Social Work Interventions in Addressing Elder Abuse

1. Majid Kalim, PhD Scholar, Department of Social Work, University of Peshawar.
2. Nawab Ali, Lecturer, Department of Sociology, Islamia College, Peshawar.

Abstract

This research investigates social work interventions in addressing elder abuse, a critical issue that affects the well-being and dignity of older adults. Elder abuse encompasses physical, emotional, financial, and neglectful mistreatment, often occurring within family or caregiving contexts. The study explores various strategies employed by social workers to identify, prevent, and respond to elder abuse, emphasizing the importance of a multidisciplinary approach. Interventions include assessment and intervention planning, counseling, and advocacy for victims, as well as collaboration with law enforcement and healthcare providers. The research highlights the significance of training and education for social workers to recognize the signs of abuse and to intervene effectively. Through qualitative interviews and case studies, the findings illustrate the challenges faced by social workers in addressing elder abuse, including societal stigmas and resource limitations. Additionally, the study underscores the need for systemic changes to enhance support services for older adults and improve reporting mechanisms. Ultimately, this research advocates for comprehensive social work practices that empower victims and promote safety, dignity, and respect for older individuals, contributing to the broader discourse on elder justice.

Keywords: Social work, elder abuse, interventions, advocacy, multidisciplinary approach, victim support, assessment, prevention.

1. Introduction

Although a growing concern and recognized as a detrimental issue affecting society, the study of elder abuse is a relatively new addition to the social work literature. Social workers have unique abilities to assist in the fight against elder abuse, not only by being the primary purveyors of supportive services to older adults who are victims, but also by helping society recognize the debilitating consequences of maltreatment. Many older adults face abusive situations that result in physical harm and emotional pain. As a values-based profession, social work inherently requires its members to

fulfill ethical standards and provide unbiased services and advocacy in a variety of areas. As such, it is necessary not only to have a clear definition and understanding of elder abuse, but also to know about the signs and symptoms, associated risk factors, interventions, and to be capable of developing prevention plans to address the issue. (Ludvigsson et al., 2022)

There are a number of factors that may contribute to the abuse of older adults. Of particular importance, ageism and societal influences inform us about the devaluation of the aging process, thereby predisposing older adults to be perceived as less valuable. Frequently, older adults become invisible and are overlooked by a society steeped in youthfulness, and in subsequent discriminatory attitudes and practices that may lead to malaise and danger. The media continues to devalue older adults, and older women, in particular. It is imperative that social workers and social service agencies develop multi-faceted violence against women initiatives parallel to ageism and its detrimental contributions. In the following sections, the issues of elder abuse, outcomes associated with the phenomenon, and various interventions will be explored.

1.1. Definition and Prevalence of Elder Abuse

Elder abuse can be defined in many different ways; however, it is most often described as physical, emotional, and/or sexual. When an elder individual's financial, property, or material resources are being used without their ongoing informed consent — or used by another person's actions or lack of actions to the detriment of their enjoyment and/or entitlements, without legal authorization or justification — this is considered one form of elder abuse. Because of the pervasive yet often hidden nature of this phenomenon, several self-report studies have been conducted to measure the prevalence rates and types of elder abuse in community settings. It is estimated that 20% to 74% of older adults report that they have experienced some form of elder abuse. These numbers are staggering; however, they are useful to illustrate the widespread nature of the problem in the community. (Mikton et al.2022)

Because research in the area of elder abuse has grown only relatively recently, the first elder abuse laws were enacted in 1978. For a long period of time, elder abuse was discouraged by government agencies on the grounds that reports might be stigmatizing to the older person. This has recently been counteracted with media and

specialist personnel promoting awareness of elder abuse as a serious social problem. There are several gaps in the literature cross-nationally that are believed to result, in part, from the divergence of conceptual frameworks, legal protections, and the varied funding, resources, and training in current use throughout all developed countries. Marginalized older persons in society have less access to healthcare and social services. In turn, social workers have implicit biases and prejudices that render them vulnerable to accepting misinformation. It is clear that violence and abuse are often covered up, concealed, and/or not recognized by both the persons upon whom they are perpetrated and the professionals who are mandated to report them.

