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Elder Abuse: Clinical, Ethical, and Legal Considerations in Social Work Practice

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Abstract As a consequence of the steadily growing older population, and increased demands on family for community based care of elderly, elder abuse is an issue to be considered in all domains of social work practice. Intervention in cases of elder abuse is often fraught with ambiguity and ethical dilemmas as the application of professional principles is less than straightforward, bringing to the fore personal, legal, and ethical concerns in the management of the client's safety and well-being. This article addresses challenges which arise from the complexity of elder abuse cases and reviews clinical, ethical, and legal obligations to inform ethical decision-making.

Keywords Elder abuse · Ethics · Legislation · Self-determination · Competency

According to estimates of the US National Research Panel to Review Risk and Prevalence of Elder Abuse and Neglect (2003), between 1 and 2 million Americans age 65 and older have been injured, exploited or maltreated by someone on whom they depended for care and protection. Further, it is postulated that for every one case that is reported, five or more go unreported (Bonnie and Wallace 2003). In Canada, approximately 7% of 4,000 adults aged 65 and older who responded to the 1999 General Social Survey on Victimization reported that they had experienced some form of emotional abuse by an adult child, spouse or caregiver in the past 5 years, 1% reported physical abuse and 1% reported financial abuse (Statistics Canada 2002). The population of older adults in the Western world is growing rapidly with improved health care, nutrition and living conditions. In Canada, as of 2006, the proportion of older adults was 13.7% of the total population and it is expected to reach 20% by 2024. In the United States, the proportion of older people hit 13% in 1990, 16 years earlier than Canada, with 31 million Americans being of at least 65 years of age. By the year 2030, it is expected that 85 million people will be 65 or older and 8 million will be over the age of 85. As our population ages and becomes medically fragile and/or cognitively impaired, increased physical, emotional and financial burdens on family members combined with increased vulnerability of the elderly person can create a dangerous environment in which elder abuse is a potential consequence.

The World Health Organization published the Toronto Declaration on the Global Prevention of Elder Abuse which stated "Elder abuse is the violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair. Confronting and reducing elder abuse requires a multi-disciplinary approach" (WHO 2002a, p. 3). While it is true that a multidisciplinary approach is required to confront abuse and neglect of older adults, the unique roles and skills of social workers often result in other members of the interdisciplinary team turning to social work for guidance. Further, the values and ethics of social work compel us to intervene in these complex situations regardless of the practice context in which we are working.

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Recent legislative changes have focused on issues of elder abuse and have moved towards mandatory reporting and intervention in many jurisdictions. This, however, raises controversies regarding the right of elderly individuals for self-determination and understandable resistance to the notion of treating elderly individuals as essentially equivalent to children in need of protection. At what point does a person no longer have the right to determine how they will live, who they will live with and how they will use their financial resources? When is a person incapacitated to the point that mandatory reporting of suspected abuse is warranted? Yet, when confronting situations of maltreatment of older adults, social workers are often faced with ethical dilemmas that are not easily answered by codes of ethics or legal imperatives and go frequently beyond the bounds of the knowledge and training of social workers, particularly those whose practice has not focused on gerontology (Anetzberger et al. 1997; Beaulieu and Leclerc 2006; Regehr and Antle 1997; Schwiebert et al. 2000).

The purpose of this paper is to address the problem, scope, and consequences of elder abuse while focusing on alerting social work practitioners to the challenges which arise from the ambiguity of current laws and guidelines. Specifically, this article considers the complexity of social work intervention in cases of elder abuse and reviews clinical, ethical, and legal obligations to clients to inform ethical decision-making.

Elder Abuse

"Elder abuse" is a common form of violence against older people often committed by relatives or institutional caregivers known to the victim. The International Network for the Prevention of Elder Abuse (2009) has defined elder abuse as "a single or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person" (WHO 2002b, p. 152). Elder abuse is a universal concern taking place in both the developed and developing world and afflicts elders at all economic levels (WHO 2002a, b, c). Nevertheless, the very old, those with limited functional capacity, women, and the poor are particularly vulnerable to elder abuse. Abused and neglected elders are a disenfranchised population in society requiring advocacy efforts to protect them from continued abuse and to ensure their right to self-determination.

