

# Practice Case 1

Justin and Dorothy

# Coding Exercise

2



Describe risk factors one domain at a time



Short case refresher related to that domain



Practice rating the risk factors



# HOPE Risk Factors

# Nature of Abuse

1. Neglect
  2. Emotional Abuse
  3. Financial Abuse
  4. Intimidation/Threats
  5. Physical Abuse
  6. Abuse is Persistent
  7. Abuse is Escalating
  8. Abuse Involves Supervision Violations
- Other considerations related to the nature of abuse (optional)

# N1. Neglect

- Failure of the perpetrator, to meet the needs of a vulnerable older person, the victim
- Omission or commission
  - Judgement required – reasonable person
- Behavioral Exemplars
  - Deprivation of necessities (e.g., food, hygiene requirements, medication or medical needs, or delaying help)
  - Failure to protect from preventable harm, provide adequate care

# N2. Emotional Abuse

- Attempts by the perpetrator to cause the victim emotional pain
  - Utterances or behaviors that cause psychological harm or distress
  - Direct or indirect, done with intent
- Behavioral Exemplars
  - Verbal abuse
  - Controlling behaviour
  - Isolation

# N3. Financial Abuse

- Attempts by the perpetrator to obtain some good or benefit from the victim
  - Can be through action to convince or force the victim or simply taking without permission
- Behavioral Exemplars
  - Stealing or taking prematurely
  - Signing over property or legal rights
- Judgement required around consent



# N4. Intimidation/Threats

- Attempts by the perpetrator to induce fear in the victim via utterances or behavior that threaten physical, psychological or social harm in some manner
  - Can be it vague/indirect or unambiguous/explicit
  - Language or behaviour
  - The perpetrator intends to cause fear/perception that the victim or secondary victims may or will suffer harm
- Behavioral Exemplars
  - Intimidating behaviour – property damage
  - Threatening statements/actions – pointing gun



# N5. Physical Abuse

9

- Attempts by the perpetrator to cause physical harm to the victim or secondary victims
  - Deliberate or reckless
- Behavioral Exemplars
  - Physical assault
  - Sexual assault
  - Use of weapons (e.g., restraints)

# N6. Abuse is Persistent

- A pattern of abuse that is chronic, enduring, intense, or continuous.
- Behavioral Exemplars
  - Chronic – abuse has continued for many months or years
  - Intense - Episodes of abuse last for extended periods of time
  - Continuous – occurs often with few or short interruptions

# N7. Abuse is Escalating

- A pattern of abuse that is clearly worsening over time in frequency (intensity), diversity (scope), or severity.
- Behavioral Exemplars
  - Abuse is becoming more frequent – occurs more, asking for money more often
  - More diverse - engaging in more types of abuse
  - More severe – from threats to violence, victim becoming increasingly frail

# N8. Abuse Involves Supervision Violations

- Older adult abuse that occurs or continues despite formal warnings to desist.
- Warnings
  - E.g., no contact, provide appropriate care
  - From people in authority (e.g., hospital, care home, police)
  - Cautions to the perpetrator that serious consequences may result (e.g., police involvement, arrest, civil action).
- Behavioral Exemplars – ignores cautions, breaches court orders, refuses to vacate

# Administration of HOPE

13

1

- Case information

2

- **Presence of factors**

3

- **Relevance of factors**

4

- Risk scenarios

5

- Management strategies

6

- Conclusory opinions

# Nature of Abuse Case Information (Refresher)

- Allegation
  - Dorothy pushed to the floor by Justin who repeatedly punched and kicked her.
  - Threat to kill Dorothy.
  - Ongoing abuse for 5 years, index as most serious.
  - Justin has no history of breaching bail.
- Circumstances
  - Justin claims to look after Dorothy but there is little evidence of this.
  - Dorothy says that he has little respect for women and feels they should be punished like a man.
  - Calls to police from 2009 by Dorothy to report verbal arguments and fear.

