The Harm to Older Persons Evaluation (HOPE)

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Outline

- Day 1
  - Older adult abuse background – (pre-session video)
  - Violence risk assessment
    - Definitions, theoretical basis, goals
    - Types and accuracy (video)
  - Violence risk management
    - Definitions, principles, and strategies
- Day 2
  - The Harm to Older Persons Evaluation (HOPE)
  - Practice Case 1 (Justin & Dorothy) (pre-reading)
- Day 3
  - Practice Case 2 (TAN) (pre-reading) and discussion

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Landscape Leading to Violence Risk Assessment

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Older Adult Abuse: Landscape

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- Less research and attention than other family violence (IPV 30 years ago).
- Recent increase in attention:
  - By 2050, 2 billion people will be 60+, up from 900 million in 2015
  - Family dynamics are changing:
    - Unclear caregiving responsibilities
    - Living separately
    - Living longer (more and longer need for care)
  - Result is an environment more conducive to older adult abuse.

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Older Adult Abuse: Risk Assessment

- Many screening tools
  - Aim to identify abuse (assume no reporting)
  - Assess via victim, perpetrator or observation
- What do we do when abuse is identified?
  - Which perpetrators are likely to continue the abuse?
  - Who will escalate from threats to assault, or from assault to life-threatening violence?
  - Who will act imminently?
  - How do we select and allocate management strategies?

Elder Abuse Assessment Tools and Interventions for use in the Home Environment: a Scoping Review

Are risk assessment tools more accurate than unstructured judgments in predicting violent, any, and sexual offending? A meta-analysis of direct comparison studies

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Violence Risk Assessment

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What is Violence Risk Assessment?

- Aka threat assessment/management
- Critical part of decision making in clinical practice, criminal, and civil justice settings. E.g.,
  - Peace bond
  - Charge and bail
  - Commitment and release
  - Institutional and community management
  - Victim safety planning

Other ideas?
Please add them to the chat!

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What's a Risk?

- A risk or threat is a hazard that is *incompletely understood* and thus can be forecast only with *uncertainty*
  - Risk is context dependent, so we must consider numerous factors when we make judgments about future risk
    - What kind of violence?
    - How serious?
    - How often?
    - How soon?
    - How likely?
  - Judgements are speculative and will change with intervention

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What's Violence?

- Our definition:

"Actual, attempted, or threatened physical or serious psychological harm, either deliberate or reckless, of vulnerable older people that is unauthorized and perpetrated by individuals who are in positions of trust, responsibility, or authority with respect to the vulnerable older person."

  - Actual, attempted, or threatened
    - Includes fear-inducing behavior
  - Physical or serious psychological harm
  - Deliberate or reckless
    - Act or lack of action
  - Unauthorized
    - Includes victims who cannot give full, informed consent

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Theory & Influences of Violence

- Decision/Action theory
  - The proximal cause of violence is a decision to act (i.e., is not random)
    - A choice (fast or slow) by the perpetrator of who, what, when and where
- Influences are biological, psychological and social

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Implications

- If it's a choice
  - Violence is <u>not</u> unpredictable or uncontrollable & is manageable
  - Just another form of human behaviour
- If it's influenced by various factors
  - We need to understand the choice and the factors that led to it
  - And identify if these factors will converge and lead to similar choices in future
    - These are our risk factors
  - By managing/mitigating/removing those factors we can encourage decisions to act non-violently (change the usual decision-making process)

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What's Assessment?

- Gathering information to assist in decision making
  - <u>Not</u> simply providing a diagnosis or prognosis

Purpose-driven	Case-driven	Wide-ranging

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Violence Risk Assessment

Characterize the risk that someone will commit violence in the future.

Develop interventions to manage or reduce their violence risk.

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Goals of Risk Assessment

1) Violence prevention via guided intervention
   - Minimize the *likelihood* of violence
   - Minimize *consequences* to victim (target hardening)
   - Identify risk factors⇨ risk⇨ management strategies
2) Increase consistent decisions
   - Across professionals and over time
3) Improve transparency of decisions
   - Demonstrates how decisions were made
   - Protects the accused and the decision maker

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Nature of Violence Risk Assessment

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Risk Assessment is Complex

- Violence risk has many facets
  - Nature – What kinds of violence?
  - Severity – How serious?
  - Frequency – How often?
  - Imminence – How soon?
  - Likelihood – With what probability?
- Risk judgments must address all components, not just probability, to provide a comprehensive assessment.