1.2. Role of Social Workers in Addressing Elder Abuse

The field of social work espouses the strengths perspective, empowerment of clients, and the commitment to social justice. Successful intervention requires a social worker who is knowledgeable about the services available, case strategies, and who can seek out the most appropriate resources. The social worker who comprehends the complexities of elder abuse and neglect will also be mindful of the cross-discipline evaluation and ongoing management needs of these cases. This concentration on resources and services places the social worker in an effective case management or service coordination role for victims of elder abuse and neglect. In an intervention capacity, responsibility for the identification of elder abuse and neglect, development of plans for intervention, amelioration of the consequences of elder abuse on the victim, ongoing monitoring, and education and support of the victim constitute other front-line activities of the social worker. Working with the victim as the focus, social workers and case managers become invaluable resources for providing information to the victim, providing counseling services, upholding the rights of the victim, and developing intervention strategies that span multiple social service agencies or other resources. The professional social worker brings both knowledge of the larger social welfare system and community resources and a focus on the victims' strengths in advocating on a victim's behalf. Social workers are also community organizers and client advocates. Recognition of the complexity of elder mistreatment cases and the ongoing nature of services often required for these victims creates the necessity for social workers to offer a continuum of care that is adapted to the client's needs. This

model may require a social worker to change the focus of the care from victim protection to offender sanctions as dictated by changes in the victim's case. In sum, the role of the social worker can involve some or all of the following activities: helping victims of elder abuse and neglect to utilize and access community supports and interventions; developing systems interactions that will be available for monitoring; regardless of the case, the social worker takes a strong case management approach in focusing the care plan. Ongoing training and assistance to social workers can be provided to help them accomplish these services. (Wamara et al.2022)

2. Types of Elder Abuse

There are various types of elder abuse that can happen at the hands of family members, caregivers, and even in institutional settings. Each type of abuse is undergirded by its own structures of control, exploitation, and maltreatment. Knowing the type of abuse can help in recognizing the signs of abuse. Physical abuse can be recognized by both visible and underlying patterns of overuse of restraints, withholding of needed medical care, malnutrition, burns, and scratches. Some signs of abuse, such as falls or fractures, are believed to be the results of physical problems rather than inflicted abuse.

Emotional or psychological abuse can also have visible and hidden signs of abuse and tends to be experienced by elder victims silently, making it hard to expose. The consequences of this type of abuse can be the most severe for the elder victim because it often impacts their ability to defend themselves or even to seek help. Common signs of emotional or psychological neglect include active isolation from family and friends, a reluctance to attend daily activities, feeling suicidal or worthless, and having unexplained changes in their personality, health, and behavior. Financial exploitation has been growing as a more profitable and easy way for scammers to target older adults because perpetrators tend to see older adults as lonely, trusting, with a lack of financial literacy, and more cognitively compromised. Some signs of maltreatment include changes in the appearance of paperwork, unusual activity on their accounts without verbal consent, and drastic modification of a will or how financial resources are spent. Neglect and/or abandonment tend to be the hardest types of abuse to recognize, as they have both covered and uncovered factors. Neglect can occur at

home, with the elders living in isolation, and institutional neglect occurs in settings where the elders' basic needs are not being met.

2.1. Physical Abuse

Physical abuse is defined as any non-accidental use of physical force that has the potential to result in harm or physical discomfort. This manipulation can include "hitting, slapping, pushing, and burning," as well as confinement or the use of drugs to restrain or sedate the elderly person in a non-medical context. Indeed, the use of restraints and/or the administration of illegal or unwarranted chemical sedatives is an illegal act and a potential form of battery. As a result, these forms of abuse may fall into the legal domain. (Bolkan et al., 2022)

