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Cultural and ethical considerations in late-life polyvictimization

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ABSTRACT

This article examines the cultural and ethical considerations for professionals working with older adults who experience polyvictimization. Drawing from the Department of Justice training program, Polyvictimization in Later Life (OVC/TTAC, 2017), topics include cultural competencies, ethical standards, personal and professional ethics, and ethical considerations when working in teams. Also described are specific suggestions and recommendations to ensure sensitive and ethical responses when working with cases involving polyvictimization.

KEYWORDS

Elder abuse;
polyvictimization in later life;
diversity; cultural
competence; ethics

Older adults who suffer polyvictimization bring with them their own cultural mores and points of view. To work effectively with older victims of polyvictimization, social workers, health care providers, criminal justice personnel, and other professionals must understand and respect older adults' cultural backgrounds. Of equal importance is to ensure that the approach and actions taken with every individual case adhere to high ethical standards possible. This article focuses on cultural and ethical considerations for working with older adults who have experienced polyvictimization.

Information presented in this article comes from materials gathered for the *Polyvictimization in Later Life Project*, which was awarded to the National Committee for the Prevention of Elder Abuse (NCPEA) by the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice in 2012. NCPEA assembled a team of elder abuse research and practice experts and key national partners to conduct a broad-based national search for relevant and related information about polyvictimization in late life. This information was used to produce a definition of polyvictimization, a national forum, conference presentations, a web-based training curriculum (Ramsey-Klawsnik et al., 2017), and a special issue of *JEAN* (Teaster & Roberto, 2017).

Cultural considerations

Culture is defined by the shared values, attitudes, beliefs, communication styles, religious practices, and traditions that guide and structure a group or community (OVC, 2011, p. 8–3). Cultures change and evolve over time, but the core values and perspectives held by the members of a culture hold constant through many generations. Culture includes racial, ethnic, and religious identities, as well as membership in groups based on age, disability, sexual orientation, and in institutions such as prison, nursing homes, and schools. *Cultural competence* is the ability to function effectively in the context of cultural (including spiritual) differences (OVC, 2011, p. 8–3 & 8–4).

Given the multiple types of abuse, neglect, and financial exploitation experienced by older adults from all cultural backgrounds, the extended periods of time over which the abuse may have occurred, and the increased risk of physical and mental illnesses, the healing process for victims of polyabuse is often more complex than that of other victims. It frequently requires more time and in-depth interventions by helping professionals, as well as multiple types of interventions (Ramsey-Klawnik, 2017).

A starting place to begin assisting victims in their healing process is to recognize and respect their important cultural values and to help them build on their strengths and those of their communities. To do so, professionals must recognize that:

- persons of different cultures may have underlying perspectives and beliefs that differ from what some may consider “mainstream” American values, such as individualism;
- within any culture, different people may have markedly different views, and so each victim must be treated as a unique individual;
- the professional’s own cultural values and how those values might affect the ability to provide culturally appropriate services to victims from many different backgrounds.

Although there is great variability among cultures, four aspects have been identified as particularly important to the understanding of culture.

- (1) How much “directness” is valued, i.e., getting “right to the point” versus sharing information in more indirect and implicit ways;
- (2) How hierarchical the society is, i.e., do people tend to “know their place” and follow the rules, or is there freedom to disagree and perhaps reach different conclusions;
- (3) How much value is placed on groups reaching unanimous consensus versus allowing individuals to dissent and reach different conclusions;

(4) Whether more emphasis is placed on the rights of the individual versus the importance and centrality of the group (Hofstede, 2005; Kotelnikov, n.d.). Americans tend to be direct and to value the individual over the group, but many other groups are exactly the opposite. Key considerations when working with older polyabuse victims from diverse cultural backgrounds include the following (Kotelnikov, n.d.).

- Compassion and sincerity are universally recognized and can often be communicated nonverbally, despite significant differences in language, age, and culture. Expressing these characteristics will enable professionals to have greater success with all victims with whom they interact.
- Older persons may hold onto their native cultural values much more tightly than younger victims, especially so if older victims do not speak English or were not born in the United States.
- Practitioners must learn about the unique cultures present in their own service areas.
- Language is fundamental to understanding. An objective translator should be obtained if the professional cannot speak the victim's language. Use of a certified translator is recommended, because they have received training in the ethics of translation, including the fact that all information discussed is strictly confidential. It is not appropriate to rely on a family member or another person close to the victim to translate personal and painful information. In fact, doing so violates the confidentiality and could very well jeopardize the older person's safety.
- Respect is key. Helping professionals should address the victim by his or her last name unless, and until, invited by the victim to do otherwise.
- Avoiding bringing shame on one's family is a widely shared cultural value among virtually all groups, but especially so in societies where there is more of an emphasis on the family and family honor than on individuals. Because elder abuse, especially multiple types of abuse, is generally regarded as shameful, many older adults may be extremely reluctant to report the abuse to outsiders.