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Risk Assessment is Contextual

- We never know a person's risk for violence; we merely estimate it assuming various conditions
  - Perpetrator: Assuming institutionalization, assuming release with supervision and treatment requirement…
  - Victim: Assuming they will not contact the perpetrator, assuming they have ongoing support…
- Thus, *relative* or *conditional* risk judgments are more realistic than *absolute* or *probabilistic* risk judgments…

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Context Rich Judgements

1) **Relative** risk judgment
   - The perpetrator is high risk compared to other ongoing cases.
   - The perpetrator's risk is reduced after completing treatment (compared to themselves).
2) **Conditional** risk judgement
   - Current conditions/environment
     - The offender's risk will remain low while he is under the court's supervision.
   - Possible future scenarios
     - If the offender refuses to take his medication and resumes his substance use his risk for violence will be high.

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Context Poor Judgements

3) **Absolute** risk judgment (not based on future conditions)
   - The offender will engage in future violence.
   - The offender is low risk for future violence.
4) **Probabilistic** estimate
   - The offender has a 65% chance of violence over the next 10 years.

- Problems:
  - Based on group data (from past decades)
  - Numbers fail to provide
    - Meaning
    - Type or level of intervention

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Structured Professional Judgement (SPJ)

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- Information is gathered, weighted, and combined according to the evaluator's judgment.
- Structure is Imposed on the: evaluator, evaluation process, and decision-making process.
- Risk factors are dynamic (changeable)
  - E.g., substance abuse, mental health problems
- Includes guided development of management plans.
- Includes guided determination of risk level.

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Impossibilities of Violence Risk Assessment

- Highly certain and specific predictions about individuals are impossible, violence is too complex
  - It's a transactional process between people or between people and environments that changes and evolves over time.
  - We must estimate violence risk assuming certain contexts
    - E.g., if released, with support, on medication
- This is what makes management so important

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Violence Risk Management

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Risk Prevention

- Planning to prevent an event or minimize its impact
- We do this all the time
  - Getting sick (COVID precautions)
- Cannot do this based on a numerical prediction
  - No information on how to alter the risk or avoid the bad outcome (e.g., illness)
  - Need more information about the specific individuals and the type of risk to create a good plan
    - SPJ benefit: more and dynamic risk factors provides scope for targeted management and change

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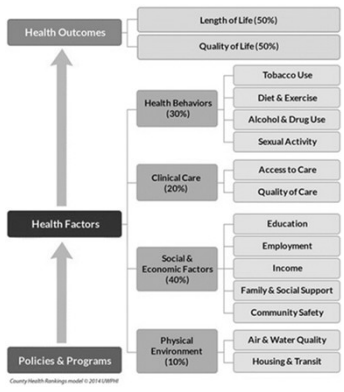

Model of Population Health

Remington et al. (2015)

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Risk Management Challenges

- Little research on what works
  - Unfortunate since goal of risk assessment is prevention (not prediction).
- Must consider, the perpetrator, victim, & environment/society around them.
- Must be adaptable based on changes in risk, the victim, & the environment.
- Must also manage many aspects of a perpetrator's life and problems.
  - Requires the involvement and coordination of many agencies

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Scenario Example

- Alice is 80 and living with her two 40-year-old son's who are addicted to crack cocaine. Alice is financially supporting her sons and going to a dangerous neighbourhood to buy drugs for them. Alice's neighbour has noticed bruising on Alice's arms and reports this to police.
- What kind of intervention and management do you think is needed to reduce the risk of future harm?

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Scenario Management

- From 3 sentences we can surmise that;
  - The sons need substance abuse treatment
  - The sons need assistance or vocational training to obtain employment and/or income support
  - If physical abuse is confirmed the sons
    - Require relocation
    - Require treatment (e.g., anger management)
  - The sons may need relationship counselling
  - Alice needs an advocate or counselling to recognise the danger that she is putting herself in when she buys drugs
  - Alice needs a victim advocate to help her understand any legal processes, and learn how to protect herself
  - Alice may need an advocate to identify what she wants

Other ideas?

