intended to provide education to the outreach workers on the dynamics involved in older adult abuse, to allow them to examine their attitudes and values, to learn how to engage older adults and complete risk assessments, conduct safety planning and learn about resources in the community.

1.3 The Evaluation Results

The 25 outreach workers (89%) in Calgary's seniors serving agencies that were interviewed for this evaluation were primarily female (23 or 92%), over the age of 35 (24 or 96%), had a social work background (19 or 76%) and had more than two years of outreach work experience (14 or 56%).

During the past three months, the outreach workers reported working with a combined total of 99 cases of older adult abuse. Financial abuse was the most commonly reported, followed by mental/psychological and neglect and physical abuse.

In general, the workers found the workshop components helpful. The majority of the outreach workers (22 or 88%) enjoyed the way that the information was presented and delivered with a variety of different presentations and modalities. However, nearly half (12 workers or 48%) indicated that the emphasis was on education on elder abuse without sufficient information on practical strategies for screening and intervention. Nearly two thirds (16 or 64%) were disappointed that the workshop had not provided them with more practical knowledge for screening and then intervening in cases of older adult abuse.

Outreach workers were asked to complete a rating scale before, after and two month after training that measured their understanding, comfort, experience, confidence and knowledge of community resources when dealing with cases of older adult abuse. Scores on the rating scales completed by the outreach workers showed significant increases in learning from the pre-test to the two month follow-up after the training. Two months afterwards, most outreach workers were confident in their understanding of the cycle of violence and dynamics of abuse (from 14% to 96%), were comfortable asking clients about their experiences of abuse (3% to 96%) and were confident in their ability to respond to a client's disclosure of abuse (17% to 100%) and providing information regarding resources (from 21% to 90%). A number reported that while they did not know all the newer resources, they could find this information from existing agencies.

The proportion of outreach workers that ask all clients about their experiences of abuse decreased from 52% at the pre-test, to 31% at the post test and to 24% two months after the training. To clarify, two months after the workshop, 76% of workers do not ask

the question of *all* clients and ask only if they sense that abuse is occurring. They are less likely to ask if the client has been referred for non-abuse related issues, such as filling out financial forms.

However, even though the numbers decreased, the qualitative responses indicate that most workers eventually ask of experiences of abuse, just not with *all* clients. Workers stated that they ask of experiences of abuse when rapport is developed and if they suspect that abuse has or is presently occurring. Therefore, the number of workers reporting that they ask of experiences of abuse is likely an underestimate as outreach workers interpretation of the question was do they ask all clients, which they do not.

In general, the outreach workers now ask about experiences of abuse when they suspect abuse is occurring. On an informal basis, the workers are screening and assessing for abuse if suspected or reported. Importantly though, nearly one half of the outreach workers (12 or 48%) requested more training and tools to deal with cases of older adult abuse. Workers indicated that they needed hands on training using real case scenarios for dealing with cases that are suspected or reported.

1.4 Discussion and Recommendations

The *Family Violence and the Older Adult* workshop provided an opportunity to raise awareness about older adult abuse to outreach workers working with adults 50 years of age and older in Calgary. Many of the outreach workers indicated that their knowledge and comfort levels around the topic increased as a result of attending the training. However, outreach workers need more tools, guidelines and training on how to intervene in these cases, otherwise they fear alienating their clients and creating more risk and distress to the older adult and their families. It is apparent that workers already engage in screening and assessment activities if they suspect that abuse may be occurring and will ask once rapport is built with the client if abuse is suspected. Recommendations based upon these findings are as follows:

Recommendation 1: Workers need to be provided with further training including screening tools and guidelines and practice in how to intervene in these cases.

Recommendation 2: Training should also help workers deal with their legitimate concerns about working with older adult abuse cases, specifically around alienating clients and creating more risk and distress to the older adult and their families.

Recommendation 3: Protocol development and training needs to occur simultaneously and with the involvement of and suggestions from the outreach workers.

Recommendation 4: Scenarios for discussion for future training could be developed from some of the worker's comments in this evaluation.

Financial abuse was the most often identified type of abuse on the outreach workers' caseloads and the workshop participants suggested that it merits further training.

Training needs to be ongoing and include the various types of abuse as this is identified as a growing issue among older adults. Further, the workers suggested the need for specific training regarding the assessment and practical or ethical decisions involved in reporting the abuse (i.e. alienating caregivers by reporting, approaching the subject with new clients, etc.). Lastly, workers suggest that information on the dynamics of older adult abuse be specific to older adult abuse as opposed to abuse in younger populations. Recommendations based upon these findings are:

Recommendation 5: Further training is needed with respect to financial abuse.

Recommendation 6: Information materials need to be specific to older adult abuse, such as utilizing the Power and Control Wheel specific to older adult abuse.

In examining the evaluation comments, the workers need additional training on ways of asking the question, an opportunity to practice through role plays, and case study discussions among the facilitators and more experienced outreach workers. Training modules could be provided that are geared towards the different levels of experience of workers in the agencies to prevent the more experienced workers from having to sit through material they are familiar with.

Alternatively, training could target different types of abuse and focus on dealing with the abuse from detection, signs of abuse, asking the question, interventions to consider and time to practice the interventions. Lastly, training needs to be offered by individuals with expertise in addressing the complexity of older adult abuse. Based upon these findings, recommendations are:

Recommendation 7: Workers need additional training on ways of asking the question, an opportunity to practice through role plays, and case study discussions. This training needs to be interactive and allow for practical application.

Recommendation 8: Training needs to be ongoing and perhaps provided in module form to address the various levels of experience of workers.

Recommendation 9: Training needs to be offered by individuals with expertise in addressing the complexity of older adult abuse and more experienced outreach workers can help facilitate.

The *Family Violence and the Older Adult Training* that provided outreach workers with information and awareness with respect to older adult abuse was clearly needed. The workshop emphasized information and awareness and what is now needed is more concrete strategies for screening and intervening with older adult abuse. The workers were comfortable in dealing with disclosures but asking the question depended upon rapport established with the client and if they suspected abuse has or is presently occurring. The workers recommended that future training be practical and experiential

allowing participants to review and practice specific intervention strategies to increase their understanding of what to say, how to say it and steps/options for intervening.

As a new coordinator is being recruited, it is recommended that outreach workers be included in the developing guidelines and protocols that will govern their practice with older adult abuse. The outreach workers are in the privileged position of working with seniors at the front line and are one of the best resources. They and can provide a wealth of insight, knowledge and information about the needs of older adults in Calgary. A needs assessment could be conducted to further explore cases of older adult abuse with outreach workers to gauge the specific needs of older adults who are being abused and interventions that could be useful for particular types of abuse because as one worker indicated; "you cannot always remove the person from their home" in cases of older adult abuse.

2.0 What We Know of Older Adult Abuse

Older adult abuse or elder abuse, as it is referred to in the literature, was identified as an issue and brought to the forefront in the 1980's. Since then, an increased awareness about older adult abuse is apparent in journal articles, newspapers, government, and university studies (Schlesinger & Schlesinger, 1999). Elder abuse includes abuse by caregivers/providers, in institutional settings and occurs in the forms of emotional, physical and financial abuse and neglect. Older adult abuse is difficult to detect and often goes unnoticed by the community due to reluctance to report and the lack of coordinated efforts to screen, identify and intervene in these cases. While only a small percentage of older adults are abused, the abuse is potentially more harmful given the greater propensity of older adults to be poor, live in isolation after retirement, and to have generally poorer health due to the aging process. Also, with the increase in the population of older adults in the coming years, the incidence of abuse will likely increase as the number of older adults increases.

Seniors are one of the fastest growing groups in Canada. In 1998, there were an estimated 3.7 million Canadian's aged 65 or over, an increase of 57% from 1981. The proportion of older adults compared to younger age groups is expected to grow more rapidly in the next decades. In 1998, those 65 and older comprised 12% of the population and in 2041 is estimated to be 23%, nearly doubling. The fastest growing number of seniors is in the older age groups as the number of people over the age of 85 has doubled since 1981 (Kinnon, 2001).

As the population of seniors grows, increased numbers of adult children will have to care for their parents and juggle their own families and work responsibilities to do so. In 1996, 93% of seniors lived in a private home, most likely with family members, 58% lived with a spouse, 7% lived with other family members and 29% lived alone. Because a significant number of victims are abused in their own homes by their spouses or children, interventions appropriate to this situation are required. Also, older adults living alone may be particularly isolated and at risk for abuse by caregivers and friends (Kinnon, 2001).

In 1996, 84% of people aged 65 or older received some kind of assistance with household work and other personal chores. In 1997, 10% received support from a home case service (Kinnon, 2001). Since the number of older adults are living longer, remaining in the community longer and accessing formal support, there is a need for screening and protocols for detecting abuse by professionals working with older adults. These professionals have the opportunity to detect and intervene in older adult abuse cases.

The term "abuse of older adults" is used in this evaluation instead of "elder abuse" or "abuse of seniors." The term "older adult" is broader than "senior," which in the past has referred to those over the age of 65 and in many communities, abuse and neglect programs and services have focused on adults aged 50 or 55 and older (Kinnon, 2001).

2.1 Definitions of Older Adult Abuse

A family member is the most common perpetrator of abuse against older adults, including spouses, adult children, grandchildren or other family member (Wahl & Purdy, 2002). Who most often perpetrates abuse against older persons varies across different studies. The Kerby Centre, a seniors' agency in Calgary, obtained information on 130 clients who were abused by family members and found that the spouse committed 42% of older adult abuse and 32% were children for a total of 74% (Boyack, McKenzie & Hansell, 1995). A similar study in British Columbia examined 542 cases of elder abuse (Pittaway & Gallagher, 1995) finding that spouses committed 24% of older adult abuse and adult children perpetrated 38% of the cases for a total of 62%. A study in Quebec at three community/social service centres focussed on 128 couples (Lithwick, Beaulieu, Gravel, & Straka, 1999) where nearly half of the abuse was committed by spouses (48%). The most common types of abuse in the above studies were psychological, with 87% of cases reported in the Quebec study and 41% reported in the B.C. study (Kinnon, 2001).

Older adult abuse is categorized in a variety of ways and is generally defined by the nature of the abuse. The following categories of abuse, which are not legal definitions, are intended to help service providers working with older adults to recognize abuse and neglect.

Physical abuse involves the use of physical force resulting in pain, discomfort or injury. It includes such behaviours as slapping, hitting, beating, burning, sexual assault, rough handling, and restraining individuals by tying them up, for example.

Psychological or emotional abuse weakens the identity, dignity and self-worth of the older person and may also provoke intense fear, anxiety or debilitating stress. Psychologically or emotionally abusive acts includes forcing older people to do degrading things, controlling their activities, treating them like children, attacking their self-esteem and intentionally frightening them.

Financial abuse or exploitation involves frauds, scams and the misuse of money or property, including convincing the person to buy a product or give away money, stealing money or possessions, misusing bank or credit cards, or joint banking accounts, forging a signature on pension cheques or legal documents and misusing a power of attorney.

Sexual abuse involves unwanted sexual activity, such as verbal or suggestive behavior, not respecting personal privacy, fondling and sexual intercourse.

Medication abuse is misusing an older person's medications and prescriptions, by withholding medication, over-medication or not complying with prescription instructions.

Neglect involves the failure or refusal of a caregiver to meet the needs of an older adult who is unable to meet those needs on her or his own. It includes behaviours such as denying food, water, clothing, shelter, social contact, personal care and hygiene, medical treatment and health aids (Boyack, 1997; Lukawieki, 1998; Murphy, 1994; Swanson, 1998; Wahl & Purdy, 2002).