# HOPE: Nature of Abuse

15

## 1. Neglect

Past: **N** Recent: **N**

## 2. Emotional Abuse

Past: **Y** Recent: **Y**

## 3. Financial Abuse

Past: **N** Recent: **N**

## 4. Intimidation/Threats

Past: Recent:

## 5. Physical Abuse

Past: Recent:

## 6. Abuse is Persistent

Past: Recent:

## 7. Abuse is Escalating

Past: Recent:

## 8. Abuse Involves Supervision Violations

Past: **N** Recent: **N**

**Y** = Present  
**P** = Possibly or  
partially present  
**N** = Absent



# Breakout groups: Scoring Nature of Abuse

# Perpetrator Risk Factors

17

1. Problems with Physical Health
2. Problems with Mental Health
3. Problems with Substance Use
4. Dependency
5. Problems with Stress and Coping
6. Problems with Attitudes
7. Victimization
8. Problems with Relationships
- Other considerations related to the perpetrator (risk or protective) (optional)

# P1. Problems with Physical Health

- Includes illness and functional impairment.
  - Functional impairment – ADLs & IADLs
- Behavioral Exemplars
  - Chronic illness, physical disability, poor health, recent decline in physical health
  - Unable to take care of own hygiene, prepare meals, impaired ability to work
- Diagnosis not required
  - Indicate on worksheet

# P2. Problems with Mental Health

- Problems with mental & personality functioning
  - Can result in problems with cognition, affect, & behavior.
- Behavioral Exemplars
  - Major mental illness – dementia, depression, psychosis, extreme shifts in mood, personality disorder
  - Cognitive impairment – confusion, combative, brain damage
  - Homicidal or suicidal ideation or intent
- Diagnosis not required

# P3. Problems with Substance Use

- Serious problems with health or social functioning resulting from the use of illegal drugs or the misuse of legal drugs.
- Behavioral Exemplars
  - Physical or psychological health – has been hospitalized, use is exacerbating mental illness
  - Social adjustment – fired, relationship problems, criminal convictions
- Life problems instead of diagnosis

# P4. Dependency

- The perpetrator is dependent on the victim or others
  - Often for housing and finances but can be emotional and functional in nature
- Behavioral Exemplars
  - Financial – cannot maintain work, is not self-sufficient
  - Emotional or social – lacks relationships, never left home

# P5. Problems with Stress and Coping

- Problems with stress related to an inability to cope with life problems.
  - Reaction to unusually stressful life events
  - Inadequate coping with normal or day-to-day life stresses
  - Inadequate coping with caregiver responsibilities
- Behavioral Exemplars
  - Sudden increase in stress – separation from partner
  - Feels highly stressed – due to caregiving
  - Unable to cope – inexperience, easily frustrated
- Evaluate subjectively



# P6. Problems with Attitudes

23

- Problems with attitudes related to
  - Caregiving – resentful of role, feels obligated
  - Older persons - unrealistic expectations, older people as useless – have less value, ageism
  - The rights of others – antisocial attitudes, does not take responsibility, lacks empathy or remorse
    - Can be inferred from antisocial behaviour

# P7. Victimization

- Previous abuse experienced or witnessed during childhood or adolescence
- Behavioral Exemplars
  - Victim of abuse as child – neglect, physical abuse
  - Witness to abuse – intimate partner violence
- Explanation - some research identified revenge motives but more often its the result of generalized problems created by the experience of abuse.

# P8. Problems with Relationships

- Problems establishing or maintaining positive, prosocial intimate and non-intimate relationships.
- Behavioral Exemplars
  - Conflictual relationships – IPV, argues with or mistreats co-workers, neighbors or rest of family
  - Socially isolated (is or feels) – never had relationship, no friends, socially incompetent
  - Lacks support (is or feels) – from family, as caregiver
  - Antisocial associates – crime and substance use

# Perpetrator Risk Factor

## Case Information (Refresher)

- Justin suffers from depression, anxiety, panic attacks, agoraphobia and day-night disruption/reversal.
- He has been prescribed medication and reports managing his low mood by isolating himself and “calming himself down”.
- He spends a long time on his computer overnight and does not rise until late afternoon. He rarely leaves the house but says he has support from his mother and “online friends around the world”
- He does not work and has been found unfit to work on occasion. He is financially supported by Dorothy.
- He has a history of contacts with police for assault and purchasing illegal weapons.
- He has engaged in longstanding binge drinking and may be using aerosols.
- His doctor described him as somewhat “childlike” and unwilling to take responsibility for his own life. Justin rarely attends the doctor; Dorothy is often the contact.
- Dorothy stated that he has no respect for women, expects them to do all chores and they should be “punished like a man”

# HOPE: Perpetrator Risk Factors

27

## 1. Physical Health Problems

Past: Recent: Relevance\*:

## 2. Mental Health Problems

Past: Recent: Relevance :

## 3. Substance Use Problems

Past: Recent: Relevance :

## 4. Dependency

Past: Recent: Relevance:

## 5. Problems with Stress and Coping

Past: ✓ Recent: ✓ Relevance: ✓

## 6. Problematic Attitudes

Past: ✓ Recent: ✓ Relevance: ✓

## 7. Victimization

Past: **P** Recent: **N** Relevance: **N**

## 8. Relationship Problems

Past: ✓ Recent: ✓ Relevance: ✓

✓ = Present

**P** = Possibly or  
partially present

**N** = Absent

\*do you want to manage this risk factor?

