

# Domestic Abuse in Later Life Part 1

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## USING THE GUIDE AND VIDEOS

## USING THE GUIDE AND VIDEOS

This section explains how to use this training guide and the videos. The key segments are—

- Preparation
  - Understanding the target audience
  - Selecting trainers
  - Selecting the videos
  - Selecting discussion questions
  - Adding material
  - Organizing logistics
- Presentation Strategies
  - Adult learning style
  - Facilitation tips
- Potential Pitfalls and Remedies

### Preparation

#### *Target Audiences*

Facilitators will need to identify the target audience and understand key issues of concern for participants. Some audience members will be new to the discipline or the issue. Others will have years of experience in their field or will have worked with many victims of domestic abuse in later life. This material was designed to train the audiences listed in the following table.

TAB	TARGET AUDIENCE	DESCRIPTION
4	<b>Interdisciplinary Audiences</b>	An interdisciplinary audience is composed of a diverse range of professionals, generally from the same community. This group may include representatives from law enforcement, prosecution, the courts, health care, the aging network, APS, elder abuse, domestic abuse and sexual assault programs, and others.
5	<b>Domestic Abuse and Sexual Assault Advocates</b>	<p>Community-based domestic abuse (DA) and sexual assault (SA) advocates generally work in nonprofit organizations that provide a range of services. These may include 24-hour crisis lines; individual, peer, and group counseling; support groups; legal advocacy; support in the medical and legal systems; safety planning; and emergency shelter and transitional living programs.</p> <p>System-based advocates work in a prosecutor's office or within another system. They help victims navigate the legal arena. System-based advocates can also provide information, referrals, and assistance with victim compensation.</p>
6	<b>Adult Protective Services/ Elder Abuse Workers</b>	APS/elder abuse workers in most states must, as ordered by statute, investigate reports of abuse, neglect, and exploitation. Workers assess their clients' need for services to address current situations and to reduce risk and vulnerability. They provide, arrange, or make referrals for appropriate interventions, including medical, criminal justice, civil, legal, financial, or social services.
7	<b>Aging Network Professionals and Volunteers</b>	The aging network consists of state units and area agencies on aging, tribal and native organizations and service providers, adult care centers, and other organizations that focus on the needs of older adults. Aging network professionals and volunteers organize, coordinate, and provide community-based services and opportunities for older Americans (ages 60+) and their families.
8	<b>Criminal Justice Professionals</b>	Criminal justice professionals include law enforcement, prosecutors, and court personnel. These professionals respond to crisis and other calls to law enforcement, investigate alleged crimes, gather evidence, interview victims and other witnesses, make arrests, prosecute offenders, and enforce court orders. Criminal justice system-based advocates are often called "victim advocates" or "victim-witness coordinators." They work with victims who are involved with the legal system.
9	<b>Health Care Professionals</b>	Health care professionals work in inpatient institutions, outpatient clinics, community-based settings, and individuals' homes. They provide preventive, acute, therapeutic, and long-term care, treatment, and procedures and services to maintain, diagnose, or treat physical and mental conditions.

To learn more about the target audience—

- Interview the event organizers to learn about the needs of the participants.
- Consider meeting with representatives of the target audience ahead of time to learn more about their key concerns and questions.
- Review the description on the first page of the tabbed section corresponding to the audience you will train (see the chart on page 6 and the first page in tabs 4–9).

## Selecting Trainers

- Trainers with content expertise or experience working with older victims of abuse will be most effective. This training guide is designed for facilitators who are comfortable leading group discussions. Tab 2 contains content on the dynamics of abuse in later life. Tab 12 lists additional resources.
- Whenever possible, have two trainers from different disciplines facilitate the training. Ideally, choose one trainer from the field of the target audience. (For example, a law enforcement audience tends to learn best

when taught by other law enforcement personnel.) Copresenting with a qualified professional from the field of the target audience enables trainers to share personal examples that resonate with the audience, bringing practical experience and credibility to the training.

## Selecting the Videos

The chart below describes the videos' primary target audiences, key messages, and lengths so trainers may choose the appropriate videos for their specific training.

VIDEO	NAME	TARGET AUDIENCE DISCUSSION QUESTIONS	SEVERAL KEY POINTS (EACH VIDEO FEATURES MANY ADDITIONAL TRAINING POINTS)	LENGTH
<b>INDIVIDUAL STORIES</b>				
<i>I Can't Believe I'm Free</i>	<b>Pat</b>	<ul style="list-style-type: none"> <li>• Interdisciplinary (page 36)</li> <li>• APS/Elder Abuse (page 60)</li> <li>• Aging Network (page 74)</li> <li>• Criminal Justice (page 82)</li> <li>• Health Care (page 96)</li> </ul>	<ul style="list-style-type: none"> <li>• Power and control dynamics of abuse over a 50-year marriage</li> <li>• Impact of abuse on the victim and other family members over a 50-year period</li> <li>• Charm and manipulation of some abusers</li> <li>• It is never too late to make significant life changes, even after age 80</li> </ul>	15:17 minutes
<i>I Can Hold My Head High</i>	<b>Lois</b>	<ul style="list-style-type: none"> <li>• DA/SA Advocates (page 46)</li> <li>• Health Care (page 99)</li> </ul>	<ul style="list-style-type: none"> <li>• Dynamics of abuse in later life</li> <li>• Benefits of support groups for older women</li> <li>• Victim resilience</li> </ul>	10:11 minutes