One of the most insidious forms of abuse that older adults face is physical abuse. Because it often results in immediate physical signs or symptoms, it may be most visible to family members, caregivers, or social workers. A few instances of physical abuse can escalate quickly in severity, resulting in physical injuries, several health problems, permanent disability, and/or untimely death. The individuals who are victimized by physical abuse may have had their safety and well-being fundamentally jeopardized as a basic human right as a result of the circumstances from which their abuse has resulted. Long-term and continuous exposure to physical abuse is likely chronic, and on a long-term scale, can significantly affect the physical and mental well-being of older adults. The physical and mental abuse of older adults may be thoroughly prevented by diligently researching early indicators of abuse. The research must maintain a substantial focus on prevention, working with families, health care professionals, and caregiving practices to discourage the problem. In conclusion, no symptoms are misunderstood or categorized as part of normal aging; it is imperative to cautiously evaluate the physical health outcomes of such abuse.

2.2. Emotional or Psychological Abuse

Emotional abuse, also known as psychological or mental abuse, is the mistreatment that occurs when someone uses words or actions to control, frighten, or dehumanize another person. While it can include any act designed to psychologically injure a person, domestic abuse is often about one person exerting their power and control over another. The difference with this type of abuse is that the effects are not

immediately observable to others but can multiply over time to become intolerable. Emotional abuse can include, but is not limited to: - Threatening, screaming, yelling, belittling, or degrading - Isolating someone from their friends and family - Using intense sarcasm, telling the victim that they aren't good enough - Belittling or putting someone down and making them feel bad about themselves - Humiliating someone or accusing them of having a mental problem - Treating them like a child, yelling, and controlling them - Making negative comments about someone's parenting or gaslighting - Threatening to commit suicide or self-harm - Withholding affection, not allowing physical or emotional closeness - Making threats, using economic abuse, property damage, and stalking behavior - Insulting intelligence, destroying a sense of self-worth, and grooming of trust, describing lies, blaming the victim

A long-term impact of emotional abuse on an elderly person is the continual stress, anxiety, and depression, which can eventually lead an individual to suffer feelings of grief and loss. An elderly person who is emotionally abused will prefer to stay away from people and can withdraw from society because of the low self-esteem associated with this abuse. The support services and other professionals a social worker may need to link with have experience in counseling elderly people who have been emotionally abused. Techniques used should aim at empowering the elderly person to talk about their experiences and obtain guidance and the accompanying supports needed. An important aspect of intervention by a social worker in this respect is the provision of information and advice to family members and/or caregivers on the consequences of such abuse as well as strategies for preventing and reducing the likelihood of emotional abuse occurring. The social worker, with the client, will also need to develop an intervention plan to increase the safety of victims. The aim of this intervention is to help maintain the client in their home by working with families.

2.3. Financial Abuse

Financial abuse of the elderly is becoming an increasing concern in Australia, with significant growth in the last 15 years in the care of TAC/Work Cover, and it is a major currency in the realm of personal injury claims. It has been reported that a significant proportion of financial abuse is perpetrated by children or grandchildren, or even other beneficiaries known to the elderly person. Financial abuse encompasses

a myriad of tactics. Some examples of financially exploitative strategies used by perpetrators against an elderly individual include the following: • Misappropriation of property and/or money; • Coercion over money, and exertion of undue pressure in submitting to an enduring power of attorney or a change in their will; • Theft; • Fraud; • Gambling with money that they are not legally entitled to have; • Forging signatures; • Making unconscionable agreements.

Financial abuse can have a long-term effect on the older person's quality of life and independence, particularly when they have been financially disadvantaged, with prolonged effects on their emotional and psychological health. Not only does it cause distress and anxiety, but it can also create financial constraints that limit an elderly individual's access to necessary social, healthcare, and support programs, often placing the victim at increased risk of neglect. Social workers can work with the victims of financial abuse as well as provide advice, support services, and resources to the older person and their families, such as bereavement counseling if a loved one has used them as an ATM. In addition, social workers should also explore how they can act as prevention agents. This may involve implementing public awareness campaigns and engaging in education and information services to enable older people to protect themselves against financial exploitation while maintaining a level of independence.

