



Toward Evidence-Based Elder Mistreatment Prevention and Response



Public Health
Agency of Canada

Agence de la santé
publique du Canada



Funding – Thank you!

- Public Health Agency of Canada, Preventing and Addressing Family Violence: The Health Perspective (Grant #: 2223-HQ-000382)
- U.S. Health and Human Services, Administration for Community Living (Grant #: 90EJSG0031-01-00)
- U.S. Health and Human Services, Administration for Community Living (Grant #: 90EJIG0033-01-00)



Ontario RISE-EAPO Team



David Burnes, PhD
Director



Andria Allen, MSW
Supervisor



Steph Conant, MSW
Advocate



Chenell Small, RSW
Advocate



Marta Hajek
EAPO Chief Executive Director



Laura Proctor
EAPO Prevention Consultant



Laura Ostler
EAPO Prevention Consultant



Collaborative Team



David Burnes, PhD
Canada Research
Chair
University of Toronto



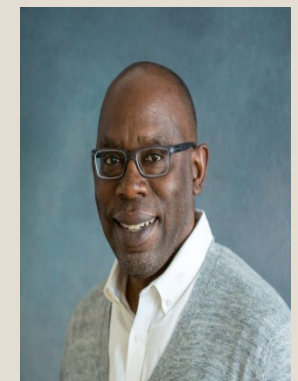
MT Connolly, JD
University of
Southern
California



**Patricia F.
Kimball, MS**
Elder Abuse
Institute of Maine



Stuart Lewis, MD
FACP
Geisel School of
Medicine
at Dartmouth



Geoff Rogers, BA
Silberman School
of Social Work,
Hunter College

Elder Mistreatment (EM)

Relationships Involving Expectation of Trust

Financial, Emotional/Psychological, Physical, Sexual, & Neglect

Pre-Mature
Mortality

Poor Physical &
Mental Health,
Trauma

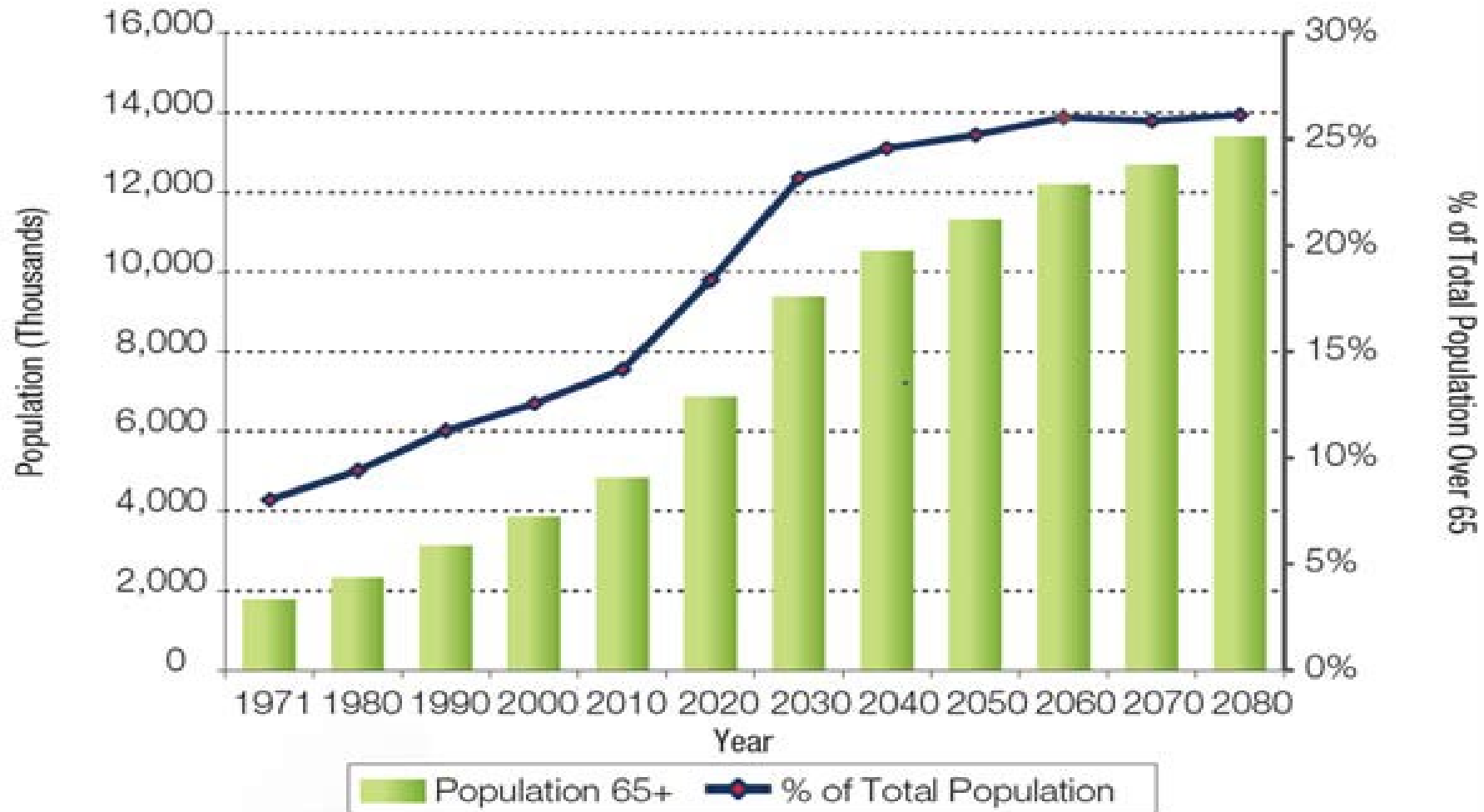
Social
Isolation

Increased
Hospitalization,
Emergency
Room, &
Nursing Home

1 in 10 older adults experience some form of elder mistreatment each year
900,000 older adult in Canada
240,000 in Ontario

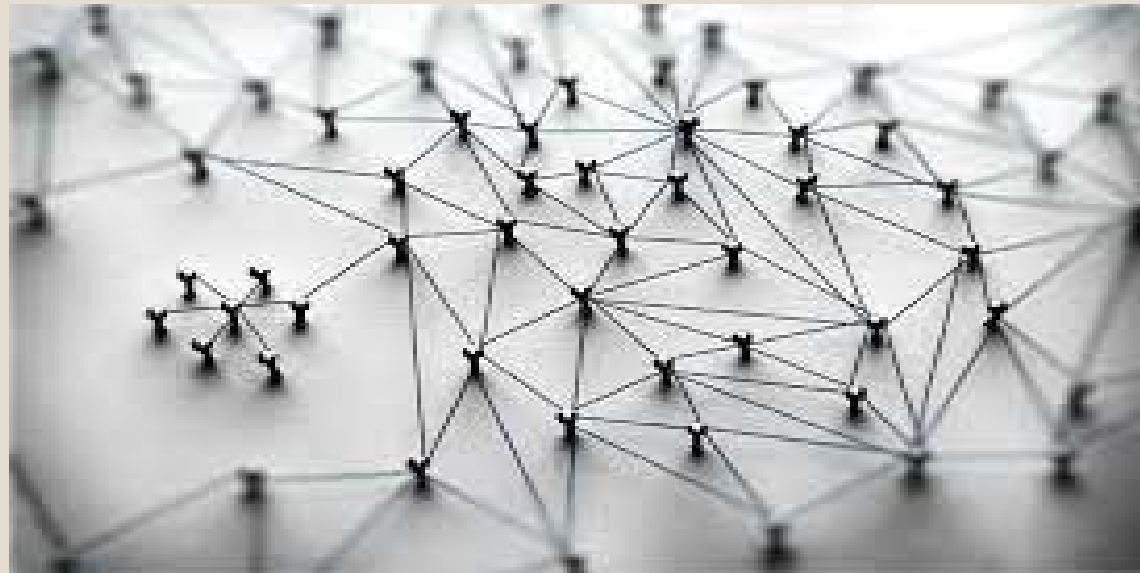
(Burnes, 2021; McDonald, 2018)

Backdrop of Population Aging

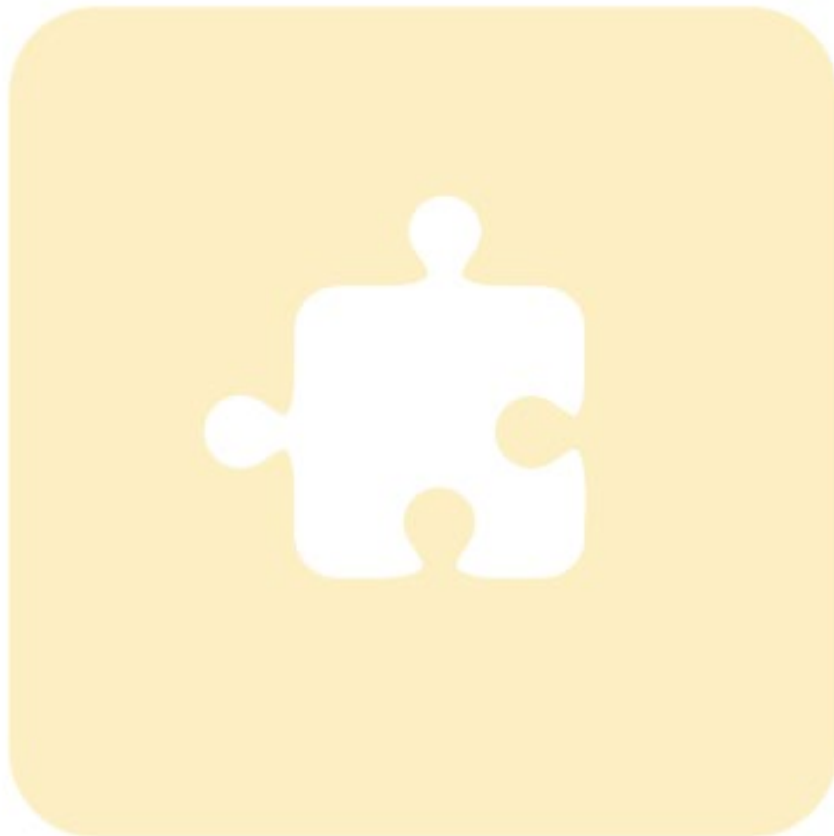


What Does This Mean for the Issue of EM?