Despite the prevalence of elder abuse, it remains a devastating, unrecognized, and untreated problem (Thompson and Priest 2005; Wilson 2002). Elder abuse can take the form of physical abuse, sexual abuse, psychological or emotional abuse, financial exploitation, abandonment, neglect or self-neglect or a combination of the various forms (National Centre on Elder Abuse 2007; WHO 2002c). Physical abuse is defined as the infliction of bodily pain or injury, physical coercion or drug-induced restraint. Sexual abuse is the non-consensual sexual contact of any kind with an older person incapable of giving consent. Psychological or emotional abuse is the infliction of mental anguish, pain, or distress of an elder as a result of verbal or nonverbal acts. Financial or material exploitation is the illegal or improper use of funds or resources of an older person. Abandonment is defined as the desertion of an elder by a caregiver who has assumed responsibility for their care or by a person with physical custody of the elder. Neglect is the refusal or failure to fulfill a caregiving obligation to provide life necessities to an elderly person which may or may not involve an intentional attempt to inflict physical or emotional distress on the older person. And self-neglect is defined as the behavior of an elder which threatens his/her own health or safety (National Centre on Elder Abuse 2007; WHO 2002b).

Signs of elder abuse may include depression, fear, anxiety, unexplained physical injuries, dehydration or lack of food, poor hygiene or pressure sores, and missing money or personal items (Wahl and Purdy 2002). According to research by Podnieks (2008), shared living can be a significant risk factor for abuse, social isolation can increase the risk of violent situations, and demented older adults often experience higher rates of physical abuse. Factors which contribute to elder abuse or prolong it include language barriers, social isolation, financial and emotional dependency, sociocultural factors, dysfunctional family dynamics, caregiver stress, and the personal characteristics of the victim and the perpetrator.

Elderly people who experience abuse encounter many barriers to disclosure. Obstacles to disclosure include diminished capacity to comprehend, ignorance of the law, or cultural differences which might result in the older person not recognizing that is abuse transpiring. In cases of elder abuse where the perpetrator is a caregiver, the client may present as protective towards the perpetrator and minimize the abuse due to shame or the fear of a negative outcome (Dayton 2005). Additional barriers to disclosure and help-seeking include fear of being placed in a care facility, sociocultural norms that dissuade the involvement of outsiders in family issues, and a belief that there is little that the police or social agencies can do to help (Ontario Association of Professional Social Workers 1992; Wahl and Purdy 2002). Once a report has been made, interventions can still be difficult to institute. A review of 128 cases from community service agencies in Quebec revealed that the victim or perpetrator's refusal of services was the greatest obstacle to interventions for elder abuse. The findings indicated that 58% of victims and 47% of perpetrators declined help in the cases examined (Spencer 2005).

Social Work Intervention

Intervention strategies for elder abuse involve the application of available services, laws, and clinical procedures to treat the consequences of abuse or to prevent its occurrence or reoccurrence (Anetzberger et al. 2005). Social work practitioners working with abused and neglected elders should be familiar with risk factors and symptoms of elder abuse and neglect and situational and/or sociocultural factors which may be important in the assessment and intervention for abused elders (Schwiebert et al. 2000). Additionally, social workers may have to develop an intervention plan with the victim, perpetrator, or often with both at the same time. Consequently, it is essential that the worker be aware of both their own and the client system's preconceptions of aging and violence, and consider the manner in which their own personal values are influencing clinical judgments.

A significant question that must be considered when elder abuse or neglect is suspected is whether or not the patient is safe. Several tools exist for screening for abuse some require training and others are simple to administer without training. The American Medical Association's Diagnostic and Treatment Guidelines on Elder Abuse and Neglect developed for physicians and other health professionals outlines the following areas for assessment: (1) Safety (i.e., is the client in imminent danger?); (2) Access (i.e., are barriers present which may impede further assessment?); (3) Cognitive Status (i.e., is the client cognitively impaired?); (4) Emotional Status (i.e., does the client exhibit signs of shame, guilt, anxiety and/or fear?); (5) Health and Functional Status (i.e., are health concerns present?); (6) Social and Financial Resources (i.e., does the client have the financial resources for their basic needs?); and (7) Frequency, Severity and Intent (i.e., has the abuse or neglect increased in frequency or severity over time?) (AMA 1992).