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Principles of Risk Management

1. Develop an explicit, assessment-based management plan
   - Each important risk factor should be tied to one or more management strategy
   - Strategies should be translated to tactics
   - The plan should be detailed and distributed widely
   - The plan should be active
   - The plan should have target dates for review and revision

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Principles of Risk Management

2. Establish a team
   - Aim is to deliver comprehensive and integrated services
   - Composition should depend on the perpetrator(s) and the risks they pose and victim needs
   - Roles and responsibilities of team members (i.e., agencies, individuals) should be made explicit
     - Including documentation, communication and coordination
   - The team should include victims or designated liaisons

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Management Strategies

Monitoring	• Surveillance or repeated assessment
Treatment	• Rehabilitation, including further assessment
Supervision	• Imposition of controls or restriction of freedoms
Victim Safety Planning	• Enhancement of security resources for identifiable targets
Community and Institutional Supports	• Strengthening or improving coordination of community supports/resources

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Monitoring

- Goal - evaluate changes in risk over time so that management strategies can be revised when appropriate. E.g.:
  - If the perpetrator begins using substances again
  - If they begin to voice homicidal ideation
- Delivery - range of mental health, social service, health, caregiving, law enforcement, corrections, and security professionals.

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Monitoring Tactic Examples

- Checking in (e.g., face-to-face or telephone)
  - Perpetrator, victims, and other relevant people
- Field visits (e.g., at home or work)
- Checking the state of the home (e.g., cleanliness, clutter, food)
- Inspection of mail, financial statements or communications
- Electronic surveillance (e.g., GPS, ankle bracelet)
- Physiological evaluation (e.g., urine, blood)

What else to you do currently that would fit under monitoring? Please add tactics to the chat!

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Monitoring Tactics

- Specify the type and frequency of contacts required
  - Weekly face-to-face visits, daily phone contacts, monthly assessments etc.
- Specify "triggers" or "red flags" to monitor for that signal imminent or escalating risk
  - Anniversary dates, perpetrator loses job and likely to turn to victim for money, court decisions.

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Treatment

- Goal - improve deficits in the perpetrator's psychosocial adjustment.
- Delivery - typically health/mental health care and social service professionals:
  - Inpatient or outpatient clinics, agencies, support groups, counseling providers

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Treatment Tactic Examples

- Treatments for mental disorder
  - Individual, group, or family psychotherapy
  - Psychoactive medications
- Attitude change
  - Psychoeducational programs (IPV, sex offender)
- Social skills training programs
  - Interpersonal, anger, vocational programs, caregiver support, education around cognitive decline to help expectations and responses
- Stress reduction
  - Crisis, employment, relationship counseling

Are there other treatment options that you are aware of? Please add them to the chat!

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Treatment Tactics

- Should be multi-method where possible
  - E.g., individual, group treatment, and reading
- Target deficits that are causally related to the perpetrator's harmful behavior
  - Risks or criminogenic needs
    - E.g., anger, attitudes toward older adults
- Maximize perpetrator's ability to learn from intervention
  - Responsivity
    - E.g., ability to read and comprehend, learning style, motivation

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Supervision

- Goal - make it (more) difficult for the perpetrator to engage in further violence
- Delivery - typically law enforcement, corrections, legal, and security professionals
  - In institutions or the community
- Key difference from monitoring
  - Monitoring – aim is surveillance
  - Supervision – aim is controlling or stopping behaviour

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Supervision Tactic Examples

- Incapacitation
  - E.g., prison, forensic hospital
- Community supervision
  - E.g., court order, probation with restrictions on:
    - Activity (e.g., no go 1 km of victim's residence)
    - Movement (e.g., house arrest)
    - Association (e.g., criminal associates)
    - Communication (e.g., no contact victim)

What else to you do currently that would fit under supervision? Please add tactics to the chat!

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Supervision Tactics

- Implemented at a level of intensity that matches the degree of risk posed by the perpetrator
  - Least restrictive alternative, high intervention for high risk and low for low risk
- Target risk factors that are causally related to the individual's violent behavior
  - 'Criminogenic needs'

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Victim Safety Planning

- Goal - prevent harm or minimize the impact of future harm on the victim's psychological and physical well-being
- Delivery - range of health care, social service, human resource, law enforcement, and private practice professionals
- Relevant for "targeted violence"

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Victim Safety Planning Tactics