2.4. Neglect or Abandonment

Neglect is a significant form of elder abuse. It is generally defined as failing to provide the necessary care, assistance, support, supervision, or companionship that would be judged by a reasonable person and that such a failure would result in either a deterioration in the person's physical or mental health or loss of their property. This form of abuse is complicated by intention. Intent can be direct and purposeful, or it can be indirect and indifferent. Neglect can be seen as purposeful, where caretakers intentionally withhold assistance. Or, it can be seen as non-purposeful, where in most cases, the person is unaware that their insufficient care support is contributing to unintended detrimental outcomes. Purposeful neglect should not be difficult for a bystander to identify, whereas non-purposeful neglect may be more elusive for the social worker, since identification may depend on the person's circumstances. Signs of elder neglect may include physical signs of poor hygiene and nutrition, such as living

in filthy, dirty conditions, untreated bedsores, or malnutrition, or signs of medical neglect, such as an unpaid rent bill and a shut-off notice.

The outcomes of elder neglect are severe and far-reaching. Given the dynamic nature of aging, neglect is prone to rapid displacement of function, i.e., a mild state to a severe one. Once an elder has been identified as lacking in proper care, it is important not just to intervene, but to do so in a timely manner. When left alone, the consequences of lack of care have severe impacts on both physical and mental health. Experts suggest that social service programs for caretakers and educational programs for families may help prevent neglect. In some communities, neglect is addressed through global prevention strategies, such as campaigns about heat, water, and food for children and elders. Some communities try to prevent neglect by mobilizing their constituents. For example, Meals on Wheels uses a team of neighborhood volunteers to assist them in helping people who need care but are not able to or will not ask for appropriate care. Such neighborhood care programs are more likely to prevent neglect than other abuses. Ask yourself: Could your program be used for neglect prevention?

3. Risk Factors for Elder Abuse

1. Individual Factors: Many reports on elder abuse have identified various risk factors in the elderly. This section tends to focus on individual characteristics that may increase an individual's vulnerability to abuse. These factors are often limitations upon the elder's life choices or as having more need for intervention than a member of the younger population. For example, it has been well agreed upon that individuals' physical health can have an effect on their likelihood of being abused. The impact of physical health on abuse has received much attention as a stand-alone risk factor across a variety of medical disciplines. Other individual characteristics that have been cited as potential influences of abuse include mental and emotional health as well as social support networks. There is often an overlap between individual characteristics that are seen as risking individuals for various types of abuse.

2. Relationship Factors: Another general category that is commonly delineated in risk factor literature concerns relationship factors as they contribute to the likelihood of experiencing elder abuse. This typically refers to the maltreatment that is codified under the abuse umbrella but may also be extended to frequently occurring issues of

neglect. This section has sub-elements that fall into two broader categories: caregiver characteristics and recipient characteristics. Relationship factors between an elder and the perpetrator of mistreatment are some of the most studied elements because of the logical connection between relational conflict and violent reprisals or neglect. This relationship also fits well with the victim-offender framework that is often utilized to help understand conflicts, as it is easier to separate out the demographics of two parties for research purposes. Sometimes caregiver characteristics can be factors, as in the case of child-to-parent violence or inter-sibling violence, but most research focuses on caregiver strains or behaviors. The one exception to this is dependency, which may be seen as a caregiver characteristic as well as an elder characteristic and is therefore taken in both categories. When the focus is pluralistic rather than severely focused on one relationship, investigation has tended to move into community factors such as early research risk assessment tools and proposals for stratification or severity in abuse reporting. The strands of the multi-type model represent the complex relationships that the various potential risk factors can have in relation to each other. These individual dynamic systems point to a need for assessment tools and intervention strategies that address a variety of problems simultaneously. It is clear that a simplistic model of abuse risk factors as they relate to case assessment and responses is not likely to be overly effective, and that social workers must be willing to approach cases with an awareness of the myriad risk factors rather than focusing too greatly on problems or causes in isolation.