Another user friendly screening tool can be distilled into six short screening questions (Bomba 2006; Fulmer et al. 2004). (1) Are you afraid of anyone in your family? (2) Has anyone close to you tried to hurt or harm you recently? (3) Has anyone close to you called you names or put you down or made you feel bad recently? (4) Does someone in your family make you stay in bed or tell you you're sick when you aren't? (5) Has anyone forced you to do things you did not want to do? (6) Has anyone taken things that belong to you without your OK? The use of these questions not only identifies abuse but demonstrates an openness to discussing issues of abuse and the desire to offer assistance.

If the client is in imminent danger, there is need for an immediate response with appropriate intervention to ensure the safety of the client. This may include referral to an emergency housing program, involvement of other family members (with the client's consent) and/or notification of relevant authorities, depending on legal jurisdiction. However, if the client is safe, there is an opportunity to develop trust and a therapeutic alliance with the elderly individual to develop a plan of action. If the client is agreeable to intervention, a safety plan must be implemented wherein the client is provided with emergency information, educated on elder abuse, involved in the goals of care, referred alone or with their family to appropriate services, and invited to return for a follow-up appointment (Bomba 2006). Follow-up sessions are an important component of the evaluation of intervention effectiveness and are critical as the effects of elder abuse rarely end simply or speedily (Anetzberger et al. 2005).

Numerous barriers and challenges can present in work with elder abuse. Social workers may misinterpret elder abuse in situations when the perpetrator is cooperative; when abuse is minimized by the perpetrator or victim due to a belief in the value of family sanctity; where there is a lack of understanding or limited information due to language barriers, time constraints, or cognitive limitations; or when the victim denies abuse due to fear or perceived losses that may occur as a result of reporting (Anetzberger et al. 2005; Podnieks 2008). It is important for social work practitioners to understand characteristics of the older adult's cognitive abilities, mental health and physical health to assist in the understanding of the client's capacity to make decisions and vulnerability to abuse. Cognitive disorders present a common challenge in this area of practice due to the prevalence of dementia in older age groups. It is estimated that in those over 71, 13.9% of the population suffer from dementia; in the over 85 group this goes up to 19.6%; and in the over 90 age group, 37.4% of the population have this devastating disease (Plassman et al. 2007). Social workers should thus either develop skills in assessing cognitive capacity of elderly clients (Regehr and Glancy 2009) or seek consultation from other members of the interdisciplinary health care team on this matter. If the intervention is refused and the client lacks capacity, close follow-up is necessary in addition to referrals and collaborative work with other agencies is required (Bomba 2006). The availability of appropriate resources for case resolution is an important factor which complicates the decisional process of practitioners working with abused elders (Bergeron 1999).

Social workers advocating on behalf of elders in cases of suspected abuse often collaborate with other disciplines and community organizations. Multidisciplinary teams have recently gained much attention in the clinical management of elder abuse. Multidisciplinary teams can be beneficial for the detection and intervention of elder abuse as they offer a holistic perspective of the situation combining the expertise of multiple disciplines, assure that no single discipline has the sole responsibility of resolving the

complexity of elder abuse cases, and promote a community-wide approach to the prevention and treatment of elder abuse (Anetzberger et al. 2005). Social workers who are knowledgeable about and effectively implement community resources can better foster this community-wide approach.

There is a growing interest among researchers to understand what constitutes elder abuse and how cultural factors and perceptions impact the risk of abuse and approaches to problem-solving among various ethnic populations. When cultural factors are not taken into consideration, practitioners may fail to intercede when action is necessary, the interventions may not be responsive to the needs of the abused elder and ethnocultural seniors may have some difficulty accepting services which can, in turn, lead to unsuccessful outcomes (Moon 2000; Podnieks 2008). For instance, while elder abuse crosses all sociocultural barriers, it may be experienced differently depending on cultural understanding. Perhaps the most consistent research finding on the perceptions of elder abuse among cultural and ethnic groups is that most elders perceived psychological abuse and neglect to be as hurtful as physical abuse if not worse than it (Moon 2000). A social worker with a different cultural lens may fail to identify the significant distress experienced as a result of disrespect by family members and may thus neglect to work to identify means for rectifying the situation.

