

APS

Responding to Elder Abuse: A Self-Assessment Tool for **Adult Protective Services**



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Revised February 2025

Introduction and Process

The National Clearinghouse on Abuse in Later Life (NCALL) designed this Adult Protective Services self-assessment tool to help organizations evaluate strengths and areas of improvement in services for older victims of abuse. The goal of the self-assessment tool is to encourage your agency to candidly and thoughtfully assess your work and the processes you use. It will help identify existing practices and introduce new approaches which may strengthen the overall response of your agency when addressing elder abuse. The tool should facilitate and encourage discussion and raise questions about roles, response, coordination, and common purpose. Note: not every element included in the self-assessment tool will be in place in every community, nor is there an expectation that every element will be or can be implemented in every community.

How is elder abuse defined?

Elder abuse, according to the Elder Justice Roadmap, “includes physical, sexual or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person by another person or entity, that occurs in any setting (e.g., home, community, or facility), either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability.”

This is not a legal definition. Statutorily, there is wide variety in how elder abuse is defined from state to state and in criminal, protective, and civil law within a state. While elders can be victimized by strangers, most abuse experienced by older adults is perpetrated by non-strangers: i.e., intimate partners, adult children, other family members, fiduciaries, and caregivers. Abuse occurs in facilities as well as community settings.

How is abuse in later life defined?

Abuse in later life is defined by the Violence Against Women Act as neglect, abandonment, economic abuse, or willful harm of an adult aged 50 or older by an individual in an ongoing relationship of trust with the victim; or domestic violence, dating violence, sexual assault, or stalking of an adult aged 50 or older by any individual; and does not include self-neglect.

This document contains the following sections:

- Section 1: Self-Assessment Tool
 - The self-assessment addresses five dimensions to consider in evaluating your response to elder abuse and abuse in later life.
- Section 2: Action Plan for Change
 - Based on the results of the self-assessment, the Action Plan guides the user through a process to celebrate strengths and identify future actions, projects, and steps; identifies who will undertake what actions; and provides a timeline to track progress. Inter-agency action plans are an effective way to strengthen current community response to elder abuse and abuse in later life.
- Appendix: Abuse in Later Life Power and Control Wheel
 - In 2006, NCALL adapted the Power and Control Wheel, developed by Domestic Abuse Intervention Programs in Duluth, MN to create a graphic that represents abuse in later life. Various sections of this tool will refer back to the tactics on the wheel.

Who should be involved in completing the self-assessment?

The self-assessment process works best when completed using a team that involves your agency's leaders and staff, from attorneys, policy makers, victim services and investigation units. The tools are not intended to be completed by one or two individuals working in isolation. Effectively using this tool involves reflection and discussion that requires candid and thoughtful conversation among those with different experiences within the agency.

How can we use this tool in our Coordinated Community Response?

Adult Protective Services plays a critical role in this inter-agency response; participating in cross-training possibilities to increase understanding among involved organizations, bringing social work skills combined with assessment and investigatory skills with expertise in aging and elder abuse to the table. APS brings understanding of the balance of safety with personal rights, including the right to self-determination.

This is not a one-way stream of information. Adult Protective Services can benefit from working with other agencies by building relationships across organizations, developing a shared understanding of service gaps and systemic issues, and learning what services various agencies provide. Working through an Action Plan with community partners presents a valuable opportunity to assess what may be working well, while investigating a response that could be more effective. Further, it increases fidelity and improved safety options for older survivors, sending a message of intolerance to any form of elder abuse.

Questions and feedback

If you have questions or want to provide NCALL staff with feedback about your experience using the tools, please email ncall@ncall.us .

This project was supported by Grant No. 15JOVW-23-GK-05142-MUMU awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Section 1: Assessment Grid

Date:	Assessment grid completed by:
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Instructions: There are five dimensions included in the assessment. For each dimension review each element and check whether or how often it applies, using the scale. In the notes section, record any comments that pertain to that dimension, such as specific accomplishments, barriers, or ideas for change.

