



# VCU

Virginia Center on Aging  
College of Health Professions

## **Tales from the Frontlines:**

# **How Service Providers Can Offer a Road Map for Systemic Change**

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# Overview

- Motivation & Background
- PeRQ Project Lessons
- Virginia HEAR Overview
- Your input!



# **Financial Disclosures**

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# Abuse in Later Life Lab

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SCAN ME

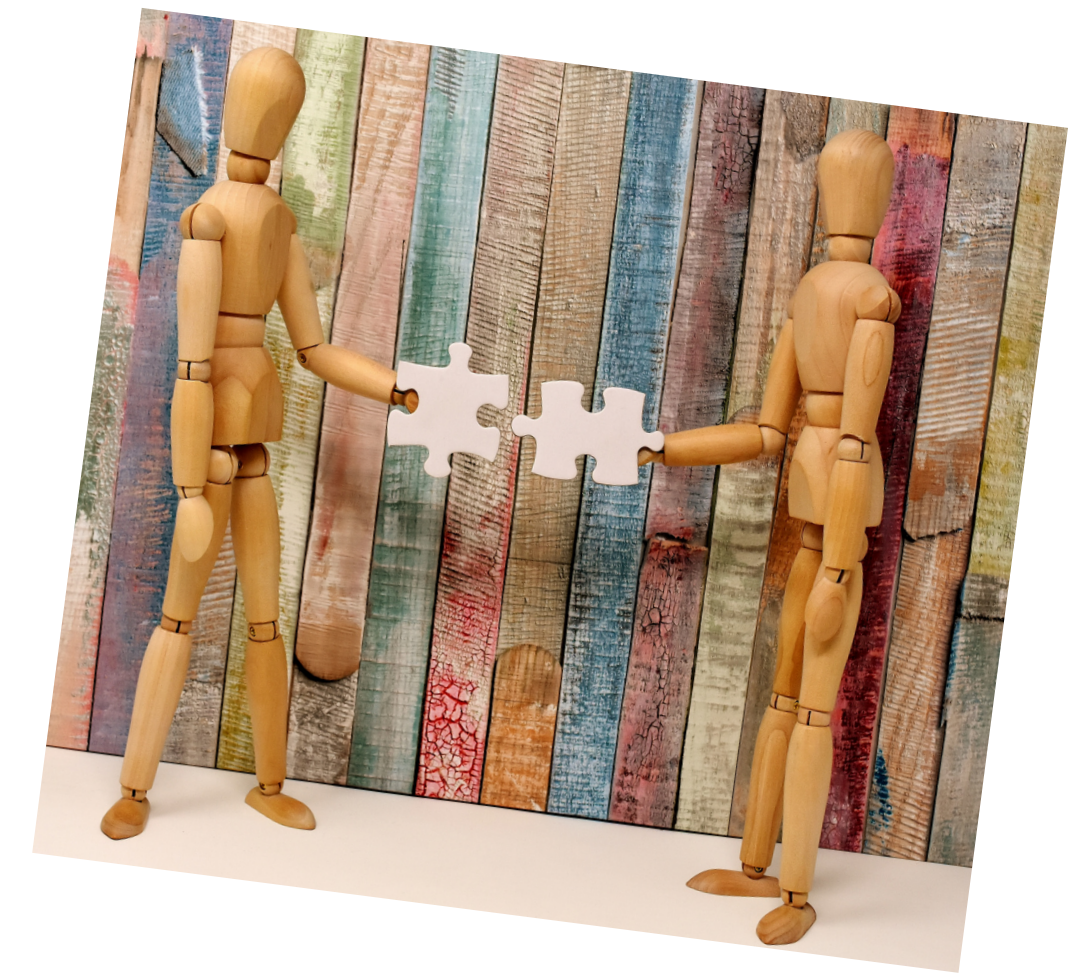
# Motivation for this Work

## PREVALENCE

- 17% of adults aged 60+ will be victims of abuse (Yon et al., 2017)
- For every reported case, may be as many as 25 unreported cases (New York City Department for the Aging, 2011)
- In Virginia, cases of abuse in later life have steadily increased (DARS, 2021)
- As population of older adults grows, problem expected to intensify

## LACK OF EMPIRICAL EVIDENCE

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



## LACK OF AWARENESS

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



# Assessing Recognition of and Response to Cases of Abuse in Later Life

PeRQ Project

# Project Purpose:

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



## Qualitative Phase

Focus groups and one-on-one interviews with front line personnel in aging/victim services ( $n = 9$ ), healthcare ( $n = 7$ ), and law enforcement ( $n = 8$ ) working in Greater RVA in either urban ( $n = 12$ ), suburban ( $n = 9$ ), or rural ( $n = 3$ ) settings