Seniors experiencing physical or financial abuse may not have knowledge of their legal and human rights. In such cases, it is the expectation and responsibility of the social worker to help clients understand that they have the right to have basic human rights met and have decisional authority over their well-being, health and financial matters (Schwiebert et al. 2000). Another expectation of social workers involved in the care of abused elders is that they will provide information to clients regarding choice availability to remedy their situation with a range of alternatives reflective of the senior's culture, community, and philosophy of life. In order to do so, it is the responsibility of the professional to have a comprehensive knowledge of a client's history, competency, as well as an understanding of the professional *Code of Ethics*, and legal considerations when responding to cases of elder abuse (Bergeron 2006).

Legal Obligations

Social workers have an obligation to know the laws in their jurisdiction as they apply to their clients and it is the legal duty of the practitioner to report abuse if their jurisdiction has mandatory reporting laws (Bergeron and Gray 2003). In the United States, federal laws exist with respect to the funding of protective services and shelters in cases of child abuse and domestic violence, while elder abuse is not covered by similar legislation. In 1980, the Senate and House Committees on Aging held combined hearings on elder abuse that resulted in the proposed Prevention, Identification and Treatment of Adult Abuse Bill in 1981. This bill, which was never enacted, was modeled on child abuse legislation and called for among other things, mandatory reporting (Dubble 2006). The Elder Justice Act was introduced to the Senate on April 2, 2009 and the House on April 21, 2009. If passed, this act will amend the Social Security Act in order to ensure "adequate public–private infrastructure and to resolve to prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation" (S. 795, Elder Justice Act 2009). It does not, however, address specific legal responsibilities, such as mandatory reporting which continues to be left to state level legislation.

All US states have enacted legislation authorizing the use of adult protective services (APS) in cases of elder abuse. In general, these laws establish a system for reporting and investigating abuse and for the provision of social services to help the victim. Further, these laws generally specify mandatory reporting and require certain groups of people (health care providers, bank tellers, police officers etc.) to report suspected cases of abuse to the appropriate social service. The statutes vary widely with respect to types of abuse, definitions of abuse, reporting requirements, investigation procedures and remedies. For instance, while virtually all state legislation covers physical abuse, neglect and financial abuse, some exclude psychological abuse, sexual abuse and abandonment. Some states only cover those older adults living in the community, while others also cover abuse that occurs within institutions. Some states cover this abuse as a criminal offense and others define it as a civil matter (American Bar Association 2005).

Canada has a federal Criminal Code (1985) which allows for the standardization of criminal justice across the country. This code applies in such areas as child abuse, spousal violence and sexual assault. The Criminal Code of Canada does not, however, specifically address elder abuse. Rather, cases of elder abuse must be addressed through various other provisions. For instance, cases of financial abuse may be addressed through provisions related to theft, forgery, criminal breach of trust or fraud. Cases of physical and sexual abuse would be covered under provisions such as criminal negligence causing bodily harm, assault, sexual assault, or failure to provide the necessities of life. Psychological abuse may be covered under intimidation, uttering threats or criminal harassment. Further, the Code does include a provision whereby the court must take into account for the purposes of sentencing whether the offense

was motivated by age or disability based bias (Department of Justice 2007).

Laws and regulations which impact elder Canadians such as those informing adult protection, human rights, and family relations are under the responsibility of provinces or territories, leading to significant variation across jurisdictions. Legal interventions for abused elders incorporated into most Canadian jurisdictions include: (1) family violence protection laws (i.e., restraining orders); (2) mental health, adult guardianship and substitute decision-making laws (for the protection of mentally incapable adults); and (3) public guardian and trustee law (in the case of financial abuse and mental incapability) (Spencer and Soden 2007). Adult protection legislation, in general, makes allowances for emergency and general intervention in the lives of adults so that health, social, and other services can be provided and preferably received voluntarily (Gordon 2001).

The diversity of the legislative and programmatic response to elder abuse can be a challenge for service providers. The model utilized by Ontario for instance, involves the enactment of adult protection provisions within reconstructed adult guardianship legislation whereby investigations of elder abuse are carried out by the provincial Public Guardian and Trustee service. However, the Public Guardian and Trustee is used only as a last resort and many reports or inquiries into elder abuse become diverted elsewhere to agencies such as mental health services or community service providers (Gordon 2001). Concerns have been expressed with respect to the use of court-mandated Public Guardian and Trustee and mandatory reporting laws. Most jurisdictions have statutory guardianship which utilizes certificates which deem a person mentally incapable. However, court-ordered guardianship is intended for use only as a last resort. In Canada, such an order can contravene the *Canadian Charter of Rights and Freedoms* (1982) as not meeting the basic principles of fundamental justice (Spencer and Soden 2007).