<i>I'm Having To Suffer for What He Did</i>	<b>Miss Mary</b>	<ul style="list-style-type: none"> <li>• Interdisciplinary (page 37)</li> <li>• DA/SA Advocates (page 48)</li> <li>• APS/Elder Abuse (page 62)</li> <li>• Aging Network (page 75)</li> <li>• Criminal Justice (page 84)</li> <li>• Health Care (page 100)</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual assault in later life</li> <li>• Multiple forms of abuse in the same case</li> <li>• Victim resilience and strength</li> <li>• Older adults as powerful witnesses</li> <li>• Collaboration</li> <li>• Creative, supportive, ongoing advocacy</li> </ul>	20:21 minutes  segments 14:40
<i>The Ties That Bind</i>	<b>Sam</b>	<ul style="list-style-type: none"> <li>• Interdisciplinary (page 40)</li> <li>• DA/SA Advocates (page 51)</li> <li>• APS/Elder Abuse (page 65)</li> <li>• Aging Network (page 77)</li> </ul>	<ul style="list-style-type: none"> <li>• Older men as victims of domestic violence</li> <li>• Rural issues</li> <li>• Power of religious/marital commitment</li> </ul>	15:34 minutes
<i>When He Shot Me</i>	<b>Annie</b>	<ul style="list-style-type: none"> <li>• Interdisciplinary (page 41)</li> <li>• DA/SA Advocates (page 53)</li> <li>• APS/Elder Abuse (page 66)</li> <li>• Criminal Justice (page 88)</li> <li>• Health Care (page 103)</li> </ul>	<ul style="list-style-type: none"> <li>• Potential risk and lethality in later life</li> <li>• Victim resilience and survival skills</li> </ul>	4:22 minutes
<b>TOPICAL SEGMENTS</b>				
<i>Emergency Housing for Older Victims</i>		<ul style="list-style-type: none"> <li>• DA/SA Advocates (page 109)</li> </ul>	<ul style="list-style-type: none"> <li>• Benefits of emergency housing</li> <li>• Environmental adaptations to a shelter can improve accessibility</li> </ul>	8:28 minutes
<i>Support Groups for Older Women</i>		<ul style="list-style-type: none"> <li>• DA/SA Advocates (page 111)</li> </ul>	<ul style="list-style-type: none"> <li>• Power of support groups</li> </ul>	8:20 minutes
<i>Effective Advocacy for Older Victims</i>		<ul style="list-style-type: none"> <li>• DA/SA Advocates (page 113)</li> </ul>	<ul style="list-style-type: none"> <li>• Creativity</li> <li>• Empowerment</li> </ul>	6:33 minutes
<i>I'm Not Alone Anymore</i>		<ul style="list-style-type: none"> <li>• Policymakers</li> <li>• Executive Directors and Board Members of Domestic Abuse Agencies</li> <li>• Any Interested Audience</li> </ul>	<ul style="list-style-type: none"> <li>• Needs of older victims</li> <li>• Programming ideas</li> </ul>	6:23 minutes
<b>INTERACTIVE WORKSHOP</b>				
<i>The Best I Know How To Do</i>		<ul style="list-style-type: none"> <li>• Aging Network (page 128)</li> <li>• Health Care (page 129)</li> <li>• APS/Elder Abuse (page 130)</li> </ul>	<ul style="list-style-type: none"> <li>• Behaviors and language associated with domestic abuse in later life</li> <li>• Appropriate interventions</li> </ul>	Four segments of 3–5 minutes each; total 17:38 minutes



When choosing which video to use for a specific training event, consider the following:

- Review the case-specific Descriptions and Additional Background (tab 3) and the appropriate discussion questions for the target audience for that case or topical segment (tabs 4–10).
- Consider the needs of the target audience and determine key teaching points.
- After showing a segment, allocate at least 30–45 minutes for the audience to react and discuss the questions presented for each case. The videos have a very strong impact on individuals and you must give audience members sufficient time to process their viewing experience, ask questions, and respond to the discussion questions listed.
- For a training session of 2 hours or less, consider using only one video.

### **Selecting Discussion Questions**

The discussion questions are designed for interdisciplinary audiences and discipline-specific groups. Tabs 4–9 contain targeted questions for the various audiences.

- The questions are not designed to demonstrate that participants have watched the film but rather that they can apply what they have learned from it to help older victims in their communities.
- The questions flow in a recommended order, although trainers can determine which questions will work best for their target audience and may add extra questions as needed.
- Prior to the training, review the discussion questions and determine which ones best illustrate the learning points for the training. Plan ahead for the answers that

participants might give so you can bring out key learning points if they do not come up naturally during the discussion.

### **Adding Material**

Trainers may want to create a PowerPoint presentation or otherwise present material related to the videos before or after showing them. To assist you with this, tab 12, Additional Resources, lists Web sites on family violence.

### **Organizing Logistics**

- Plan ahead and consider seating arrangements that will encourage participants to interact, such as seating them at round tables to form small groups.
- Be sure you have all the equipment you need to show the video, and test it before participants arrive. Have a backup plan in case the equipment does not work.
- Consider distributing handouts about key teaching points and available resources. Make sure you have enough copies for all participants.
- Use a microphone.
- Provide breaks, snacks, and beverages.