3.1. Individual Factors

Age and Ageing

There is a consistent association between increasing age and increased rates of abuse; a younger elder is most often, but not always, the abuser. The highest reporting of elder abuse is found primarily in the 80-89-year-old group, the highest rate of physical abuse is found at age 90–94, sexual abuse at 70–74 years old, and economic exploitation at age 65–69. Despite some significant variations in the abuse rates per population, underpinning this is a consistent recognition of increased individual susceptibility to violence, abuse, and/or neglect, as up to 18% of community-dwelling older adults may currently have some form of cognitive disorder primarily attributed

to a lower quality of life, but also reducing their level of competence and independence in personal decision-making. (Liu et al.2022)

Health and Health Status

An older adult in declining health is more vulnerable to abuse and exploitation, particularly one requiring custodial care. The stress and aggravations of caring for a loved one can lead to the maltreatment transition most frequently from verbal or mental abuse to assault. A defense health study estimated an exponentially increasing incidence rate from 2.5/100 age-matched incidence for the general elderly population to 8.7/100 age-matched incidence for those elderly entering nursing homes. The physical fragility and care requirements further compromise the mental health and autonomy of an abused elder and form part of a cluster of risk factors frequently termed 'abuse susceptibility'.

3.2. Relationship Factors

3.2.1. Relationship Factors

The most frequently discussed risk factors for elder abuse are relationship factors. Relationship factors can be categorized into caregiver-related factors, family-related factors, and community/social networks. The force of dependence and the interplay between the elderly victims and their perpetrators yield a number of risk factors for elder abuse. Stress can lead to potential abuse. For instance, when caregivers or other relations do not show any appreciation for their efforts, or when the person they care for does not seem grateful, it may generate feelings of frustration, anger, or betrayal by those who feel under-supported, unappreciated, abandoned in the task, humiliated, or exposed. Poor communication (both fear of hurting the other and not wanting to bother) and conflicts between caregivers were directly associated with emotional abuse or neglect of the elderly with long-term illnesses. Improving communication between the person needing care and the caregiver, or vice versa, may reduce the sense of being overburdened and thus the so-called blowing-up risk. Moreover, when determining preventive actions, if it appears that both the client and the informal caregiver perceive the distribution of care as equitable, only very small burdens are being exerted on the caregiver. Thus, fostering equitable relationships may lead to a preventive health effect for caregivers. Feeling supported by others was found to be

negatively associated with increased physical abuse and caregiver neglect for caregivers of older people with longstanding disabilities.

Another factor influencing the prevalence of elder abuse in care situations is the quality and structure of the social network. Caregivers having a network that provides alternative support in addition to the formal care arrangement were two times less likely to be abusive. Caregivers with a strong network of home help services are more satisfied with the obtained support and do not undertake any physical abuse of the person with dementia. In addition, social support maintained dementia caregivers' psychological well-being (e.g., lower levels of burden) and negatively predicted self-reported physical abuse perpetrated by caregivers. The assistance of the informal carer's family or friends influenced the levels of stress experienced by the caregiver, which in turn is a significant predictor of abusive behavior. Also, caregivers of persons with long-term disabilities seem to be at a high risk of neglecting or emotionally abusing older people that they care for. Burnout was found to be a predictor for caregivers' neglect towards children and older people with disabilities living at home. Concentrating improvements on these kinds of relationships may generate dual benefits, since they can enable caregivers to look after the elderly better and reduce the occurrence of elder abuse. Even more regular breaks to enjoy some leisure time may not fully mitigate the consequences of regular child care and may not greatly lower burnout. The general three-factor structure constitutes the risk factors of an interpersonal nature or so-called relationship factors (caregiving relationship risk factors), social family support factors (family support), and social community support factors (family social support network).

