



# Worksheet for the Harm to Older Persons Evaluation

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## Step 1: Case Information Gather relevant background information

### Identifying Information

Perpetrator:

Victim:

Evaluator:

Date completed:

Sources of information reviewed:

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This Worksheet is intended to assist completion of the *Harm to Older Persons Evaluation* or *HOPE* and should be used as described in and in conjunction with the HOPE manual.

## History of Older Person Abuse and Neglect

### *Recent*

Describe incidents of abuse

- When (time), what (nature of harm), who (identity of and relationship to victim), why (motivation, precipitants, goals), where (location, context), personal reaction of perpetrator (feelings then and now)

### *Past*

Describe incidents and pattern of abuse

- When (time), what (nature of harm), who (identity of and relationship to victim), why (motivation, precipitants, goals), where (location, context), personal reaction of perpetrator (feelings then and now)
- Chronicity (ages, frequency), diversity (types), severity (consequences), escalation (trajectory)

## Summary of Perpetrator's Psychosocial History

Family/childhood

Education

Employment

Relationships

Medical problems

Mental/emotional problems

Substance use

Legal problems

Other

## Summary of Vulnerabilities of Potential Victims

## Summary of Community and Institutional Supports

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**Steps 2 & 3: Presence and Relevance of Risk Factors**  
Determine the presence of risk factors (Past and Recent), as well as their relevance  
to the development of future management strategies (Future)

Nature of Abuse	Coding
N1. Neglect	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
N2. Emotional Abuse	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
N3. Financial Abuse	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
N4. Intimidation/Threats	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O

N5. Physical Abuse	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
N6. Abuse is Persistent	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
N7. Abuse is Escalating	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
N8. Abuse Involves Supervision Violations	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
Other Considerations Related to the Nature of the Abuse	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O

Perpetrator Risk Factors	Coding
P1. Problems with Physical Health <input type="checkbox"/> <i>Diagnosed</i> <input type="checkbox"/> <i>Undiagnosed</i>	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
P2. Problems with Mental Health <input type="checkbox"/> <i>Diagnosed</i> <input type="checkbox"/> <i>Undiagnosed</i>	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
P3. Problems with Substance Use	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
P4. Dependency	Presence: Past <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Presence: Recent <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O

P5. Problems with Stress and Coping	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>
P6. Problems with Attitudes	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>
P7. Victimization	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>
P8. Problems with Relationships	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>
Other Considerations Related to the Perpetrator (Risk or Protective)	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>

Victim Vulnerability Factors	Coding
V1. Problems with Physical Health <div> <input type="checkbox"/> <i>Diagnosed</i> <input type="checkbox"/> <i>Undiagnosed</i> </div>	<div> Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div> <div> Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div> <div> Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div>
V2. Problems with Mental Health <div> <input type="checkbox"/> <i>Diagnosed</i> <input type="checkbox"/> <i>Undiagnosed</i> </div>	<div> Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div> <div> Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div> <div> Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div>
V3. Problems with Substance Use	<div> Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div> <div> Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div> <div> Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div>
V4. Dependency	<div> Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div> <div> Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div> <div> Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O </div>

V5. Problems with Stress and Coping	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>
V6. Problems with Attitudes	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>
V7. Victimization	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>
V8. Problems with Relationships	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>
Other Considerations Related to the Victim (Risk or Protective)	<p>Presence: Past  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Presence: Recent  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p> <p>Relevance: Future  <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>O</p>

Community and Institutional Responsivity Factors	Coding
R1. Problems with Availability	Relevance: Future Perpetrator <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future Victim <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
R2. Problems with Accessibility	Relevance: Future Perpetrator <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future Victim <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
R3. Problems with Affordability	Relevance: Future Perpetrator <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future Victim <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
R4. Problems with Acceptability	Relevance: Future Perpetrator <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future Victim <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
R5. Problems with Appropriateness	Relevance: Future Perpetrator <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future Victim <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O
Other Considerations Related to Community and Institutional Support (Risk or Protective)	Relevance: Future Perpetrator <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O  Relevance: Future Victim <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> O

## Step 4: Risk Scenarios

Identify and describe the most plausible scenarios of future older person abuse; revise Step 3 as required

