



ENHANCING COLLABORATION ON DOMESTIC VIOLENCE IN LATER LIFE CASES: WALKING IN THE SHOES OF A DV ADVOCATE OR APS WORKER

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Presenters

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“Multidisciplinary
teams...are now a hallmark
of elder abuse prevention
programs.”

– Dr. Rosalie Wolf

A National Look at Elder Abuse Multidisciplinary Teams, retrieved from <http://www.ncea.aoa.gov/>

Who Is Here?

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- APS
- DV/SA Community Advocates
- System-Based Advocates
- Attorneys (Civil and Criminal) and Courts
- Aging Services
- Faith Community
- Health Care
- Other

How Many of You

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- Participate in a multi or interdisciplinary case review team focused on elder or vulnerable adult abuse?
- Work closely -on a ongoing basis- with members of other disciplines?

Goals of This Workshop

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- Identify the strengths of strong collaborative relationships between APS and DV Programs to the elder and the community addressing abuse
- Describe how APS and DV Programs Address Client Confidentiality
- Identify legal requirements that affect APS and DV Program client confidentiality requirements
- Identify strategies to meet legal requirements and support client safety and autonomy/empowerment

This Workshop

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- Interactive
- Small and large group discussion
- Identify potential obstacles when collaborating on elder domestic violence cases
- Identify approaches that overcome these obstacles and better protect the elder client/victim/survivor and the community and allow the work to be accomplished

For Purposes of this Workshop

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- Assume that your agency or entity does respond to hospitals to meet with clients
- You have legal authority to act in this situation
- That client “Margaret” meets your jurisdiction’s definition of elder or vulnerable adult

Margaret's Scenario

You receive a call from the local hospital asking you to come and speak with Margaret, a 74 year old woman who has been hospitalized after her husband physically attacked her and threatened to kill her. Margaret tells you there has been abuse on and off throughout their 50 year marriage. Margaret is in good health and has full capacity. Due to her injuries she will leave the hospital in a wheelchair which she will need for a long time.

Margaret's Scenario continued

She takes a variety of medications for high blood pressure, anxiety and depression. Margaret says she is afraid to go home but made a vow before God and her family to stay married for better or worse and in sickness and in health.

Margaret

Small Group Discussion

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Based on your professional experience working with the discipline you represent discuss with your team:

1. What do you think you can do in this situation?
What services can you offer?
2. What are some guiding principles, protocols, and/or ethical standards that will apply as you work with Margaret?
3. What obstacles may affect what you can offer?
4. If Margaret refuses what you offer her what can you do?

Group Discussion

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Guiding Principles and Ethics

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- Self determination and autonomy
 - APS cannot compel Margaret to do anything as long as she has capacity—APS will attempt to investigate to a legal standard
 - APS cannot offer services at all unless they substantiate or found an allegation
 - DV believes the client--cannot act against client's wishes and informed consent



Guiding Principles and Ethics

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- Confidentiality
 - APS can be compelled to reveal confidential information even if client objects
 - APS may have legal duties that alert the alleged abuser that an investigation is underway
 - APS may be required to cross report to LE if suspected crime
 - DV advocates do not conduct investigations and do not work with abusers
 - Limited duty to disclose—child abuse, Tarasoff

Obstacles

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- Will Margaret work with you?
- How increase her willingness to work with you and others?
- Personal values and religious beliefs
- How **to help** protect her—cannot incarcerate husband forever
- Availability of services; fragmented services
- Financial barriers to services



Overcoming Obstacles

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- Keep the door open
- Consistent messages
- Safety plan that can be reviewed over time
- Referrals and linkages
- Engage her in interests that break isolation
 - Faith community
 - Activities

Part II

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- The MDT Case Review Meeting

- You attend the local MDT meeting that includes APS, advocates, law enforcement, prosecutors, health care providers, legal services, and others where Margaret's case is discussed.
- The health care provider is concerned because Margaret returned home and is with her husband.
- Law enforcement tells the group that Margaret's husband was arrested but has been released. LE is also concerned for her safety.
- The DV advocates know that she has sought counseling from their program.
- APS has received a report from a neighbor concerned about Margaret's well being.