- Dynamic security
  - Provide information about risk to victim and their social supports
    - Show them the HOPE / your concerns
    - Prevention and decrease denial/minimization
  - Counselling to increase awareness and vigilance
  - Treatment to address psychosocial deficits that interfere with self-protection
    - E.g., high distress
  - Training in self-protection
    - E.g., Plans to handle unwanted communications, methods of escape
  - Finance management
    - E.g., reduce stress and further loss
  - Monitoring
    - E.g., Health, ongoing abuse and safety via existing appointments

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Victim Safety Planning Tactics

- Static security
  - Improve visibility: add lights, alter landscaping, install cameras, etc.
  - Restrict access: add or improve door locks, security checkpoints
  - Install alarms or provide victims with personal alarms
  - Relocate victim's residence or workplace

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Victim Safety Planning Tactics

- Good victim liaison is paramount
- Focus on victim vulnerabilities causally related to harmful behavior
  - This is not victim blaming
  - Attitudes, behaviours
  - Education can help,
    - E.g., educating the victim about their risk, and about what to do should the harm re-occur.

What else to you do currently that would fit under victim safety planning? Please add tactics to the chat!

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Community and Institutional Supports

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- Goal - Strengthen or improve coordination of community supports and resources available to the victim and perpetrator
- Delivery - range of all groups and organisations that might have contact with the victim or the perpetrator and their risk factors.
  - E.g., care home, hospital, family, transition homes, social services

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Community and Institutional Supports Tactics

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- Identifying a lack or scattered family support/awareness
  - Developing a plan, roles and responsibilities
- A care facility with limited security
  - If a move is not possible can other security measures be brought in, e.g., panic button, priority police response
  - Train staff to deal with conflict, safety plan with staff for future event
- A lack of inter-agency communication
  - Co-develop communication (including information sharing) and response plan with dates for revision.

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The Harm to Older Persons Evaluation (HOPE)

JENNIFER E. STOREY, STEPHEN D. HART, & P. RANDALL KROPP

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HOPE: Definition

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- Actual, attempted, or threatened physical or serious psychological harm, either de-liberate or reckless, of vulnerable older people that is unauthorized and perpetrated by individuals who are in positions of trust, responsibility, or authority with respect to the vulnerable older person

Behavior | Consent | Age/Vulnerable

Relationship | Exclusions

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The HOPE

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- Developed using:
  - Empirical research on older adult abuse
    - Associated with re-offending
  - Clinical/Professional considerations
    - Practical utility (e.g., management considerations)
  - Legal considerations
    - Fair and reasonable
- Developed for:
  - Assessing & Managing risk of older adult abuse
- Developed in:
  - Structure Professional Judgement format
  - Guidelines for assessment

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Using the HOPE

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HOPE Administration

1. Case information
2. Presence of factors
3. Relevance of factors
4. Risk scenarios
5. Management strategies
6. Conclusory opinions

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Step 1: Case Information

Sources

Resources

Secondary Victims

Relationship

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HOPE Domains

Nature of Abuse	• Characterize the seriousness and diversity of the perpetrator's abusive behaviour
Perpetrator Risk Factors	• Perpetrator characteristics and behaviours that can increase risk
Victim Vulnerability Factors	• Victim characteristics and behaviours that can increase risk
Community and Institutional Responsivity Factors	• Reflects resources and support in the community for the perpetrator and victim

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Step 2: Coding Presence

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Coding Values

1. Present (Y)
2. Possibly or partially present (P)
3. Absent (N)
4. Omit (O)

Timeframe

1. Past
   - Prior to past four weeks
2. Recent
   - Within past four weeks

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Step 3: Coding Relevance

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Coding Values

1. Present (Y)
2. Possibly or partially present (P)
3. Absent (N)
4. Omit (O)

Timeframe

Future management

- Relevant to decisions to commit future violence?
- Relevant to developing management strategies?

Ask yourself: Do I want to manage this risk factor?

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Step 2: Coding by Domain

Nature of Abuse	• Past & Recent
Perpetrator Risk Factors	• Past, Recent, & Relevance
Victim Vulnerability Factors	• Past, Recent, & Relevance
Community and Institutional Responsivity Factors	• Victim Relevance • Perpetrator Relevance

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Homework

1. Read Case 1 Justin and Dorothy (2.5 pages).
2. Watch 'Scenario Planning' (11 minutes)
3. Watch 'Types of Violence Risk Assessment' (28 minutes)

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