Persons who have come to the United States from places governed by repressive regimes or who have experienced war, or American citizens such as older African-Americans, American Indians, Alaska Natives, and gays and lesbians, who have historically suffered under oppressive laws and law enforcement in the United States, may have deep-seated fears of any government or outside intervention in their lives. Law enforcement interventions in particular may trigger this response, but any "outsider" may do so. These individuals are often extremely reluctant to report elder abuse or to discuss it after it has been reported or discovered. As with many other victims, older

victims of polyabuse are often afraid of what might happen to their loved ones if the abuse is made known. Examples of cultural values and practices of which to be aware include the following.

- In some cultures, including some Asian, African, and American Indian societies, it is rude to look directly at another person, especially if the second person is older or otherwise higher in status than the first person. In the United States, on the other hand, failure to “look someone in the eye” is interpreted as evasiveness or evidence of dishonesty.
- Asian-Americans, in particular, tend to avoid confrontation, agree with others in conversation, and avoid burdening others with their problems (OVC, Office of Justice Programs, U.S. Department of Justice, 2011, pp. 8–25).
- In some societies, including but not limited to Middle Eastern countries, it is important to get to know someone before “getting down to business.” Sharing coffee or tea while making small talk are signs of respect for the other person.
- In many parts of the Muslim world, it is insulting to allow another person to see the bottom of your shoe. Thus, service providers and other professionals should never sit with legs crossed when speaking to a person from this background.
- Touching a person of the opposite sex, or even a man interviewing a woman without a male relative in the room, may be taboo for traditional women from some Muslim countries. When making introductions, shaking hands (e.g., male interviewer) with a Muslim woman is not acceptable.
- The left hand is considered unclean in the Middle East, in many parts of Africa, and in India. It should never be used to shake hands, touch another person, pass items to another, or serve or eat food when interacting with people from these areas.

Additional ways to show respect to victims of polyvictimization include the following.

- (a) Learning the major holidays of a victim’s culture and avoid scheduling appointments on those days.
- (b) Learning a few basic words in a language (e.g., hello, goodbye, thank you, yes and no) common in the victim’s area demonstrates respect, as does having outreach materials written in other languages. Bilingual staff members are always preferred.
- (c) In many Asian cultures, some areas of India, Africa, and the Middle East, as well as in U.S. locations such as Hawaii, there is a tradition of

removing ones' shoes before entering a person's home. Following this practice is a sign of respect.

(d) Support victims if they wish to access traditional healing methods from their own cultures. For example, American Indian victims might wish to engage in cleansing or other rituals. They may also want to use the tribe's historical methods of seeking justice (e.g., through talking circles) rather than through the criminal justice system.

Ethical issues in late-life polyvictimization

Ethics is defined as "an area of study that deals with ideas about what is good and bad behavior; a branch of philosophy dealing with what is morally right or wrong; the principles of conduct governing an individual or a group." (Oxford, 2017). Persons working with older victims have a duty to carry out their responsibilities according to the highest ethical standards. Victims who have suffered multiple forms of abuse, neglect, and exploitation, often over extended periods of time, experience significant negative effects on their physical and mental health (Ramsey-Klawnik, 2017). It is especially important that practitioners treat older victims with respect, dignity, and integrity to mitigate harm and enhance recovery.

Depending on the individual and his or her circumstances, the professional charged with helping an older person who has been repeatedly victimized can have considerable power and influence over the victim's life, especially if the victim lacks decisional capacity. In such instances, an Adult Protective Services (APS) caseworker may intervene to protect the person, with the court's approval, by changing a residence; rearranging finances; or petitioning to have a guardian appointed to take over his or her affairs. It is essential that the APS professional and anyone else working with a victim act with great care and according to the highest ethical standards.

Core ethical standards

In the field of medical ethics, there are four defining core ethical principles (Beauchamp, & Childress, 2012). These core principles have been adopted by or have significantly influenced the development of ethical standards in many other fields and disciplines.

(1) Autonomy and the Right to Self-Determination. A core ethical value, especially in the United States, is that adults have the right to autonomy and self-determination or the right to lead their lives as they wish so long as they act within the law. This right must be maintained for persons who experience polyvictimization.

Therefore, the helping professional must involve the victim in all decisions involved in the case and abide by that person's wishes. Even when a person lacks decisional or functional capacities or has made what others believe to be "bad" decisions, his or her rights and choices must be respected to the degree possible, recognizing that in some cases it may be necessary to take measures to protect the person from further harm and certain professionals may have the duty to report irrespective of the older person's wishes or capacity (see section on applicable laws).