### **Presentation Strategies**

#### **Principles of Adult Education**

Research confirms that there are four critical elements of learning: motivation, reinforcement, retention, and transference. Keep the following key principles in mind as you plan and facilitate the training:

- Adults have a foundation of life experiences and knowledge that includes previous education, work-related activities, and family responsibilities. They need

Adults are goal-oriented and new learning must be relevant to their goals. They need to know why they should learn something and must consider the new skill, knowledge, or attitude important for them to acquire.

to connect learning to this knowledge and experience base by being actively involved.

- Adults are goal-oriented and new learning must be relevant to their goals. They need to understand why they should learn something and must consider the new skill, knowledge, or attitude important for them to acquire.
- Adult learners are practical and problem-centered, rather than subject-centered. They focus on the aspects of programs that will help them in their own work.
- Adults need to be actively involved in learning rather than passively listening to lectures. Trainers and participants must interact, try out new ideas, and use exercises and experiences to bolster facts and theory.
- Adult learners must be treated with respect. Trainers need to treat the participants as equals, recognize that adults learn from each other, and allow participants to voice their opinions freely in the session.

### ***Facilitation Tips***

- Keep the training victim-focused by letting survivors' voices be heard as early as possible in the training session.
- Describe the case briefly before starting the video segment for the case. See tab 3 for descriptions.

- Tell participants that the class will discuss the video after seeing it.
- Emphasize that some cases will be very difficult to watch, especially for individuals who are survivors of domestic abuse or sexual assault or those who have had significant personal experiences with these cases. Encourage individuals to take care of their personal needs, including leaving the room if necessary. Have someone available to talk with any participant who needs additional support.
- Open up a dialog with a general question about participants' reactions immediately after showing the video.
- Facilitate a discussion using the questions in this guide after leading a general debriefing session. The discussion questions for each segment begin with a general transition question that will encourage audiences to offer personal reactions to the story. The questions are designed to connect the video to practice in the field and to encourage collaboration.
- Plan ahead for the answers that participants might give so you can bring out key learning points if they do not come up during the discussion.
- Have the last word. Wrap up any discussion by tying together the key training points.



## Potential Pitfalls and Remedies

Project staff and volunteers pilot-tested the videos with more than 25 different audiences of professionals. This revealed several potential pitfalls in audience reactions. Trainers may want to consider the following issues as they prepare for training:

- **Blaming the victim.** Some audience members may blame the victim, asking questions about what the victim did to provoke the abuse or why the victim didn't "just leave."
- **Focusing on punishment for the perpetrator.** Some participants may focus exclusively on punishing the perpetrator, as if this alone would alleviate any further needs of the victim.
- **Focusing on "fixing" the perpetrator** lessens the emphasis on the victim and addressing his or her needs. Focusing on the perpetrator's situation also wrongly supports the idea that abusers are overstressed, pitiable, dependent, or troubled individuals and not responsible for their actions.
- **Critiquing the professionals** shown in the video. The purpose of the discussion is to highlight how participants could assist victims in similar situations rather than to critique the behavior of any professionals seen or mentioned in the video.
- **Distancing themselves emotionally** from the cases. Some audience members may not fully engage in discussing the cases because they believe that the

situation could never occur in their community or under their state law. Others may distance themselves by indicating that the victim portrayed could never be their client or that the case is too extreme to be credible.

- **Diverting the teaching point.** Some audience members may ask questions about the case that are significantly off-point or tell "war stories" from the trenches that are also irrelevant to the point you are teaching.
- **Personalizing the material.** Most audiences will include participants who have experienced family violence, are currently working with difficult elder abuse cases, or have an older family member who they may believe is being abused, neglected, or exploited. These responses reflect an emotional rather than a professional perspective.

Trainers can prepare for these responses ahead of time and, after validating the speaker, redirect the audience back to the appropriate teaching points. There are several effective strategies for overcoming these pitfalls:

- **Be well prepared for the training** by thoroughly learning about the audience ahead of time; reviewing background material on domestic abuse in later life; and becoming familiar with the videos, the discussion questions, and potential audience responses.
- **Use a strong, respectful facilitation style.**
- **Have a clear purpose and know the training points** of the video so you can bring the audience back if members get off topic.
- If the audience pursues a discussion of the perpetrators who are talked about in the video, **acknowledge that although perpetrator issues can be of concern**, they are not the focus of this training.

Accept that anger, stress, dysfunctional family dynamics, and substance abuse may coexist with elder abuse. However, by homing in on the perpetrator's needs, you take the focus of the intervention off the victim. Bring the audience back to discussing a victim-centered response.

- If the audience wants to comment on the actions of the professionals in any of the videos, **move the conversation from the specific video to how participants would respond if a victim with similar issues presented in their community.** The key training point is not how others responded but how participants can improve their own responses to older victims.
- **Consider team-teaching** with faculty from other disciplines, particularly to assist with challenging comments about other professionals or victim-blaming statements. Address victim-blaming comments by bringing the audience back to focusing on the resilience and strength of the victims.
- **Be prepared for personal reactions** from audience members. Plan to talk with individual participants during a break, if needed.
- **Honor the victims' voices.** The older adults in these videos wanted to make a difference in the lives of other victims by helping professionals to learn about abuse in later life. If the discussion wanders away from the topic, bring the message back to victim safety, offender accountability, and collaboration.
- **Close the discussion on a positive note.** Watch the time and take the last 3 to 5 minutes to make a strong closing statement that brings the group back to the key training points for the session.