Other approaches to elder abuse can be equally problematic. For instance legislation which focuses on protection can be viewed as benign paternalism that contrasts sharply with attempts to balance one's right to self-determination and to receive necessary services. Likewise, controversy and debate surround the issue of mandatory reporting laws. Such acts have come under considerable scrutiny for their lack of procedural safeguards and the premature use of the legislation to resolve issues of self-neglect, thereby forcing older people into institutions (Gordon 2001). There are shortcomings in the present approaches used to respond to cases of elder abuse which can place pressure on social workers to balance their legal duties with their obligation to be an advocate for the rights and self-determination of senior clients.

Professional Code of Ethics

The National Association of Social Workers (NASW) Code of Ethics (2008) and the Canadian Association of Social Workers (CASW) *Code of Ethics* (2005a) specify values and principles which act as a guide for the professional conduct of social work practitioners. These codes stipulate that social workers have a duty to uphold the best interests of clients as a priority and to safeguard the rights of clients who have limited decisional capacity when acting on their behalf. These codes also specify that social workers should protect the confidentiality of clients, which may conflict with duties of reporting abuse. It is the responsibility of the social worker to develop clear confidentiality statements as well as a list of exceptions to confidentiality, particularly if there are mandatory reporting laws in their jurisdiction. However, social workers can utilize professional discretion in disclosing information without consent if sharing this information with the client may bring about serious harm to individuals or the public (NASW 2008; CASW 2005b).

The value of informed consent is consistent with social work's commitment to the doctrine of self-determination, whereby the client has the right to wholly participate in the decisions made with respect to them (Regehr and Antle 1997). Furthermore, social workers have an ethical responsibility to balance a client's right to self-determination with the protection of vulnerable populations from harm. The professional's mutual responsibility to the individual, community, professional *Code of Ethics*, and legal responsibilities demands much attention as does a client's right to choose. This choice extends to the social worker's obligation to inform clients of their right to refuse or cease services. However, the CASW guidelines for ethical practice (2005b) also require that when it is believed that an adult client is being abused, it is the responsibility of the social worker to take action which is consistent with the relevant state or provincial legislation. The NASW Code of Ethics notes that "social workers may limit clients' right to self determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others" (NASW 2008, p. 5). According to Bergeron (2006), the principle of self-determination and the notion of competency have become over-simplified in the social work literature on elder abuse leading some professionals to leave elders in life-threatening situations. In some instances, honoring a client's right to choose may not mean honoring their refusal for social work intervention.

The value of integrity in professional practice, states that social workers strive for impartiality in their practice and to refrain from impressing personal values or preferences on

clients (CASW 2005a). Social workers are encouraged to seek interdisciplinary collaboration when doing so will contribute to the outcome and well-being of the client and utilize consultation with fellow professionals when it is in the best interest of the client. Supervisors can be instrumental in the decisional process of difficult cases involving elder abuse (Bergeron 1999) offering both insight and support to practitioners. These cases are often difficult and can be complicated by factors such as an elderly client's cognitive capacity. When a client's capacity is questionable and the client's situation involves likely harm to the client, adhering to the principles of client self-determination and impartiality may be particularly difficult (Mixson 1995).

Virtue Ethics

There are times when professionals working with older adults may encounter situations which are not directly addressed by ethical standards outlined by professional codes of ethics. The social work code of ethics is written by professionals to protect the profession by producing a standard of behavior which serves as a guide for what social workers "ought" to do and a defense for professionals before an ethics review board in a court of law (Meara et al. 1996). In addition to the model of principle ethics outlined by the professional code of ethics, it is necessary for social workers to consider *virtue ethics* when deciding between conflicting ethical principles with no clear resolution (Schwiebert et al. 2000). Virtue ethic models are complementary to principle ethics and rest on the assumption that professional ethics encompass more than moral actions to include character traits and ideals which assist in the development of ethical decision-making (Meara et al. 1996; Schwiebert et al. 2000). Virtue ethics address how an individual decides which principle to apply to a situation when two or more principles are in conflict. In such circumstances, even a well-trained and skilled practitioner may be unsure of which principle may be of greater importance in a given case.

