# Introduction to ABA Task Force Elder Abuse Screening Guidelines

The pervasiveness of Elder Abuse is increasingly being recognized. These Guidelines have been developed to assist mediators in identifying factors of elder abuse that may inform the appropriateness of mediation. The Guidelines can also be used to advise referrals to additional professionals. While the mediator should be aware of all the questions and concerns in the Guidelines, not every question needs to be part of the initial meeting.

#### 1. General Considerations

- a. The presence of the indicators of abuse does not mean that abuse is present. The literature indicates there is a correlation between the risk factors and actual abuse. Direct observation and any reports by the elder, a family member, or others involved in the mediation are important indicators that abuse may be happening. See chart: IDENTIFYING SIGNS OF ABUSE, NEGLECT AND EXPLOITATION.
- b. The mediator is not an investigator or evaluator to determine the truthfulness of allegations of abuse.
- c. Conducting a screening does not release a mandatory reporter from making a report. Know your state-specific reporting authority and/or entity and report to them as mandated.
- d. The mediator has the responsibility to determine whether accommodations need to be made in order to proceed with a quality process to make the mediation safe and comfortable and accessible for all participants.
- e. It is up to the mediator to determine if the mediation can move forward without the influence of coercive power and control and whether parties have the capacity to participate. The mediation should be terminated or the process altered if abuse is evident at the mediation table.
- f. Following the completion of the questionnaire, the mediator should determine the appropriateness and, if appropriate, the format of the mediation. The mediator might consider modifying the mediation process to address safety in the discussion and/or agreement.
- g. If the mediator determines that the mediation should not proceed, the mediator should consider reporting options such as Adult Protective Services, Consumer Protection, the police or other appropriate agencies.
- 2. An Intake sheet is provided as a reference that provides guidance for the first phone call. There is space to add the mediator's local referral numbers and websites to the intake sheet.
- 3. Suggested approaches to pre-mediation interviews and working with elders:
  - a. It is highly recommended that mediators have training in Family Mediation and additional training in Eldercare Mediation prior to conducting these cases. The training should include information about conducting a screening prior to mediation, elder abuse, and sensitivity to the family dynamics and feelings of individuals.
  - b. It is best practice to screen for abuse in every mediation. Elders are at high risk for abuse.

- c. Each participant should be interviewed separately, except if they are represented the attorney may be present with them at the interview.
- d. Since relationships are important, the mediator should develop rapport with parties and nonparty participants before asking sensitive questions. It is important that the mediator be sensitive to how people are responding to questions. If the mediator is too intrusive, participants may shut down, refuse to answer questions, or end the mediation.
- e. Face to Face screening with each person separately, particularly the elderly, is preferred if logistically possible. On-line videos or phone interviews are acceptable when necessary. If it is not possible to schedule a face to face interview prior to the first mediation session, a meeting with one or more participants a few minutes prior to the mediation or after a brief introduction to the process is an option.
- f. Screening should not end with the initial screening meeting. Screening is ongoing and openended throughout the mediation process.
- g. When speaking with elders, be aware of the following considerations:
  - i. Be aware of their current situation and condition
  - ii. Make sure that the elder has their glasses/hearing aid/dentures on and working
  - iii. Speak slowly, using short sentences
  - iv. Ask about only one thing at a time
  - v. Speak at eye level
  - vi. Be patient give them time to answer
  - vii. DON'T correct them
  - viii. Believe someone if they say they've been abused
  - ix. Keep the focus on the Elder
- h. There should be an opening statement preceding the interview questions that explains the purpose of the interview, such as:

#### Sample introduction to the questionnaire:

The purpose of this meeting is to explain the process of the mediation and to ask questions about your situation. At the end of our meeting, it gives an opportunity for us to decide whether to go forward with the mediation, and in what format. I have a number of questions I'd like to ask you, and you may have questions you want to ask me as well. This is a confidential conversation. However, if we find that safety is at risk, we may need to report it. Where would you like to begin?

4. Terminating Safely:

If abuse or neglect is suspected or alleged, the mediator may decide to terminate the mediation. In order to avoid compromising safety it is suggested that abuse or neglect not be mentioned as a reason for termination. [For newer mediators unfamiliar with safe termination wording: One suggestion is to terminate for benign reasons, such as scheduling problems or normal steps in the process. Another suggestion is not schedule another meeting but to state that the mediator will be back in touch about follow-up. If there is follow-up, the mediator could, for example, write a letter thanking the parties for meeting with the mediator and leave it at that.]

#### IDENTIFYING SIGNS OF ABUSE, NEGLECT AND EXPLOITATION

A mediator may gather information by direct observation or from reporting by the elder or others.