Discussion

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- What information can you share with the group?
- Can you participate in the MDT?



When We Work in Our Own Silos

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- Well intended professionals assess cases based on the information they have available to them
- When we work in “silos,” we only have the information we have collected

Benefits of Sharing Information

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- Each system has more information to:
 - Make better decisions
 - More accurately assess the victim's strengths and needs
 - Understand the victim's desires to craft alternatives that best met the victim's preferences and needs.

Collaboration Enhances Victim Autonomy and Safety

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- Victim autonomy and self-determination are respected
- Interventions which enhance safety can be developed and thoughtfully and ethically implemented



“Alone we can do so
little; together we can do
so much.”

– Helen Keller



From Silo to Team

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SILO



TEAM

Strategies

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- “Need to know”—only provide identifying information when a particular person needs to know and not during the meeting
 - Not use actual names, initials only, or by role in case
- Get client informed consent to share their information and identity

Strategies

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- Signed confidentiality agreements updated regularly
- Make sure your law authorizes information sharing in MDTs
- Know limits of confidentiality
 - Prosecutors
 - Danger to public and particular persons

Strategies

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- Know your role at MDT
 - Can you participate in specific discussions when you know your client is being discussed?
 - Can you provide more general information—
 - in a matter like this we might do the following...
 - a situation like this would not meet a the legal standard for a guardianship
 - It this case it may be appropriate for us to step outside or not attend the MDT session

Strategies

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- MDT can lead to trust and understanding across disciplines as well as improved communication
- I cannot name the reporter but I do need to interview someone on this case and they live in a dangerous neighborhood. LE, can you accompany me on this visit?
- I cannot tell you if Margaret is in our shelter but I can leave a message that if she is I will ask her to call you.

OVW Abuse in Later Life Program

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- Approximately 8 – 9 communities a year
- \$400,000 for 3 years
- Address elder abuse by:
 - Providing training and cross training
 - Creating or enhancing a CCR team
 - Developing victim services

Required MOU Partners

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- Law enforcement
- Prosecutors' office
- Adult protective services/aging network
- Domestic violence/sexual assault victim services

OVW Abuse in Later Life Program

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- National Clearinghouse on Abuse in Later Life (NCALL): www.ncall.us
- Office on Violence Against Women: www.ovw.doj.gov

National Resource Center on Reaching Victims

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- Funded by Office for Victims of Crime (OVC)
- Focused on underserved populations of crime victims, including older adults
- Provides technical assistance, training, consultation, mini-grants

Resources

- Anetzberger, G.J. 2011. “The Evolution of a Multidisciplinary Response to Elder Abuse,” Marquette Elder’s Advisor, 13(1), available at scholarship.law.marquette.edu/cgi/viewcontent.cgi?article=1005&content=elders
- Brandl, B., Dyer, C. B., Heisler, C. J., Otto, J. M., Stiegel, L. A., & Thomas, R. W. (Eds.). 2007. *Elder abuse detection and intervention: A collaborative approach*. New York, NY: Springer Publishing Co., LLC.
- Twomey, M.S., Jackson, G., Li, H., Marino, T., Melchior, L.A., Randolph, J.F., Retselli-Deits, T., and Wysong, J. 2010. “The Successes and Challenges of Seven Multidisciplinary Teams,” *Journal of Elder Abuse and Neglect*, 22(3/4): 291-305.

Links to Resources on Collaboration

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- National Center on Elder Abuse:
www.ncea.aoa.gov/Stop_Abuse/Teams
- National Clearinghouse on Abuse in Later Life (NCALL): <http://www.ncall.us/community/collaboration>
- National Committee for the Prevention of Elder Abuse:
www.preventelderabuse.org/coalitions

Thank You!

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