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# 2

## WHAT IS DOMESTIC ABUSE IN LATER LIFE?

# WHAT IS DOMESTIC ABUSE IN LATER LIFE?

To provide training on domestic abuse in later life, trainers must understand the dynamics of these cases. Additional resources for trainers are listed in tab 12.

The World Health Organization defines **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.” ([www.who.int/ageing/projects/elder\\_abuse/en](http://www.who.int/ageing/projects/elder_abuse/en))

Domestic abuse is a pattern of coercive tactics that abusers use to gain and maintain power and control over their victims. Abusers believe they are entitled to use any method necessary to control their victims. Domestic violence and sexual abuse in later life are subsets of elder abuse. For more information on domestic abuse in later life, go to the Web site of the National Clearinghouse on Abuse in Later Life (NCALL) at [www.ncall.us](http://www.ncall.us).



For this project, **abuse in later life** is defined by the following components:

**Age.** Victims are age 50 or older. NCALL chose this age because many domestic abuse programs serve primarily women in their 20s to 40s. By age 50, there may already be a significant dropoff in the number of women accessing services. In addition, women ages 50–62 may need economic assistance to acquire safe housing and care so they may leave an abuser.

However, they are likely to be ineligible for the Temporary Assistance for Needy Families welfare program and Social Security, leaving these women with distinct issues that are important for service providers to identify.

**Gender.** Abuse in later life, especially physical and sexual violence, affects older women more often than older men, although some men may be victims as well. The Wisconsin Coalition Against Domestic Violence's (WCADV) Domestic Abuse Homicide Report (2006–2007) found that a significant percentage of women killed in Wisconsin during this period were over 50 years old ([www.wcadv.org](http://www.wcadv.org)). Furthermore, homicide-suicides generally involve older couples in which the male first kills his partner and then himself. For more information about homicide-suicide, see the research by Malphurs and Cohen,<sup>1</sup> of the University of South Florida and the Miami Veteran's Administration Health Care System, respectively, at [www.news-medical.net/?id=10573](http://www.news-medical.net/?id=10573).

Although older women often experience more significant violence and are more apt to change their lives to stay safe or accommodate the abuser, some older men are also victims of abuse, neglect, and exploitation. Some data<sup>2</sup> suggest that in cases of exploitation or neglect, a significant portion of the victims may be male. For more information on older male victims, go to [www.jrf.org.uk/knowledge/findings/socialcare/362.asp](http://www.jrf.org.uk/knowledge/findings/socialcare/362.asp).

**Relationship.** Victims and abusers have an ongoing relationship with an expectation of trust. These relationships may include a spouse or partner, an adult child, a grandchild, another family relationship, or some caregivers. Spousal and partner relationships can include long-term relationships of 50 years or more, with the abuse present throughout that time.

<sup>1</sup>Malphurs, Julie E., and Cohen, Donna. (March 2005) A Statewide Case-Control Study of Spousal Homicide-Suicide in Older Persons, *American Journal of Geriatric Psychiatry* 13(3): 211–217.

<sup>2</sup>Pritchard, Jacki. (2002). *Male Victims of Elder Abuse: Their Experiences and Needs*. Violence and Abuse Series. London, UK: Jessica Kingsley Publishers.

Spousal or partner relationships may also be new, often following the death of a previous partner or a separation or divorce. A final category of spousal or partner abuse is late-onset abuse, in which a long-term relationship that had not been abusive previously becomes so in later life. In some cases, a medical or mental health condition may have led to aggressive or violent behavior. In other cases, power and control dynamics may have been present throughout the relationship but were not named or identified by the victim, so the situation is not late-onset but rather a long-term domestic violence case. In these training materials, abuse between strangers (e.g., scams and identity theft) is not considered domestic abuse in later life.

**Location.** The abuse generally occurs where the victim lives, in either a residential or facility setting.

**Forms.** The abuse can be physical, sexual, emotional, or verbal; it also can encompass neglect or financial exploitation, including threats of harm. Most of these cases exhibit a combination of one or more of these tactics. NCALL's Abuse in Later Life Power and Control Wheel can be found in tab 12: Additional Resources.

## What Causes Domestic Abuse in Later Life?

In many cases of domestic abuse in later life, one person uses power and control to get what he or she wants out of the relationship with the older person. Even if physical abuse is not used, the threat of harm is generally present. The person with the power typically uses many tactics to maintain control, including emotional and psychological abuse, threats of physical violence or abandonment, isolating the individual from family and friends, limiting the victim's use of the telephone, breaking assistive devices, and denying health care. Individuals who use power and control tactics in a relationship can be very persuasive, and often try to convince family, friends, and professionals that they are only trying to help. Abusive individuals rarely take any responsibility for their inappropriate behavior.