There are no standard definitions of older adult abuse. Provinces in Canada vary in their definitions, as well as agencies within the same city. Pillemer and Finklehor (1988, cited in McDonald & Collins, 2000) propose that the differing definitions exist because they have been developed from different perspectives including health, justice, social work and policy makers, to name a few.

Definitions are important when working within a particular geographic area. Agencies must agree on and utilize similar definitions of abuse because the definition determines who is eligible for services, types of interventions that can be offered as well as to ensure consistency and accuracy of screening, assessment and appropriate interventions.

2.2 The Prevalence of Older Adult Abuse

Limited information is available on the incidence of older adult abuse. The reasons for this are that research methods vary; researchers utilize various definitions of abuse; a lack of public awareness and; a reluctance or inability by older adults to recognize or report abuse against them (Kinnon, 2001). In 1999, 7% of seniors in Canada reported experiencing some form of emotional or financial abuse in five years preceding the survey (Statistics Canada, 1999).

The most extensive Canadian study on abuse and neglect of older adults, the National Survey on Abuse of the Elderly (Podnieks, Pillemer, Phillip, Shillington & Frizzel, 1990) was a national survey of telephone interviews with 2008 older adults. A summary of the findings follows:

- 40 out of 1000 or 4% of respondents reported experiencing some form of abuse
- 3% of respondents in the prairie provinces reported having been abused
- Financial exploitation was the most common form of abuse involving 2.5% of respondents
- The second most common form of abuse was psychological abuse or chronic verbal aggression comprising 1.4% of the sample
- Physical violence affected 0.5% of the sample. Most of these cases involved severe physical violence (pushing, shoving, grabbing, slapping, hitting or threatening with a weapon)
- Six percent reported financial exploitation by a stranger
- Victims of psychological abuse were more likely to be married
- Compared to non-victims, victims were more likely to report that their lives were unhappy and that they wished their lives would end
- The presence of health conditions that limit daily activities appeared to significantly increase risk of abuse and neglect, particularly in cases of financial abuse
- 19% were victims of more than one form of abuse

The most prevalent form of abuse in the study was financial abuse where older adults were persuaded or coerced to give money or relinquish control of their finances (2.5% or 60,000). Men were equally as likely to be victims of material abuse. Financial abusers tended to be distant or non-relatives of the older adult with 40% of abusers being

friends, neighbors or acquaintances, 29% were sons or daughters and 24% were more distant relatives (Schlesinger & Schlesinger, 1999).

In comparison, another study conducted in British Columbia, called the Notary Study, reported on a random sample of 200 seniors selected from a provincial enumeration poll and found that one in 12 (8%) of the respondents had been financially abused since the age of 60 (Spencer, 1996, cited in McDonald & Collins, 2000). Financial abuse was the most common and was usually committed by their child. It consisted of the abuse of power of attorney and real estate transactions, particularly signing over the older adults' house title. Among cases of financial abuse, two thirds involved other types of abuse. Physical dependence was related to a higher likelihood that other forms of abuse were also occurring and that the abuse would be more severe.

Physical violence occurred less frequently (0.5% or 12,000) and older adults reported being pushed, grabbed, shoved, or assaulted with or without a weapon. In the majority of cases, the abuser was a spouse. Although men were as likely to be physically abused as women, the severity of the abuse suffered was greater for women than men (being threatened with a knife). As in the case of verbal abuse, the victims tended to blame themselves for the abuse (Schlesinger & Schlesinger, 1999).

2.3 Theories of Older Adult Abuse

Developing a theory about the causes of older adult abuse has been difficult due to the lack of comparable data sets or studies, differing definitions of abuse employed by various studies and a lack of normative data on behavior towards older adults (Ansello, 1996). Theories are important as they provide explanations of why abuse occurs which consequently; guide our interventions and service referrals.

"Risk factors" rather than "causes" is the terminology used in research on older adult abuse because there is no empirical evidence to demonstrate cause and effect (Ansello, 1996, p. 14). Risk factors involve characteristics of the older person, caregiver and the environment and the most commonly known and investigated with respect to the abuse of older persons are as follows:

- A history of substance abuse or mental pathology in either the older person or the caregiver
- A previous history of older adult abuse in the caregiving context
- Financial dependence of the caregiver upon the older adult
- Chronic illness or impairment affecting the older person who lacks informal support
- Chronic illness or impairment affecting the older person, which exceeds the capacity of the caregiver (e.g. family member, paid assistant) to help (Ansello, 1996, p. 15).

Current explanations for older adult abuse include theories of the psychopathology of the abuser, transgenerational violence, exchange theory (social exchange and symbolic interaction), vulnerability/impairment of the older adult, excessive situational demands (Ansello, 1996) and feminist theories (Brandl, 2000).

Psychopathology theories examine mental health problems of caregivers who abuse older adults, locating the problem solely in the caregiver. Ansello (1996) concludes

that while, this theory is appealing, it probably accounts for few cases and can distance health professionals from those needing intervention. Abusers with mental illnesses are difficult to work with and the only intervention may be psychiatric treatment of the abuser or removal from the abusive situation.

The theory of transgenerational violence perceives abuse as a learned behavior in which the abuser has witnessed or was abused. The abuse is cyclical in nature. This theory posits that violence can be substituted and appropriate behaviours can be learned in a supportive environment. Intervention from this perspective focuses on the both the person abusing the person being abused and involves learning more appropriate behaviours and ways of interacting (McDonald & Collins, 2000).

Exchange theories suggest that the dependency of an older adult by the person who is committing the abuse is related to family dynamics that have existed for a long time (McDonald, 1996; McDonald & Collins, 2000). Social exchange theories identify social interactions as involving the exchange of rewards and punishments and that individuals seek to maximize rewards and minimize punishments. This theory proposes that we provide resources to others because we expect them to reciprocate. When the distribution is unequal, resentment, anger and violence can occur. This approach does not suggest ways of intervening in cases of older adult abuse, however, supports may include values clarification, economic supports to the abuser (Ansello, 1996) or an outside investigative party (through legislation) that monitors and ensures that the abuse stops. This theory does not account for abusers that are dependent upon those whom they are abusing and it has been suggested that abuse arises out of the abuser's frustration about their lack of power (Pillemer, 1986, cited in Ansello, 1996).

Situational theories claim that an overburdened caregiver, who cannot keep up with demands of care giving, produces an environment in which abuse occurs. This theory is also known as vulnerability of the elder and postulates that the characteristics of the older person render them vulnerable to abuse by others, particularly when the older adult has impairments and is difficult to care for and the caregiver reacts by abusing them. Excessive situational demands theory claims that there are characteristics of older adults, such as dementia, cancer, stroke, and chronic mental illness that place excessive demands upon caregivers and can lead to abuse (Ansello, 1996). Using this theoretical perspective, interventions could include lessening or moderating the dependency (using assistive devices or in home support services), interventions to improve the reciprocity of the caregiver-care receiver through counseling. Overall, this theory suggests providing supports to the caregiver to lesson the demands placed upon them and to increase their ability to deal with the demands of caregiving (Ansello, 1996).

From a feminist perspective, many abusers exert power and control over older individuals to meet their own needs and abuse the older adult to meet their goals. Concepts of power imbalance are used in feminist theory and can be applied to understanding why older adult abuse occurs (Brandl, 2000). Brandl states that the "dynamics of abuse is grounded in the abuser's need to gain and maintain control over the victim-dynamics similar to those seen in cases of spouse abuse involving younger adults" (p. 39). Brandt (2000) claims that the emphasis on the caregiver stress model, which describes abusive caregivers as well meaning individuals, can excuse the behavior

of the abuser and lead to inappropriate interventions that do not address the needs of the older adult and can lead to further abuse.

Theories of older adult abuse are important as they shape interventions. The theory that appears to be most supported in the literature involves situational and excessive situation demands theory as interventions focus on meeting the needs of either the caregiver or care receiver through supportive services. It is important that programs and services are coordinated and provided based upon the context in which the abuse is occurring. For example, cases involving financial abuse by an acquaintance are different from emotional abuse that occurs between spouses or physical abuse by an overburdened adult child. The different contexts and dynamics involved in these various types of abuse require different interventions and approaches. Therefore, the theoretical underpinnings are important as they shape the programs, services and ultimately intervention efforts.

2.4 Barriers to the Older Adult Reporting their Abuse

There are many reasons why abused older adults may not report their abuse. Older adults often believe that being abused by a relative is a "family problem", and they are ashamed to disclose that a family member has abused them (Kinnon, 2001). The older person may deny that the abuse has occurred (Quinn & Tomita, 1997; Marshall, Benton & Brazier, 2000), particularly when the abuser is a family member or caregiver (Anetzberger, 2001), or if the victim fears their abuser (O'Brien, 1996). Older adults may also fear reporting due to potential retaliation from their abuser such as being admitted to an institution or having their access to family members such as grandchildren restricted (Boyack, 1997). Some may fear that others will judge them for enduring the abuse (Fulmer, 1989, cited in Antezberger, 2001) while others believe that it is a private family matter, not to be shared with strangers.

Additionally, older adults may be socially isolated and not identify that they are being abused. They may be unable to connect with community resources due to geography or mobility or the abusers' control over them. Some may not be aware of community resources that can help stop the abuse (Ward-Hall, 1999).

2.5 Barriers to Detecting Older Adult Abuse

Like other forms of family violence, the abuse of older adults has been veiled in silence. Service providers and community members do not readily identify abuse and neglect of older adults. Unlike younger adults who attend school or work, older adults often remain at home where abuse or neglect goes undetected, particularly after retirement (Kinnon, 2001).

Many barriers exist to detecting cases of older adult abuse. Some service providers are not aware that older adults can be abused or the abuse is not identified as abuse (Lithwick, 1999; Antezberger, 2001; O'Brien, 1996). This may be due to being a new member of the profession or having received little or no education about the abuse of the older adult (O'Brien, 1996).

Negative attitudes and myths about older people and family violence can shape service providers' personal and professional values (Kinnon, 2001). Service providers have varying tolerance for family violence and may assess abusive and neglectful situations using their own personal values. For example, past exposure to violence may

make some helpers more tolerant of certain types of mistreatment or more unforgiving toward certain abusers (Murphy, 1994). Individuals working with older adults must identify their personal values toward aging and family violence and how these values may influence their delivery of professional services.

Also, the forms of older adult abuse are not all equally recognizable. Service providers tend to identify forms of abuse with which they are more familiar and are the easiest to assess. For example, physical abuse is more easily detected than neglect or emotional abuse (Fulmer, 1989, cited in Anetzberger, 2001). Signs of older adult abuse may be subtle (Fulmer, Street & Carr, 1984) or can be mistaken for chronic illness-related or other problems (Lachs & Fulmer, 1993; Ramsey-Klawsnik, 1996; Anetzberger, 2001). For example, bruises may be the result of a fall or other illnesses that cause weakness and lead to a fall. If there are no witnesses to the event and the older adult is isolated and has little contact with professional services, the abuse may never be detected by others (Pillemer & Finkelhor, 1988; Lachs, Williams, O'Brien, Hurst & Horwitz, 1997).

2.6 Barriers to Reporting Older Adult Abuse by Professionals

A common barrier to reporting older adult abuse is a lack of knowledge about the issue (Griffin & Aitken, 1999). Front line workers such as police officers or public health nurses may not know about older adult abuse and protocols for screening, detection or intervention may not exist within their work places or community.

Service providers' attitudes may also hinder reporting older adult abuse. For example, reporting apparently decreases when it is believed to breach client confidentiality or could lead to court proceedings (Macolini, 1995; Moskowitz, 1998). Additionally, service providers may not report if they have little faith that the authorities will deal with the issue or that they may lose contact with their client as a result of reporting (Anetzberger, 2001). Also, attitudes around the sanctity and privacy of the family may inhibit reporting older adult abuse (Anetzberger, 2001).