- (2) Non-maleficence: Do No Harm. Practitioners must abide by the fundamental stricture not to harm clients. Although many helpful interventions carry some risk of harm, benefits and risks to the individual client must be carefully weighed and discussed with him or her to enable the client to make an informed decision on whether to accept the intervention.
- (3) Beneficence: Do Good. Helping professionals have a duty to act on behalf of, and in the best interests of, their clients. The goals for assisting victims of polyabuse are to maximize safety and assistance with the least disruption to their lives and circumstances, and with the greatest support for their independence. Less restrictive alternatives should be considered before petitioning to have a conservator or guardian appointed. In-home services to keep the person safely at home, whenever possible, are preferable to placing the person in a care facility.
- (4) Justice: Just-dealing or right action (Oxford Advanced Learner's Dictionary, 2017). The concept of justice is based on fairness and balance. Older victims have endured injustice in their lives, and therefore it is critical that practitioners offer alternatives to restore to older victims some measure of balance and personal power. Justice can mean many things such as holding the abuser accountable, increasing victim's safety, or reclaiming lost money or property. Victims may not view justice in the same way as do helping professionals. For example, a law enforcement officer and a prosecutor might define justice as investigating, arresting, convicting the victim's abuser, and sending the abuser to jail or prison. The victim, however, might view getting help for the abuser while putting protective measures in place for the victim as a more just and desirable outcome. Although a full measure of traditional justice may be desired by the community, it may not be achievable because of the desires of the victim, the state of the evidence, or local resources. Even small steps toward it can help older persons who experience polyvictimization heal and move forward.

In addition to the four ethical standards originally put forth by Beauchamp and Childress, two additional standards were included in later publications (Beauchamp & Childress, 2012).

- (5) Honesty. The professional owes a duty of candor to those served. That means professionals must conduct themselves by always telling people the truth, fully disclosing their roles and responsibilities, and never misrepresenting or omitting significant information. Professionals who are legally obligated to report abuse should follow the recommendations from the National Clearinghouse on Abuse in Later Life (NCALL, 2008): (a) advise all older victims about what information may and may not be kept confidential and (b) let older victims know, before a disclosure is made, what could happen if they discuss sexual assault, domestic violence, stalking, or other forms of elder abuse. Giving victims this information up front provides them with “an opportunity to control what information to share, when to share it, and with whom.”
- (6) Confidentiality. Helping professionals, privy to deeply personal and painful information about polyvictimization, must abide by the strictest standards of confidentiality. The improper disclosure of confidential information not only violates policies, laws, and standards, but also directly impacts the professional’s ability to help the client. A vulnerable victim whose trust has been violated so often in the past will not trust, disclose, or likely accept help from a professional who violates his or her privacy. In addition, violations of confidentiality may endanger the older person’s safety and undermine efforts to improve the older victim’s situation, an example of the ethical standard of non-maleficence (do no harm). However, in some instances, legal requirements mandate the sharing or disclosure of confidential client information (e.g., mandatory reporting of elder abuse, or in order to protect the life and safety of the client or others). In these circumstances, only necessary information may be shared, sharing should be confined to the smallest circle of persons possible, and it should be done within legal and professional boundaries. The client should be told in advance of any legal duties to disclose the circumstances giving rise to the duty and what will happen if a disclosure is required. If a disclosure is required, the client should be informed, if possible, that the disclosure is taking place. The professional should evaluate victim safety issues and options, including if the client consents, involving a professional to provide assistance with safety planning, and other measures.

Personal and professional ethics

Ethical rules apply to one's personal life and professional work. Personal ethics reflect core values by which each individual lives his or her life and involve, at their foundation, the ancient adage "to treat others as you wish to be treated". This translates into (1) honesty; (2) fairness, refusing to take unfair advantage; (3) benevolence, "doing good", concern for others' well-being; (4) doing no harm; and (5) respecting others regardless of age, race, ethnicity, sexual orientation, economic status, or legal lifestyle choices (Colero, 1997).

In addition to the personal ethics that shape individual behavior, there are specific ethical standards under which professionals must operate. These include the following.

- Objectivity: treating everyone equitably; not letting personal judgments cloud actions.
- Transparency: full disclosure of role, responsibilities, and actions.
- Confidentiality: protecting each person's privacy with utmost care.
- Due diligence: carrying out one's duties according to professional standards and with a high level of effort.
- Avoiding any actual or apparent conflicts of interest.
- Observing professional boundaries: not confusing or blending professional and personal roles and relationships.
- Competence: maintaining and improving professional knowledge and skills.