## Issues That Often Co-Occur but Do Not Cause Abuse

A number of issues co-occur with abuse and are often mistaken as causes of abuse, neglect, or exploitation. These issues include anger, stress/caregiver stress, medical conditions or mental health issues, substance abuse, or prior poor relationships. In most cases, however, these are issues that should be dealt with separately because they do not cause abusive behavior. Resolving these issues may deal with one problem but generally will not enhance victim safety or hold the abuser accountable.

**Anger** is a normal and healthy emotion but it does not cause abuse. Even though abusers can be angry at times, abuse happens when an individual chooses manipulative, threatening, or physically violent behavior to gain power and control over another individual. Abusive tactics may occur without any evident anger in the abuser. In some instances, displays of anger are just one of many tactics used by an abusive person to gain control over another.

Originally, researchers thought that abuse of older adults was caused by **caregiver stress**. Although stress is a commonly used rationale for abuse, stress does not cause abuse. Everyone experiences stress. Most stressed people do not hurt others. Most abusers under stress do not hit their bosses or law enforcement officers. They choose their victims (such as family members) from those who have less power. Providing care for an ill or frail older person can be stressful. Some abusers suggest that their negative behavior is due to caregiver stress because they are physically and emotionally overwhelmed by the demands of providing care. However, research does not support caregiver stress as a primary cause of elder abuse. Instead, it is considered an excuse used by abusers so they can continue their behavior without consequences such as intervention by social services or law enforcement. For more

information confirming that caregiver stress is not the primary cause of elder abuse, go to [www.ncall.us](http://www.ncall.us).

Challenging or violent behaviors may occur as a symptom of some **medical or mental conditions or as a side effect of combinations of medications**. In these circumstances, medical or mental health professionals need to be consulted for a diagnosis and recommended treatment. In other situations, some abusers may use a medical condition as an excuse for their behavior to avoid arrest or otherwise being held accountable. Professionals are encouraged to request a medical diagnosis to ensure that effective interventions are considered in these cases. Victim safety should always be paramount.

**Drugs and alcohol** are commonly used as excuses for abusive behavior (e.g., “I was so drunk, I didn’t know what I was doing”). Yet, many people use drugs and alcohol and are never abusive. Drugs and alcohol do not cause abuse or violence; however, they may intensify the violence. Although abusers will sometimes use drugs or alcohol as an excuse for their behavior, abusers who misuse drugs and alcohol have two separate problems: abusive behavior and substance abuse. Drug and alcohol treatment programs are designed to help an individual stay sober, not to eliminate abusive behavior.

Abuse also does not occur because a **victim of child abuse grows up and then abuses his or her parents**. Abusive parents can unknowingly teach children that abuse is an effective way to control another individual. However, abusive behavior is a choice. Individuals who grew up with abuse can choose to behave abusively or they can choose to stop the pattern of violence that may be all too familiar for them. Many adults who were victims of child abuse or who witnessed domestic abuse growing up have



healthy, happy adult relationships and do not hurt their children, spouse/partner, or parents. Some individuals who were abused as children experience emotional problems and trauma-related symptoms as adults. They may require specific treatment to deal with the effects of their victimization; however, this is not an excuse for someone to continue abusive behavior.

### **The Older Victim's Dilemma: To Remain In or End a Relationship With an Abuser—Challenges and Barriers to Living Free From Abuse**

Victims of abuse often love or care about the people who harm them, including spouses, adult children, additional family members, or others. Keeping the family together may be very important to the victim for many reasons, including religious and cultural beliefs. Victims may want to maintain a relationship with the abuser—they simply want the abusive behavior to end. Victims often have a difficult time deciding whether or not to continue to have contact with an abuser. This ambivalence may be connected to very real fears and safety concerns. It is not unusual for victims to change their minds; at times they will leave a relationship, only to return later. Many factors affect the victims' decisionmaking process, and those who decide to end the relationship often face significant barriers. Some issues, challenges, and barriers include, but are not limited to—

- Fear of
  - Being seriously hurt or killed if they leave their abuser.
  - Retaliation for seeking assistance.
  - Being alone.
  - Losing their independence, autonomy, and even the ability to live in their own home.
- Economic issues
  - Lack of access to financial resources.
  - Lack of available, affordable housing if they leave.
- Emotional concerns and connections
  - Compassion and love for the abuser; not wanting to get a family member into trouble.
  - Not wanting to involve an outsider in their family's private business.
  - Embarrassment and shame, both that they are victims and that a family member (including a spouse or adult child) is the perpetrator.
  - Not wanting to leave behind a home, cherished possessions, or a pet.
  - A sense of responsibility to continue parenting an abusive adult child.
  - A belief that they failed as a parent if their child is abusive.
- Medical conditions and disabilities
  - The victims' medical needs may make living on their own difficult or impossible.
  - The abusive individual may need the victim's care.

If the abuser is an adult child or grandchild, it can be difficult to cut ties completely because of—

- A sense of responsibility as a parent or grandparent.
- Love for the adult child or grandchild.
- Memories of good times.
- Shame or embarrassment.
- Hope that things will get better.
- Lack of a process for divorcing or completely severing the relationship with the adult child, as with a spouse.

## Effective Interventions

**Older victims of domestic abuse** may require assistance to break their isolation and live more safely. Some older victims may need more time to heal physically and emotionally and may need different types of support than younger victims. They may need a safe place to be heard, emergency and transitional housing, transportation, support groups and counseling, legal assistance, and medical assistance or services. In addition, older victims may need

more time to sort out their affairs and rebuild their lives, which could involve rekindling old friendships or acquiring new friends; obtaining assistance with financial planning, benefits, and insurance; and securing permanent housing.