RISK FACTORS are attributes, characteristics or exposures that are research based or found in literature review which when present increase the likelihood of abuse, neglect, and exploitation may be taking place. These risk factors include: women over the age of 80 (have 2-3 times a greater risk); family member (90% of abuse perpetrated by family members); history of violent relationship; victim-abuser dynamic of power and control present in the relationship/bullying; guns in the home; caregiver without employment or has financial dependency; cognitive impairment, mental health concerns and substance misuse by elder and/or caregiver. A mediator may gather information by direct observation or from reporting by the elder or others.

INDICATORS: ORANGE-Further exploration is needed	Signs: RED-Consider further action/referral to a professional
<ul> <li>PHYSICAL ABUSE</li> <li>Unexplained bruising, welts, cuts, wounds, burns, blood visible on clothing, internal injuries, various stages of healing of any bruises/fractures; painful body movements; weight loss</li> <li>The elder reports frequent yelling and fighting in the home</li> <li>The elder reports: not going to the doctor for needed treatment; doesn't care for food served; being ashamed/scolded/intimidated; being alone a lot</li> <li>Elder seems scared; over sedated; unable to collect thoughts</li> <li>Caregiver is overly protective; dominates the elder</li> </ul>	<ul> <li>PHYSICAL ABUSE</li> <li>Elder or another reports:</li> <li>Threat of physical harm or physical harm/touched the elder without permission</li> <li>Food or water withheld from the elder</li> <li>Over/under use or misuse of elder's medication (medical compliance issues, elder not given medicine or is forced to take medication)</li> <li>Untreated medical concerns or elder receives medical attention by numerous service providers/pattern of changing</li> <li>Isolated from support (personal and professionals)</li> <li>History or current involvement/complaint with Adult Protection Services or police (protection/restraining orders)</li> </ul>
SEXUAL ABUSE/IPV <ul> <li>Vague or indirect references to sexual assault/unwanted sexual advances</li> </ul>	SEXUAL ABUSE/IPV
<ul> <li>Overly dominate/protective caregiver</li> <li>Elder reports anxiety; shame; has secrets;</li> <li>Elder or another reports oral or genital cuts, bruising, discomfort, inflammation, bleeding; sexually transmitted infections; urinary tract infections</li> </ul>	• Elder or another reports someone has harmed the elder physically or touched them without permission, or in a way that was unwanted
ABANDONMENT/NEGLECT	
<ul> <li>Dehydration, contractures, pressure sores, fecal impaction, malnutrition, poor hygiene, assistive devices not available or broken (dentures, hearing aides, prosthetics, glasses)</li> <li>Elder has relied on someone for care and now that person fails to help</li> <li>Elder reports dislike for food prepared or caregiver dismisses elder's preferences</li> <li>Elder is withdrawn; has poor eye contact, cuts, bruises, inappropriate clothing for weather (not due to personal preference)</li> <li>Not receiving medications or medical care</li> </ul>	ABANDONMENT/NEGLECT Elder or another reports: Getting little to no food/water or medical care Caregiver is withholding medication, assistive devices, medical care Someone has threatened the elder Family members/caregivers/or someone close to the elder cannot be trusted
FINANCIAL EXPLOITATION	ENIANCIAL EXTLOITATION
<ul> <li>Misuse of elder's money; elder has no personal money to meet daily needs or access to funds/checking account; large withdrawals from a previously inactive account; bounced checks/overdraft fees; unexplained discrepancy between known income and standard of living; low balances; deviations from normal banking patterns or unusual bank/ATM activity; missing or out of sequence checks; overpayment for goods/services; bills not being paid/overdue</li> <li>Mail redirected to a new address</li> <li>SELF NEGLECT         Elder has malnutrition, dehydration, poor hygiene; noncompliance with medication/medical management; untreated medical concerns Elder engages in: Substance misuse (prescribed/illicit/OTC) Hoarding behavior Home has infestation     </li> </ul>	<ul> <li>FINANCIAL EXPLOITATION</li> <li>Elder or another reports that the elder is forced to sign documents that the elder has not read or understood, or told just to sign document : write bad checks, hand money over, give things to another without permission or make inappropriate investments</li> <li>Loans, money or possessions are not paid/given back to elder</li> <li>Sudden property transfers or changes in wills/estate planning/ POA/Beneficiaries and other documents; new signers on accounts</li> <li>Mediator suspects that a guardianship petition is an attempt to deprive the elder of his/her rights</li> <li>SELF NEGLECT</li> <li>Elder states intentional refusal to self-manage physical, mental, emotional health and wellbeing; general safety; financial affairs</li> <li>Elder refuses to engage in adequate nutritional practices, medication administration, hydration efforts, appropriate hygiene, appropriate dress for weather</li> </ul>
	Active APS or police report/investigation
<ul> <li>EMOTIONAL/PSYCHOLOGICAL</li> <li>Elder or another reports yelling, fighting, high stress in the home</li> <li>Elder displays emotional distress as in tearfulness, depression, agitation, trembling, withdrawn, flat affect</li> <li>Elder expresses fear, mistrust, loneliness, lack of privacy, being ashamed, sad, pressure, anxiety, feeling uncomfortable towards primary caregiver or someone else</li> <li>Elder or another reports caregiver/someone else has failed to meet elder's needs</li> </ul>	<ul> <li>EMOTIONAL/PSYCHOLOGICAL</li> <li>Elder or another reports: Elder threatened; confined to a specific area (ex. Made to stay in bed when not sick); someone close to elder has engaged in frequent disparaging behavior; prevented elder from using any communication devices or communicating with family, friends or others</li> <li>Elder expresses fear of caregiver or someone that the elder relies upon for needs</li> </ul>