In the absence of effective prevention interventions, the absolute scope of EM (number of cases) will expand in proportion with projected older adult population growth – ***a pressing need for EM prevention and response programs***

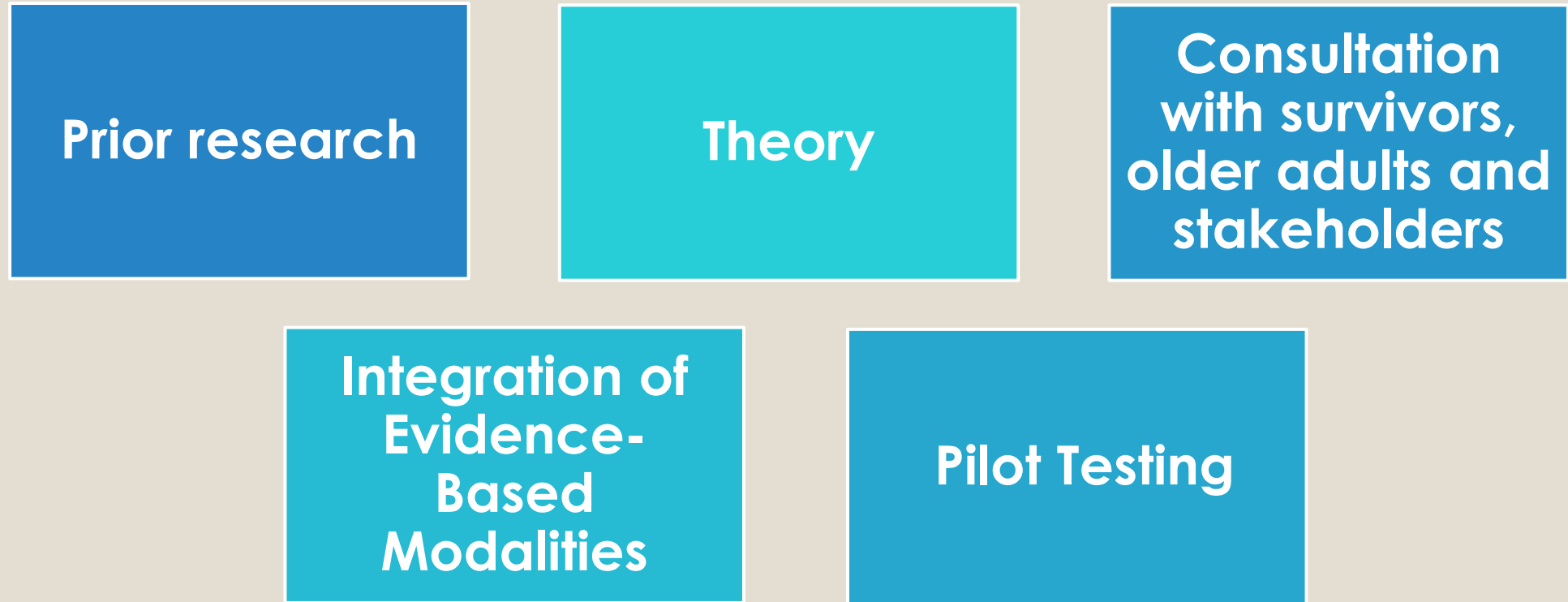


**CURRENTLY NO SYSTEM OF
PREVENTION AND RESPONSE
FOR ELDER MISTREATMENT**



**A SOLUTION ADDRESSING
SYSTEM GAP**

RISE Development



Developed based on extensive consultations from ground up as stakeholder-driven, conceptually based, model of integrated evidenced-based modalities

Interviews with EM Survivors

Barriers to Engagement

- Embarrassment or shame
- Self-blame or guilt
- Fear of perpetrator retaliation
- Stigma
- Problem acknowledgement
- Fear of what could happen to perpetrator
- Family preservation and reputation

Distressing Aspects of Victimization

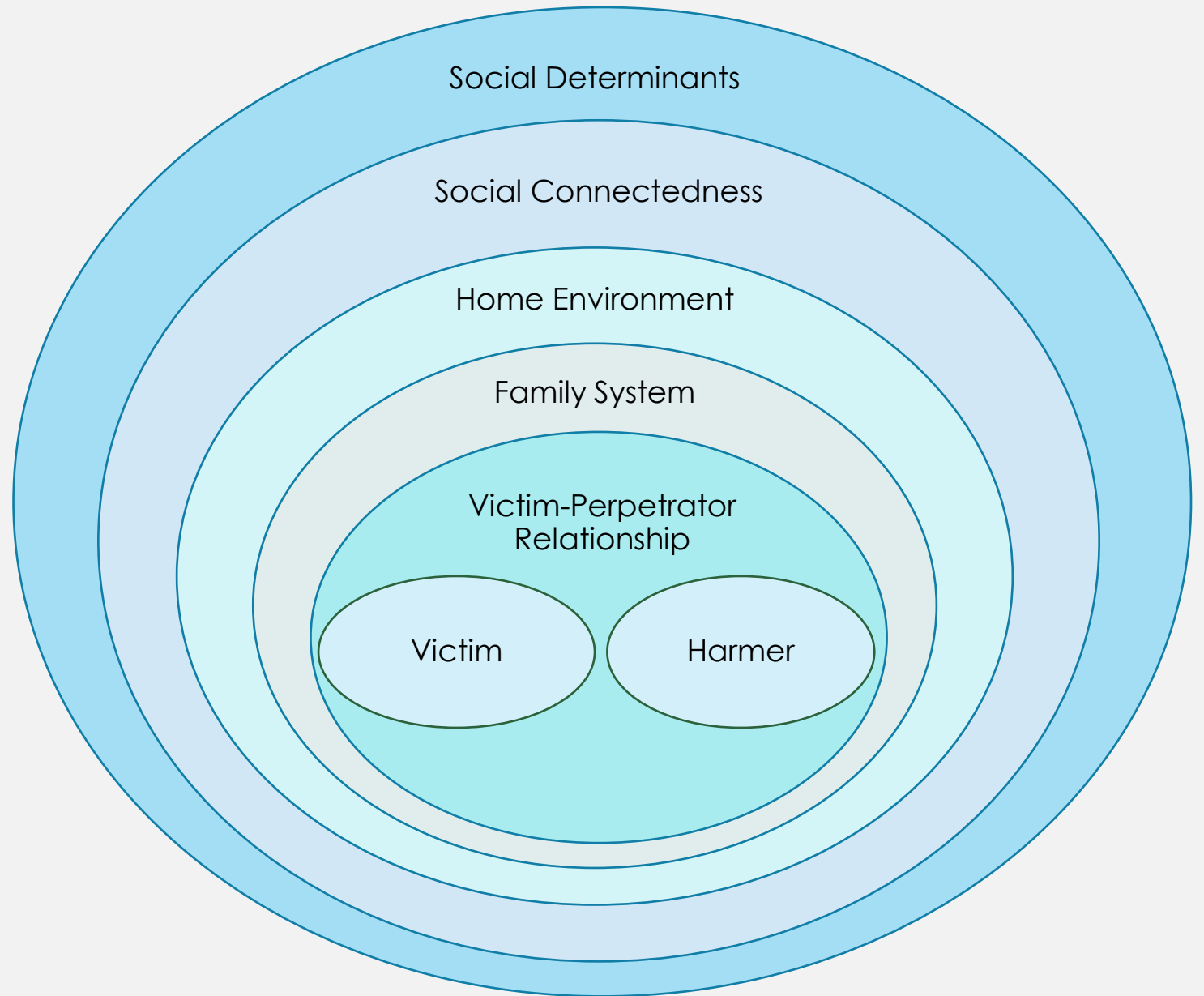
- Disbelief
- Disrespect
- Concern for perpetrator and other family members
- Fear
- Feelings of loss
- Incongruity between survivor wishes and systemic responses

EM intervention needs to go beyond arms-length case management – requires capacity to address difficult psycho-emotional-social challenges, work with others in case, have a restorative stance, develop rapport and trust

Conceptual Frameworks Guiding RISE



Ecological- Systems Perspective



Relational Perspective Critical



Engagement & Empowerment Client - Advocate Relationship

- Cultural humility, curiosity & client goals central
- Only 15% EM Vs seek help; most refuse or drop out
- Creative engagement

Relationship Restoration Client - Harmer Relationship

- Want help for others
- Fear loss of control
- Often want restoration not punishment for harmers