Cases of abuse in later life are often complex and require services from various organizations. The chart below lists some agencies that may be helpful for older victims and a few of the services they offer.

ORGANIZATION	POTENTIAL SERVICES (NOT A COMPLETE LIST)
<b>Domestic Violence/Sexual Assault Programs</b>	<ul style="list-style-type: none"><li>• Individual and peer counseling, support groups, emergency housing, legal advocacy, and 24-hour help line</li><li>• Advocacy with various systems</li><li>• Victim-centered approach that includes strategies such as safety planning</li></ul>
<b>APS/Elder Abuse Agency</b>	<ul style="list-style-type: none"><li>• Investigations into allegations of abuse, neglect, and exploitation</li><li>• Case plans and referrals</li><li>• Arrangements for and coordination of needed intervention services for the victim</li><li>• Assistance with court orders for the victim when protection is necessary</li></ul>
<b>Aging Network</b>	<ul style="list-style-type: none"><li>• Assistance finding employment or volunteer work</li><li>• Homemaker/chore services</li><li>• Assistance with public benefits</li><li>• Senior center and other socialization activities</li></ul>
<b>Criminal Justice System</b>	<ul style="list-style-type: none"><li>• Arrests</li><li>• Prosecution</li><li>• Enforcement of restraining/protective orders</li><li>• Removal of firearms</li><li>• Restitution</li><li>• Mandated abuser treatment</li></ul>
<b>Civil Legal System</b>	<ul style="list-style-type: none"><li>• Divorce</li><li>• Removal of firearms</li><li>• Restraining/protective orders</li><li>• Assistance with wills, health care directives, and financial management alternatives</li></ul>
<b>Faith-Based or Culturally Specific Programs</b>	<ul style="list-style-type: none"><li>• Activities and programs</li><li>• Pastoral counseling</li></ul>

## Collaboration Is Essential

Collaboration among community agencies is crucial to addressing domestic abuse in later life. Informal relationships among staff from various agencies may exist where professionals work together on specific cases or broader community initiatives. Many communities have created more formal teams, such as coordinated community response teams, fatality review teams, or elder abuse interdisciplinary teams. These teams may focus on reviewing individual cases, coordinating the efforts of the various agencies involved, identifying gaps in services, and defining ways the public and private sectors can work together to meet victims' needs.

Communication is often an issue among professionals from various disciplines. Each system has its own definitions and understanding of the problem and its own guiding principles, policies, and laws about how best to respond. These various approaches can sometimes lead to conflict and a breakdown in communication and collaboration.

Information sharing can be another area of contention. When victim safety is a concern, maintaining the victim's confidentiality can be imperative. Yet this means not sharing the victim's personal identifying information with other professionals who may be involved with the case, unless the victim gives his or her permission.

Many states require that elder abuse cases be reported to APS/elder abuse agencies and/or law enforcement. However, mandatory reporting by domestic violence and sexual assault advocates

is often controversial because it diminishes victims' autonomy and compromises victim-advocate confidentiality. Advocates who are mandated reporters can find more information about considerations regarding mandatory reporting at [www.ncall.us/docs/Mandatory\\_Reporting\\_EA.pdf](http://www.ncall.us/docs/Mandatory_Reporting_EA.pdf).

Meeting regularly with collaborators can minimize conflicts and encourage communication. In addition, creating memorandums of understanding between agencies can do much to create smooth working relationships. A well-executed memorandum of understanding can facilitate all of the following: sharing knowledge and resources; eliminating duplication of services; creating an effective system for referring, assessing, and responding to clients; and fostering a shared commitment to victim safety and to holding abusers accountable.

Most elder abuse cases are too complex for professionals from any one system to handle alone. Training and cross-training can help professionals understand the dynamics of abusive relationships and the interventions available for older victims of domestic abuse. Working together as an interdisciplinary team is also effective.

**Note to Trainers:** Both “multidisciplinary team” and “interdisciplinary team” describe a group of professionals from different disciplines who work collaboratively to accomplish common goals. The term “elder abuse interdisciplinary team” is used in this guide to incorporate both concepts.

# 3

## SETUP AND BACKGROUND FOR INDIVIDUAL COMPONENTS

# SETUP AND BACKGROUND FOR INDIVIDUAL COMPONENTS

## ***I CAN'T BELIEVE I'M FREE (PAT)***

*Length – 15:17 minutes*

**Victim Name and Age:** Pat, 83 when videotaped

**Abuser Relationship and Age:** Pat's husband of 50+ years, in his 80s

**Where They Lived:** In California, where they lived rent free in a house owned by their son, Rick. Earlier the family had lived in Canada.

### **Persons Videotaped**

- Pat
- Rick, Pat's son
- Paula, Pat's daughter-in-law
- Frances, Pat's sister
- Maureen, Pat's niece

### **Systems Involved**

- APS/Elder Abuse – Pat's son, Rick, contacted APS for assistance in obtaining a restraining order.
- Health Care – Pat had a number of health issues over the years. One hospitalization and a nursing home stay are described in this video.
- Law Enforcement – Law enforcement was called to the home but did not remove her husband's guns. Rick is a retired law enforcement officer.