## Quantitative Phase

Survey instrument based on qualitative findings administered to front line personnel ( $n = 2,891$ ) and older adults/caregivers ( $n = 288$ ) across the Commonwealth

## Theme

## Sub-Categories

## Sample Codes

### Societal Influences

- Knowledge of Abuse
- Addressing Abuse
- Perceptions of Resources & Supports
- Beliefs about Aging

- Training/Education
- Legality, React vs Prevent
- Internal Helplessness, Disproportionate Allocation
- Ageism, Stereotypes, Stagnant

### Individual Circumstances

- Psychological Factors
- Social Support
- Risk Factors/Vulnerabilities

- Denial, Fear, Trust, Trauma
- Social Isolation, Family, Guardianship
- Vulnerability, Crisis, Dementia, Autonomy

### Nature of Abuse

- Types of Abuse

- Targeting, Exploitation, Neglect, Technology, Domestic Abuse



# Societal Influences

"...the rules never seem to stay the same and so it's really hard to help people when the rules keep changing and I can't stay up on them, so that's frustrating...it would be so nice...if there were some societal, structural appreciation for the aging, but a lot of the policies seem to be made by the generation before that hasn't gotten to aging."

"I think they're really looking for the crisis, and I think sometimes that's the problem. We don't want to get to the point where we've got [a crisis]. Unless people are in crisis, it's actually harder to handle the situation than if you can detect the rising risk and try to help. If APS could get involved at that level, it would be nice. I know they're stretched for services, and resources, and sometimes education, but I often find that we are seeing the rising risk and can see what's going to happen, and it hasn't gotten fully—sometimes it is definitely in critical mode--but it's like right on the precipice, and we'll call them, and nothing happens, like they can't do anything."

# Individual Circumstances

"...what I also see or what I've noticed is a lot of the abuse cases that we do get are more because the caretakers or caregivers are overwhelmed. They're overwhelmed, they're frustrated, they have lack of resources, so they don't know how to properly provide or take care of the individual, and so the abuse is a result of the overwhelm-ment."

"If you have medical debt, or something, or especially we see with our elders, if you are experiencing a health crisis and you're desperate for some sort of relief, then it's very easy for an abuser or a scammer to emotionally involve you, and to tweak you, and to get you on the hook to make a mistake, or to move too quickly, or to not stop and consider the big picture, because you're already distracted, distressed, and under duress from your situation."

# Nature of Abuse

"When I think of abuse, I think of broad, different kinds of ways it could manifest.

Physical is the first thing that comes to your mind, that someone has physically harmed you, but I think it goes far beyond that."

"I think what I personally have seen as a healthcare provider has most often been, I'll say neglect, and that is just not providing things that you've agreed to do. Whether it is responsibly managing someone's finances versus using them for yourself, whether it is physically providing their care and not doing that, or removing their autonomy in decision-making, flat out, in ways that could potentially be harming that person."

# Other Exemplar Quotes

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

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

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

"That's the frustrating part for law enforcement or any first responders. We're here to go. We're in motion; things are going to happen. Once you make that phone call, everything slows down..."