# Breakout groups: Scoring Perpetrator Risk Factors



# Victim Vulnerability Factors

29

1. Problems with Physical Health
  2. Problems with Mental Health
  3. Problems with Substance Use
  4. Dependency
  5. Problems with Stress and Coping
  6. Problems with Attitudes
  7. Victimization
  8. Problems with Relationships
- Other considerations related to the victim (risk or protective) (optional)



# V1. Problems with Physical Health

- Includes illness and functional impairment.
  - Functional impairment – ADLs & IADLs
- Behavioral Exemplars
  - Chronic illness, physical disability, poor health, recent decline
  - In wheelchair, physically frail, unable to escape, incontinent
- Notable because
  - Increases vulnerability to harm (e.g., isolation)
  - Increases consequences of abuse
  - Decreases ability to protect self and escape harm
- Both self-report and objective tests show association

# V2. Problems with Mental Health

- Problems with mental & personality functioning
  - Can result in problems with cognition, affect, & behavior
- Behavioral Exemplars
  - Major mental illness – dementia, depression, psychosis, extreme shifts in mood, personality disorder
  - Cognitive impairment – confusion, memory loss, recent decline in cognitive ability
  - Difficult behaviour – physical or verbal abuse, combative, provocative or socially inappropriate behaviour
- Diagnosis not required – other evaluations, self-report, observation

# V3. Problems with Substance Abuse

- Serious problems with health or social functioning resulting from the use of illegal drugs or the misuse of legal drugs.
- Behavioral Exemplars
  - Physical or psychological health – exacerbating chronic illness, memory loss
  - Social adjustment – money problems, provocative or aggressive behaviour
  - Reduces ability to protect self – cannot call for help, fail to recognize severity of injury
- Life problems instead of diagnosis

# V4. Dependency

- The victim is dependent on the perpetrator
  - Can be functional, financial, social or emotional
- Behavioral Exemplars
  - Functional – transportation, personal care
  - Emotional or Social – cannot live without, for social interaction
  - Financial – handles finances, power of attorney

# V5. Problems with Stress and Coping

- Problems with stress related to an inability to cope with life problems.
  - Reaction to unusually stressful life events – abuse, perpetrator, family
  - Consequence or reaction to impairments caused by functional, cognitive or emotional problems
- Behavioral Exemplars
  - Too depressed or anxious to reach out for help, panic attacks, acts aggressively, passive avoidant coping
  - Feels unable to make important decisions, unable to cope
  - Self-neglect – behaviour that threatens health and safety
- Consider impact and coping NOT event

# V6. Problems with Attitudes

- Serious problems with the victim's minimization of and inconsistent attitudes toward the perpetrator, the perpetrator's behavior, and the risks the perpetrator poses.
- Behavioral Exemplars
  - Minimizes abuse – blames self, worries exaggerating, denial
  - Excessive loyalty – reporting is disloyal, not-self protective, refuses to tell community, the perpetrator's needs first
  - Ambivalent – wants abuse to end but feels responsible for helping the perpetrator
- Can cause – failure to report, isolation, continued contact



# V7. Victimization

- Previous abuse experienced or witnessed by the victim
  - Excludes current older adult abuse
  - Abuse can be by the perpetrator, others or the victim
- Behavioral Exemplars
  - Prior victimization by others or the perpetrator – IPV, child abuse/neglect



# V8. Problems with Relationships

37

- Relationship problems can include
  - The perpetrator and other social relationships (e.g., with intimate partners, friends, family)
  - The victim's living arrangements with these individuals
- Behavioral Exemplars
  - Perpetrator and victim had conflictual relationship prior to abuse
  - Victim has conflictual relationships with others – family
  - Victim is socially isolated – few ties, rarely leaves home
  - Victim lacks social support – no trusted person or emotional support
  - Victim lives with others – with the perpetrator, in crowded residence

# Victim Vulnerability Factor

## Case Information (Refresher)

- Dorothy is not supportive of a prosecution against her son. Dorothy described Justin as a wonderful son who is affectionate, great company and makes her laugh.
- She said she had been trying to shelter and protect Justin but that the most recent assault was too much.
- She says abuse has been ongoing for 5 years (longer?), the index is the first report of any kind, formal or informal.
- Dorothy suffers from mobility problems and falls. She is supported by professional care providers.
- Dorothy suffers from agoraphobia and engages in hoarding behaviour.
- Dorothy lives far from extended family but intends to move closer.

