Elder Abuse Early Intervention and Prevention: 
Aging with Respect

Aging with Respect is an intervention addressing elder abuse, neglect and intimate partner violence with those later in life utilizing the Aging with Respect safety card. It is developed for those patients/clients with agency and capacity in non-crisis, non-emergency situations that provides information about healthy and safe relationships, and the impact of unhealthy relationships on health and wellbeing. Topics include financial, emotional, and physical abuse and exploitation, education and prevention strategies, and information on seeking support.

One in ten older adults report being abused, neglected or exploited by someone they know, such as a spouse, partner, family member, or caregiver. Yet, only one in 24 older victims is connected with social service, law enforcement or legal authorities who can help them. Health care providers and aging services program staff can play an important role in talking to patients about abuse in later life, including healthy and unhealthy relationships between their spouse, partner, family members, friends and caregivers.

The intervention is designed for doctors, nurses, social workers, counselors, aging services program staff, victim advocates and Adult Protective Services staff during wellness, primary care, social service and counseling visits, health specialty settings (e.g. podiatry etc.), rehab centers, assisted living and senior housing facilities, and aging service programs such as recreational and meal programs.

Because the education is offered universally, not just to those with observational red flags, the intervention ensures that all patients, regardless of whether they choose to disclose violence, abuse or neglect, have access to information, resources and support. This approach mirrors Futures Without Violence’s (FUTURES’) evidence based universal education intervention called “CUES” (Confidentiality, Universal Education, Empowerment and Support). The intervention relies on a safety card to provide guidance to health and community professionals on how to talk to patients about any concerning behavior of those around them and encourages early education about emotional, physical, and financial harassment, abuse and neglect.

How to use this tool:


2 Under the Radar – NYS Elder Abuse Prevalence Study
• The well-thought-through scripts normalize these conversations with patients/clients and let them know that the clinic or organization is a place to turn for help should they have concerns about abusive or harassing behavior at any time in the future.

• In any one appointment or clinic visit, providers may focus on one or two sections of the safety card most related to their patients’/clients’ presenting problem(s), health issue(s) or circumstances. Given time limitations, issues will often be pursued over multiple visits.

• This approach can be used with a clinic’s, hospital’s or organization’s current elder abuse screening procedures or protocols as a precursor to a direct inquiry approach where the Aging with Respect is used first to open patients to the possibility of discussing issues of concern.

• Two cards are to be offered – if safe for the client to take home – to read over later and share with a friend.

• While the intent of the intervention is to use it with patients and clients in-person, the card may also be distributed during community events, and/or placed in private areas such as restrooms and exam rooms for individuals to pick up on their own.

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**We are now looking to partner with experts and champions in the Elder Abuse field to explore the opportunities and challenges of this approach. We would like to further develop, test, improve, distribute and rigorously evaluate this approach.** Along the way we hope to:

• Understand what settings this should be used in (e.g. primary care, geriatric settings, senior wellness visits; occupational, physical and recreational therapy settings; aging services programs).

• Determine exclusion criteria such as insufficient somatic, cognitive or language capacity to answer or understand safety card.

• Determine / recommend periodicity of the intervention.

• Make adaptations to improve effectiveness for various ethnic and cultural populations, as well as generally.

• Explore how it can be used with other screening tools.

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**Universal Education: “CUES” intervention**

This universal education “CUES” intervention (Confidentiality, Universal Education, Empowerment, and Support) was first developed and evaluated for adult women in the reproductive health setting and later in a school based health setting with the teens to address domestic and sexual violence in their intimate relationships. The evaluation authored by Dr. Elizabeth Miller at the University of Pittsburg is one of only five evidence based interventions cited by the U.S. Preventive Services Task force as an effective intervention³ for intervening in Intimate Partner Violence. The CUES approach encourages health care providers to go beyond a checklist approach for screening, to foster brief discussions and education with all patients about DV and its impact on health.

The intervention elements in CUES include disclosing any limits of confidentiality, brochure-based interventions that promote universal education for patients about healthy relationships and how unhealthy relationships impact health, offering two resource cards per patient or client so they can share with a friend or family member, and offering harm reduction and health promotion strategies to those who disclose. This includes treatment and health promotion plans that are not reliant on partner or caretaker support (i.e.

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³ Nelson HD, Bougatsos C, Blazina I. Screening women for intimate partner violence: a systematic review to update the U.S. Preventive Services Task Force recommendation. Annals of internal medicine 2012;156(11):796-808, w-279, w-80, w-81, w-82.
medication adherence strategies that consider partner interference etc.). Finally, the key element of the intervention for survivors includes offering a warm, supported referral to a local DV program. The CUES approach fosters prevention and intervention because it is applied to all patients and is not dependent on disclosure, and fosters peer-to-peer learning, as patients have reported sharing information with trusted family and friends to be empowering. The harm reduction strategies address the short- and long-term effects of violence.

FUTUREs has implemented the intervention in health settings including primary care, pediatric, HIV testing and home visitation program and others, and have enhanced and translated versions for specific cultural and linguistic populations.

How It Was Developed

In mid-2018 Futures Without Violence in partnership with the National Clearinghouse on Abuse Later in Life (NCALL) formed an Advisory Committee of elder abuse experts to explore the applicability of the “CUES” intervention to address abuse later in life. After months of development, a first draft of the card was printed and then informally piloted by 9 providers with their patients, as well as 4 focus groups in the Charleston area and San Francisco with more than 30 participants over age 50. Fifteen other experts in the field also provided generous and helpful review. Feedback covered content; ease of use; language, tone and literacy level; cultural relevance; and design.

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Order hard copy safety cards here!

This intervention and safety card was created by Futures Without Violence in collaboration with National Clearinghouse on Abuse in Later Life.