### **Overview**

Pat was abused by her husband (Stan) throughout their more than 50-year marriage. In this video, Pat, Pat's son and daughter-in-law (Rick and Paula), and Pat's sister and niece describe the extent of the abuse. They also describe Pat's hospitalization and her husband's continued abusive acts towards her, the family, and hospital staff. APS assisted Pat in obtaining a protective/restraining order prior to her leaving the hospital to go to a nursing home for rehabilitation. Stan ignored the restraining order and went to the nursing home while Pat was being transferred there from the hospital. Once the nursing home staff learned of the restraining order, they asked Stan to leave. He went to his home, got his gun, and killed himself on a hill by a church. The local police found his body a few days later.

After her rehabilitation, Pat returned home. At the time of the videotaping, 2 years after her husband's death, Pat owned her own knitting store and was enjoying her independence. This videotaping was the first time Pat spoke publicly about the abuse.

## Additional Background

Pat and her husband had been living in California in a home their son Rick owned. His father and mother had lived there rent free for 15 years. During Pat's hospitalization, Rick decided to evict his father (but not his mother) to prevent his father from living in the home and continuing to harm his mother. Pat's husband drained the last \$1,000 out of her business account to hire an attorney. Rick went to court, secured an eviction notice, and had eviction papers served on his father.

The following issues may come up in the class discussion:

1. The billy club – Pat's son Rick mentions that his father hit his mother with a billy club, which his father had obtained when working as a security guard.
2. The restraining order – Rick explains that a social worker came to the hospital and helped his mother get a restraining order. In this case, the APS worker assisted Pat in obtaining the restraining order. In California, as in some other states, an APS worker could request a restraining order for a client with or without the client's consent, although social workers rarely do so. In other states, only the individual may request a restraining order.
3. HIPAA<sup>3</sup> – Rick states that his father "fixed it under HIPAA" so that no one else in the family could visit Pat. This was a misapplication of HIPAA. In fact, under HIPAA a health care provider has the authority to disregard any decisions made by an otherwise appropriate "personal representative"

in situations of abuse. In this case, the hospital should not have followed the husband's directives.

4. Discussion of abuse when Rick was a child – Understanding an older victim's history of abuse and the obstacles she or he faced is crucial when working with someone like Pat, who was harmed for many years. Too often professionals focus exclusively on the immediate incident rather than the pattern of events and ongoing tactics that were used against a victim. Understanding Pat's strengths and the strategies she used to survive and to protect Rick during his childhood are also crucial to working effectively with her in later life. This video was designed to model the process of learning about the complexity of a victim's experience rather than to highlight a single incident.
5. Inclusion of family members in the video – Family members share experiences that support and validate Pat's memories. This segment also illustrates the impact of domestic violence on an entire family.
6. Failure of law enforcement to seize guns in spite of a restraining/protective order – Law enforcement generally seizes firearms after a victim has obtained a restraining/ protective order. It is unclear why that did not occur in this case. Pat's experience illustrates the potential lethality of cases of domestic abuse in later life and why seizing guns can be a life-saving intervention.

## ***I CAN HOLD MY HEAD HIGH (LOIS)***

*Length – 10:11 minutes*

**Victim Name and Age:** Lois, 69 when videotaped

**Abuser Relationship and Age:** Lois's husband of 30+ years, 82

**Where They Lived:** In their own home in Milwaukee, Wisconsin

<sup>3</sup>The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. See tab 12 for more information.

## Persons Videotaped

- Lois
- Myrtle Dillon, advocate, Milwaukee Women's Center
- Pat Holland, advocate, formerly with the Milwaukee Women's Center, with the Task Force on Family Violence in Milwaukee when videotaped

## Systems Involved

- **Domestic Violence Program** – Lois received services from the Milwaukee Women's Center.
- **Civil Justice System** – Lois divorced her husband.
- **Health Care System** – Lois had numerous health care issues. She also worked as a certified nurse's aide for many years.
- **Law Enforcement** – Lois's husband was arrested after he threatened her with a gun.
- **Prosecution** – Lois's husband was arrested and charged but deemed incompetent to stand trial so he was never prosecuted.

## Overview

Lois was abused by her husband for 30 years. She describes physical and emotional abuse, including her husband threatening her with a gun. Lois contacted law enforcement and her husband, then age 82, was arrested. This video focuses on the services and support that Lois received from the Milwaukee Women's Center, including her participation in a support group for older women.

## Additional Background

Lois's husband was charged with disorderly conduct with a penalty enhancer because

firearms were involved. When the husband's attorney questioned the husband's competency to stand trial, the judge ordered a medical examination. The examining physician's statement led the court to suspend the charges indefinitely.<sup>4</sup> Lois believed her husband feigned incompetence to avoid prosecution. Lois had to appear in court five times during the process.

Lois was also involved in the civil legal system through her divorce. Given her financial situation, her domestic abuse advocates arranged for a legal services attorney. Unfortunately, she was assigned six different lawyers (and went to at least as many court hearings) before the divorce was ultimately granted. Many delays occurred during the divorce process because her husband, who was represented by private counsel, did not appear for hearings or delayed completing financial statements or other documents. Such tactics are typical for some abusers, who use the legal system to further harass their victims.