Researchers have identified that service providers do not report older adult abuse if the victims are seen as precipitating the abuse or the abuser is cooperative, frail or older as well (Lithwick, 1999; O'Brien, 1996). Service providers may not report if they fear offending the victim or that the abuse occurs infrequently (Anetzberger, 2001; Jones, 1994). Lastly, the abuse may not be reported because it may cause caregivers to withdraw from their roles, which could devastate their social support system (Fulmer, Guadagno, Dyer & Connolly, 2004). Brandl (2000, p. 43) suggests that:

> *Asking the victim about abuse can be the first step in breaking their isolation. Many older victims do not seek services because they have never been asked about abuse. While some victims are not willing to talk about "private family matters", many are looking for a caring person who will listen to them and direct them to available services.*

As mentioned previously, at times older adult abuse is difficult to identify. Lithwick, Beaulieu, Gravel and Straka (1999) examined the dynamics of mistreatment and how these dynamics impact the practitioner's ability to identify and intervene in these cases in Quebec. First, in cases of abuse by a spouse, practitioners had difficulty

defining a case as abusive when it involved a caregiver's need for services, for example, if the caregiver was stressed and asking for respite support. Likewise, many practitioners were reluctant to define a person as an abuser because of aggressive behavior as a consequence of dementia in that they cannot control their aggressive behavior and the caregiver becomes understandably defensive.

In cases where the abuse was caused by an adult child and there was a history of complex family dynamics, practitioners claimed that it was difficult to identify as older adult abuse, particularly when the abuse was mutually initiated and ongoing.

2.7 Interventions for Older Adult Abuse

Many approaches to intervention have been developed to help assist older adults who are abused. No one model works best for the different kinds of older adult abuse. Intervention approaches may involve protection and criminal justice, rights and advocacy, family/group counselling and therapy (McKenzie, 1999).

The protection approach to intervening is employed when the person being abused lacks mental cognizance and intervention to report cases is mandated by legislation. In Canada, legislation related to older adult abuse has been introduced in Newfoundland and Labrador, Prince Edward Island, Nova Scotia and New Brunswick (Schlesinger & Schlesinger, 1999). Such legislation provides a legal framework for service providers to intervene in cases of older adult abuse and allows for emergency crisis intervention and early intervention, which serves to reduce the amount of harm caused.

In Alberta, the *Protection for Persons in Care*, Alberta Community Development (non-crisis) is part of the Ministry of Seniors and Community Supports that investigates reports of abuse or safety concerns for adults in publicly funded care facilities including hospitals, nursing homes, seniors' lodges and nursing homes. The *Protection for Persons in Care Act*, enacted in 1998, makes it a mandatory that any suspicion of abuse be reported using a toll-free reporting telephone line or to local police authorities, however this *Act* only applies to those in publicly funded facilities.

The protection approach tends to focus on safety and protection rather than self-determination to make decisions and choices. Cases in which this approach would be useful involve individuals who are disabled or lack mental cognizance. This approach has been criticized as being paternalistic and can be conceptualized as intervention that is applied "to" rather than "with" the older adult (McKenzie, 1999; Schlesinger & Schlesinger, 1999). Specific criticisms raised by Schlesinger and Schlesinger (1999, p. 287) of adult protection legislation are as follows:

- The legislation resembles child protection statutes
- Intervention criteria are too broad
- The courts may order the removal of a victim from his or her home. Consequently, an adult is in effect blamed and punished
- No statutory provision is made for support services sufficient to deal with abuse and neglect cases
- The legislation to deal with abuse and neglect in private nursing homes and government facilities is confusing.

The criminal justice response involves policies that direct police officers to initiate a charge if there is evidence of an assault. This response is deterrence-based and sends a message that society does not allow this behavior and offenders will be restrained or punished from continuing, thus, preventing further assaults. However, after the criminal justice system becomes involved, the case is often driven not by the needs of the older adult, but by mandated legal responses (McKenzie, 1999). Also, this response is more applicable in to cases of physical abuse in which evidence exists that an assault has occurred.

The rights and advocacy approach emphasizes the need to shift from the protection of older adults to protecting their rights. This model espouses that the older adults' rights are upheld and that they can make their own decisions about their needs. Using this model, the person who is abused is provided information and options thereby placing control and decision-making in the person's hands. McKenzie (1999, p. 437) states, "Advocates try to create a safe environment that supports decision making, builds capacity and enhances a person's ability to make sound decisions. By doing this, they are upholding the importance of basic rights and reinforcing responsibility for action". This model is particularly useful in dealing with financial or material abuse where an intervener could propose options but at the same time, support older adults' informed decisions to allow the abuse to continue.

A family counselling or therapy approach can help older adults feeling guilt or shame about their abuse, to better understand their feelings and regain emotional strength. This can occur through peer counselling, support groups and individual therapy (McKenzie, 1999). Some groups also provide peer support for older adult women who are dealing with the affects of abuse. The Older Women's Long-term Survival (OWLS) at Calgary Emergency Women's Shelter in Calgary, offers four different group experiences to women 50 years of age and older. OWLS help women deal with the long-term effects of domestic violence, which may be recent, ongoing or occurred previously in their lives. Three of the groups meet weekly and the fourth is offered once a month. The latter group incorporates a support component and brings in guest speakers from various community-based agencies.

Lithwick (1999) stated that the goals for intervening in older adult abuse cases is to attempt to either stop or reduce the risk of abuse. Lithwick, Beaulieu, Gravel and Straka (1999) conducted a study in Quebec, on the dynamics of senior mistreatment and how practitioners identified and intervened in older adult abuse cases. The study examined how successful the interventions were in reducing or stopping the abuse. The researchers concluded that interventions were successful in addressing neglect and physical abuse (usually physical abuse by a cognitively impaired person) by spouses. These involved medical care, home care services and support services, which played an important role in reducing or stopping the neglect.

Interventions to reduce or stop psychological and financial abuse were not as effective. Lithwick et al. (1999) suggested that many of these couples had a long-standing history of poor marital relations and the behaviours may have been too deep-seated to alter with interventions from the service agency. Of significance is that the interventions provided where this study took place, focused on caregiving issues or reducing stress associated with caring for the cognitive and or physical needs of the dependent older

adult; however, other interventions could have been useful in dealing with the abusive relationship issues.

With respect to abuse by adult children, the most success was noted in cases of neglect. Physical and financial abuse ceased in less than one quarter of the cases and psychological abuse was reduced in one third of cases. But there was no change in nearly half of the cases. The researchers commented that the high success in neglect cases is as a result of services and interventions in the community that work with individuals who have lost their autonomy and provide resources to help the caregiver. The finding of no changes in a large percentage of financial exploitation cases is explained by the difficulty of older adults to stop relationships with children for whom they wished to continue financially providing, at times, to their detriment.

In general, the most effective interventions were when the abuser was an acquaintance, which stopped in 65% of the cases compared to 21.7% of abuse by an adult child and 14.3% by a spouse. The success was largely due to interventions (public curatorship) utilized by practitioners. Also, compared to abuse by a child, the relationship between a non-relative may make it easier to stop the abuse.

In summary, interventions have been developed to provide assistance in all types of older adult abuse. The intervention are guided by the type and context of abuse and at times, geographical locations where reporting is mandated through protective legislation.

2.8 Services for Abused Older Adults in Calgary

In Calgary, services for (abused) older adults include education, information and referral, counselling, advocacy and emergency crisis/non crisis intervention and consist of the following:

- 13 FCSS Outreach Services for Seniors are located all over Calgary that provide information, referral, assessment, individual and group counselling, advocacy and education
- Calgary Police Service, Seniors Liaison Unit provides crime prevention information and advice on all forms of abuse of seniors and offers educational lectures on elder abuse and fraud
- Kerby Rotary House Shelter for Abused Seniors provides emergency shelter and 24-Hour Crisis Line for information, support and crisis intervention
- Kerby Centre Money Matters for Seniors offers an educational program to prevent seniors from being a victim of financial abuse
- SeniorConnect 24-Hour Help line provides crisis intervention and support
- Protection for Persons in Care, Alberta Community Development (non-crisis) is part of the Ministry of Seniors and Community Supports and investigates reports of abuse or safety concerns for adults in publicly funded care facilities including hospitals, nursing homes, seniors' lodges and nursing homes. The Protection for Persons in Care Act requires mandatory reporting of any suspicion of abuse using a toll- free reporting line or local police authorities
- Calgary Seniors Resource Society ABC's of Fraud provides education on ways to prevent fraud including identity theft, mail fraud, telephone fraud and home renovation scams

- Calgary Health Region Seniors Health- Community Geriatric Mental Health Service and Mental Health Counselling provides assessment, treatment and support services for persons 65 years and older who require specialist psychiatric services
- Calgary Family Services provides caregiver services on a temporary basis for light housekeeping and personal care (Seniors Directory of Services, 2005).

The above services cover the spectrum of services needed to address financial, physical and psychological needs of older adults in Calgary and AGEA's goal is to develop a more coordinated response to identification and intervention with older adult abuse cases.

2.9 Educating Professionals

Ongoing education and training to detect, assess and provide intervention to older abused adults is critical for all those involved with older adults. Such training typically examines attitudes and practices, developing knowledge, skills and providing the necessary foundation for dealing with older adult abuse. Both professional and non-professional service providers need to become familiar with the signs of abuse and neglect of older adults. When service providers are sensitized to the issue, they can appropriately identify abuse and neglect, handle cases more effectively and refer to appropriate agencies. The training needs to be ongoing to reach new staff members and to provide up-to-date knowledge and skills as innovations develop in research and program/services.

A number of authors describe the shame, guilt and fear of reporting that victims experience but fail to discuss the practitioner's fears and denial (Baron & Welty, 1996, cited in McDonald & Collins, 2000). Strong feelings may arise in practitioners and need to be dealt with in training and supervision. British training specialist, Annie Zlotnick (1993, cited in McDonald & Collins, 2000, p. 55) states that, "a purely didactic approach to the topic of older adult abuse is inappropriate because the intense nature of the issues where emotions play so central a role" and that the "cruelty of abuse could easily cloud the issues of even the most level headed approach to best practice and decision making". McDonald and Collins (2000) comment that an older adult abuse training program used by the New York City Department for the Aging, assisted professionals in identifying and accepting the negative feelings that can emerge when they work with abused older adults.

Lithwick et al. (1999) purport that when older adults refuse services, it raises ethical issues for the practitioner who must balance the right of the self-determination with the right to live an abuse-free life. These issues need to be addressed in training to ensure that practitioners are aware and know their roles and responsibilities when dealing with older adult abuse.

During the last decade, an increasing awareness of older adult abuse has resulted in the development of numerous training programs, manuals and workshops designed to educate professionals in this area. Several Canadian training manuals are geared to educating professionals about older adult abuse. Murphy's *Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults* (1994) offers trainers valuable tools for raising awareness among service providers on the issue of elder abuse. The

11

presentations include a "Note to Trainer" section, with suggested print and audio-visual resources, casework scenarios with ideas for discussion, handouts, and summaries.

Another resource is *Abuse of Older Adults: Canadian Education Resources* (Chaulk, Parriag, Cormier, Bryanton & McQuaid, 2004), which describes all of the training resources currently available in Canada for the abuse of older adults. This inventory will be helpful to professionals and volunteers that wish to support or upgrade training efforts in this field and thereby help to prevent and/or respond to abuse of the elderly.

2.10 Protocols for Response to Abused Older Adults

A growing trend towards a more collaborative community response from different professions in dealing with older adult abuse cases (Pence & McConnell, 1999) includes initiatives from justice, domestic violence serving agencies, older adult serving organizations, and health programs. The goals of collaboration are to coordinate efforts to identify and intervene with older adult abuse using screening tools, guidelines and protocols.