Dimension 1: Casework		This applies...			
		Always/ Yes	Sometimes	Never/ No	Need more info
1A	Framework				
1A-1	We have the structure in place to make a timely decision in each investigation and emergency intervention.				
1A-2	We have the resources in place to make a timely decision in each investigation and emergency intervention.				
1A-3	We have staff trained and experienced in responding to all forms of suspected elder abuse, as described in the Abuse in Later Life Wheel.				
1A-4	We conduct home visits in a manner that promotes victim and worker safety. ¹				

¹ For example, in conducting home visits, work in pairs whenever possible. Talk with the parties separately using safeguards against a potential perpetrator overhearing the questions and interview with a likely victim. Be alert to signs of nonverbal intimidation. Whenever possible, ask referral sources and the victim or others about the presence of and access to firearms and dangerous dogs in the household.

Dimension 1: Casework		This applies...			
		Always/ Yes	Sometimes	Never/ No	Need more info
1A-5	APS caseworkers have well-established working relationships with law enforcement and prosecution agencies.				
1A-6	APS caseworkers have well-established working relationships with domestic violence and sexual assault victim services.				
1A-7	We have a process in place to consult with other government agencies and community organizations when responding to forms of elder abuse that are new or unfamiliar to us.				
1A-8	Our staff has access internally or in partnership with outside agencies to equipment and technology that supports a timely and thorough investigation, such as digital cameras, cell phones, audio and video recording equipment, laptops, and databases.				
1A-9	If a person's situation does not meet criteria for APS services, we make a referral to an appropriate agency.				
1A-10	We define <i>case planning</i> , combined with <i>safety planning</i> , as an ongoing process, not a one-time event or completion of a form, and adjust as needs and circumstances change. It is victim-driven, victim-centered, and grounded to the fullest extent possible in the victim's goals, not the professional's opinion.				
1A-11	We build individual case plans according to each person's capacity, the degree and kind of danger, and other service needs.				
1A-12	We disclose any mandated reporting requirements, or how the information will be shared with others such as law enforcement, to the older person before talking about the abuse.				
1B	<i>Process and components</i>				
1B-1	We initiate a timely response, which may include investigation and emergency intervention, to reported abuse or risk of abuse.				

Dimension 1: Casework		This applies...			
		Always/ Yes	Sometimes	Never/ No	Need more info
1B-2	We make face-to-face contact and/or have a phone conversation with the reporting or referring party and the elder reported as at risk.				
1B-3	We interview each reported victim and perpetrator separately.				
1B-4	We review past history and prior allegations.				
1B-5	We establish the abused or at-risk person's capacity to understand the current risk and to give informed consent.				
1B-6	We use approaches and tools specific to adults at risk in assessing the level and immediacy of danger. ²				
1B-7	We rely on multiple sources of information and tools in a team or interdisciplinary setting in making decisions about danger and APS intervention.				
1B-8	We identify and account for the power and control dynamics of domestic abuse and other forms of elder abuse.				

² Vol. 13 (2), 2001, *Journal of Elder Abuse and Neglect*, carries several articles by Georgia J. Anetzberger and others that provide an overview of issues related to screening tools in elder abuse, as well as an illustration of one approach that was designed to address the shortcomings in many tools: poor distinction of the types, signs, and risk factors of elder abuse; failure to distinguish domestic abuse in later life as a significant and perhaps most common type of elder abuse; and little clear attention to state laws and specific community services. Visit <https://www.tandfonline.com/journals/wean20> to learn more about subscribing and purchasing options. A 2000 NCEA research brief by Rosalie Wolf reviews risk assessment instruments and reports on an adaptation of the Hwalek-Sengstock Elder Abuse Screening Test that centers on six questions: (1) Are you afraid of anyone in your family? (2) Has anyone close to you tried to hurt or harm you recently? (3) Has anyone close to you called you names or put you down or made you feel bad recently? (4) Does someone in your family make you stay in bed or tell you you're sick when you know you aren't? (5) Has anyone forced you to do things you didn't want to do? (6) Has anyone taken things that belong to you without your OK? While cutting across all adult age groups, research into intimate partner homicides, such as that conducted by Jacquelyn C. Campbell and by Carolyn Rebecca Block, suggests avenues of inquiry important to investigations of domestic abuse in later life and elder abuse overall. Of particular importance in attempting to gauge the degree of danger someone faces is attention to past violent incidents, recent abuse, strangulation or choking, controlling daily activities, and threats or assaults with a gun. Block notes that help-seeking in itself can signal a more serious situation. A summary of key research can be found in *NIJ Journal*, National Institute of Justice, Issue 250, November 2003, available at <http://www.ojp.usdoj.gov/nij/journals>.