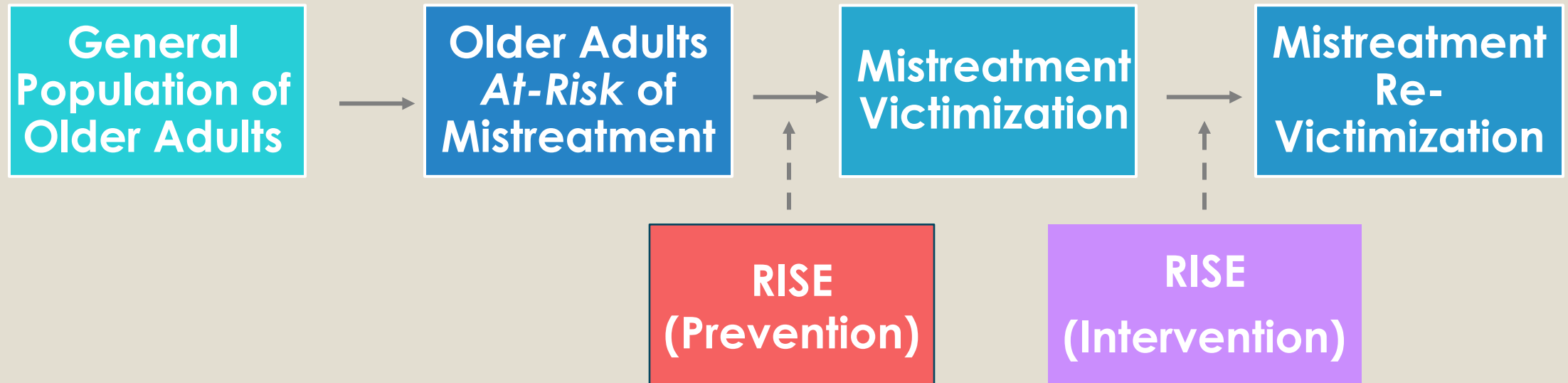
Strengthening Social Support Client - Community Relationship

- Social support protective
- Informal & formal
- Shared responsibility
- More sustainable outcomes

RISE Prevention and Response

We work with older adults aged 60 years or older who are either **experiencing** elder mistreatment or **at risk** of elder mistreatment with potential for escalation without proper supports in place.

This way, we engage in both prevention and response work



RISE Core Components

Repair harm — ***Restorative Approach/Restorative Justice***
(Reduce harm & work toward transformational change)

Inspire change — ***Motivational Interviewing***
(Help people feel that change is possible)

Support connection — ***Teaming***
(Strengthen & forge informal and formal social supports around client, alleged harmer and concerned others)

Empower choice — ***Supported Decision-Making***
(Assist people with cognitive impairments to achieve *their* goals)

Engagement and Goal-Setting

The RISE Model

The Gerontologist
 cite as: *Gerontologist*, 2022, Vol. XX, No. XX, 1-8
<https://doi.org/10.1093/geront/gnac083>
 Advance Access publication June 15, 2022

Forum

RISE: A Conceptual Model of Integrated and Restorative Elder Abuse Intervention

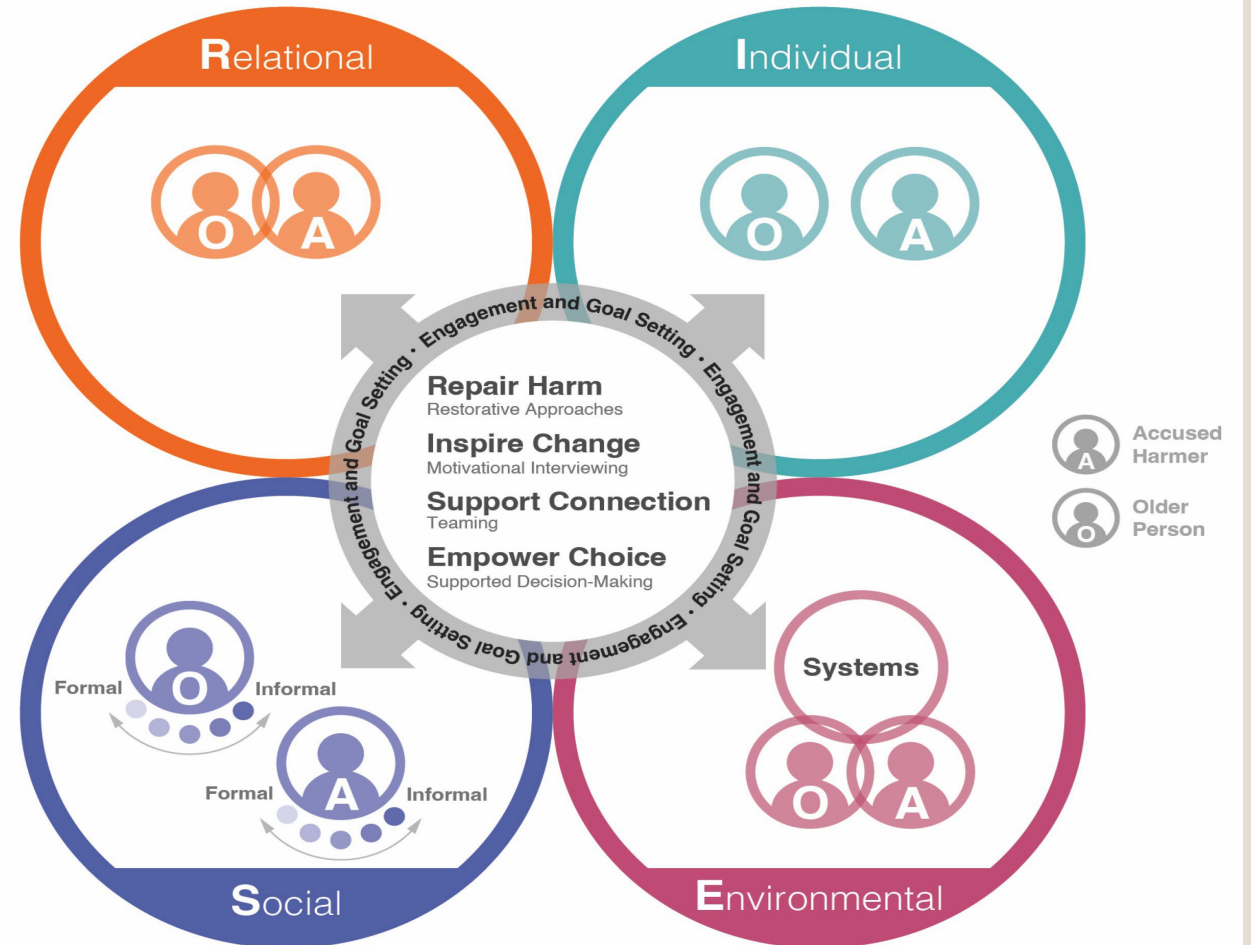
David Burnes, PhD,^{1,*} Marie-Therese Connolly, JD,² Erin Salvo, JD,³ Patricia F. Kimball, MS,⁴ Geoff Rogers, BA,⁵ and Stuart Lewis, MD, FACP⁶