A protocol is an in-depth description of procedures to follow in a given situation Protocols guide front-line service providers by setting out a framework for action, and clarifying roles, expectations and responsibilities and assists in decision making about interventions (Kinnon, 2001). Protocols are usually depicted as flow charts for problem identification, reporting and referral and include strategies to screen for abuse using standardized questions and policies regarding such actions. Screening tools assist the practitioner in making decisions regarding presence or absence of abuse using protocol guidelines. Questions that guide development of a protocol are as follows:

- What principles will guide interventions?
- What are the policies of the organization or inter-agency group related to client services, inter-agency collaboration, reporting and documenting situations, family violence and abuse and neglect, and now will these affect action on abuse and neglect of older adults?
- What definitions will the protocol include?
- What reporting structure will be used (within and outside of the agency, including any mandatory requirements for reporting)?
- What roles will different staff assume, and how will they work with each other?
- How will emergency and/or criminal situations be handled?
- What intake/documentation procedures are needed?
- What interventions will be made in different situations?
- What referrals will be made to other organizations and services?
- How will situations be followed up?
- What case review process will be used? (HomeSupport Canada, 1993).

Protocols help professionals determine which agency is appropriate for attending to older adult abuse. They assist professionals in determining their roles in reporting and courses of action to take (Braun, Lenzer, Schumcher-Mukai & Snyder, 1993). Protocols

are particularly useful when a variety of service providers exist in multiple locations that may address older adult abuse.

Protocols are important because they increase the likelihood that abuse will be detected and responded to appropriately. Also, given the potentially serious and even lethal consequences for victims and the fact that older adults rarely disclose their abuse or are unable to, protocols are considered valuable (Lachs, Williams, O'Brien, Pillemer & Charlson, 1998).

Lithwick et al. (1999) concluded that it was not difficult to identify cases of older adult abuse when practitioners ask questions and look for signs and symptoms of mistreatment. In three quarters of 128 cases involving older adult abuse, the practitioners reportedly found it easy to identify abuse either because the older adult self reported, another person reported or the description of the situation made is easier to identify that abuse was occurring.

Another important approach to a more effective response to older adult abuse is community coordination of services, which is one of the goals of the Action Group on Elder Abuse (AGEA). AGEA is a group that has embarked on developing collaborative efforts to address older adult abuse in Calgary. AGEA was initiated in January 2004 from a partnership between ACAV (Action Committee Against Violence) and the City of Calgary Senior Services Division and consists of a network of seniors and organizations that have a mutual concern for older adult abuse in the family, community or institutional settings. AGEA emerged to examine ways to effectively engage the community in addressing older adult abuse.

The goals of AGEA are as follows:

- To increase awareness of abuse of older adults among seniors, professionals and the general public;
- To enhance and coordinate services provided to older adults experiencing abuse; and
- To increase awareness at local, provincial and federal levels of needs of older adults experiencing abuse and gaps in services and protection

Kinnon (2001) suggested that:

Groups and individuals beginning to work together often find there is a lack of commonly accepted definition of abuse and neglect, and what types of experiences should be included in the term. These differences can make it difficult to obtain accurate information on how much and what kinds of abuse are occurring. This in turn, can affect a community's ability to act. Often one of the initial tasks of a group is to agree on what is meant by the abuse and neglect of older adults (p. 56).

A number of models of coordination exist in Canada, particularly in British Columbia where 11 B.C. communities developed coordinated approaches to help abused and neglected older adults. A manual from this project titled, *Developing Community Response Networks: A Guide for Communities,* identifies steps for coordinating services such as developing criteria for procedures of involvement; profiling the community inter-agency training goal setting (local community, individual/work group action and

provincial goals); leadership development action and planning organizational design/development evaluation (Holland, 1994, cited in Kinnon, 2001).

2.11 Screening Tools to Identify Older Adult Abuse

Detecting older adult abuse is the beginning of any intervention (Lithwick, Beaulieu, Gravel, & Straka, 1999). The challenge is what you do after you have determined that abuse is occurring. The goals of intervention are either to stop or to reduce the abuse. An intervention plan with an older adult must consider their wishes. At times, stopping the abuse may mean that the abuser and abused older adult have to separate, which is not always possible or wanted. Screening and assessment are important in guiding what intervention should take place (Lithwick et al., 1999).

Fulmer, Guadagno, Dyer and Connolly (2004) reported that a third party observer, not the abused individual, reports 70% or more cases of older adult abuse. As such, the responsibility for identifying, reporting, and subsequently intervening lies with healthcare professionals, social service agencies, police departments and older adult serving agencies. Consequently, the efficacy of the guidelines for detecting and referring older adult abuse are important.

Screening tools assist service providers in identifying and assessing incidents of older adult abuse. They enhance professional awareness of the issues of older adult abuse and lead professionals through the steps necessary to document and ensure that cases of abuse are not over-looked (Antezberger, 2001).

Two Canadian screening instruments have established psychometric properties: the BASE (Brief Abuse Screen, see Appendix 2) and the CASE (Caregiver Abuse Screen, see Appendix 3). The BASE is a brief one-page questionnaire that asks the screener to make an educated guess about the presence or absence of abuse by a caregiver. It consists of a three stage screening process. Reis (1999, p. 379) states that, "it not only helps to tag abuse cases, but also sensitizes interveners to abuse and provides a useful written record". The BASE asks questions such as, "how quickly does intervention usually need to be made in a particular locale" (p. 380).

The CASE is a quick, simple, universal protocol comprising nine questions that screen for physical, psychological, financial abuse or neglect. It is used regardless of whether abuse is suspected. The caregiver, not the intervener, completes the measure. The nine questions are relatively inoffensive and non-threatening and, according to Reis (1999), "caregivers have been found to be willing to answer all of them" (p. 381). It is useful as a "first alert" tool for direct practice. Initial analysis of reliability and validity suggest that the BASE and the CASE can be useful in identifying older adult abuse (Kozma & Stones, 1995; McDonald, 1996).

While the BASE and the CASE identify cases of abuse, the Abuse Intervention Description (AID, see Appendix 4) form is useful for case management of the progress and success of the intervention (Reis, 1999, p. 387). The caseworker documents the abuse and non-abuse problems from the BASE and CASE on the AID form and prioritizes them according to their urgency and importance. Using this tool can assist professionals in tracking and indicating what types of interventions have been successful with different

types of abuse. These forms can be reviewed at multi-disciplinary team meetings or in supervision.

2.12 Evaluations of Older Adult Abuse Training

An absence of evaluation of training exists in the literature around older adult abuse. The "lack of evaluative information on elder abuse today maybe partly a function of the relatively recent emphasis placed on the need for screening and lack of available training opportunities" (Cohn, Salmon, & Stobo, 2002). Four evaluations were found that provided evaluative information on outcomes of older adult abuse training with various health professionals (Jogerst & Ely, 1997; Uva & Guttman, 1996; Vinton, 1993; Anetzberger, Palmisano, Sanders, Bass, Dayton, Eckert & Schimer, 2000).

Jogerst and Ely (1997, cited in Cohn, Salmon & Stobo, 2002) conducted an evaluation on a home visit program to improve the skills of geriatric residents and focused on outcomes of resident training in older adult abuse screening and management. Jogerst and Ely utilized a comparison group consisting of an earlier cohort who did not participate in the home visit program and found that residents who participated in the home visitation rotation were more likely to rate their abilities to identify older adult abuse cases and evaluate important aspects of the home environment higher than an earlier cohort who did not go through this training. However, according to the researchers, the latter group was more likely to have made home visits, and thus, it could not be determined if the results were due to differences in patient mix or clinical skills or effects of the home visitation program.

Uva and Guttman (1996, cited in Cohn, Salmon & Stobo, 2002) conducted an evaluation of randomly assigned emergency medicine residents to one of two groups, either take a 10-item survey addressing their confidence in recognizing older adult abuse, level of comfort and knowledge of how to report suspected cases of older adult abuse and then attend a 50-minute didactic session or, to participate in the 50-minute session and then take the survey. Less than one quarter of the residents who completed the pretest felt confident in their skills in identification and how to report older adult abuse cases, however, *all* residents who completed the posttest after the session did so. One year later, residents from both groups that responded to a follow up survey reported they could identify and report cases of older adult abuse. The researchers used one item to measure assessment of knowledge and perceived self-confidence, which limits explanations of long-term effects of the training on knowledge as well as practice.

Anetzberger et al. (2000) evaluated a 2.5-day training program, *A model intervention for elder abuse and dementia*, which was presented to adult protection service workers and Alzheimer's Association staff and volunteers in Cleveland, Ohio. The goals of the training were to increase identification, improve care planning and intervention and promote prevention of abuse among persons with dementia who are suspected as being at risk of abuse. The researchers employed a pretest and posttest immediately after the training; thus, the evaluation did not provide evidence of lasting effects of training. However, the researchers report that the previous 10-year period, there were less than a half-dozen referrals or reports between APS (Adult Protective Services) and the Alzheimer's Association and within one year of the cross training, the Alzheimer's Association had made 27 older adult abuse reports to APS, 17 of which were

accepted for formal investigation, 15 that were substantiated cases of abuse, neglect or exploitation. Additionally, the intake supervisor at APS reported that staff at the Alzheimer's Association made contact on several occasions to discuss older adult abuse cases.

Vinton (1993) described and assessed half-day training sessions on older adult mistreatment with caseworkers in a 14 County area in Northern Florida using a pretest and posttest measurement before and after the training. Similar to Anetzberger et al. (2000), the evaluation did not provide clear evidence of long-term effects of the training on practice.

Although these evaluations do lend support for the benefits of training, findings about the specific effects of training on knowledge, attitudes and changes in practice are absent. More comprehensive evaluations are needed to determine long terms effects of training and practice (Cohn et al., 2002).

2.13 Summary of the Literature Review

Overall, the literature review clarifies that older adult abuse is difficult to detect, seldom self reported, is perpetrated by a family member and primarily entails financial and psychological abuse. The theories of abuse center on the characteristics of the older adult, their caregivers and the relationship/factors between the two that sometimes create a context in which abuse can occur, such as overburdened caregivers or high needs of the older adult needing care.

Because of the many barriers to the older adults reporting their abuse, it is imperative that service providers and professionals working with older adults understand the dynamics of older adult abuse, as well as their own values and attitudes. Training in how to respond, and having the opportunity to explore their fears and concerns around asking the questions and intervening is important. Training should also provide professionals with the information, knowledge and tools to respond appropriately.

Older adult abuse cannot be addressed unless it is detected and reported (Ramsey-Klawsnik, 1996) and interventions cannot occur unless detected abuse is reported to those who can intervene or refer to other agencies (Utley, 1999). It is essential that screening tools and protocols be developed to detect abuse and refer cases that are suspected or reported (Anetzberger, 2001).

It is important that practitioners are trained to recognize abuse and use screening tools such as the BASE and the CASE to determine risk. Any workers who see older adults as part of their professional responsibilities need training in older adult abuse so that they will ask about abuse, otherwise abuse and neglect will continue undetected and further harm cannot be prevented.

3.0 Evaluation Results

The Action Group on Elder Abuse (AGEA) is a group that formed to collaborate in addressing older adult abuse in Calgary. AGEA was initiated in January 2004 from a partnership between ACAV (Action Committee against Violence) and the City of Calgary Senior Services Division. It consists of a network of seniors and organizations that have a mutual concern for older adult abuse in the family, community or institutional settings. AGEA developed to examine strategies to effectively engage the community in addressing older adult abuse.