Dimension 1: Casework		This applies...			
		Always/ Yes	Sometimes	Never/ No	Need more info
1B-9	Our interview and investigation process accounts for ways in which aspects of an elder's background might influence her or his decision-making and response, such as: • Mistrusting information provided by health care or social services • Seeing information provided by health care or social services as contrary to religious beliefs • Deferring to other relatives or adult children when family decision-making is the norm • Misunderstanding because of limited English proficiency³				
1B-10	In case planning with an individual, we use common language and avoid professional or technical jargon and terms.				
1B-11	Our case planning acknowledges there are multiple types of relationships where abuse occurs, and the similarities of and differences in the dynamics of abuse based on those relationship types.				
1B-12	We conduct safety planning with caseworkers, non-perpetrator family members, and others living in the household regarding their own safety when attempting to intervene on behalf of an older adult who is being abused.				
1B-13	To the fullest extent possible, all case planning includes the following steps: • Build rapport and listen to the victim • Learn what the victim fears, both from the perpetrator <u>and</u> the consequences of any action that might be taken				

³ These recommendations reflect the work of Dr. Georgia J. Anetzberger in APS assessment training and materials prepared for the Ohio Department of Job and Family Services.

Dimension 1: Casework		This applies...			
		Always/ Yes	Sometimes	Never/ No	Need more info
	- Ask what the victim wants to do, and why; understand her/his goals and generational values - Think creatively together about a variety of options and ideas - Stay victim-centered - Problem-solve <u>together</u> in advance about what she/he can do during and after a physical assault or other crisis situation				
1C	<i>Community connections</i>				
1C-1	If we cannot provide a safety plan and related services through APS, we make a referral to an appropriate agency.				
1C-2	In balancing an individual's right to self-determination with the community's responsibility to protect, we make decisions via an interdisciplinary team, rather than leaving such decisions to an individual worker.				

Dimension 1: Casework

Notes: Accomplishments?

Notes: Barriers?

Notes: Ideas for Change?

Note: This dimension addresses access in two forms: (1) disability-related access and (2) generational accessibility.

Dimension 2: Access Efforts		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
2A	Framework				
2A-1	Our agency has a stated philosophy of providing services in ways that acknowledge and fit each person's ability and identity. ⁴				
2A-2	We provide a 24-hour accessible elder abuse reporting line.				
2A-3	We invite older adults from demographic groups that represent our community and people with disabilities to conduct an accessibility assessment, including a tour of facilities and review of services. ⁵				
2A-4	We assign designated staff to know and maintain ADA (Americans with Disabilities Act) standards for accessibility.				
2A-5	Our agency's staff and volunteers reflect our community, including people from demographic groups located in our service area, older individuals and people with disabilities.				

⁴ Culture is the complex, dynamic frame of reference shared by a group of people and reflected in customs, art, beliefs, spirituality, language, and institutions. Identity includes aspects of how we see ourselves in the world (and how others may see us) that are intertwined with culture: i.e., as we define our identity by such characteristics as rural, urban, gay, straight, farmer, factory worker, teacher, cook, believer, skeptic, art lover, sports lover, working class, middle class.