<https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnac083/6608975>

The RISE Model

Repair Harm **I**nspire Change **S**upport Connection **E**mpower Choice

A Conceptual Model of Integrated and Restorative Elder Abuse Intervention



RISE EXPERIENCE IN
MAINE

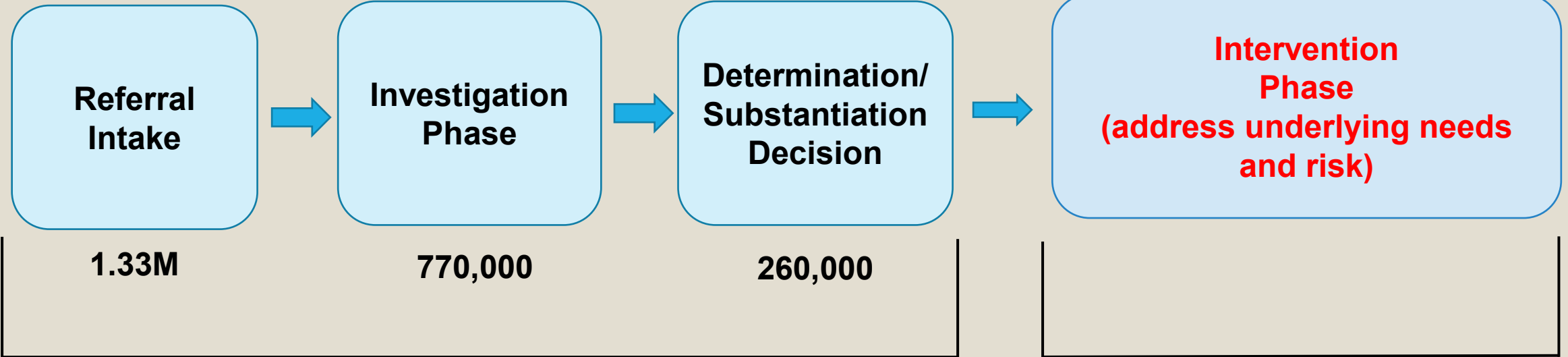
Addressing a Systemic EM Service Gap

67 days

Brief Intervention, Referrals,
Immediate Safety Needs

55 days

Defined/dedicated, conceptually-
driven, evidence-based



1.33M

770,000

260,000

APS

RISE

APS/RISE Partnership

County Pilot to Statewide Sustainability



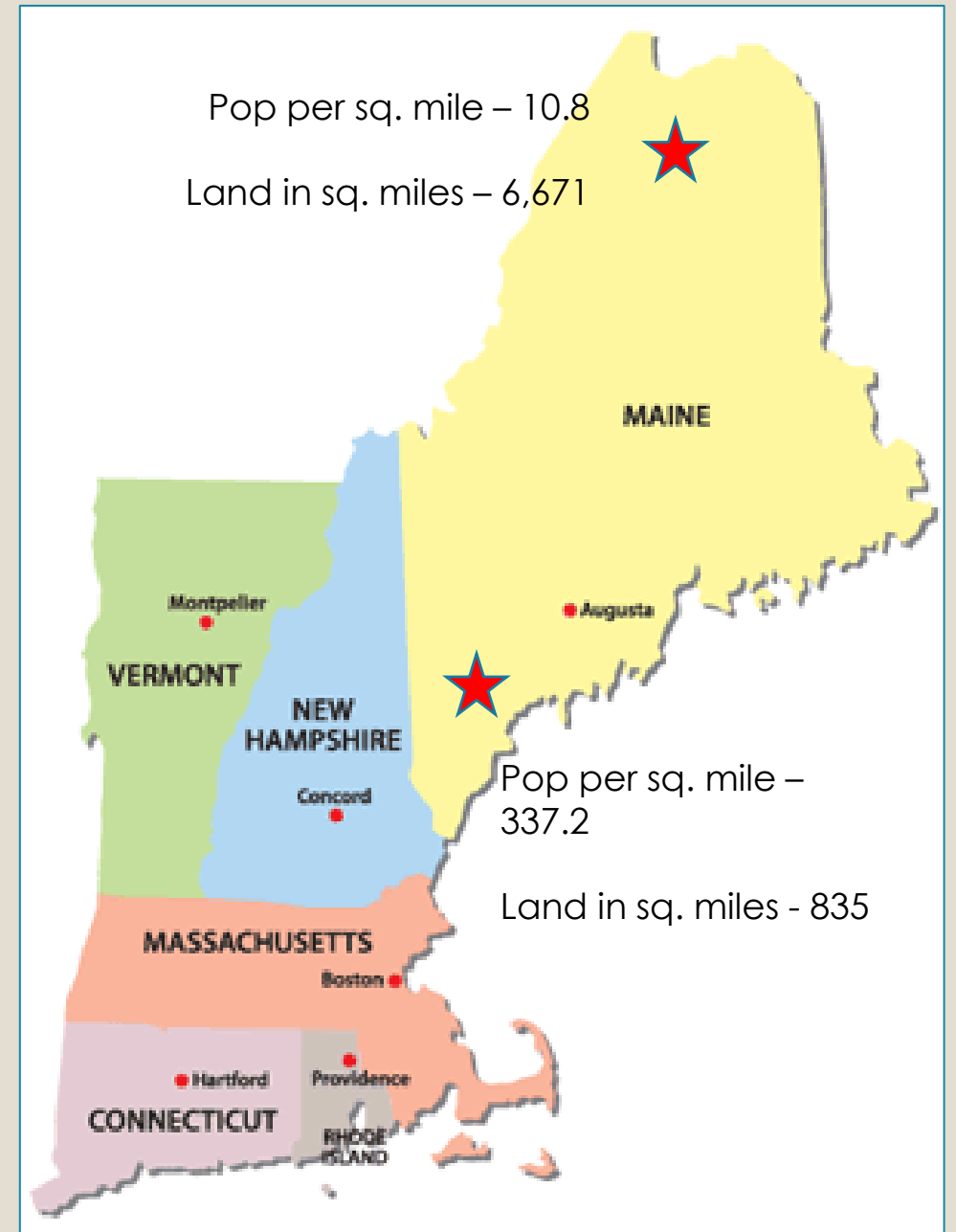
- **2019 – 2021:** Two-county pilot (data collection)
- **2021 – 2022:** RISE expanded to entire state (16 counties)
- **July 2023:** Maine funds RISE as part of the state's permanent budget and increases APS budget

APS-RISE in Maine First 5 Years (2019-2024)

- 2 Supervisors, 8 Advocates
- Approx. 1000 cases since July 2019
- Average client age - 75
- Women (59.8%), Men (40.2%)
- Rural & Urban settings



Elder Abuse
Institute of Maine



RISE Impact on System (Recidivism)

Reduced Case Recurrence by 55%

Comparing cases exposed to RISE to those cases that did not receive RISE:

- Adjusting for the fact that cases in the APS/RISE partnership were more complex/severe, cases exposed to RISE showed a significantly **lower likelihood of re-referral (recidivism)** back into the APS system compared to cases that were not exposed ($p < 0.001$)

Impact of RISE

Substantiated Self Neglect	10x Reduction in Chances of Recurrence
Substantiated Caregiver Neglect	9x Reduction in Chances of Recurrence
Substantiated Physical Abuse	3x Reduction in Chances of Recurrence
Substantiated Emotional Abuse	3x Reduction in Chances of Recurrence
Substantiated Financial Abuse	2x Reduction Chances of Recurrence

RISE Replication and Scaling



Maine, US
*Full
Implementation*



Montana, US
*Training &
Adaptation*



New Hampshire,
US
*Early
Implementation*



Pittsburgh, PA, US
Planning

APS-RISE Implementation Models

RISE/APS
Complimentary
Partnership



(Maine, NH)

RISE *Within* APS
Partnership



(Montana)

1 of 6 Elder Mistreatment Interventions Selected by World Health Organization



Decade
of healthy
ageing

The Platform

Share your knowledge

HOME

ABOUT ▾

FIND KNOWLEDGE ▾

TOPICS & INITIATIVES ▾

SUBMIT

EN

SEARCH 🔍

UN Decade of Healthy Ageing's database of promising interventions to prevent and respond to abuse of older people

Database of promising interventions to prevent and respond to abuse of older people

A product of the [UN Decade of Healthy Ageing intervention accelerator to prevent and respond to abuse of older people](#)

[About this database \[process, selection methodology, how to submit corrections\]](#)

Decade Action Areas

Age-friendly Environments
Combatting Ageism
Long-term Care

Source Organization

UN Decade of Healthy Ageing

2024 US Federal Funding Opportunity to Replicate, Scale, and Evaluate RISE

VIEW GRANT OPPORTUNITY

HHS-2024-ACL-AOA-EJIG-0038

FY2024 Elder Justice Innovations Grant - Option 2

Department of Health and Human Services

Administration for Community Living

[SYNOPSIS](#)

[VERSION HISTORY](#)

[RELATED DOCUMENTS](#)

[PACKAGE](#)

Expected Number of Awards:

1

Award Ceiling:

\$1,200,000

Per Budget Period

Award Floor:

\$750,000

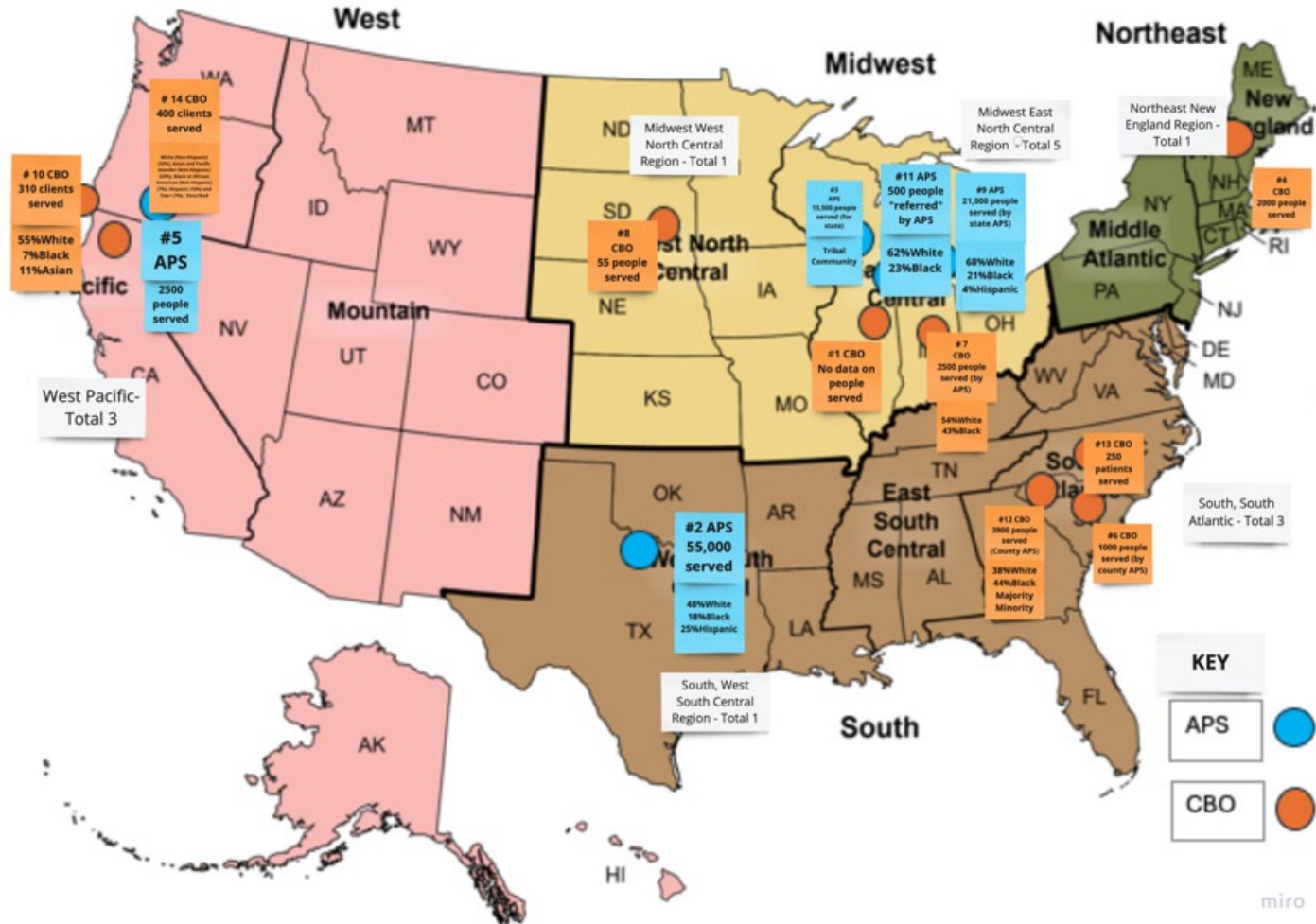
Per Budget Period

Length of Project Period:

36-month project period with three 12-month budget periods

Description: The purpose of the EJIG program is to support the development and advancement of new and emerging issues related to elder justice. The funded project under this opportunity will support the replication and further validation of evidence-informed elder abuse intervention strategies that promote goal attainment scaling, restorative justice, and person-centeredness, specifically the Repair harm; Inspire change; Support connection; Empower choice (RISE) model.