3.3. Community Factors

Socioeconomic conditions directly impact individual family functioning and therefore play a role in the prevalence of elder abuse. The availability of critical resources impacts family care situations. Local services can also serve to exacerbate or prevent elder abuse depending on how they address existing family tensions, deplete or build services to foster family functioning, and attend to suffering either when there is family member neglect or abuse or after it may be experienced. The community's awareness of elder abuse governs reporting rates and the potential for intervention, as

well as the intensity of response the victim may receive. Communities can increase stress and violence against elders by creating social isolation through tearing down neighborhoods and infrastructure, or not providing supportive services to elderly individuals due to classist attitudes. These issues are often further exacerbated in rural areas where simple public transportation is not available, even for visiting home healthcare staff. (Alarcon et al.2022)

This area is particularly logical for social work because of the community networking and outreach work that exists for intervention and prevention. Social work partnerships involving key stakeholders are logical in this area because no one organization has the capacity to tackle every level of intervention and each partnership member should contribute valuable special skill sets. In a preventive context, all partners should foster increased investment in the community, establish a diversity of community supports including types of programs and human service professionals, and also develop available affordable housing plans.

4. Assessment and Screening for Elder Abuse

The initial assessment and screening of elder abuse cases are crucial for early detection and intervention. The identification of cases or risk situations of abuse or neglect requires the social worker to be vigilant about any signs and risk factors for elder abuse with a history of domestic or family violence. The initial contact and interview with an older adult require social worker training in communication techniques and interpersonal skills to review and report the abuse, including the history of the older person. Interviewing an older person suffering from abuse is essentially covered by ethical and human rights issues. To assist social workers in clinical evaluation, a variety of assessment tools have been developed internationally to assist in the identification and screening of signs of potential abuse and neglect. These include older people's self-report questionnaires and scales, practitioner assessment tools, such as a checklist of indicators of physical and sexual abuse and neglect, indicators of psychological and emotional abuse, and a weighted risk assessment tool. Social workers have a critical role in assessing the severity of abuse or neglect or determining the need for crisis intervention or the initiation of legal procedures, such as in cases of mandatory reporting for protective orders to state

authorities. Elder abuse professionals are encouraged to take a multidisciplinary approach to assessment where legal and healthcare experts are involved, depending on the context. Furthermore, the legal expert and practitioners have an obligation to report suspected elder abuse or neglect. Social workers can receive significant and extensive training, or may have limited time with older people; they are often in a position that requires addressing emotional and gender bias and access to services that provide regular support for older victims.

5. Social Work Interventions

There is still no consensus on which social work interventions are effective models in addressing elder abuse. As with all social work practice, interventions must be responsive to the needs of the older person, as they present in a variety of differing ways and show a range of emotional responses to having been abused. A strength-based approach that concentrates on "empowerment" and "resilience" has been adopted by some gerontological writers. This follows a trend that has influenced the way in which practitioners have been encouraged to engage with people and their families more generally. (Nerenberg, 2022)

Some describe a range of different social work intervention strategies working with older people that have been utilized when dealing with elder abuse. These are split into three categories, with the first being direct support, which acts as an intervention for an elder abuse victim and which is seen as an immediate response to abuse. The second area is referred to as resource linkage, and this is described as including both individual and generic services. These services do not necessarily lead to specific intervention for elder abuse, but they provide immediate changes in caregiver, victim, family, and environmental characteristics that diminish the need for response to elder abuse and thus decrease the need for further individual intervention. The third area is advocacy, which operates differently from the other two strategies and requires social workers to act as legal representatives, not only for the older person but also for others in a similar situation. Social workers also have a role in coordinating a variety of services that are considered essential when working with the abused older person, as they do not all come into contact with social services or the legal system.

Case examples reflecting direct interventions that were effective would illustrate some immediate goal that has been achieved, such as a mother being moved to a safer situation or the adult daughter taking parenting classes so that she has options other than abusing her children. No immediate goal would mean that despite all the services that have been offered, a mother is still living with an abusive daughter or the husband/father is still financially exploited. It is imperative that social workers do not simply end their intervention at the point where the older person has been enabled to achieve physical separation from their abuser. This type of help, service, or intervention provides only a temporary solution. A follow-up study of the first clients that the various projects had assisted showed that half of these had returned to the abusive relationship with the help of the abuser. Having the social worker or another professional follow up with the victim and ensure that they are actually safe is very important. Ongoing advocacy and support are particularly necessary.