Professions typically adopt Codes of Ethics under which its practitioners are expected to operate. Those applicable to working with older victims of polyvictimization include

- The National Association of Social Workers (NASW): <http://www.socialworkers.org/pubs/code/code.asp>
- The American Medical Society's Principles of Medical Ethics for Physicians: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/principles-medical-ethics.page>
- The American Nurses Association: <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf>
- The National Adult Protective Services Association (NAPSA): <http://www.napsa-now.org/about-napsa/code-of-ethics/>
- National District Attorney's Association, Prosecution Standards: <http://www.ndaa.org/pdf/NDAAP20NPS%203rd%20Ed.%20w%20Revised%20Commentary.pdf>

Many state professional organizations have also adopted ethical codes that govern practice by licensed professionals in their jurisdictions that may differ from national standards.

While ethical standards provide the guiding principles under which to operate, they do not provide hard and fast rules to apply in every situation. One ethical standard may conflict with another, and the professional must weigh the client's needs and circumstances, as well as his or her own professional duties, in deciding which takes precedence.

Applicable laws

When working with older victims of polyabuse, an applicable statute may override an ethical standard. For example, in all but one state, either all residents, or a range of professionals, are required by law to report suspicions of elder abuse to APS and/or to law enforcement. There are certain exceptions to the law such as attorney-client privilege, the Violence Against Women's Act, which sets confidentiality requirements for domestic violence and sexual assault programs, and the Older Americans Act, which restricts long-term care ombudsmen reporting confidential information about facility residents. It is the duty of professionals to know and to follow the statutes that apply to their conduct (see NCALL, 2008).

Applying ethical standards

Although it is necessary to know and understand the ethical standards of conduct, applying them is another thing altogether. In many circumstances, two ethical principles may be in conflict; for instance, a person's right to autonomy may be at odds with the principle of beneficence (e.g., a protective services program's responsibility to intervene to protect the person from harm). A common framework for making ethical decisions (McCarthy, 2007; OVC, Office of Justice Programs, U.S. Department of Justice, 2011; Velasquez et al., 2009) poses a series of questions to guide investigations of abuse.

- (a) What is the Problem?
- (b) Describe the issue at hand.
- (c) For whom is this issue a problem?
- (d) What is the context in which the problem exists?
- (e) Is there an Ethical Issue?
- (f) Is this decision or situation hurting someone or does it have the potential to do so?
- (g) Does this situation involve a choice between a good and bad alternative? Two good alternatives? Two bad choices?

- (h) What ethical standards are in conflict?
- (i) Get the Facts
- (j) What are the relevant facts of the case? Do I know enough to make a decision?
- (k) What are the applicable laws and policies?
- (l) What are the client's views and values?
- (m) Which ethical standards apply?
- (n) What are my professional responsibilities?
- (o) Evaluate Alternatives
- (p) Which option will produce the most good and do the least harm?
- (q) Which option best respects the rights and opinions of the client?
- (r) Which option best respects the rights of others, including the community?
- (s) What do my supervisor, my peers, or my ethics committee recommend?
- (t) Make a Decision and Test It

Considering all these approaches, which option best addresses the situation?

- (a) Act and Reflect on the Outcome
- (b) How can my decision be implemented with the greatest care and attention to the concerns and needs of the client?
- (c) How did my decision turn out and what have I learned from this situation?

Ethical considerations when working in teams

Using teams and collaborative responses in cases of elder abuse, and more specifically cases of polyvictimization in later life, offer many benefits. Teams can bring more resources and perspectives, may offer a more effective way to work with a client, can save time and energy, and may result in better outcomes. However, their practices must be ethical. For example, consideration must be given to what are the client's desires and what is the least restrictive alternative given the client's needs and capacities. Ethical decision making, which balances autonomy with safety, often must be weighed, as does the client's desire not to involve law enforcement where criminal conduct is alleged. Confidentiality and information sharing must be approached carefully. Relevant statutes must be understood. Approaches that minimize the amount of information that actually is shared must be considered. Some teams only refer to the older victim by the person's initials or as Jane or John Doe. Some

discuss cases with a small circle of agencies while engaging a larger group when discussing systemic issues or changes. Most teams require participants to sign confidentiality agreements whereby they pledge to keep any information disclosed in the team meeting confidential.

Conclusions

The aging population in the United States is growing rapidly and becoming more diverse. Variations in cultural values and beliefs of persons of different races, ethnicities, religions, and sexual orientations will require professionals to be increasingly knowledgeable about, and skilled in, addressing the complex and multifaceted issues and needs of older persons who experience polyvictimization. It is every professional's duty to continually strive to improve their cultural knowledge and sensitivity and to always be respectful of cultural differences, as well as each individual victim's strengths and preferences.

All professionals are expected to act in an ethical manner at all times, obeying all applicable laws, and conducting themselves according to their own profession's standards of conduct. In fact, it is each professional's duty to know and to apply the laws and ethical standards that apply to their work. When presented with an ethical conflict, the professional must follow a careful process to consider all the facts, his or her own legal and ethical duties, the older client's needs and desires, and the impact on others who may be affected by the decision. Following codes of conduct and ethical standards is especially important for those who work with repeatedly traumatized older adults.

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