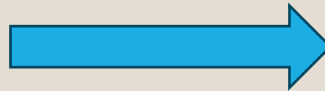
Figure. U.S. Census Bureau: Four geographic regions and nine divisions of the United States



US FEDERAL FUNDING TO REPLICATE AND EVALUATE RISE IN THREE NEW STATES

RISE in Ontario

Uncoordinated/Patchwork
Response System

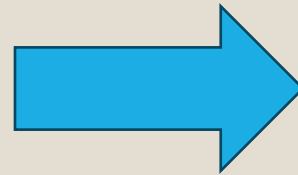


Straightforward, Coordinated
Response System





- Deep Reach Across Province - 43 Elder Abuse Networks
- Public Education & Awareness
- Training
- Identify Cases
- Centralized hub



- Actual program of intervention
- Direct prevention and response work with cases
- Dedicated and focused on the issue of EM

Elder Mistreatment Response Framework in Ontario



Randomized Control Trial Evaluation

Random Assignment

EAPO Consultation



EAPO Consultation + RISE



Case Outcomes

- 104 cases
- Rural & Urban settings
- In-person, telephone, and virtual service delivery

- | | |
|----------------|----------------------|
| • Arthur | • Mississauga |
| • Belleville | • Newmarket |
| • Brampton | • Niagara Falls |
| • Brampton | • North York |
| • Brechin | • Orillia |
| • Brechin | • Oshawa |
| • Campbellford | • Ottawa |
| • Chelmsford | • Petawawa |
| • Clinton, | • Peterborough |
| • Drumbo | • Pickering (Durham) |
| • Etobicoke | • Sarnia |
| • Fergus | • Scarborough |
| • Georgina, | • Sault Ste. Marie |
| • Guelph | • St. Catherine's |
| • Hamilton | • Sydenham |
| • Huntsville | • Thunder Bay |
| • Keswick | • Tiny |
| • Langston | • Toronto |
| • Langton | • Uxbridge |
| • Leamington | • Waterford |
| • London | • Whitby |
| • London | • Windsor |
| • Markham | • Woodbridget |



Toronto, ON
 Cutler (Sault Ste. Marie & Sudbury)

Feasibility (Retention)

- Among clients who accept services with RISE, only 8% drop out prematurely
 - **92% voluntary retention**

Goals Attainment Scaling

Client-Centered Measurement Strategy to Track Case Goals

Mean # Goals: 4.2

Improvement on Closed Goals: 85%

Goal Target	(%)
Survivor	66.7
Harmer	14.8
Survivor-Harmer Relationship	16.0
Family	2.5

Housing

Legal

Family

Emotional Support

Mental Health

Food

Finances

Safety

Social

Relationship Repair

Law Enforcement

Health

Crisis/Harm

Case Outcomes

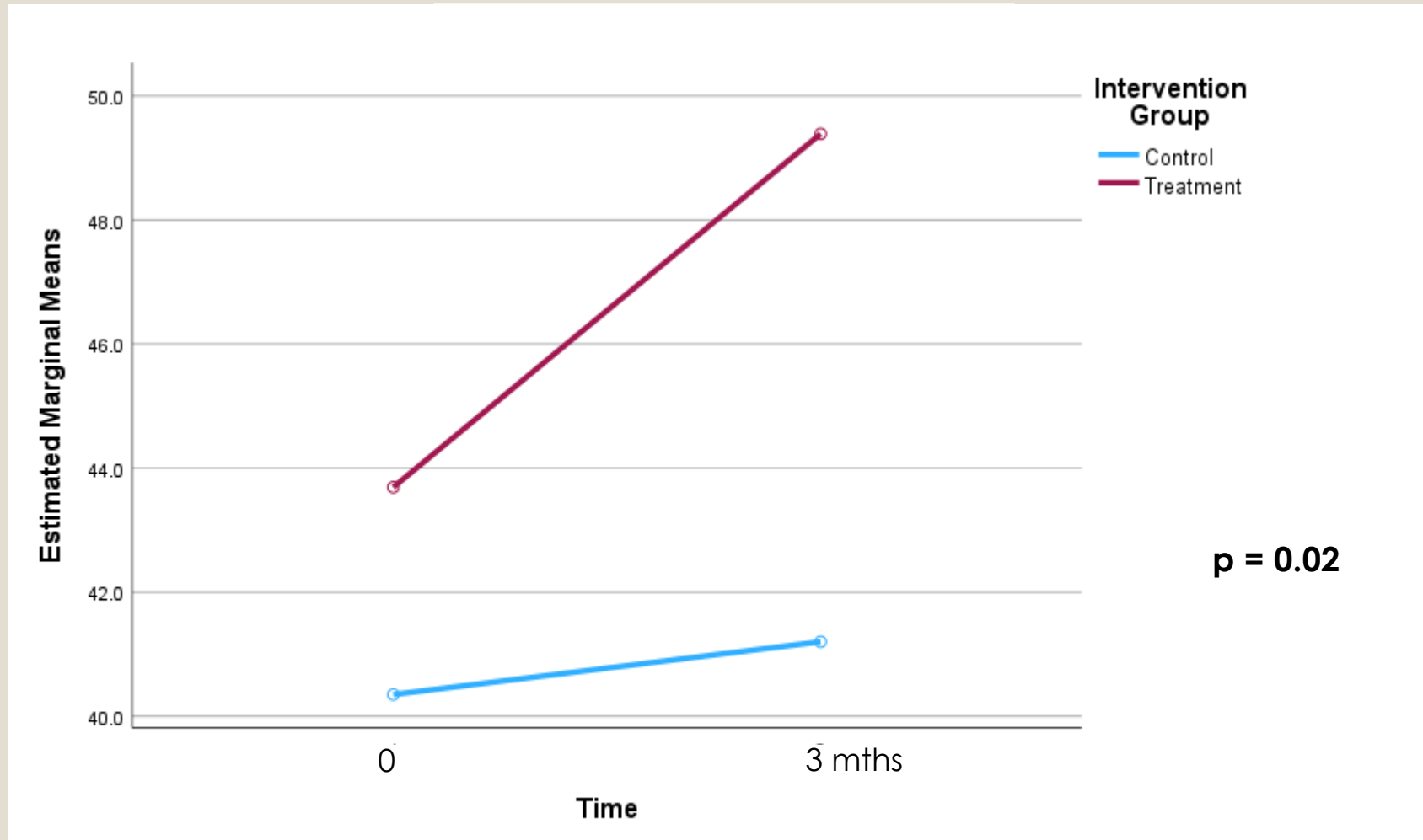
Randomized Control Trial Data Analysis to Date

(Prospective pre/post data collection across intervention groups via computer-assisted, telephone-based, blinded RA interviews, n = 49; Mixed between-within ANOVA)