AGEA obtained a grant from FCSS and hired a part-time Community Development Coordinator, Linda White, for six months from June to November in 2004. AGEA has drafted terms of reference and created a strategic plan. Rob Wiles of the City of Calgary serves as Chair of the group. In the short time period of just over a year, AGEA has been successful in the following endeavours:

- Submitted a brief to the Alberta Roundtable on Family Violence and Bullying;

- Funded a 6-month coordinator position (June-November 2004);

- Obtained funding for a conference in November 2004 for front line service providers;

- Completed resource mapping, identified gaps in service, collected research and best practice literature;

- Contacted service providers to initiate protocol writing, and;

- Drafted terms of reference, logic model and strategic plan.

The goals of AGEA are as follows:

- To increase awareness about the abuse of older adults among seniors, professionals and the general public;

- To enhance and coordinate services provided to older adults experiencing abuse and;

- To increase awareness at local, provincial and federal levels about the needs of older adults experiencing abuse and gaps in services and protection.

3.1 Family Violence and the Older Adult Training

One strategy that AGEA prioritized o deal with older adult abuse is training the workers providing outreach services to older adults in Calgary to identify and intervene in cases of older adult abuse. Linda White approached RESOLVE Alberta to evaluate their training workshop, *Family Violence and the Older Adult*, which was provided to the Calgary outreach workers who provide services to older adults 50 years of age and older. The workshop was offered on January 25, 2005.

Brenda Hill, the Director of Kerby Rotary Shelter, Lynda Gardner of the Calgary Women's Emergency Shelter (Older Women's Long-term Survival Program) and Bonnie

Jardine, clinical supervisor of FCSS-funded outreach workers designed, set up and facilitated the training workshop. The training was designed to provide education to the outreach workers on the dynamics involved in older adult abuse, allow them to examine their attitudes and values, how to approach people and complete risk assessments, conduct safety planning and learn about resources in the community (see Appendix 5 for a more detailed schedule of the workshop). Furthermore, the outreach workers were provided with the following materials:

- Safety from Domestic Abuse, a manual for front line workers, published by Public Legal Education Network of Alberta

- Handout on the myths of elder abuse

- Family Violence Power and Control Cycle of Violence (developed by the Duluth to describe intimate partner violence)

Twenty-five outreach workers (out of twenty-eight; three did not attend) in Calgary working with older adults participated in the training. These workers are employed in thirteen older adult serving agencies across the city of Calgary.

3.2 The Evaluation Methodology

The current evaluation was designed to provide information on the strengths, limitations and gaps in the training for outreach workers in Calgary who assist abused older adults. A semi-structured interview schedule was developed to ensure that feedback was obtained about all aspects of the training and allowed the workers to comment on those components that they found helpful or did not find helpful (see Appendix 6).

The interview questions asked outreach workers about their experiences working with older adult abuse, knowledge of AGEA and the impacts and perceptions of the workshop. Also contained in the interview schedule was the pre and post-test developed by Bonnie Jardine that the outreach workers completed on the day of the training to determine changes in practice since the workshop.

An ethics application was reviewed by the University of Calgary Conjoint Faculties Research Ethics Board. Since the interviews would be conducted by phone rather than face-to-face, verbal rather than written consent was considered sufficient (see Appendix 7).

The interviews were conducted by telephone in March 2005 and took approximately 30 minutes to complete. Notes were taken of each interview and standard social work qualitative research methods were employed in data analysis that allowed themes to emerge (Patton, 1990).

3.3 Demographics of the Outreach Workers

As can be seen in Table 1, the majority of the outreach workers from Calgary's senior serving agencies that attended the workshop were over the age of 35 (96%), had a social work educational background and more than two years of outreach work experience.

Table 1: Outreach Worker's Demographics

Variable	Percent (number)
Gender	
Female	92% (23)
Male	8% (2)
Education	
Diploma in Social Work	20% (5)
Bachelor of Social Work	48% (12)
Master of Social Work	8% (2)
Other (Rehab Dip, BA, Master's of Arts)	24% (6)
Age	
26-34	4% (1)
35-43	40% (10)
44-52	24% (6)
53-62	28% (7)
63 and older	4% (1)
Years of Outreach Work Experience	
Under 2 years	44% (11)
2-3 years	20% (5)
4-5 years	20% (5)
6-7 years	4% (1)
8 years or greater	12% (3)

3.4 Work Experience with Older Adult Abuse

Twenty-three outreach workers (90%) have dealt with older adult abuse cases. During the last three months, they reported working with a combined total of 99 cases of older adult abuse. Financial abuse was the most common, followed by emotional/psychological, neglect and physical abuse. One worker could not approximate the number of cases because the abuse was historical, having occurred in the past but still affecting the individual. This worker also mentioned that older adults sometimes live on their own to prevent future vulnerability to abuse, estimating that 70% of her clients have been abused at some point in their lives, but not necessarily as an older adult.

The Outreach workers were asked whether their agency has any guidelines for practice with cases of elder abuse. Most of the workers indicated that their agency has no specific guidelines for dealing with older adult abuse. Other workers did not know if there were guidelines or not, while several commented that there were agency guidelines with which they were not familiar. One worker mentioned that their agency was developing policies with respect to staff safety.

The Outreach workers were asked what types of assistance they provide. All of provide information and referral, supportive counselling, education about abuse, assessment and safety planning, monitoring and follow-up as part of their duties.

We asked the Outreach workers whether they were familiar with AGEA (Action Group on Elder Abuse. Most of the outreach workers knew of AGEA, although they

recalled few details about the group. Some workers knew that the intent of the committee was to develop policy and guidelines for dealing with older adult abuse and to build awareness in the community. Most had been notified about the training through Bonnie Jardine or the supervisor at their agency.

3.5 Perceptions of the Focus of the AGEA Workshop

The Outreach workers were asked about their perceptions of the workshop, and whether their training needs were met, as well as strengths and limitations of the training and areas for future training considerations.

Fourteen Outreach workers (56%) found the myths and realities of older adult abuse component useful and that it served to challenge myths and increased their awareness about older adult abuse. Two workers suggested that less time could have been devoted to this section.

This material was not new but was useful for challenging myths.

It reinforced my existing knowledge.

It was good to hear the discussion about values with other outreach workers.

Eight Outreach workers (32%) noted that the realities and myths of older adult abuse information was not new to them. Three workers (12%) did not remember details of that component.

Sixteen Outreach workers (64%) found the attitudes and values exercise to be a valuable component of the workshop. The exercise engaged workers in an activity in which they had to choose items for discussion, which demonstrated how one's values play a role in how one makes decisions. The following are several comments from those that found it useful.

The values exercise was great to use and very introductory and showed how people's personal values can interfere with their professional obligations. Some workers displayed some value-laden statements.

I really liked that exercise. It made you look at yourself, how you viewed your world and their world. Values can be so different, and how you interpret values can be different!

It was a good exercise and brought the group together for discussion. It was a good tool for learning.

Four workers (16%) considered the attitudes and values exercise redundant because they were already aware of their attitudes. Five Outreach workers (20%) did not remember any details about that component.

Almost two thirds of the Outreach workers (16 workers or 64%) found the video (include name here) emotional and thought provoking. One worker stated, "The film was fairly dramatic and disturbing but authentic". Another worker agreed, stating, "It was strong, fantastic, realistic, amazing and really hit a soft spot, and everyone should see that video.

Five Outreach workers (20%) had seen the video previously, some over four times. Another worker pointed out that the same video was shown at the November AGEA conference, which several of the outreach workers had attended. Two workers did not consider that the video added to their knowledge of older adult abuse. One worker commented that it was, "not relevant to our work because the older adults we work with live alone, the video was geared to families living together". Sixteen percent (4) of the workers did not remember the details of the video.

Almost half (11 or 44%) of the Outreach workers found it useful to review the cycle of violence material, which was not specific to the abuse of older adults but was with respect to violence involving young families between intimate partners. Three workers (12%) suggested that more time could have been spent on this component. One commented that, "It reinforced existing knowledge and added things I had forgotten".

However, another almost one third of the workers (8 or 32%) mentioned that the knowledge was not new to them and could have been left out. One who did not consider the material relevant commented that it was, "not geared to the people we work with because the dynamics are different with older adults living alone". Nearly one quarter (6 or 24%) of the workers did not remember the cycle of violence material.

Handouts were provided, although only a few workers reported having read them. The participants would have preferred to have time to review these during the workshop, however two suggested that the handouts could be useful for reference in the future.

The majority of the Outreach workers (21 or 88%) considered the panel to be one of the most informative and valuable components of the training. Panel members were from the Victims Assistance Unit, Domestic Conflict Unit, Seniors Liaison Unit, Older Women's Long Term Survival Project at the Calgary Women's Emergency Shelter, Office of the Public Guardian, Geriatric Mental Health, and PPICA (Protection for Persons in Care Act). The panel members raised their awareness of resources; they learned more about how to deal with abuse and, after meeting face to face with representatives from these key agencies, they now know whom to contact.

I enjoyed the panel as they presented new information such as Victim's Assistance. It was the better part of the day for me.

It was good in that everyone had their piece, financial abuse side, police side and Victim's Assistance. It was a good mix and they brought handouts and their cards!

The panel was very good, provided current information and a lot of examples and that were easy to relate to.

It was good for raising awareness of resources that are out there.

Workers were less impressed with comments from one of the panel members who disclosed personal experiences that were tangential to the workshop.

The last component of the day involved case studies and safety planning in which the workers had an opportunity to explore and discuss cases involving older adult abuse. Also, safety planning for the outreach workers as well as abused older adults was

discussed. The majority of the workers (21 or 88%) also described this as one of the more valuable components of the workshop.

It was useful but we ran out of time. We needed more time and small group work.

It was quite short and there wasn't time to do a lot! This section needed to be expanded.

It was fabulous! It was good to brainstorm and look for solutions together.

A very useful component in that I got to listen to the way others may address cases.

This was a good component and the case study reviews were a good exercise. There are so many different ways people deal with things. Any case studies are good for feedback and I can use the information from others' experiences and incorporate it into my own practice.

Nearly one third (7 or 29%) of the workers commented that this last component was too brief as the workshop was coming to an end.

3.6 The AGEA Workshop Content

Overall, the workers found the workshop components helpful. However, nearly half (12 workers or 48%) indicated that the emphasis was on education and information about older adult abuse and that they wished for more practical material on strategies for assessing and intervening in older adult abuse, including opportunities to practice the skills

I would have liked to see more ways to get information from seniors, a way to bring it up and get them to talk...intervention strategies and ways of recognizing if it is occurring. We did not want stats or facts, how do we get them to open up to us more and provide hands on skills versus stats and facts.

We needed a lot more case studies, interactive strategies and resource sharing. We needed some general introductory stuff, myths, types of abuse, symptoms, but then case studies and more resources.

We needed more practical strategies and specific ways to handle abuse situations. The training was geared towards those who have no experience with abuse, so more on case discussions and best practices.

We needed information on places to go for abuse, venues to work through to help the client, resources, programs on how to identify types of abuse, how to communicate this so they are not seen as disloyal to their loved ones who are abusing them. Practical information not only knowledge is needed.

There was too much theory and not enough application. We needed information on the types of abuse, signs to recognize abuse, victimizer characteristics and intervention strategies.

One worker suggested that experiential activities were needed to reinforce and practice information provided in the workshop.

Role-playing was needed so we walk away feeling confident with the information and working with older adult abuse.

Another commented about needing information about financial abuse.

It would be nice to know more resources of other types of abuse, for example, physical abuse and police perspective, a person who can speak to financial abuse, so we could review options for their protection from these other types of abuse.

In summary, the Outreach workers wanted more strategies for intervention, ways of asking about abuse, case studies, practical skills development, assessments, indicators of abuse and resources for different types of abuse.