⁵ We recognize that there will be varying levels of confidentiality concerns that must be addressed, but we do not automatically assume that such community-based assessment is unworkable.

Dimension 2: Access Efforts		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
2A-6	We conduct an agency-wide assessment of our disability accessibility policies and practices on a regular basis (i.e., every one to five years). ⁶				
2B	<i>Process and components</i>				
2B-1	We have a protocol to guide staff in asking victims if they need disability accommodations to use our services.				
2B-2	We refer and link older adults at risk who need more services than our agency can provide with other organizations in the aging and disabilities services networks.				
2B-3	We ask victims to sign release of information forms so their confidentiality is respected, and we can share information with others in the spirit of case plan collaboration.				
2B-4	We provide appropriate interpreter services or communication assistance to clients who have sensory or speaking impairments or limited English proficiency. ⁷				
2B-5	We collaborate with social service organizations and others from specific communities when a situation requires additional knowledge and understanding.				
2B-6	We have the training, technology, equipment, or links with community agencies necessary to provide access to agency services related to mobility, vision, hearing, speech and cognition.				

⁶ *Self Assessment Tool for Ensuring Access for People with Disabilities* (April 2004) is available from Disability Rights Wisconsin at <http://www.disabilityrightswi.org/wp-content/uploads/2018/03/selfassessmenttool.pdf>. *Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide* (2004) is available from the Washington State Coalition Against Domestic Violence: <http://wscadv.org/wp-content/uploads/2015/06/Increasing-Agency-Accessibility-for-People-with-Disabilities1.pdf>.

⁷ Appropriate assistance includes such measures as using professional interpreters or APS staff fluent in the person's language; safeguarding confidentiality when using non-APS assistance; ensuring that the assistant has no stake or conflict of interest in the case; and, avoiding family members unless requested by the person (and without involvement in the case); providing aids and materials at no cost.

Dimension 2: Access Efforts		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
2B-7	In our interviews and other interactions with older adults, we are attentive to and respect generational customs and courtesies.				
2B-8	Our response accounts for ways in which aspects of an older adult’s perspective and experience might influence her or his decision-making and response, such as: • Mistrusting information provided by law enforcement, health care, or social services • Seeing information provided by law enforcement, health care, or social services as contrary to religious beliefs • Deferring to other relatives or adult children when family decision-making is the norm • Misunderstanding because of limited English proficiency⁸				

⁸ These recommendations reflect the work of Dr. Georgia J. Anetzberger in adult protective services investigation and assessment training prepared for the Ohio Department of Job and Family Services.

Dimension 2: Access Efforts

Notes: Accomplishments?

Notes: Barriers?

Notes: Ideas for Change?

Dimension 3: Policies, Procedures, and Program Values		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
3A	<i>Framework</i>				
3A-1	We emphasize self-determination as the foundation for interaction with older adults at risk.				
3A-2	We provide services that are least restrictive and least disruptive to each person's life and personal liberty, to the fullest extent possible.				
3A-3	Workers assess whether the victim's safety can be enhanced as a result of the proposed interventions, recognizing that some interventions increase the risk of harm.				
3A-4	We consider legal intervention only after providing advice, assistance, and support, and when the risk of abuse remains.				
3A-5	We use resources within the older adult's identified community to the fullest extent possible.				
3A-6	Our policies and procedures incorporate the Administration for Community Living (ACL) established definition of elder abuse with any state-specific caveats.				
3A-7	Our policies and procedures define at-risk older adults.				
3A-8	Our policies define who mandatory reporters are and how to report suspected abuse.				
3A-9	We regularly evaluate and adjust worker caseloads to provide optimal conditions for a timely and safe response.				
3A-10	Our policies and procedures promote maximum client confidentiality in cross reporting with other intervening agencies.				
3A-11	We conduct an annual review of all agency policies, procedures, and practices to determine their impact on victims of elder abuse.				