## **INITIAL QUESTIONS FOR ELDER**

NOTE: Before we even start asking questions, it's important to make a connection with the Elder, perhaps by noticing something personal in their surroundings to talk about.

General conversational questions we want to ask the elder to screen for abuse:

- Starter general questions:
- How are you doing? Or How are things going for you?
- How has your care been going?
- What more might you need? Or What do you want?
- Can you give me an idea of what most of your days are like?

Possible Follow-up Questions:

- 1. CARE
  - a. If you could change something about your care, what would that be?
- 2. SELF-CARE
  - a. Are there times when life seems a lot to manage/take care of? (*As a reflection, not a question?*)
  - b. Can you tell me more about that...?

## 3. WELL-BEING

- a. How do you feel treated by the people around you?
- b. Is there anyone you're less comfortable around?

## 4. FINANCES

- a. Do you have any questions or concerns about your finances or your money?
- b. Do you have enough money for your care?
- c. Do you help other people in your life pay for things?
- d. Do you have any concerns about how your money is being spent?

### 5. PHYSICAL SAFETY AND COMFORT

- a. Have you had pain or injury that you didn't go to the doctor for?
- b. What happened?
- c. Did you tell anyone about it?
- d. Has anyone touched you in a way that bothered you? In a place that bothered you?
- 6. Is there anything else you want me to know?

## **QUESTIONS FOR FAMILY MEMBERS / OTHERS**

1. What are your concerns?

a. Do you have any concerns about the care and welfare of the elder?

2. And then: same questions for elder but from a different angle -- (if they haven't already been answered)

- a. Regarding the care of your elder, what could they use more help with these days?
- b. Could you describe their living arrangements?
- c. Could you describe their health care and needs?
- d. Could you describe their connections with others?
- e. How does \_\_\_\_\_ feel treated by the people around them?

f. In mediation, we generally want everyone who has a concern in the room. Who do you think should be at the meeting?

g. Is there someone you might not want at the first meeting?

1) What is the concern?

2)

h. How are finances handled? How is that working?
 If they needed anything, how would they get it?
 If they needed to pay for it, how would they get the money?

i. Does anyone live with them?

*Who? Do they pay rent or help out with any of the bills like electricity and water?* 

- 1. Have they been to the hospital or ER recently? Any doctor visits recently? Is there anything you have concerns about that hasn't been followed up on?
- 3. Is there anything else you want me to know?

Possible follow-up questions:

-- What type of social activities does the Elder like? When did they last participate in them in any way?