3.7 The Impact of the Workshop

Most workers had hoped that the workshop would provide them with the knowledge, tools, resources, skills and strategies for intervening in older adult abuse cases. Over one third (9 or 36%) of the participants indicated that the workshop had met their expectations and provided a refresher and awareness of issues of older adult abuse.

To some degree, my confidence and knowledge was increased.

Yes, especially in identification of cases of abuse.

However, nearly two thirds (16 or 64%) were disappointed that the workshop had not provided them with more practical ways of intervening in cases of older adult abuse.

We thought it would be the beginning of setting up guidelines and protocols. Every case is different and we hoped to go through guidelines to help people, more practical skills. We needed scenarios and best practices around what an outreach worker should do in cases of older adult abuse. We spent a lot of time going over things [that] as professionals, we already know, so it was not a good use of our time. In the facilitator's part of the presentation, she stated there would be a review of best practices and we did not get to it. It was frustrating. We have to account for our time and we hoped to get something and we didn't. I learned of one or two new resources.

I wanted more hands-on knowledge and ways to intervene, to bring about conversation to get them talking, skills and ideas to get information if they are being abused. The information provided was very basic and it was more generalized knowledge, not necessarily on elder abuse.

Over half of the Outreach workers (13 or 52%) stated that the workshop had enhanced their awareness and knowledge and resources in dealing with older adult abuse cases.

It has, in fact [changed my practice]. I feel like I can ask and am more comfortable in asking. I notice things I may not have noticed before. Just knowing I can ask and provide resources.

It probably has. It has brought more awareness of abuse. I don't run into that many cases and it was brought more front and center again.

I did come away with new resources and connections and now I can put a name to the face of resources and it provided an opportunity to network.

As mentioned previously, though, nearly half (12 or 48%) reported that they needed more training and tools to deal with cases of older adult abuse.

3.8 Response to the Structured Evaluation Questions

A short questionnaire developed by Bonnie Jardine was administered at the beginning and end of the AGEA workshop. We incorporate the questionnaire into the follow-up interviews so that there are three points of comparison: pre-test, post-test and about two months follow-up. The Outreach workers were asked about their confidence in understanding of the cycle of violence and dynamics of abuse, comfort in asking clients about their experiences of abuse, whether they asked all their clients of possible experiences of abuse, confidence in their ability to respond to disclosure of abuse and if they had the information needed regarding resources in the areas of elder abuse and family violence.

Substantial increases in learning took place from the pre-test to the two month follow-up after the training (see Table 2). Two months after attending the training, most Outreach workers were confident in their understanding of the cycle of violence and dynamics of abuse (from 14% to 96%), were comfortable asking clients about their experiences of abuse (3% to 96%) and were confident in their ability to respond to client's disclosure of abuse (17% to 100%) and to provide information on resources (from 21% to 90%). Many reported did not know all of the newer resources but knew how to locate this information from existing services and agencies.

The proportion of Outreach workers that ask all clients about their experiences of abuse decreased from 52% at the pre-test, to 31% at the post test and to 24% two months after the training. To clarify, two months after the workshop, 76% of workers do not ask the question of *all* clients and ask only if they sense that abuse is occurring. They are less likely to ask if the client has been referred for non-abuse related issues, such as filling out financial forms.

However, even though the proportion decreased, the qualitative responses indicate that most workers eventually ask of experiences of abuse, just not with *all* clients. The workers stated that they ask of experiences of abuse when rapport is developed and if they suspect that abuse has or is presently occurring. Therefore, the number of workers reporting that they ask of experiences of abuse is likely an underestimate as outreach workers interpretation of the question was do they ask all clients, which they do not.

The Outreach workers indicated that asking the question depends upon a variety of factors, one being timing.

In working with seniors, it is not always appropriate. If the husband just died, asking about abuse, it's not the place you'll go. You could lose them. Assessment informs asking, based upon what they come to you for.

I don't ask everyone. I might be asking about how their relationship is going. Next time I may ask if they are abused. I want to find out the correct answer, and asking directly, I may not get the answer. Also, you can turn people off if you ask right off the bat. I can ask relationship questions and I will ultimately get to it but

not by asking the question directly. It is the skill of the process that provides the answer.

Sometimes some clients come with specific topics and it is difficult to incorporate that in. If you push too hard, you can scare them off, make them suspicious and you need to develop rapport before asking this question.

Table 2: Pre, Post and Follow-up Tests

Behavior/ Response	Pre-Test	Post-Test	2 Month Follow-up
I am confident in my understanding of the cycle of violence and dynamics of abuse			
Strongly agree	0	0	7 (28%)
Agree	4 (14%)	0	17 (68%)
Disagree	13 (46%)	14 (52%)	1 (4%)
Strongly disagree	3 (11%)	8 (30%)	0
Undecided	8 (29%)	5 (18%)	0
Total	28 (100%)	27 (100%)	25 (100%)
I feel comfortable when asking my clients about their experiences of abuse			
Strongly agree	1 (3%)	0	11 (44%)
Agree	0	0	13 (52%)
Disagree	8 (29%)	9 (33%)	0
Strongly disagree	7 (25%)	8 (30%)	0
Undecided	12 (43%)	10 (37%)	1 (4%)
Total	28 (100%)	27 (100%)	25 (100%)
I ask all of the clients I see about possible experience of abuse			
Strongly agree	4 (15%)	1 (4%)	1 (4%)
Agree	10 (37%)	7 (27%)	5 (20%)
Disagree	4 (15%)	4 (15%)	16 (64%)
Strongly disagree	0	1 (4%)	3 (12%)
Undecided	9 (33%)	13 (50%)	0
Total	27 (100%)	26 (100%)	25 (100%)
I am confident in my ability to respond to client's disclosure of abuse			
Strongly agree	0	0	7 (28%)
Agree	5 (17%)	0	18 (72%)
Disagree	9 (31%)	17 (63%)	0
Strongly disagree	5 (17%)	5 (18.5%)	0
Undecided	10 (35%)	5 (18.5%)	0
Total	29 (100%)	27 (100%)	25 (100%)
I have the information that I need regarding resources in the areas of elder abuse and family violence			
Strongly agree	0	0	6 (24%)
Agree	6 (21%)	0	14 (56%)
Disagree	10 (36%)	10 (37%)	1 (4%)
Strongly disagree	3 (11%)	8 (30%)	1 (4%)
Undecided	9 (32%)	9 (33%)	3 (12%)
Total	28 (100%)	27 (100%)	25 (100%)

One worker indicated that her/his response to older adult abuse depends on the type of abuse and the context within which the abuse is occurring.

My response to older adult abuse varies depending upon the situation. If there is immediate abuse and they are in need of emergency shelter, I make a Kerby house referral. Also, it depends upon the cognitive capability of the older adult themselves and whether the person could follow a safety plan if developed. Also, there are no crimes against older adults per se, however it is a crime to physically assault someone and then charges could be laid. There are no specific abuse lines or professionals that can respond specifically to older adult abuse. All of these issues will impact and guide the response. Also, the individual is autonomous and have the choice if they report the abuse or not. At times, the abuse has occurred in the past and again, the person may not want to report.

The workers also indicated that they ask the question if they have a sense that abuse is occurring, but only when they have developed rapport and trust with the client.

I ask most of them but not all. I am intuitive and ask most about violence- about 80% of the time. It comes out in their language, they will not be sleeping well, reported changed in eating and I will ask the question, as different bodily complaints can be indicators of other issues such as abuse.

It is not something I have ever done. I need to work on this and think about it. I don't really ask the question specifically to try to access. If something twigs, I will ask. If alarm bells go up, then I will ask.

I need to develop rapport with the client first before asking, not the first time. It depends upon the trust gained. I am pursuing one case now where I suspect she has been or is currently being abused but she has not admitted it. I want to get to know her and get her to trust me before asking her the question. If they get more comfortable, they may disclose.

I would probably ask if during a visit, something the client said to indicate abuse was occurring, and then I would discuss it. People come in for help with a form and not any other issues. If something suspicious was going on, then I would pursue it and my approach would be open ended. I look for a person, the way they are being cared for, neglect, financial abuse (they do not see it as such). I run into that a lot; they are not willing to do anything about it. When I suspect it, the client is not open to pursuing and it is usually family members, not the spouse [committing the abuse]. The spouse does not see it as abuse and if it is, it is historical abuse, not present abuse.

I don't ask all, only if I suspect. We are supposed to ask because this was the impression we received at the workshop, we are supposed to ask all clients, not contacts. With financial abuse, the clients do not see that as abuse.

It is evident that the workers who ask the question are worried that they will ask too soon and could frighten their clients, which could prevent them from engaging with services that they need; therefore, they ask only when abuse is suspected or reported.

In general, the outreach workers now ask about experiences of abuse when they suspect it and when they have developed rapport and indirectly inquire about how things are going in their relationships to determine if abuse is occurring. Some workers assess

risk indicators, while others use their intuition to determine if abuse is occurring. On an informal basis, workers are screening and assessing for abuse if suspected or reported.

3.9 Suggestions to Improve the Workshop in Future

The majority of the Outreach workers (22 or 88%) enjoyed the way that the information was presented and delivered with a variety of presentations and modalities. One worker stated, "Overall it ran smoothly and for the most part, on time". Another worker stated, "I loved the whole workshop".

The structure of the workshop held people's interest and was pretty good. Different activities were a positive aspect, along with the use of different teaching modalities.

I liked certain aspects of the day. The physical room was nice and how we were seated was conducive to discussion, we were in a semi-circle of 3 rows. The panel was nice. Different modalities of being taught were good. There were more issues with content than facilitating. The facilitator dealt with physical abuse and that was the focus, and we need other presenters to deal with abuse such as financial abuse.

Several workers suggested that tighter control of timing would be helpful, particularly as the panel presentation ran over its allotted time. They also suggested a better balance between lectures and interactive activities. One worker did not remember the details of the day, as the information was not pertinent to what she needed.

The workers had a number of suggestions to improve the training.

We need a part two with more small group work and role-playing and now that we have the knowledge, take it to the next level.

We need modalities for beginning, intermediate, and advanced to meet the different needs of Outreach workers. You have newer staff that needs Abuse 101, and some that need Abuse 301. Training modules are needed to custom fit experience and knowledge of individual workers. Also, we needed a portion where people could review real cases on their caseload and presentation of hypothetical case studies to discuss in a concrete way as a teaching tool. We need a question period where people present real cases for discussion.

Role-plays are a way to engage, teach, and practice skills. We could be provided with scenarios where people could act them out and would be more hands on and people are less likely to get bored.

It is nice to do group work with other outreach workers to brainstorm and learn from each other. We also need more training on financial abuse because it is becoming a huge issue. Older adults deny abuse and are private, so how do we approach the issue? I would suggest one day training that is theoretical and another day that is practical.

We need a yearly training in what's new and new ways of intervening. We need support with ethical issues. With physical abuse, we know how to respond, we call the police, but in more subtle cases of abuse, it is harder to deal with, so how do we deal with them?

It would be a good idea to have training at the outreach offices, as it breaks through barriers of going into others' workspaces, safe environment and if theory and practical information have to be presented, then have theory first in the am and let people have choice to attend and then practical in the pm, so experienced outreach workers don't have to attend all.

In summary, the workers suggested improvements such as including more small group work, involving the outreach workers more in the training through more interactive activities during the day, more time for questioning, using role-plays to learn and practice the skills presented in training and using modalities geared towards the differing experience levels of the workers.

The workers suggested adding several topics in future training including a number of ethical and practice areas that address the complexity of older adult abuse.

The person who is abusing the older adult is usually a caregiver. We want the abuse to stop at the same time we want to shore up the caregiver. We don't want to damage the relationship between the caregiver and the older adult as this maybe the only person who is helping them. We did not talk about this and how to deal with this complex issue.