Principle ethics, which focuses on rights, rules, and obligations as they apply to ethical dilemmas, can inform one about what is morally good. However, when considering principle ethics alone, a practitioner may act in manner to support the right thing by behaving out of obligation or fear of consequences. When this occurs practitioners can fall into the trap of choosing not to intervene in cases of abuse out of respect for a client's right to self-determination. This raises the question: Do we know enough about how to protect elders from abuse? It is critical that practitioners working with older adults remain knowledgeable about professional and legal issues regarding elder abuse so they may understand what impact it can have on ethical issues (Schwiebert et al. 2000).

In order to effectively balance one's duty to protect the safety of an elder while at the same time respecting their right to self-determination, it is necessary for a social worker to commit to the most basic values. These values include the treatment of elderly clients with honesty, compassion, and respect while recognizing that the goals of care should focus on reducing the elderly person's suffering and improving their quality of life (Bomba 2006). Meara et al. (1996) suggest that integrating principle and virtue ethics provides a coherent structure for augmenting ethical competence of counseling practitioners.

Ethical Dilemmas

Quandaries in elder abuse present challenges to social work practitioners who must perform a balancing act when ethical and legal obligations are in contrasting positions (Anetzberger et al. 1997). Self-determination, although extensively discussed in the literature, professional code of ethics, and legislation, is inadequately defined leaving practitioners in an ethical bind. Should an abused elder's rights and liberties be revoked to protect the client's safety and well-being? The double bind experienced by social workers and other health practitioners involves the professional's decision to intervene against the wishes of the abused elder which may violate the client's right to self-determination. Conversely, the decision to withhold treatment or intervention in cases where abuse has been substantiated, leaving the older adult in a situation where the abuse is likely to reoccur, may be in violation of the elder's right to protection (Bergeron 1999). When cases of suspected abuse are closed, leaving vulnerable elders in risk of harm, social workers must resolve their own personal struggle with the outcome (Dayton 2005).

Professionals entrusted with the duty to protect clients from harm need to consider the impact of self-determination when a senior chooses to refuse service and remain in a life-threatening situation. Understanding the factors which may impede a senior's rational choice is complicated and may require much critical thinking (Bergeron 2006). For example, when a client is found to not be of sound mind, special attention needs to be paid to the impact of mandatory reporting laws on the well-being (Wilson 2002), confidentiality and self-determination of that client. Healy (2003) examined responses of social workers to ethical dilemmas in her evaluation of the decisional capacity of elderly clients with cognitive impairment. When the home situation of the elderly client was viewed as unsafe by other professionals, participants struggled with having to choose between advocating for

self-determination and pressing for a safe resolution. For social workers, there is a challenge in deciding between inaction to avoid the harm through the intervention process of reporting and applying the full weight of the criminal justice system (Gordon 2001).

Interviews conducted by Wilson (2002) of front line social workers in the UK revealed that in cases of abuse that were reported and confirmed, the majority of clients ended up being institutionalized or dying. As a consequence of the challenges experienced by workers in their attempts to find safe resolutions for abused elders, avoidance was used as a professional strategy for some social workers (Wilson 2002). Another study by Bergeron (1999) which conducted interviews with APS workers found that many participants described feelings of frustration from being unable to make any impact against the perpetrators of elder abuse. Some APS workers stated they desired more power to influence perpetrators by recommending to courts that perpetrators receive societal reprimands such as mandatory counseling or mandatory weekly check-ins. These findings illustrate the challenges faced by practitioners when the results of interventions lead to worse outcomes for the clients and limited consequences for the perpetrators of the abuse. However, it is important for professionals to resolve their personal struggles with their work and to not use confidentiality and self-determination as a means for inaction with abused elders.

The discussion around the reporting of elder abuse is not unique to the field of social work as it also involves professionals in medicine, law enforcement, and social services. All professionals in health care and law enforcement who interact with elderly clients have an ethical responsibility to protect them from harm. Semi-structured interviews conducted by Rodriguez et al. (2006) with primary care physicians revealed that physicians in the Los Angeles area experienced a paradoxical relationship between quality of life and mandatory reporting laws. Specifically, the majority of the respondents found contradictory effects when it came to reports of abuse which led to both the improvement and harm of a patient's quality of life. The desire of professionals to improve the quality of life for patients can lead to the underreporting of elder abuse when it is believed that the patient's well-being and quality of life may decrease in multiple ways as a consequence of reporting. In cases involving suspected elder abuse, most participants utilized a cost-benefit evaluation for each patient to determine the potential effects of reporting on the quality of life of the elder. Most physicians were guided by the ethical principle of beneficence to act in a manner which was believed to be in the best interest of the patient (Rodriguez et al. 2006). Practitioners involved in such cases must weigh the costs and benefits of reporting abuse and understand the potentially devastating consequences of these investigations for elder clients.