INTERVENTIONS ACTION CHART					
Identified Abuses & Observations	Action to Be Taken	When	Choice of Law		
<ul> <li>ISOLATION OF VULNERABLE ADULT (definition of vulnerable adult: needs assistance with all or most ADL's &amp; finances)</li> <li>Never leaving the residence (due to agoraphobia, lack of transportation, health issues, etc.)</li> <li>Inadequate visits by caregiver(s)</li> <li>Lack of visitors</li> <li>No alert device worn by adult</li> <li>Self-neglect (hoarding; medical, health &amp; welfare)</li> </ul>	<ul> <li>Call a hotline</li> <li>Call protective services</li> <li>Call the police</li> <li>(embed link to state statutes)</li> </ul>	<ul> <li>At intake</li> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute)</li> </ul>		
<ul> <li>NEGLECT BY CAREGIVERS (caregivers may be family, friend(s), employee(s), or neighbor(s)</li> <li>Not enough food/unpalatable food</li> <li>Cleanliness</li> <li>Abandonment</li> <li>Failure to properly administer medication</li> </ul>	<ul> <li>Call a hotline</li> <li>Call protective services</li> <li>Call the police</li> <li>(embed link to state statutes)</li> </ul>	<ul> <li>At intake</li> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute)</li> </ul>		
<ul> <li>SAFETY ISSUES</li> <li>Physical abuse by caregiver(s), family, neighbor(s), friend(s) and/or visitor(s);</li> <li>Domestic violence by partner</li> <li>Sexual abuse by caregiver(s), family, neighbor(s), friend(s) and/or visitor(s);</li> <li>Mental/psychological abuse by caregiver(s), family, neighbor(s), friend(s) and/or visitor(s);</li> <li>Emotional abuse by caregiver(s), family, neighbor(s), friend(s) and/or visitor(s);</li> <li>Emotional abuse by caregiver(s), family, neighbor(s), friend(s) and/or visitor(s);</li> <li>IPV abuse;</li> </ul>	<ul> <li>Call a hotline</li> <li>Call protective services</li> <li>Call the police</li> <li>(embed link to state statutes)</li> <li>Call victim service program Call a hotline</li> <li>Call protective services</li> <li>Call the police</li> <li>(embed link to state statutes)</li> </ul>	<ul> <li>At intake</li> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute)</li> </ul>		

<ul> <li>Failure to configure residence to accommodate needs of adult i.e. for self-care, not falling, accessibility, etc.</li> <li>Allowing inappropriate pets (tripping over pet, ability to properly care for the pet, proper temperament for the pet)</li> <li>Failure to properly secure residence</li> <li>Squatters - Persons with criminal or non-criminal backgrounds moving in with adult</li> <li>Hoarding (issues with tripping &amp; falling)</li> <li>FINANCIAL ISSUES</li> </ul>	Call protective	At intake	
<ul> <li>Theft by caregiver(s), family, neighbor(s), friend(s) and/or visitor(s);</li> <li>Financial exploitation <ul> <li>Due to inability to manage financial affairs;</li> <li>Undue Influence.</li> </ul> </li> </ul>	services Call the police (embed link to state statutes)	<ul> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute)</li> </ul>
<ul> <li>DRUGS –</li> <li>PRESCRIPTION/ILLEGAL</li> <li>Over-medicated – taking excess dosages of prescribed medication;</li> <li>Under-medicated – not taking enough prescribed medications;</li> <li>Allowing illegal drug use and/or excessive alcohol.</li> </ul>	<ul> <li>Call a hotline</li> <li>Call protective services</li> <li>Call the police</li> <li>(embed link to state statutes)</li> </ul>	<ul> <li>At intake</li> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute)</li> </ul>
<ul> <li>PERSONAL PROPERTY ISSUES</li> <li>Theft by caregiver(s), family, neighbor(s), friend(s) and/or visitor(s);</li> <li>Hoarding (possessions and animals)</li> </ul>	Report theft to authorities Mental intervention Report animal hoarding to veterinarians & police especially if	<ul> <li>At intake</li> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute)</li> </ul>

	animal cruelty detected		
<ul> <li>REAL PROPERTY ISSUES</li> <li>Inability to understand legal documents, i.e. conveying real property</li> </ul>		<ul> <li>At intake</li> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute)</li> </ul>
<ul> <li>EMOTIONAL BEHAVIOR</li> <li>Evidence of unaddressed memory loss</li> <li>Evidence of cognitive impairment</li> <li>Evidence of poor health</li> <li>Evidence of depression</li> <li>Vague responses</li> <li>Evidence of delay in seeking care</li> <li>Unexplained injuries</li> <li>Inconsistent behavior</li> </ul>	Recommend evaluation (and obtaining report if appropriate) by physician or mental health professional	<ul> <li>At intake</li> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute)</li> </ul>
<ul> <li>PRESENCE OF BODILY</li> <li>EVIDENCE <ul> <li>Bruising</li> <li>Pattern of injuries</li> <li>Lacerations</li> <li>Burns</li> <li>Fracture</li> <li>Strangulation marks</li> <li>Hair loss from pulling</li> <li>Marks from restraints</li> </ul> </li> </ul>	<ul> <li>Call a hotline</li> <li>Call protective services</li> <li>Call the police</li> <li>(embed link to state statutes)</li> </ul>	<ul> <li>At intake</li> <li>During course of mediation</li> <li>Post- mediation</li> </ul>	<ul> <li>Criminal (embed statute)</li> <li>Civil (embed statute</li> </ul>