Physical abuse was the focus of the day and we needed more of a discussion of other abuse, such as financial abuse. More on abuse that is more subtle, financial abuse and how do you approach… how do you really tell grandma not to pay her son's rent at her expense (she has no groceries). Her son is taking out RRSP's and is eating away at her expenses. She is being taken advantage of and it is abuse, but what is the line? When do you approach the family?

Sometimes we think it is abuse and the client does not think so and vice versa, how do we deal with those cases?

Sometimes it looks like abuse but it is not abuse. It is easier when there is black and blue bruising, and the client discloses, but sometimes it is not so obvious. For example, one case where the son is tying the mother to the bed to protect her from leaving the house at night for her safety, is this abuse? You have to look at the family situation; this is the way the family is trying to cope. At the workshop, they were talking black and white and that this is abuse and that is abuse, but what about dementia patients? I was looking for information on this. Abuse is never black and white.

What do we do before we refer them on? What do we do as outreach workers if the client will not accept our help? What is our role then?

One worker suggested that more training is needed on how to ask about abuse.

I would like a list of ideas of how to ask, list of ideas for questions. I don't want to be intrusive. Sometimes I am helping with finances and don't want to be out of context to what you are meeting them about, to be as non-intrusive as possible. We need to have a better way of asking, maybe in a not so direct way. We say in our confidential agreement that we have to report if you say you are hurting yourself or others, we don't ask if someone is hurting them and perhaps we should.

In general, the workers identified several additional topics about which they need more training, including the complex nature of older adult abuse, how to deal with financial abuse, what to do when the older adult abuse does not recognize or define that they are being abused, the larger context which abuse occurs, roles of outreach workers in dealing with abuse cases and how to ask older adults about their experiences of abuse.

3.10 Summary of the Outreach Workers' Perceptions of the Workshop

The twenty-three Outreach workers in older adult serving agencies in Calgary are currently dealing with cases of older adult abuse, with 99 cases being reported by the workers in the last three months. Most of the workers are social workers and are qualified to deal with abuse cases. At present, many agencies do not have guidelines for practice with the abuse of older adults and if there are guidelines, workers are not aware of them. Most of the Outreach workers stated that they provide information and referrals, supportive counselling, education, assessment and safety planning with older adults who are experiencing abuse. Since the literature review indicated that older adult abuse is difficult to detect, rarely reported by older adults themselves, outreach workers are in a unique position to detect and intervene in cases of older adult abuse and to either provide the interventions needed or refer to appropriate resources in the community.

In general, the Outreach workers indicated that the training was valuable in providing awareness and facilitating their confidence in understanding the cycle of violence and dynamics of abuse, increasing their comfort in asking about experiences of abuse, increasing their confidence in responding to disclosures and their ability to provide information on resources in the community.

The Outreach workers currently ask about abuse when they suspect it and when they have developed rapport. They indirectly inquire about how things are going in their relationships to determine if abuse is occurring. Some workers assess risk indicators, while others use their intuition to determine if abuse is occurring. On an informal basis, the workers are screening and assessing for abuse, but only if suspected or reported.

It is evident that some workers worry that they will ask about abuse too soon, which could frighten their clients, and prevent them from engaging the services that they need. Therefore, they typically ask only when abuse is suspected or reported.

While the majority of workers provided positive comments about the individual training components of the workshop, a limitation for many was that the information was basic and not geared towards the needs of experienced outreach workers. They perceived the training as primarily an education and awareness workshop rather than providing the practice experience and real-life scenarios that they might encounter. Most had hoped for more hands-on and concrete strategies for screening and intervening. The most valuable components of the workshop were the case study reviews and the panel of resources available in Calgary for abused older adults.

The Outreach workers suggested that the workshop needed to focus more on practical skill development, and case discussion including opportunities to review interventions using both hypothetical and real case examples. They also suggested more information on the less visible types of abuse such as financial.

The training was an excellent first step in educating the outreach workers about the serious nature of the abuse of older persons, how attitudes and values interfere with perceiving the problem and providing information on some key local resources to intervene when such abuse is disclosed.

4.0 Discussion and Recommendations

The Family Violence and the Older Adult workshop provided an opportunity to raise awareness about older adult abuse to outreach workers working with adults 50 years of age and older in Calgary. Many of the outreach workers indicated that their knowledge and comfort levels around the topic increased as a result of attending the training. However, outreach workers need more tools, guidelines and training on how to intervene in these cases, otherwise they fear alienating their clients and creating more risk and distress to the older adult and their families. It is apparent that workers already engage in screening and assessment activities if they suspect that abuse may be occurring and will ask once rapport is built with the client if abuse is suspected. Recommendations based upon these findings are as follows:

Recommendation 1: Workers need to be provided with further training including screening tools and guidelines and practice in how to intervene in these cases.

Recommendation 2: Training should also help workers deal with their legitimate concerns about working with older adult abuse cases, specifically around alienating clients and creating more risk and distress to the older adult and their families.

Recommendation 3: Protocol development and training needs to occur simultaneously and with the involvement of and suggestions from the outreach workers.

Recommendation 4: Scenarios for discussion for future training could be developed from some of the worker's comments in this evaluation.

Financial abuse was the most often identified type of abuse on the outreach workers' caseloads and the workshop participants suggested that it merits further training. Training needs to be ongoing and include the various types of abuse as this is identified as a growing issue among older adults. Further, the workers suggested the need for specific training regarding the assessment and practical or ethical decisions involved in reporting the abuse (i.e. alienating caregivers by reporting, approaching the subject with new clients, etc.). Lastly, workers suggest that information on the dynamics of older adult abuse be specific to older adult abuse as opposed to abuse in younger populations. Recommendations based upon these findings are:

Recommendation 5: Further training is needed with respect to financial abuse.

Recommendation 6: Information materials need to be specific to older adult abuse, such as utilizing the Power and Control Wheel specific to older adult abuse.

Recommendation 7: Workers need additional training on ways of asking the question, an opportunity to practice through role plays, and case study discussions. This training needs to be interactive and allow for practical application.

Recommendation 8: Training needs to be ongoing and perhaps provided in module form to address the various levels of experience of workers.

Recommendation 9: Training needs to be offered by individuals with expertise in addressing the complexity of older adult abuse and more experienced outreach workers can help facilitate.

The *Family Violence and the Older Adult Training* that provided outreach workers with information and awareness with respect to older adult abuse was clearly needed. The workshop emphasized information and awareness and what is now needed is more concrete strategies for screening and intervening with older adult abuse. The workers were comfortable in dealing with disclosures but asking the question depended upon rapport established with the client and if they suspected abuse has or is presently occurring. The workers recommended that future training be practical and experiential allowing participants to review and practice specific intervention strategies to increase their understanding of what to say, how to say it and steps/options for intervening.

As a new coordinator is being recruited, it is recommended that outreach workers be included in the developing guidelines and protocols that will govern their practice with older adult abuse. The outreach workers are in the privileged position of working with seniors at the front line and are one of the best resources. They and can provide a wealth of insight, knowledge and information about the needs of older adults in Calgary. A needs assessment could be conducted to further explore cases of older adult abuse with outreach workers to gauge the specific needs of older adults who are being abused and interventions that could be useful for particular types of abuse because as one worker indicated; "you cannot always remove the person from their home" in cases of older adult abuse.

4.1 Future Research

As a new coordinator currently being recruited, it is recommended that Outreach workers be included in the development of guidelines, screening instruments and protocols that will govern their practice in the future with older adult abuse. Outreach workers are in the privileged position of working with seniors at the front line and are one of the best sources of information and insight and can provide a wealth of knowledge and information about the needs of older adults in Calgary. A needs assessment could be conducted to further explore cases of older adult abuse with outreach workers to gauge the specific needs of older adults who are being abused and interventions that could be useful for particular types of abuse because as one worker indicated; you cannot always remove the person from their home in cases of older adult abuse.

4.2 Limitations and Strengths of the Current Evaluation

This evaluation was conducted as part of a Master's of Social Work Practicum at RESOLVE, Alberta. There was no funding to conduct the research. Such funding would have allowed us to audio-tape and transcribe the interviews. Further the timing of the follow-up was limited due to the constraints of practicum hours. Therefore, the interviews were limited to thirty minutes and could not adequately capture some of the more in-depth comments about the needs of abused older adults or the training needs of the outreach workers.

On the other hand, although training for professionals to address older adult abuse is being more frequently offered, there were few published evaluations available. The results of this evaluation may be useful not only to AGEA in considering their future training plans, but to organizations that are developing similar training.

References

Anetzberger, G.J. (2001). Elder abuse identification and referral: The importance of screening tools and referral protocols. *Journal of Elder Abuse, 13*(2), 3-22.

Anetzberger, G. J., Palmisano, B. R., Sanders, M., Bass, D., Dayton, C., Eckert, S., & Schimer, M. R. (2000). A model intervention for elder abuse and dementia. *Gerontologist, 40*(4), 492–497.

Ansello, E.F. (1996). Causes and theories. In Baumhover, L.A., & Beall, S.C. (Eds.), *Abuse, neglect, and exploitation of older persons: Strategies for assessment and intervention* (pp. 9-29). Baltimore: Health Professions Press.

Boyack, V.J. McKenzie, L.M. & Hansell, E.K. (1995). *Synergy II: A demonstration project to address the issues of violence in older families.* Calgary: Kerby Centre.

Boyack, V. (1997). *Golden years-hidden fears: Elder abuse, a handbook for front-line helpers working with seniors*. Calgary: Kerby Rotary House.

Brandl, B. (2000). Power and control: Understanding domestic violence in later life. *Generations*, Summer, 39-45.

Braun, K., Lenzer, A., Schumcher-Mukai, C., & Snyder, P. (1993). A decision tree for managing elder abuse and neglect. *Journal of Elder Abuse and Neglect, 5*(3), 89-103.

Chaulk, P., Parriag, A., Cormier, A., Bryanton, O., & McQuaig, E. (2004). *Abuse of older adults: Canadian education resources.* http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/age_e.html.

Cohn, F., Salmon, M.E., & Stobo, J.D. (Eds) (2002). *Confronting chronic neglect: The education and training of health professionals on family violence*. Washington, DC: National Academy Press.

Fulmer, T.T., Guadagno, L., Dyer, C.B., & Connolly, M.T. (2004). Progress in elder abuse screening and assessment instruments. *Journal of American Geriatric Society, 52*, 297–304.

Fulmer, T.T., Street, S., & Carr, K. (1984). Abuse of the elderly: Screening and detection. *Journal of Emergency Nursing. 10*(3), 131-140.

Griffin, G., & Aitken, L. (1999). Visibility blues: Gender issues in elder abuse in institutional settings. *Journal of Elder Abuse and Neglect, 10* (1/2).

HomeSupport Canada. (1993). *Responding to elder abuse: A guide for the development of agency protocols for the home care and community support sector*. Ottawa.

Jones, J. (1994). Elder abuse and neglect: Responding to a national problem. *Annals of Emergency Medicine. 23*, 845-848.

Kerby House and the City of Calgary. (2005). *Seniors directory of services*. Calgary, AB: Author.

Kinnon, D. (2001). *Abuse and neglect of older adults: Community awareness and response*. Health Canada: National Clearinghouse on Family Violence.

Kozma, A., & Stones, M.J. (1995). Issues in the measurement of elder abuse. In M.J. MacLean (Ed.), *Abuse and neglect of older Canadians: Strategies for change* (pp. 117-128). Toronto, ON: Thompson Educational Publishing.

Lachs, M.S., & Fulmer, T. (1993). Recognizing elder abuse and neglect. *Clinics in Geriatric Medicine. 9*(3), 665-681.