Dimension 3: Policies, Procedures, and Program Values		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
3B	Outreach				
3B-1	We have a widely advertised reporting and information number (toll free in broad geographic areas).				
3B-2	Our information and reporting line/hotline is answered by staff members who are knowledgeable about elder abuse and APS standards and procedures.				
3B-3	We use a wide variety of methods to advertise our services and build awareness of elder abuse, from brochures and public service announcements in the languages used in the community to forums for professionals, community organizations, and others who have contact with older persons.				
3B-4	Our outreach materials are available at a wide range of locations in the community, from social service agencies and health care facilities to banks and senior centers.				
3C	Services				
3C-1	We allow extra time to work with older victims and recognize that they may need more time to express themselves and consider their choices.				
3C-2	Each service plan is person-centered, individualized, flexible, and developed in cooperation with the person receiving services.				
3C-3	Each service plan reflects a full array of short-term and long-term services, as appropriate to the person's needs and circumstances.				
3D	Referrals				
3D-1	Our agency routinely receives referrals from law enforcement, clergy, aging program staff, mental health workers, domestic abuse and sexual assault advocates, and health care providers.				

Dimension 3: Policies, Procedures, and Program Values		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
3D-2	We routinely make referrals to other governmental agencies and community-based organizations that can provide help in maximizing individual choice and control, as well as support the person's overall safety and well-being. For example, referrals to legal advocacy, emergency and other housing assistance, and victim support groups.				
3E	Content We have written policies and procedures on:				
3E-1	Assessing individual capacity				
3E-2	Balancing self-determination and safety				
3E-3	Balancing mandated duties with self-determination				
3E-4	Assessing danger				
3E-5	Safety planning				
3E-6	Providing the widest range of disability accessibility				
3E-7	Providing services that account for various backgrounds				
3E-8	Documentation and confidentiality				
3E-9	Applying and accounting for the consequences of mandatory reporting to law enforcement.				
3E-10	We have written policies and procedures guiding our working relationships with domestic and sexual abuse services agencies.				
3E-11	We have written policies and procedures regarding the presence and involvement of substitute decision-makers and caregivers in APS cases.				

Dimension 3: Policies, Procedures, and Program Values

Notes: Accomplishments?

Notes: Barriers?

Notes: Ideas for Change?

Dimension 4: Training		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
4A	Framework				
4A-1	We have mandated professional continuing education requirements.				
4A-2	We provide ongoing training to agency staff and volunteers on issues related to elder abuse, domestic violence in later life, and sexual assault in later life, with an emphasis on emerging trends and best practices.				
4A-3	We include long-time workers, new workers, volunteers, and administrators in agency training on elder abuse and APS response.				
4A-4	We have established, and routinely update, a library of resource materials and professional literature on elder abuse and APS response.				
4B	Content				
	Our training and opportunities to practice include:				
4B-1	How to distinguish abuse and perpetrator tactics from caregiver stress				
4B-2	How to identify intimate partner violence as a form of elder abuse				
4B-3	How to correctly assess and document a person's functional capacity to understand risk, make decisions, and give informed consent to investigation and services				
4B-4	Skill development that prepares APS workers to exercise their legal authority to intervene, including obtaining entry to a residence, acquiring records, filing a protective order, performing an emergency removal, and referring a client for guardianship				
4B-5	How to communicate and build relationships with older adults at risk				
4B-6	Interviewing skills specific to suspected elder abuse				

Dimension 4: Training		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
4B-7	Skills and techniques				
4B-8	Preparing for and testifying in court				
4B-9	Recognizing abuse and establish the type and degree of danger involved in our safety planning				
4C	Methods				
4C-1	We use hands-on methods such as scenarios and role play to practice safety planning and review agency policies and procedures.				
4C-2	We utilize a variety of approaches in providing and supporting training for staff, volunteers, board members, and community members, from workshops and conferences to “brown bag lunch” presentations and distance learning.				
4D	Community connections				
4D-1	We participate in and provide cross-training with the aging services network, senior organizations, and domestic abuse and sexual assault services agencies.				
4D-2	We provide training on elder abuse and the role of APS to a variety of people who may come in contact with older victims in the course of their work, such as home health care providers, home-delivered meals volunteers, beauticians, law enforcement officers, and domestic abuse and sexual assault services agencies.				
4D-3	We have built connections and partnerships with local colleges and universities.				