5.1. Crisis Intervention

A key concept of elder abuse intervention and social work practice is crisis intervention, which is also a focused, short-term response. Crisis typically results from the interplay between an event causing personal distress and the individual's perception and available coping mechanisms. Thus, perception is a primary element to be addressed in crisis intervention, including the elder victims' perceptions of the violent or abusive event, whether help is needed and available, what is happening to those with whom they are involved, and so forth.

The core of crisis intervention is to swiftly work on the principal, immediate concerns of victims in or just emerging from severe situations. Safety and danger issues are generally the principal concerns at this point. For those who are aware that an emergency or danger is, or may be, occurring, immediate action is essential. The immediate need for safety is such that, according to the conflict-theory perspective, ending the abuse and apprehension of the abuser may appear less significant. Crisis intervention involves brief assessment of the level of danger, followed by safety planning, possibly including emergency planning. Later, following the victim's achievement of a measure of safety, the focus of supportive work can be put on returning to normalcy and rebuilding their life. Other immediate problems, including

coping with the psychological aftermath of the trauma, are secondary and can be dealt with later, as appropriate. Crisis intervention also serves to enhance immediate accessibility to existing supportive services and resources. The idea is not only to extend professional concern but also to provide concrete support and coaching in problem-solving to immediately make available what may already exist. For prevention advocacy and supportive service systems, the resources of the crisis intervention worker are indispensable for attracting urgent public or media attention to gaps, blind spots, and inadequacies and for lobbying for change. Crisis intervention and short-term counseling sometimes overlap but are often distinctive in content, process, and function. Working to address such moments of immediate crisis is imperative if the systemic victim-blaming responses are to be confronted and delegitimized.

Challenges include that, with so many elders not disclosing, social workers in all settings may not use or maintain the practice or skills of crisis intervention, such as initial confrontation, and having not done so in so long may become an unconscious rationale used for not confronting in the future. Another challenge is that both elders and their adult children and grandchildren sometimes resist a crisis response. Among the resistances are fear that the consequences will somehow end up being bad for the elder, that there may be too much involvement by someone who doesn't understand and may be from another culture, as well as resistance by elders to placement, separation from the abuser, law enforcement involvement, and criminal charges. In new research, many social workers have admitted to failing to confront because they do not feel competent in knowing what to do if the elder or other party is resistant. Crisis intervention also sometimes leads in the social work literature to overfocus on immediate realities and the danger of making assumptions that any older adults involved and their interdependent long-term interests are also immediately the same, requiring the same remedies. Social workers are to be trained in law enforcement crisis management, including de-escalation techniques.

5.2. Counseling and Support Services

Social work research and practice both agree on the need for additional interventions to address elder abuse. The medical and social needs of the elderly adult require some

form of intervention service. Social work placement in other professionals' agencies helps to provide the medical aspect of intervention. In addition to this approach, the healing and therapeutic aspect of the social work profession must be used to help the elderly process and rebuild their lives. A combination of types of treatment may produce what is needed to help the elderly client recover from victimization. Just as therapists are guided to use many techniques and approaches, group work may include art therapy, drama therapy, and other alternative forms of intervention. Creative plans may be necessary; for example, with the Hispanic elderly population, it may be necessary to heal in their own language, with their own people using the traditions of their family heritage. For the elderly who have lived in institutions, a pet therapy activity group might be important in healing the trauma. Research is needed in innovative projects to measure their outcomes.