Lachs, M.S., Williams, C., O'Brien, S., Hurst, L., & Horwitz, R. (1997). Risk factors for reported elder abuse and neglect: A nine-year observation cohort study. *The Gerontologist, 37*(4), 469-474.

Lachs, M.S., Williams, C., O'Brien, S., Pillemer, K.A., & Charlson, M.E. (1998). The mortality of elder mistreatment. *Journal of American Medical Association. 280*(5), 427-432.

Lithwick, M. (1999). The dynamics of senior mismanagement and the options for intervention. In Pritchard, J. (ed). *Elder abuse work: Best practice in Britain and* Canada (pp. 354-377). *London*: Jessica Kingsley Publishers.

Lithwick, M., Beaulieu, M., Gravel, S., & Straka, S.M. (1999). The mistreatment of older adults: Perpetrator-victim relationships and interventions. *Journal of Elder Abuse and Neglect, 11*(4), 95-112.

Lukawieki, T. (1988). Financial abuse of older adults: Information from the National Clearinghouse on Family Violence. Ottawa: Health Canada.

Macolini, R.M. (1995). Elder abuse policy: Considerations in research and legislation. *Behavioral Sciences and the Law. 13*, 349-363.

Marshall, C.E., Benton, D., & Brazier, J.M. (2000). Elder abuse: Using clinical tools to identify clues for mistreatment. *Geriatrics. 55*(2), 42-53.

McDonald, L. (1996). Abuse and neglect of elders. In J.E. Birren (Ed.), *Encyclopedia of gerontology: Age, aging and the aged*. (pp. 1-10). San Diego, CA: Academic Press.

McDonald, L., & and Collins, A. (2000). *Abuse and neglect of older adults. A discussion paper.* Family Violence Prevention Unit, Health Canada. ISBN 0-662-27292-7.

McKenzie, P. (1999). A community response to abuse of seniors. In J. Pritchard (Ed.). *Elder abuse work: Best practices in Britain and Canada* (pp. 426-444). London, Jessica Kingsley Publishers.

Moskowitz, S. (1998). Saving granny from the wolf: Elder abuse and neglect: The legal framework. *Connecticut Law Review. 31*, 77-204.

Murphy, N. (1994). *Resource and training kit for service providers: Abuse and neglect of older adults.* Ottawa: Minister of Supply and Services Canada. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/agekit_e.html.

O'Brien, J.G. (1996). Screening: A primary care clinician's perspective. In L.A. Baumhover, & S.C. Beall (Eds.), *Abuse, neglect, and exploitation of older persons: Strategies for assessment and intervention* (pp. 51-64). Baltimore: Health Professions Press.

Patton, M. (1990). *Qualitative evaluation and research methods*. London: Sage.

Pence, E., & McDonnell, C. (1999). Developing policies and protocols. In M.F. Shepard, & E. Pence (Eds.). *Coordinated community responses to domestic violence: Lessons from Duluth and beyond* (pp. 41-64). Thousand Oaks, CA; Sage.

Pillemer, K.A., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample study. *The Gerontologist. 28*(1), 51-57.

Pittaway, E., & Gallagher, E.M. (1995). *A guide to enhancing services for abused older Canadians*. Victoria: Province of British Columbia, Office for Seniors, University of Victoria, Centre on Aging and Health Canada, Family Violence Prevention Division.

Podnieks, E., Pillemer, K.N., Phillip, J., Shillington, T., & Frizzel, A. (1990). *National survey on abuse of the elderly in Canada: The Ryerson study.* Toronto: Ryerson Polytechnical Institute.

Quinn, M.J., & Tomita, S.K. (1997). *Elder abuse and neglect: Causes, diagnosis, and intervention strategies* (2nd ed). New York: Springer Publishing Company.

Ramsey-Klawsnik, H. (1996). Assessing physical and sexual abuse in health care settings. In L.A. Baumhover, & S.C. Beall (Eds.), *Abuse, neglect, and exploitation of older persons: Strategies for assessment and intervention* (pp. 67-87). Baltimore: Health Professions Press.

Reis, M. (1999). Innovative interventions when seniors are abused. In J. Pritchard (Ed.). *Elder abuse work: Best practices in Britain and Canada* (pp. 378-407). London, Jessica Kingsley Publishers.

Schlesinger, R.A., & Schlesinger, B. (1999). Elder abuse: The Canadian experience 1980-1998. In J. Prichard (Ed.). *Elder abuse work: Best practices in Britain and Canada* (pp. 217-293). London, England, Jessica Kingsley Publishers.

Statistics Canada, Canadian Centre for Justice Statistics (1999). *Family violence in Canada: A statistical profile 1999* (catalogue no. 85-224-XIE). Ottawa: Minister of Industry.

Swanson, S.M. (1998). Abuse and neglect of older adults: Information from the National Clearinghouse on Family Violence. Ottawa: Health Canada.

Utley, R. (1999). Screening and intervention in elder abuse. *Home Care Provider, 4*(5), 198-201.

Vinton, L. (1993). Educating case managers about elder abuse and neglect. *Journal of Case Management, 2*(3), 101-105.

Wahl, J., & Purdy, S. (2002). *Elder abuse: The hidden crime*. (7th ed.). Toronto: Advocacy Centre for the Elderly and Community Legal Education.

Ward-Hall, C. (1999). Financial abuse of seniors. A growing concern: Seniors in British Columbia, Canada taking action against financial abuse. In J. Pritchard (Ed.). *Elder abuse work: Best practices in Britain and Canada* (pp. 320-33). London, Jessica Kingsley Publishers.

Appendix 1: AGEA Members

Action Committee Against Violence (ACAV), Karen Walroth
Calgary Catholic Immigration Society, Immigrant Senior Services, Myrta Reyes
Calgary Chinese Elderly Citizens Association, Liza Chan
Calgary Family Services, Bonnie Jardine
Calgary Health Region, Geriatric Mental Health, Lucile Lutz
Calgary Police Services, Seniors Liaison Unit, John Olsten
Calgary Seniors Resource Society, SeniorConnect, Sherry McInnis
Calgary Women's Emergency Shelter, Older Women's Long Term Survival Project (OWLS), Lynda Gardner
Canadian Research Institute of Law and the Family, Monica Pauls
City of Calgary, FCSS, Mary Jane Amey
Violence Information and Education Centre, Tracey Lynn Wityk
City of Calgary, Seniors Services Division, Robert Wiles
Kerby Rotary Shelter, Brenda Hill
Kerby Centre-Social Work Department, Ellen Hansell
Office of the Public Guardian, Monique Rigole
Representing Persons with Disabilities, Mark Iantkow

Appendix 2: BASE

Please respond to every question (as well as you can estimate) concerning all clients ___ years or over who are caregivers (give regular help of any kind) or care receivers:

1. Is the client an older person or caregiver?   Yes___   No___
2. Is the client a caregiver of an older person? Yes___   No___
3. Do you suspect abuse? (see also #4 and #5) Yes___   No___

    i) By caregiver (comments)_____

1	2	3	4	5
no, not at all	only slightly, doubtful	possibly, probably, somewhat	yes, quite likely	definitely

    ii) By care receiver or other (comments)_____

1	2	3	4	5
no, not at all	only slightly, doubtful	possibly, probably, somewhat	yes, quite likely	definitely

4. If any answer for #3 except "no, not at all," indicate what kind(s) of abuse(s) is (are) suspected.

    i) physical____ ii) psychosocial____ iii) financial____ iv) neglect____
    (includes passive and active)

5. If abuse is suspected, about how soon do you estimate that intervention is needed?

1	2	3	4	5
immediately	within 24 hours	24-72 hours	1 week	2 or more weeks

Scoring information was not provided.
Source: Reis & Nahmiash, 1998

Appendix 3: CASE

Please answer the following questions as a helper or caregiver with yes or no:

1. Do you sometimes have trouble making (___) control his/her temper or aggression?
2. Do you often feel you are being forced to act out of character or do things you feel bad about?
3. Do you find it difficult to manage (___'s) behavior?
4. Do you sometimes feel that you are forced to be rough with (___)?
5. Do you sometimes feel you can't do what is really necessary or what should be done for (___)?
6. Do you often feel you have to reject or ignore (___)?
7. Do you often feel so tired and exhausted that you cannot meet (___'s) needs?
8. Do you often feel you have to yell at (___)?

Scoring information was not provided.

Source: Reis & Nahmiash, 1995

Appendix 4: Abuse and Intervention Form (AID)

Problems			Intervention			
Prioritized	Related to Abuse ✓	Initials of the Primary Intervener	Strategy Outline	Date for Review (dd/mm/yy)	Acceptance [A]/[R]	Success [S]/[PS] /[NS]/ [IP]/[A]

[A] = Accepted; [R] = Refused
[S] = Successful; [PS] = Partially Successful; [NS]; Not Successful;
[IP] = In Progress; [NA] = available

Abuse and Intervention Form (AID), Reis, 1999, p. 386).

Appendix 5: Training Outline Family Violence and the Older Adult

1.	Introductions	8:30-9:00
2.	Myths and Realities (handout)	9:00-9:15
3.	Attitudes & Values (Small Groups)	9:15-9:45
4.	Family Violence (Video)	9:45-10:00
5.	Break	10:00-10:15
6.	Family Violence Overview Power and Control (overheads) Cycle of Violence Intergenerational Aspects (handouts)	10:15-11:00
7.	Assessment (handouts) Observation Questioning Risk Level	11:00-12:00
8.	Lunch	12:00-1:00
9.	Resources for Intervention (Panel)	1:00-2:30
10.	Break	2:30-2:45
11.	Case Studies (small group) Safety Planning	2:45-3:45
12.	Closure/Evaluation	

Demographics	Gender What is your age group? What is your educational background and profession? How long have you worked as an outreach worker?
Experience with elder abuse	How often do you work with clients affected by older adult abuse? What type of assistance do you provide? How many cases have you been involved in where older adult abuse was occurring in the last 3 months? Year? Does your agency have any guidelines for practice with cases of elder abuse? If so what are they?
Knowledge of AGEA	Have you heard of the group AGEA (Action Group on Elder Abuse)? What do you know about this group?

Workshop impacts	How did you hear about the workshop?
	What did you hope to gain by attending the workshop and were your expectations met?
	What do you remember most about the day?
	Of the following, please indicate your level of experience on a scale of 1-5,
	  1=Strongly Agree
	  2=Agree
	  3=Undecided
	  4=Disagree
	  5=Strongly Disagree
	a) I am confident in my understanding of the cycle of violence and dynamics of abuse
	b) I ask all of the clients I see about possible experience of abuse
	c) I feel comfortable when asking my clients about their experiences of abuse
	d) I am confident in my ability to respond to client's disclosure of abuse
	e) I have the information that I need regarding resources in the areas of elder abuse and family violence
	Has your work changed as a result of attending this workshop? If so, how?
	Can you foresee your agency making changes as a result of your attending the workshop? How?

Perception of Workshop	The workshop contained a number of components. I will go through each and ask if you had particular comments about them. Component 1: Myths/Realities of Elder Abuse Component 2: Attitudes and Values Component 3: Family Violence Video Component 4: Family Violence Power and Control Cycle of

	Violence, Intergenerational Aspects
	Component 5: Assessment (handouts) observation,
	    questioning, risk levels
	Component 6: Resources for intervention (Panel)
	Component 7: Case Studies safety planning
	
	Were there any components that you did not like?
	Were there any topics that you hoped would be covered that were
	    not included?
	Did you find the handouts useful?
	In general, how did you like the way the workshop was
	    conducted?
	Do you have any suggestions to improve the workshop?
	Do you have suggestions about offering the workshop in the
	    future?