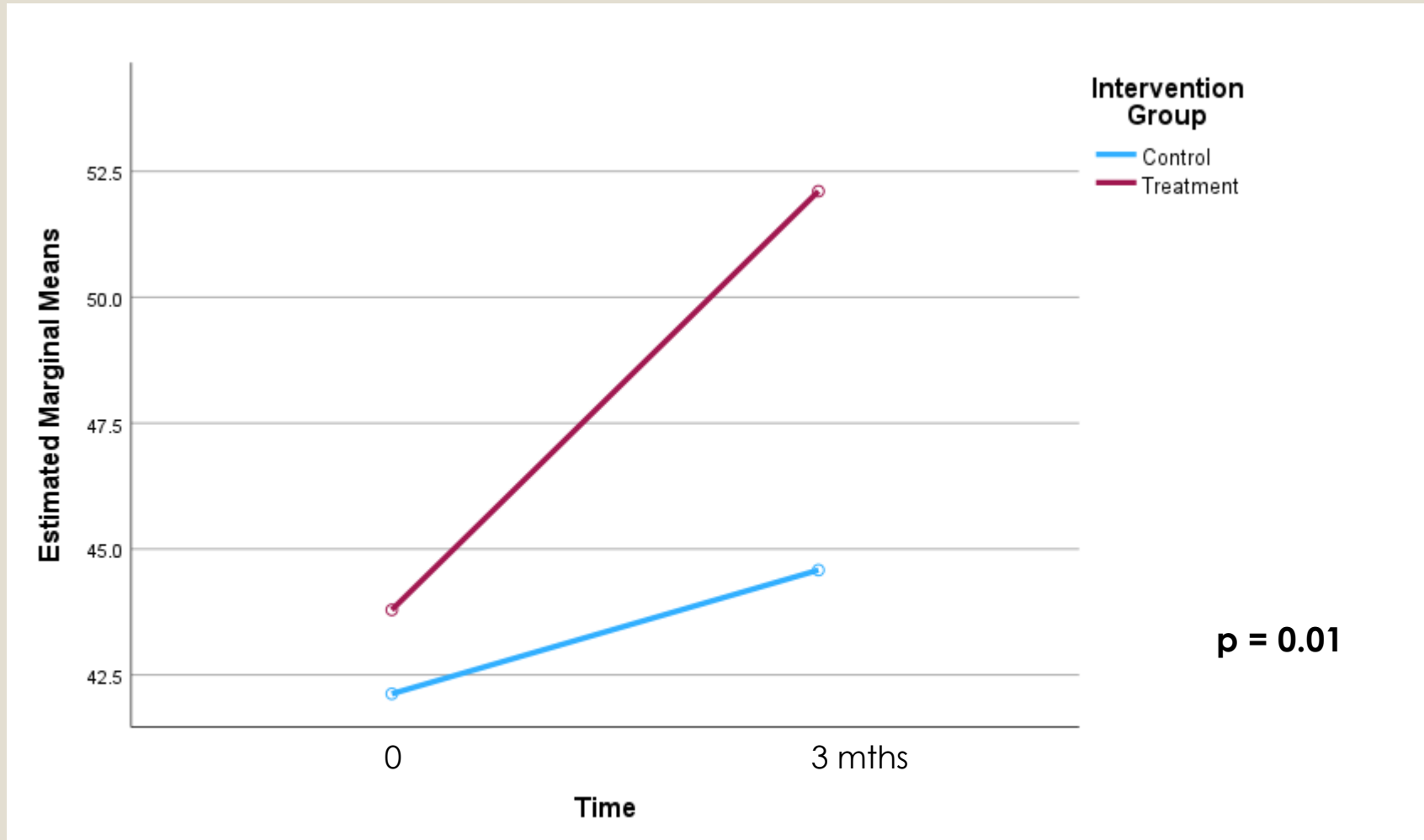
Compared to EM cases receiving brief case consultation only (n = 21), cases receiving the full case consultation/RISE prevention and response model (n = 28) demonstrate significantly ($p < 0.05$) greater outcomes of:

- **Emotional Support ($p = 0.02$)**
- **Information Support ($p = 0.01$)**
- **Perceived Stress ($p < 0.01$)**
- **Social Self-Efficacy ($p < 0.001$)**
- **Total Life Satisfaction ($p = 0.004$)**