At present, scant research exists on effective means of professional and coordinated community responses to elder abuse and neglect (Lai 2008). In 1995, The Community Dialogue Series on Ethics and Elder Abuse was held in Cleveland, Ohio with one of the primary purposes to suggest methods for the resolution of dilemmas so that elder abuse could be properly addressed. One of the assumptions upon which discussions were based was that the open exchange of ideas facilitates the best method for resolving ethical dilemmas surrounding elder abuse (Anetzberger et al. 1997). During the consideration of ethical dilemmas in elder abuse cases, the participants of the Series found that the intrusion of mandated adult protective service investigations on individuals was perceived as most controversial in a society which supports civil liberty. Currently, confidentiality represents an impasse in case management especially in circumstances whereby the collaboration of multiple practitioners and/or organizations can cause undue distress to clients (Beaulieu and Leclerc 2006). Furthermore, the displacement of individuals to safer environments, placing elders at great risk to survive and adjust to a new environment was seen as another ethical challenge for the multidisciplinary practitioners (Anetzberger et al. 1997). Open discussion, training, and support for practitioners across disciplines regarding ethical dimensions are necessary for the improvement of services and interventions for abused elders and their families.

Implications for Social Work Practice

Issues relating to interventions for abused elders inevitably raise clinical, ethical, and legal concerns for social workers. Social workers have a duty to uphold the best interests of their clients and to safeguard their rights when acting on their behalf.

The responsibility is on the social worker to be knowledgeable of the client's history and interests as well as the professional *Code of Ethics*, and adult protection laws in their jurisdiction. Social work practitioners have the responsibility of being aware of the possibility of elder abuse or neglect, devising a plan for treatment, and reporting as needed to appropriate agencies. When assessing cases of elder abuse it is important to assess the client's level of risk, presenting problems, what goals might have greatest priority, and the impact of social work intervention on the client (Anetzberger 2004). Intervention plans should be devised with consideration for the ways in which the worker's preconceptions and personal values may impact their clinical judgment. Each case of suspected elder abuse and/or neglect presents unique challenges to professionals

and it is the duty of the worker to understand their roles and responsibilities to the client. The sensitive nature of this work and absence of clear guidelines leaves the onus on the practitioner to be well versed in clinical, legal, and ethical considerations to come to a professional and responsible resolution for their client. In doing so, it is important that workers describe options available to elders so they may choose among alternatives that best reflect their beliefs, culture, community, and philosophy of life. In many cases, close follow-up may be necessary in addition to referrals and collaborative work with other agencies. The identification of elder abuse and clinical intervention of social work practitioners is not sufficient for the protection of the client. It is also the role of the social worker to involve families, communities and knowledgeable professionals and agencies to address contributing factors. Good decision-making relies on a flexible and collaborative approach in which to decrease a worker's rigidity in thinking about a case (Bergeron 1999; Anetzberger et al. 1997).

The amelioration of elder abuse and neglect is a social issue which requires the collaboration of various disciplines and community members. If efforts do not improve to increase awareness of the issue and attention to care and the coordination of health, social, legal, and human services, the prevalence of elder abuse and neglect will likely increase (Bomba 2006). The enhancement of community policing policies and interdisciplinary community-oriented strategies are emphasizing the need for the combined expertise of various professionals and community members to best respond to cases of elder abuse (Lai 2008). A multidisciplinary cooperative approach to elder abuse benefits the victims by enhancing autonomy and choice, improving access to community services and supports, offering continuity of care, and reducing injury or loss by increasing the probability that seniors will receive the assistance they require (Lai 2008).

As practitioners working with elderly clients in abusive and neglectful circumstances, it is our challenge to balance our duty to protect the safety of the vulnerable elder with the client's right to confidentiality and self-determination. Like many ethical dilemmas the goal will essentially be to respectfully come to a conclusion which is the least harmful to the vulnerable client.

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