Counseling is discussion and guidance by a social worker who is trained to address the elder's problems. If the elderly person expresses a desire to meet with someone, counseling can help the elder rebuild his or her life or overcome the losses suffered. Counseling may be individually scheduled by appointment or drop-in. The agencies provide counseling in a private room. A client-centered approach is recommended in counseling. The therapy should promote the elder's process in making informed decisions and choices based on the needs and desires of the elder. The counselor suggests the following techniques: the counselor must be aware not to apply the popular trend specialization on the elderly because of the elder's belief in reliance on what is familiar. Group therapy victims often experience a tremendous sense of relief once they realize they are not alone. A support group of fellow persons with similar experiences can be a powerful counseling resource. Support groups can serve a variety of purposes: share feelings, disclosures, information, enhance coping, reduce the sense of isolation, pool resources, discipline, and support problem-solving and the sharing of ideas. Support services counseling is just the beginning of the search for accessible resources for many elder abuse victims. In order to provide integrated services, many elder abuse programs offer several support services. Some of these support services might include activities that provide a format for socialization and

the opportunity to be engaged with the community. They suggest a wide variety of practical resources. (McCoy et al.2022)

5.3. Legal Advocacy and Assistance

Legal advocacy is a social worker advocating for the elderly in legal matters. This may be an aging service provider assisting a victim in filing for a protective order for elder abuse or representing the victim in probate court to obtain a guardianship or conservatorship for protection. This type of advocacy requires in-depth knowledge and understanding of the legal system and the rights and protections that may be available for the victim. Legal advocacy can help older adults navigate the legal system, providing them with information and resources so that they can make their own choices about which actions will be best to maintain or promote their own well-being. This should be partnered with clinical and legal services or consultation. Understanding the legal implications of older adults' decision-making capacity is fundamental in conducting capacity evaluations and assessments.

Victims of elder abuse and neglect often face unique challenges. Many are unaware that the situation they are facing is a crime. For many, concerns of anonymity, family loyalty, or reliance on the abuser can discourage reporting. The victim's fear of retaliation or additional abuse can also sustain such silence. Services such as these can guide older adults through the legal system and make referrals to public and private resources beneficial to victims of family violence. Providers can also help educate older adults that there are laws in place to protect them. Family service providers can then help their clients make educated choices about whether to take legal action when family violence exists. (Fraga et al.2022)

References

Alarcon, M. F. S., Damaceno, D. G., Cardoso, B. C., Braccialli, L. A. D., Sponchiado, V. B. Y., & Marin, M. J. S. (2021). Elder abuse: actions and suggestions by Primary Health Care professionals. Revista brasileira de enfermagem, 74, e20200263. scielo.br

Bolkan, C., Teaster, P. B., & Ramsey-Klawsnik, H. (2021). The context of elder maltreatment: an opportunity for prevention science. Prevention science. springer.com

Fraga Dominguez, S., Storey, J. E., & Glorney, E. (2021). Help-seeking behavior in victims of elder abuse: A systematic review. Trauma, Violence, & Abuse, 22(3), 466-480. kent.ac.uk

Liu, P. J., Wang, A., Schwab-Reese, L. M., & Stratton, S. K. (2022). Elder mistreatment victims during the COVID-19 pandemic: Administrative data from San Francisco adult protective services. Journal of family violence, 37(7), 1027-1040. springer.com

Ludvigsson, M., Wiklund, N., Swahnberg, K., & Simmons, J. (2022). Experiences of elder abuse: a qualitative study among victims in Sweden. BMC geriatrics. springer.com

McCoy, K., Sonnen, E., Mii, A. E., Huit, T. Z., Meidlinger, K., Coffey, H. M., ... & Hansen, D. J. (2022). Helping families following sibling sexual abuse: Opportunities to enhance research and policy responses by addressing practical challenges. Aggression and violent behavior, 65, 101652. [HTML]

Mikton, C., Campo-Tena, L., Yon, Y., Beaulieu, M., & Shawar, Y. R. (2022). Factors shaping the global political priority of addressing elder abuse: a qualitative policy analysis. The Lancet Healthy Longevity, 3(8), e531-e539. thelancet.com

Nerenberg, L. (2021). Culturally specific outreach in elder abuse. Understanding elder abuse in minority populations. [HTML]

Wamara, C. K., Bennich, M., & Strandberg, T. (2021). Missing voices: older people's perspectives on being abused in Uganda. Journal of Elder Abuse & Neglect, 33(4), 288-310. tandfonline.com