# HOPE: Victim Vulnerability Factors

## 1. Physical Health Problems

Past: ✓ Recent: ✓ Relevance: ✓

## 2. Mental Health Problems

Past: ✓ Recent: ✓ Relevance: ✓

## 3. Substance Use Problems

Past: **N** Recent: **N** Relevance: **N**

## 4. Dependency

Past: **N** Recent: **N** Relevance: **N**

## 5. Problems with Stress and Coping

Past: Recent: Relevance\*:

## 6. Problematic Attitudes

Past: Recent: Relevance:

## 7. Victimization

Past: Recent: Relevance:

## 8. Relationship Problems

Past: Recent: Relevance:

✓ = Present

P = Possibly or  
partially present

**N** = Absent

\*do you want to manage this risk factor?

# Breakout groups: Scoring Victim Vulnerability Factors

# Community and Institutional Responsivity Factors

1. Problems with Availability
2. Problems with Accessibility
3. Problems with Affordability
4. Problems with Acceptability
5. Problems with Appropriateness
  - Other considerations related to community and institutional support (risk or protective) (optional)

# R1. Problems with Availability

- Problems with the availability of resources and support in the community or institution in which the victim and perpetrator reside.
- Behavioral Exemplars
  - Lack of care or treatment facilities
  - Facilities lack staff or resources – social or support groups
  - Family unable to assist – refusal to do basic things (e.g., comply with management plan)



## R2. Problems with Accessibility

- Problems with the accessibility or ease with which the victim and perpetrator can access resources and support in their community or within the institution where they reside.
- Behavioral Exemplars
  - Resources not physically accessible – distance, rural, translators
  - Cannot benefit from services – language, education

## R3. Problems with Affordability

- Problems with the cost of resources and support in the community or institution in which the victim and perpetrator reside.
- Behavioral Exemplars
  - High cost of care
  - High cost of treatment
  - Financial resources are lacking

# R4. Problems with Acceptability

- Problems with the victim's and perpetrator's willingness to accept or satisfaction with available resources and support.
- Behavioral Exemplars
  - Assistance is not accepted - refuses treatment, help from family
  - Assistance is not satisfactory
- Refusal is related to risk, reason (financial, cultural) is related to management

# R5. Problems with Appropriateness

- Problems with the nature/quality of the resources.
- Behavioral Exemplars
  - Institutions have problems related to staff or management
  - Support is narrowly focused – only for caregiver model, too few staff, lack of reporting structure
  - Institutions lack adequate safety resources – no monitoring of visitors, cannot safety plan
  - Family support is inadequate – do not agree that problem exists

# Community and Institutional Responsivity Case Information

- Justin will be residing with his father while on bail.
- Dorothy's family is supportive, and she intends to move closer to them.
- Justin's physician is aware of his conditions, prescribes medication and refers to treatment. However, Justin rarely attends the doctor, often cancelling appointments and missing medication reviews.
- Justin and Dorothy have agoraphobia.
- Justin in thought to rarely leave the house.
- Dorothy has mobility issues and support in the home.
- Dorothy has been provided with safety planning and home safety services and maintains her alarm.

# HOPE: Community and Institutional Responsivity Factors

## 1. Problems with Availability

- Victim Relevance: **N**
- Perpetrator Relevance: **N**

## 2. Problems with Accessibility

- Victim Relevance:
- Perpetrator Relevance:

## 3. Problems with Affordability

- Victim Relevance: **N**
- Perpetrator Relevance: **N**

## 4. Problems with Acceptability

- Victim Relevance:
- Perpetrator Relevance:

## 5. Problems with Appropriateness

- Victim Relevance: **N**
- Perpetrator Relevance: **N**

✓ = Present  
P = Possibly or  
partially present  
**N** = Absent



# Administration of HOPE

49

1

- Case information

2

- Presence of factors

3

- Relevance of factors

4

- **Risk scenarios**

5

- **Management strategies**

6

- Conclusory opinions

# Step 4: Risk Scenarios

## Repeat

- Consider all past violence, not just more recent

## Twist

- Change in motivation, victimology, behaviour type

## Escalation

- Including lethal or “worst case”

## Improvement

- Including desistence or “best case”

# Risk Scenarios: Guiding Questions

51

## Nature

- What kind of older adult abuse is the person likely to perpetrate?
- Who are the likely victims?