**"We spend a lot of time agonizing about whether or not APS should be called"**

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

**HAVE YOU EVER  
FOUND IT HARD TO  
GET CARE FOR  
SERVICES FOR  
YOURSELF OR FOR A  
LOVED ONE?**



**Yes: 14%**

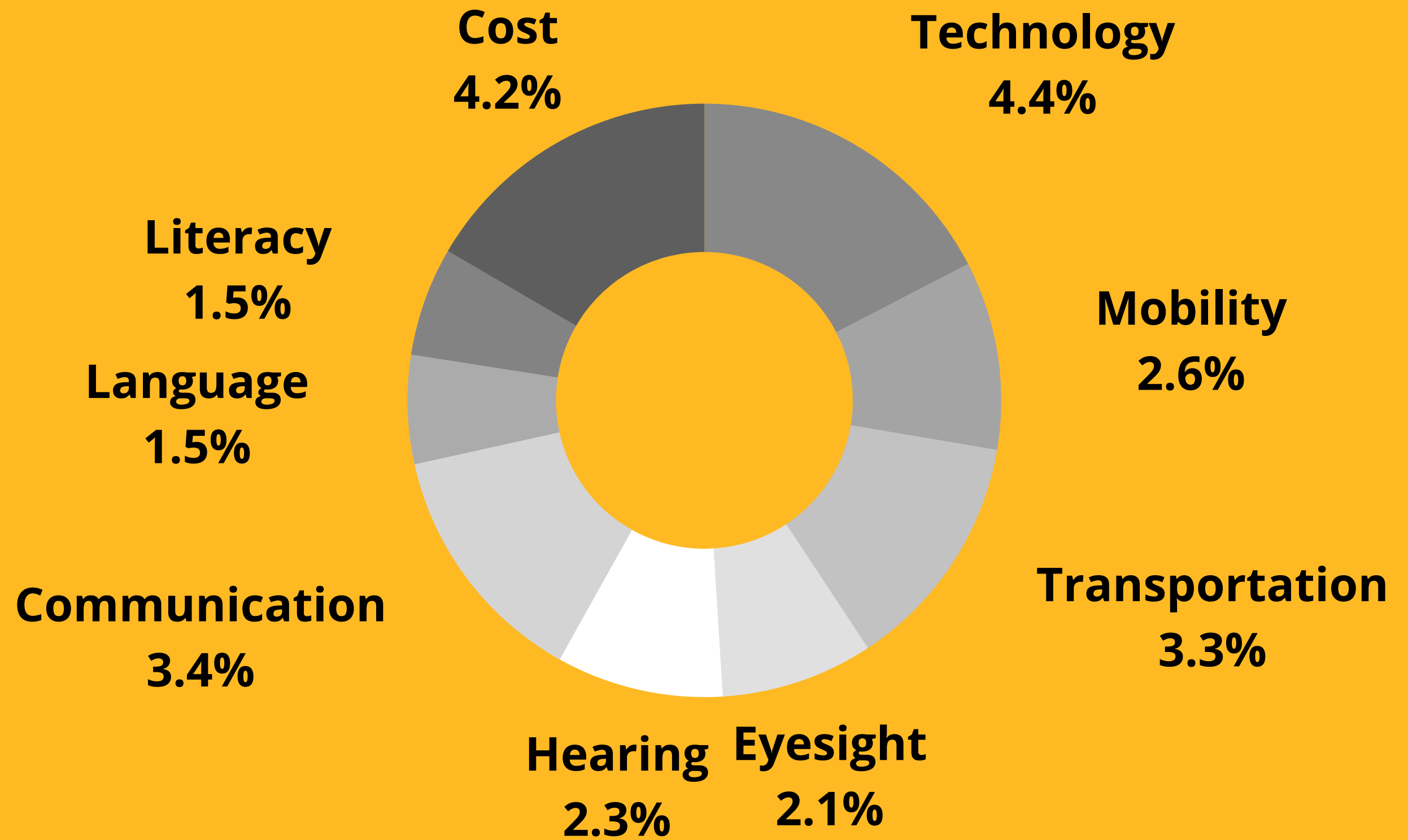
**No: 86%**



**Yes: 36%**

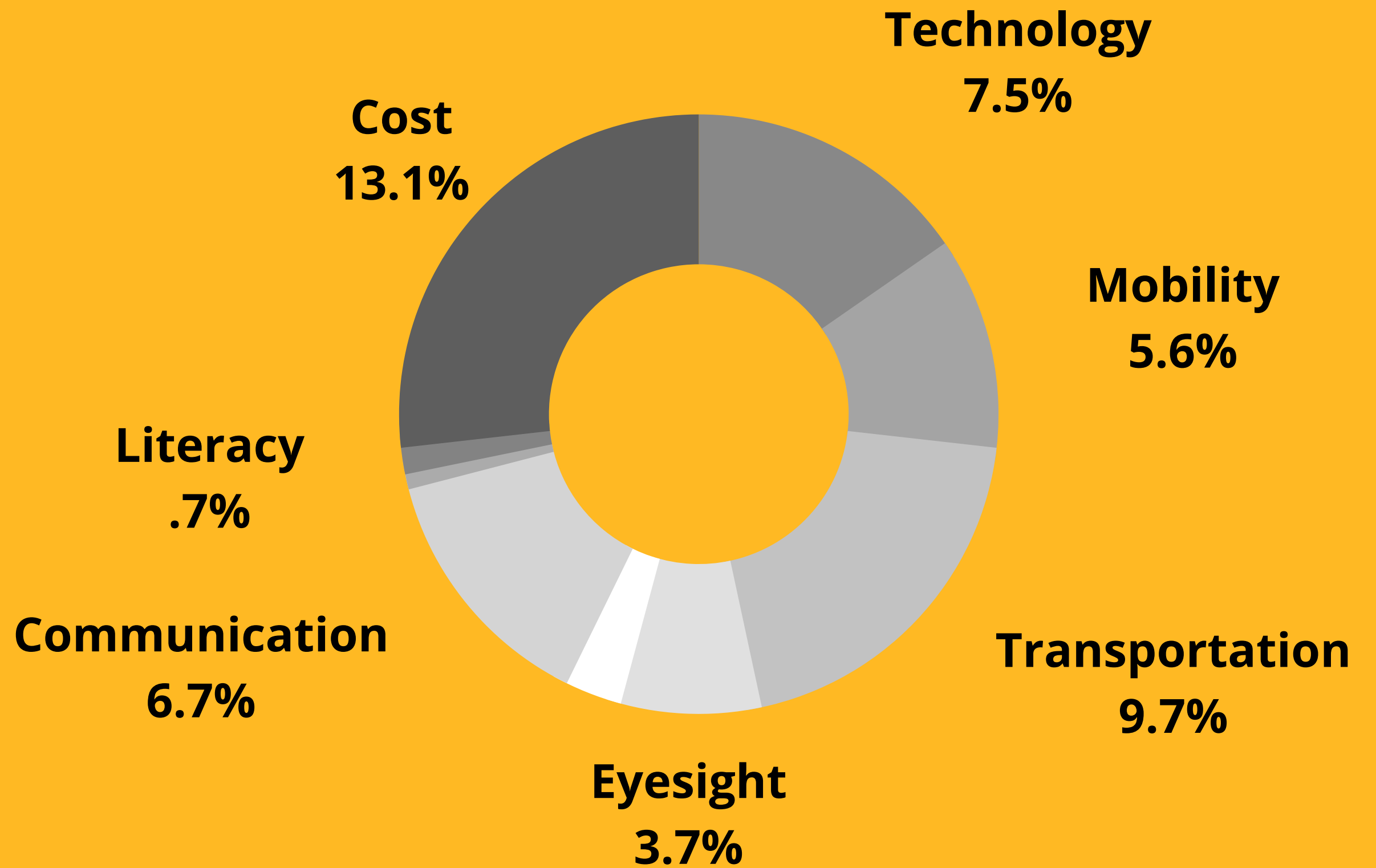
**No: 64%**

# What do you think made it hard to get care or services?



**Works in Aging Service**

# What do you think made it hard to get care or services?



Does not work in aging services

# Other reasons services are hard to access



**Knowledge of services available**

**Availability (appts, providers)**

**Insurance**

**Rurality**

**Staff turnover**





## Prevention & Coordination

Current systems and policies leave everyone feeling *helpless*

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## Increase Capacity



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

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## Address Ageism



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

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Virginia HEAR:

Helping  
Elders  
Access  
Resources

An ACL Elder Justice Innovation Grant



# Virginia HEAR

## Objectives

### Multimedia Intervention

**A solution-focused, multimedia intervention:** Recognizing and identifying abuse, the role of ageism, barriers to reporting abuse and seeking services, and best practices for linking systems of care.

**Focus on rural communities of interest**

*Currently, no such intervention exists to address ageist attitudes and elder abuse – two issues that are inextricably intertwined.*