	Scenario #1	Scenario #2	Scenario #3
<b>Nature</b> <ul style="list-style-type: none"> <li>What kind of older person abuse is the person likely to perpetrate?</li> <li>Who are the likely victims?</li> <li>What is the likely motivation? That is, what might the person be trying to accomplish?</li> </ul>			
<b>Severity</b> <ul style="list-style-type: none"> <li>What would be the psychological harm to victims?</li> <li>What would be the physical harm to victims?</li> <li>Is there a chance that the violence might escalate to serious or life-threatening older person abuse?</li> </ul>			
<b>Imminence</b> <ul style="list-style-type: none"> <li>How soon might the person engage in older person abuse?</li> <li>Are there any warning signs that might signal that the risk is increasing or imminent?</li> </ul>			
<b>Frequency/Duration</b> <ul style="list-style-type: none"> <li>How often might the older person abuse occur — once, several times, frequently?</li> <li>Is the risk chronic or acute (i.e., time-limited)?</li> </ul>			
<b>Likelihood</b> <ul style="list-style-type: none"> <li>In general, how frequent or common is this type of older person abuse?</li> <li>Based on this person's history, how likely is it that this type of older person abuse will occur?</li> </ul>			

## Step 5: Management Strategies

Recommend strategies for managing the risk of older person abuse; revise Steps 3 and 4 as required

	Scenario #1	Scenario #2	Scenario #3
<b>Monitoring</b> <ul style="list-style-type: none"> <li>What is the best way to monitor warning signs that the risks posed by the perpetrator may be increasing?</li> <li>What events, occurrences, or circumstances should trigger a re-assessment of risk?</li> </ul>			
<b>Treatment</b> <ul style="list-style-type: none"> <li>What treatment or rehabilitation strategies could be implemented to manage the risks posed by the perpetrator?</li> <li>Which deficits in psychosocial adjustment are high priorities for intervention?</li> </ul>			
<b>Supervision</b> <ul style="list-style-type: none"> <li>What supervision or surveillance strategies could be implemented to manage the risks posed by the perpetrator?</li> <li>What restrictions on activity, movement, association, or communication are indicated?</li> </ul>			
<b>Victim Safety Planning</b> <ul style="list-style-type: none"> <li>What steps could be taken to enhance the security of potential victims?</li> <li>How might the physical security or self-protective skills of potential victims be improved?</li> </ul>			
<b>Community and Institutional Supports</b> <ul style="list-style-type: none"> <li>What could be done to strengthen community or institutional supports?</li> <li>What could be done to improve coordination of community or institutional supports?</li> </ul>			

## Step 6: Conclusory Opinions

### Document summary judgments

Opinion	Coding	Comments
<b>Case Prioritization</b> <ul style="list-style-type: none"> <li>What level of effort or intervention will be required to prevent further older person abuse?</li> <li>To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?</li> </ul>	<input type="checkbox"/> Low/Routine <input type="checkbox"/> Moderate/Elevated <input type="checkbox"/> High/Urgent	
<b>Serious Physical Harm</b> <ul style="list-style-type: none"> <li>What is the risk the older person abuse will involve serious or life-threatening physical harm?</li> <li>To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?</li> </ul>	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	
<b>Imminent Violence</b> <ul style="list-style-type: none"> <li>What is the risk that the older person abuse may occur in the near future, for example, in the coming hours to days or days to weeks?</li> <li>What preventive steps were or should be taken immediately?</li> </ul>	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	
<b>Reasonableness of Fear</b> <ul style="list-style-type: none"> <li>Given the circumstances how reasonable is the victim's level of fear.</li> <li>To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?</li> </ul>	<input type="checkbox"/> Too high <input type="checkbox"/> Appropriate <input type="checkbox"/> Too low	
<b>Other Risks Indicated</b> <ul style="list-style-type: none"> <li>Is there evidence that the person poses other risks, such as sexual violence, suicide, or self-harm, or risks to other individuals, such as family, or care staff?</li> <li>Should the person be evaluated for other risks?</li> </ul>	<input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/> Yes	
<b>Case Review</b> <ul style="list-style-type: none"> <li>When should the case be scheduled for routine review (re-assessment)?</li> <li>What circumstances should trigger a special review (re-assessment)?</li> </ul>	Date for review (YYYY-MM-DD): _____	