## Severity

- What would be the harm to the victim?
- Is there a chance that the violence might escalate?

## Imminence

- How soon might the abuse occur?
- Are there any warning signs of increased risk?

## Frequency/Duration

- How often might the abuse occur?

## Likelihood

- Based on this person's history how likely is it that this type of abuse will occur?

# Case Example: Risk Scenarios

- Scenario #1 (Repeat)
  - Justin breaches bail/other court conditions by contacting Dorothy. Dorothy allows Justin to spend time in the home. Justin's mental health is exacerbated by stress of legal proceedings, and he resumes drinking and not engaging in treatment or intervention. The continued abuse is emotional, threats and eventually physical harm and will occur in 1-3 months. Abuse will continue without intervention and separation.
- Escalation Scenario?
- Twist Scenario?
- Improvement Scenario?

# Develop one Future Scenario

A couple of sentences stating:

- (1) What you think might happen (type of abuse, target of abuse)?
- (2) When you think it might happen?

# Step 5: Management Strategies

54

## Monitoring

- How should the perpetrator's risk be monitored?
- What should trigger a re-assessment?

## Treatment

- What treatment or rehabilitative strategies could manage the risks posed?

## Supervision

- What supervision or surveillance strategies could manage the risks posed?

## Victim Safety Planning

- What could enhance the security of potential victims?

## Community and Institutional Supports

- What could strengthen or improve coordination of community supports?



# Step 5: Management Strategies

- Plan should reflect present/possible risk factors and vice versa
- Plan will likely require a multi-disciplinary team approach
  - Responsibilities and roles clearly outlined
  - Distributed widely
  - Include victim

# Case Example: Management Recommendations

- Monitoring
  - Regular GP and mental health follow-up
  - Social worker or victim liaison and current carers to follow-up with victim
  - Follow up with William (possibly probation)
- Treatment
  - Pharmacological treatment
  - Community treatment order
  - Substance use treatment
  - Treatment for all mental health conditions and poor relationships/socialisation
  - Social and employment skills
  - Target: mental illness, substance use, negative attitudes, coping and poor relationships

# Case Example: Management Recommendations

- Supervision
  - Treatment order
  - Probation with stringent no contact, no substance use and treatment conditions or incarceration
- Victim Safety Planning
  - Reside separately
  - Protection order
  - Continued personal alarm
  - Changed and improve door locks
  - Safety planning
  - Treatment for agoraphobia and hoarding
    - Then strategies to increase social contact
  - Counselling or support group, possibly online
  - Facilitate move to location of family

# Step 6: Conclusory Opinions

58

## Case prioritization

- Degree of effort or intervention required  
☐ Low ☐ Moderate or ☐ High

## Serious Physical Harm

- Risk for serious or life-threatening physical harm  
☐ Low ☐ Moderate or ☐ High

## Imminent Violence

- Risk of abuse in near future  
☐ Low ☐ Moderate or ☐ High

## Reasonableness of Fear

- Given the circumstances  
☐ Too high ☐ Appropriate ☐ Too low

## Other Risks Indicated

- Other violence risks or risks to other individuals  
☐ No ☐ Possibly ☐ Yes

## Case Review

- Date for review and triggers for emergency review  
YYYY-MM-DD/ comments

# Case Example: Case Prioritisation

- What is the degree of effort required to stop the abuse?
- What is the overall risk level?
- Consider:
  - The number of risk factors that are present,
  - The nature and likelihood of the scenarios, and
  - How much management you need to put in place to end the abuse.

Low

Moderate

High

# Case Conclusion



# Homework



- Read the Tan case (13 pages)
- Begin to make notes for completing scoring using the HOPE
  - Some tips on Slide 2 of Session 3
- In session 3 we will start with tips and then go straight into small breakout groups to assess (score) the Tan case using the HOPE.
  - Groups of 2-3