Dimension 4: Training

Notes: Accomplishments?

Notes: Barriers?

Notes: Ideas for Change?

Dimension 5: Community Collaboration		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
5A	<i>Framework</i>				
5A-1	We are active participants in any elder abuse multidisciplinary team (M-team), coordinated community response team (CCR) or case consulting team operating in the community, so older victims are accounted for and visible in their work.				
5A-2	We routinely use a variety of methods to build links with and expand our understanding of who lives in our community and who should be involved in the wider response to elder abuse.				
5B	<i>Relationships</i>				
5B-1	Our relationships with law enforcement, domestic abuse and sexual assault service agencies, the aging services network, and senior organizations are characterized by: • Strong linkages • Frequent communication • Cross-training and other joint events or projects				
5B-2	We have established connections and referral procedures with health care professionals and social workers in medical facilities throughout our community.				
5B-3	We have established connections and referral procedures with long-term care facilities throughout our community.				
5B-4	We have links with and a referral process in place to connect older adults ineligible for APS with other community services.				

Dimension 5: Community Collaboration		This applies...			
		Always/Yes	Sometimes	Never/No	Need more info
5B-5	We organize and participate in informal events to encourage APS, domestic violence, sexual assault, and aging network professionals to get to know each other (e.g., “brown bag” lunch presentation, after-work social, movie screening).				
5C	<i>Systems change</i>				
5C-1	We are linked with and participate in state efforts focused on elder abuse and abuse in later life, including state domestic violence and sexual assault coalitions, state units on aging, and state aging coalitions/organizations.				
5C-2	We are linked with and participate in national efforts focused on elder abuse and abuse in later life, such as NCALL (National Clearinghouse on Abuse in Later Life), NCEA (National Center on Elder Abuse), NAPSA (National Adult Protective Services Association), and others.				
5C-3	We participate in elder abuse fatality review teams (if applicable).				

Dimension 5: Community Collaboration

Notes: Accomplishments?

Notes: Barriers?

Notes: Ideas for Change?

Section 2: Action Plan for Change

Now that you have completed the self-assessment tool, you have the foundation for creating a plan for change for any concerns you may have identified during this process. Following is a template to aid in designing this plan for change. Note this template includes space for indicating those concerns about your current response to elder abuse but also space for highlighting your strengths and what is going well.

Step 1: Recognize your strengths and accomplishments while identifying what needs to change in your response to abuse in later life.

- Review each area of the assessment grid and note where you checked “sometimes” and “never.”
- Identify what is missing in your response and where you need more information.
- Identify strengths and accomplishments in the current response to abuse in later life.

Step 2: Set priorities and next steps for the changes you would like to make. Keep in mind:

- New or revised policies and/or procedures
- Better connections and communication
- New or expanded training
- Stronger collaborations

Step 3: Assign tasks and set timelines.

Step 4: Track your progress by reviewing this Action Plan at selected intervals, such as every six months.

Action Plan: Strengthening Our Response to Abuse in Later Life

Dimension	Strengths and Accomplishments	Concerns	Priorities and next steps:	Assigned to:	Due By:	Progress/Updates
1) Casework						
2) Access Efforts						
3) Policies, Procedures and Program Values						

Action Plan: Strengthening Our Response to Abuse in Later Life

Dimension	Strengths and Accomplishments	Concerns	Priorities and next steps:	Assigned to:	Due By:	Progress/Updates
4) Training						
5) Community collaboration						

Appendix: Abuse in Later Life Wheel

In 2006, NCALL adapted the Power and Control Wheel, developed by the Domestic Abuse Intervention Project, Duluth, MN to create this wheel.