### Safety Connector

**Develop a web-based tool that is integrated with No Wrong Door Virginia:** Modeled after the linking systems of care best practice, the Safety Connector provides screening and instant access to the resources people need to be safe and well.



### Implementation & Dissemination

The multimedia intervention will be implemented first in **rural, Southwest Virginia** then widely via statewide APS networks, local DSS agencies, and partner networks.

Web-based tool e-marketing campaigns will reach **400,000 users**. **20,000 unique users** will engage and receive instant access to resources and services, making Virginia a safer state for people to age into elderhood.

## Outcomes

### Knowledge, Trust & Identification

- Increase in knowledge about resources available
- Understanding of what constitutes abuse
- Knowledge for intervening/responding to abuse
- Decrease in ageist attitudes
- **Increased trust** between APS and other community organizations
- Identify enduring and emerging challenges

### Connected, Collaborative

- **Increase in referrals to and utilization of services that promote safety and well-being**
- More victimized older adults in Virginia will be accurately identified in a wide range of community settings and organizations
- Connection to needed resources and services
- Increase in collaboration with APS and other community partners

### Streamlined Services & Policy Recommendations

- Increase in interdisciplinary efficiency and streamlined delivery of services.
- Recommendations for priority actions in research, practice, and policy
- Ensure that Virginia's older adults are **served by a better linked and more efficient network of systems**
- Long term shifting of attitudes about aging to promote a less ageist society



# Open Discussion

# Thank you!

Interested in  
participating??

SCAN ME