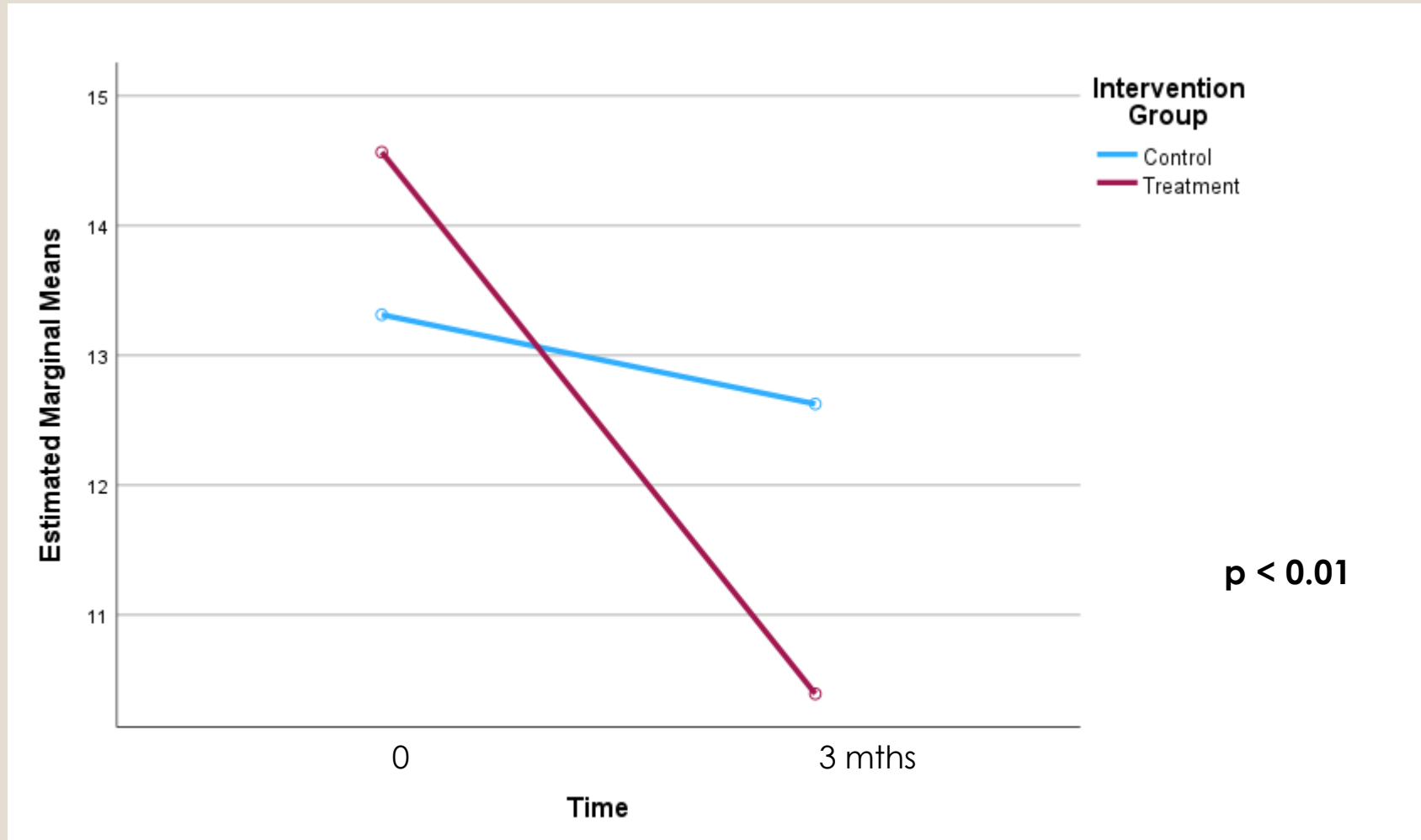
Emotional Support



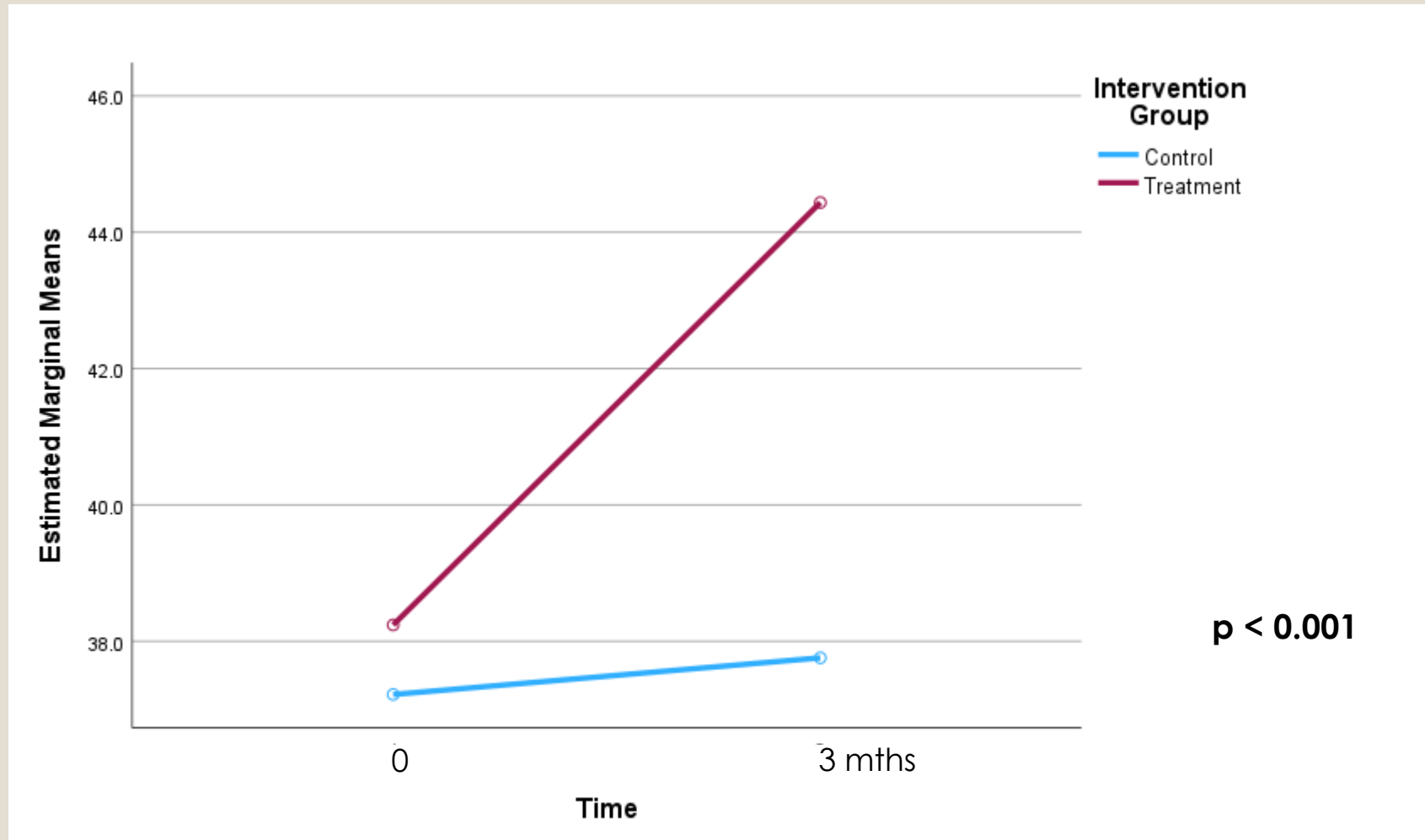
Informational Support



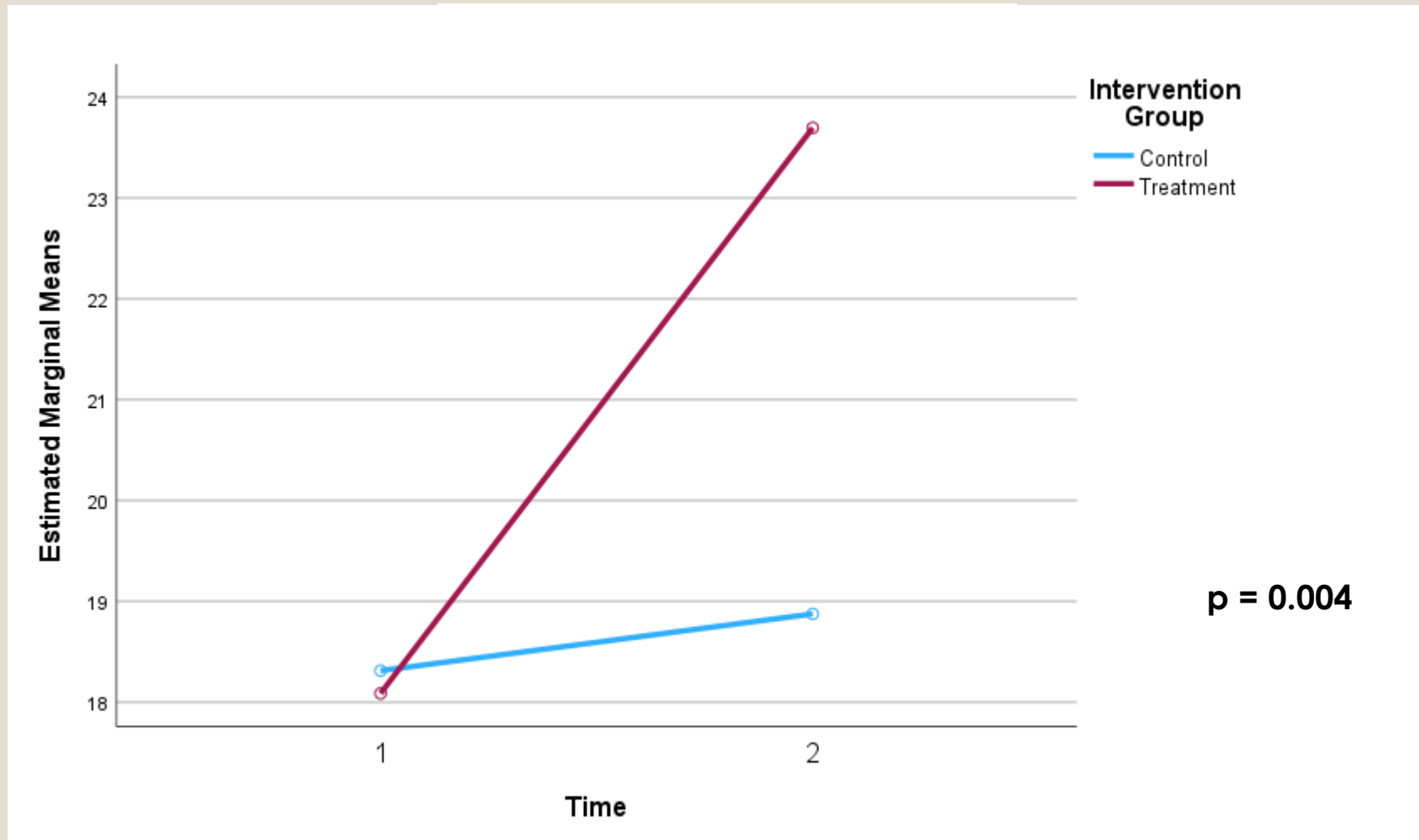
Perceived Stress



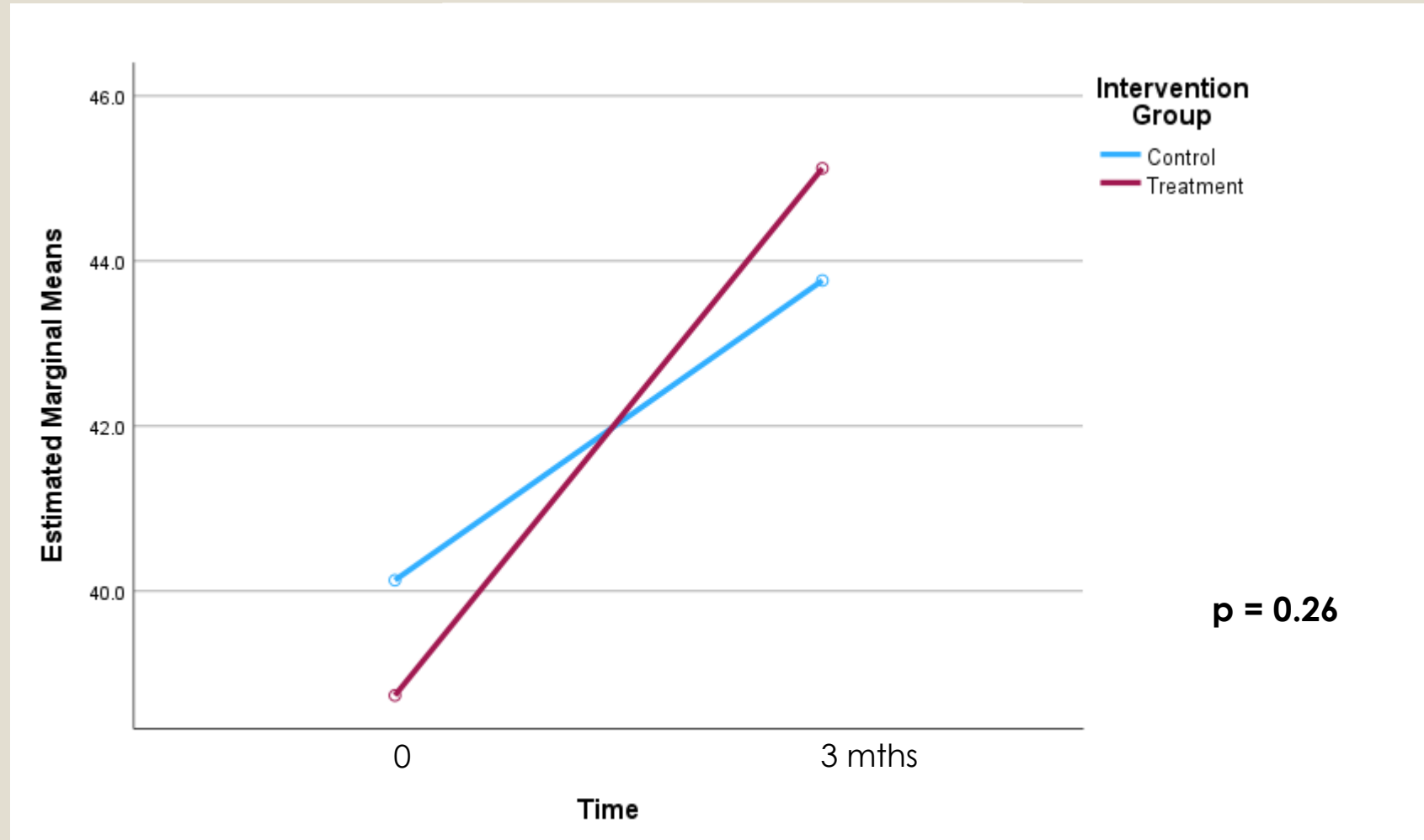
Social Self-Efficacy



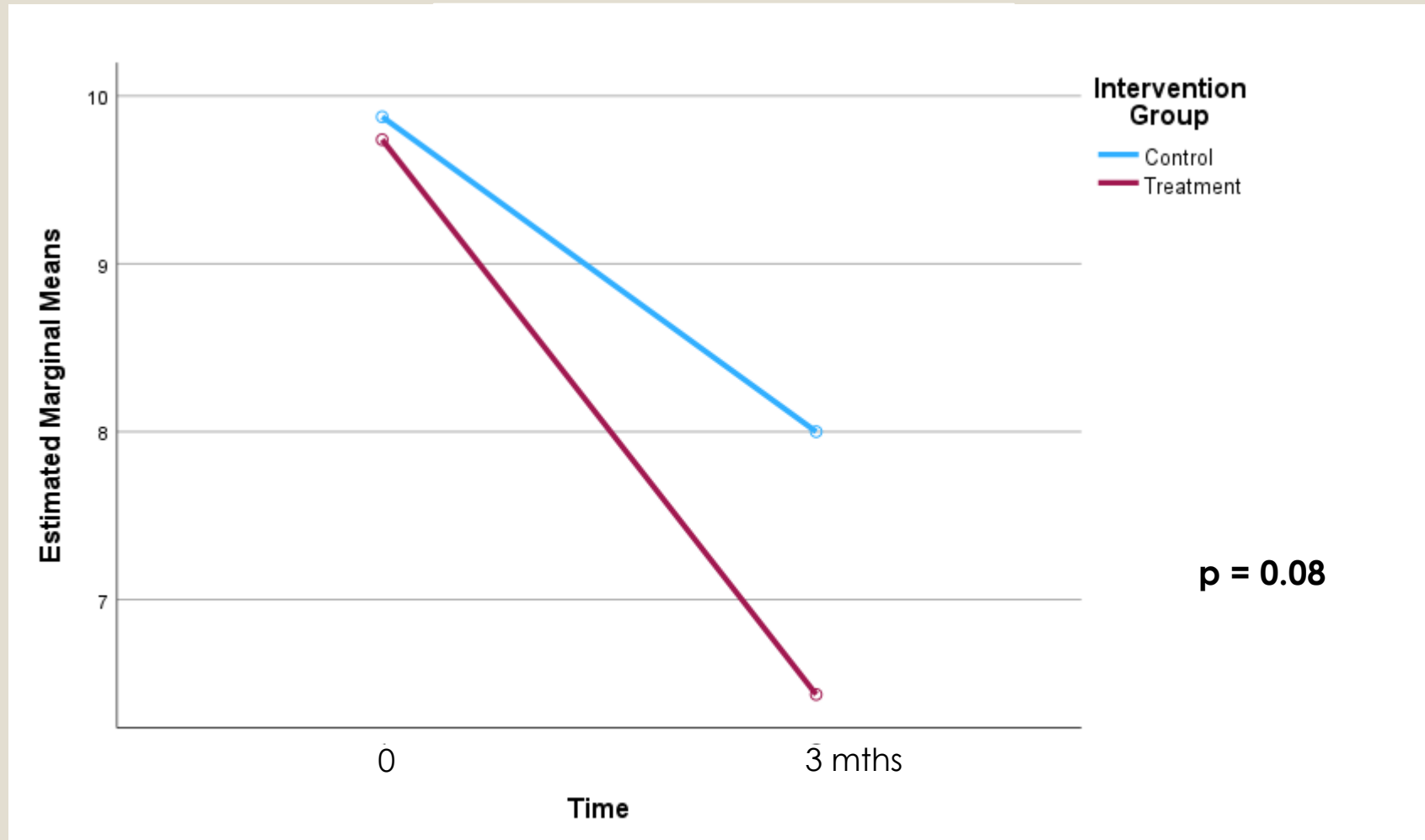
Total Life Satisfaction



General Self-Efficacy



Problem Concern



Moving Toward The Future

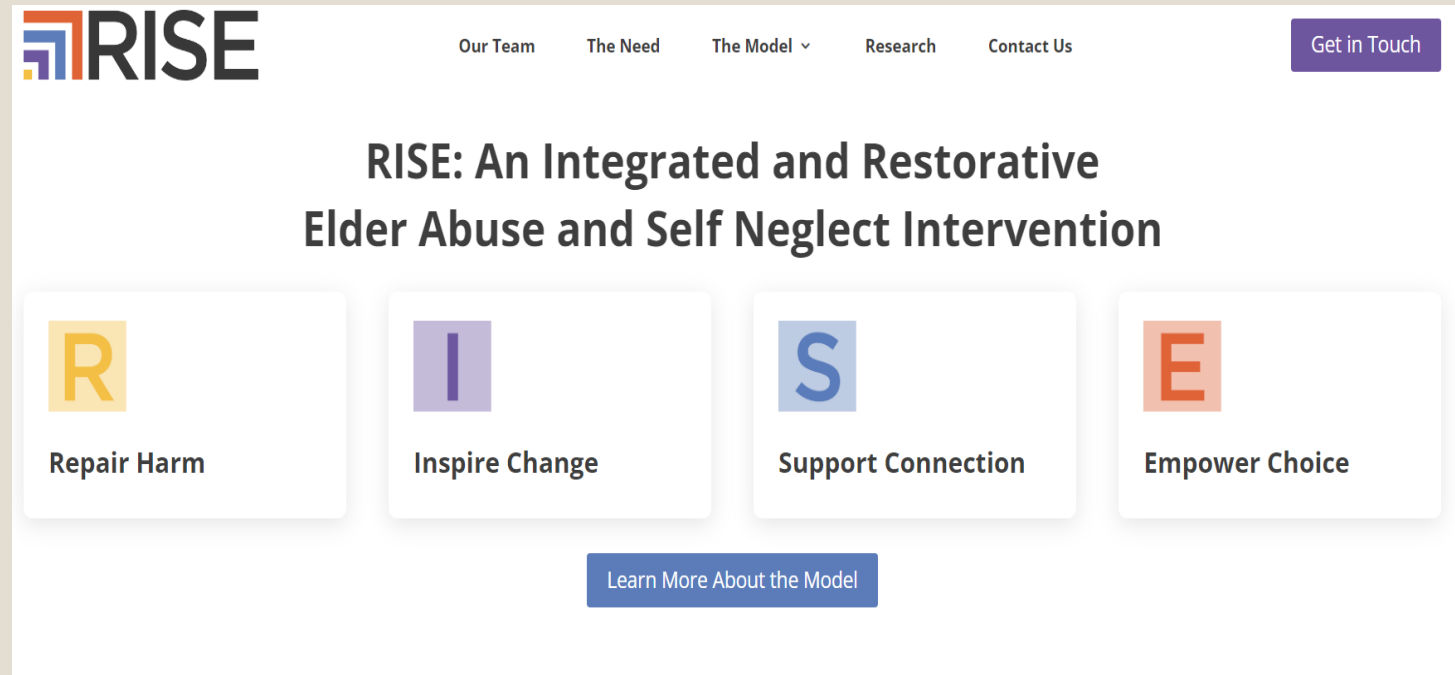
- Current three-year PHAC research grant ends in December 2025
- Applied for three-year gender-based-violence grant to operationalize services beyond research project and expand into Northern Ontario
- In process of applying for grant to adapt, scale, and evaluate RISE in other provincial contexts across Canada

Vision: Build a national, evidence-based elder mistreatment prevention strategy in Canada serving diverse communities and promoting the health, well-being, and safety of older adults



Website and Social Media

risecollaborative.org



The screenshot shows the homepage of the RISE website. At the top left is the RISE logo, which consists of a stylized 'R' made of blue and orange geometric shapes followed by the word 'RISE' in a bold, black, sans-serif font. To the right of the logo is a navigation menu with the following items: 'Our Team', 'The Need', 'The Model' (with a dropdown arrow), 'Research', and 'Contact Us'. In the top right corner, there is a purple button with the text 'Get in Touch'. Below the navigation is a main heading: 'RISE: An Integrated and Restorative Elder Abuse and Self Neglect Intervention'. Underneath this heading are four white boxes, each representing a component of the RISE model. Each box contains a large letter in a colored square: 'R' in orange, 'I' in purple, 'S' in blue, and 'E' in red. Below each letter is the corresponding text: 'Repair Harm', 'Inspire Change', 'Support Connection', and 'Empower Choice'. At the bottom center of these boxes is a blue button with the text 'Learn More About the Model'.

Follow Us



@risecollab



RiseCollaborative

RISE Research and Evaluation Articles

- Burnes, D., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S. (2022a). RISE: An integrated model of elder abuse intervention. *The Gerontologist*, 63, 966-973. <https://doi.org/10.1093/geront/gnac083>
- Burnes, D., Connolly, MT., Hamilton, R., & Lachs, M.S. (2018). The feasibility of goal attainment scaling to measure case resolution in elder abuse and neglect adult protective services intervention. *Journal of Elder Abuse & Neglect*, 30, 209-222. <https://doi.org/10.1080/08946566.2018.1454864>
- Burnes, D., MacNeil, A., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S. (2022b). Qualitative evaluation of the “RISE” elder abuse intervention model in partnership with Adult Protective Services: Addressing a service system gap. *Journal of Elder Abuse & Neglect*, 34, 329-348. <https://doi.org/10.1080/08946566.2022.2140321>
- MacNeil, A., Connolly, M.T., Salvo, E., Kimball, P.F., Rogers, G., Lewis, S., & Burnes, D. (2023). Use of motivational interviewing by advocates in the context of an elder abuse response intervention: The RISE project. *Journal of Family Violence*. Advance online publication. <https://doi.org/10.1007/s10896-023-00563-1>
- MacNeil, A., Connolly, MT., Salvo, E. Kimball, P., Rogers, G., & Lewis, S., & Burnes, D. (2022). Preliminary findings on the use of “teaming” in elder abuse intervention: The RISE project. *The Journal of Adult Protection*, 25, 339-350. <https://doi.org/10.1108/JAP-07-2023-0019>
- Lewis, S. Connolly, MT., Salvo, E. Kimball, P., Rogers, G., MacNeil, A., & Burnes, D. (2023). Effect of an Elder Abuse and Self-Neglect Intervention on Repeat Investigations by Adult Protective Services: RISE Project. *Journal of American Geriatrics Society*, 71, 3403-3412. <https://doi.org/10.1111/jgs.18506>
- Lewis, S. Connolly, MT., Kimball, P., Salvo, E., Rogers, G., & Burnes, D. (2024). Self-neglect co-occurs with and is a risk factor for elder mistreatment: An analysis of Maine Adult Protective Services Administrative Data. *Journal of American Geriatrics Society*. Advance online publication. <https://doi.org/10.1111/jgs.18818>