Lois had contact with the health care system in many ways. She worked as an aide at several local hospitals and was herself hospitalized many times throughout her life. Lois had numerous gastrointestinal surgeries and was hospitalized for stress-related symptoms several times right before court hearings.

Lois's ex-husband was living in an assisted living facility at the time of the videotaping.

When Lois was videotaped, she was living independently, continuing to receive some services, and attending the support group at the Milwaukee Women's Center. Although she continued to have health issues and was recovering from many surgeries, she was still active in her church and worked part time at the Boys and Girls Club. Her adult daughter and son remained involved in her life.

<sup>4</sup>This is appropriate under Wisconsin law if the physician's statement indicates that a defendant would not regain competency for two-thirds of the time during which the court would still have jurisdiction of the case.



## ***I'M HAVING TO SUFFER FOR WHAT HE DID (MISS MARY)***

*Length – 20:21 minutes*

**Victim Name and Age:** Miss Mary, 98 when videotaped

**Abuser Relationship, Names, and Ages:** Grandson (Billy) and granddaughter-in-law (Susan) in their late 40s (Note: Billy is estimated to be in his late 30s in the video.)

**Where They Lived:** Billy and Susan's trailer in Florida

### **Persons Videotaped**

- Miss Mary
- Nanci Newton, sexual assault advocate
- Kristy Servant, sexual assault advocate
- John McCallum, investigator, prosecutor's office
- Cheyenne Palmer, prosecuting attorney
- Adair Rommel, prosecuting attorney
- Ashley Hammette, victim advocate, prosecutor's office

### **Systems Involved**

- **APS** – Although not shown in this video, APS substantiated the abuse and helped find a nursing home for Miss Mary to go to from the hospital.
- **Health Care System** – Miss Mary had a sexual assault exam after the rape, was hospitalized, and then moved to a nursing home.
- **Law Enforcement** – Law enforcement arrested the grandson Billy.
- **Prosecution** – Billy was prosecuted for sexually assaulting Miss Mary.

- **Sexual Assault Agency** – Sexual assault advocates worked with Miss Mary throughout the criminal case and continued to provide support and companionship throughout the remainder of her life.

### **Overview**

When Miss Mary was videotaped, she was a fully competent, long-time Florida resident. The profile includes Miss Mary, two advocates, and various criminal justice professionals, including prosecutors, an investigator, and a victim advocate. The video explains the tactics used by Miss Mary's grandson and granddaughter-in-law to exploit Miss Mary financially. One evening while Susan was out, Billy sexually assaulted Miss Mary over several hours. This video describes her life since that time as, in Miss Mary's own words, she "suffers for what he [did]." Advocates and criminal justice professionals also describe their roles in working this case.

**Note to Trainers:** Turn on the captioning to help audiences follow Miss Mary's story. Please note that this video may be emotionally upsetting for audiences; it contains graphic content and photographs of very serious injuries. Please plan ahead for the possibility of an emotional reaction from some participants, especially survivors of sexual assault or abuse or family members affected by violence. After the video, please pause for a minute for personal reflection before posing the discussion questions.

### **Additional Background**

Years earlier, Miss Mary lived with her 70-year-old son and his wife. Their health issues made it impossible for Miss Mary to continue to live with them, so she reluctantly moved to a nursing home. Later, she was happy to leave that nursing home to live with her grandson Billy and his wife Susan. Miss Mary lived with them for more than 5 years before the assault.



Billy and Susan increasingly treated Miss Mary as their servant, expecting her to do all of the housework. They also misappropriated her funds. When Billy attacked his grandmother, Susan was in the hospital, but she never visited Miss Mary in the hospital.

After the attack and hospitalization, Miss Mary's family refused to believe her and were not supportive. Miss Mary was placed in a nursing home in February 2004, where she lived in pain and needed ongoing care. She was admitted to the nursing home under the name "Jane Doe" for safety reasons. Most of the staff called her "JD," so in addition to losing her home, most of her possessions, and her health as a result of the assault, Miss Mary also lost her name. Her primary social interactions were with staff and residents of the nursing home and the advocates she met after the assault. Miss Mary died in the nursing home in January 2007.

According to Miss Mary, the sexual assault was the first time Billy was physically violent with her. Miss Mary also stated that she never saw Billy abuse his wife, Susan.

### **ADDITIONAL SEGMENTS FOR I'M HAVING TO SUFFER FOR WHAT HE DID (MISS MARY)**

**Note to Trainers:** Depending on how much time you have, the professional disciplines represented in your audience, and the questions you anticipate from participants, you may want to show one or more of the following segments in addition to the main Miss Mary story. These segments provide additional background and more content about the specific topics listed. Based on the needs of your audience, determine the teaching points you will address during the followup discussion.

- **Role of Alcohol? (Length – 1:31 minutes)** Sexual assault advocate Nanci Newton debunks the alcohol causation myth regarding sexual assault.

- **Prosecution Strategies (Length – 3:57 minutes)** Prosecutors explain how they built the case, designed the prosecution, and rebutted defense strategies.
- **Accommodating Older Victims (Length – 6:09 minutes)** The investigator, prosecutors, and criminal justice system-based advocate describe how they accommodated Miss Mary's unique needs throughout the trial and attempted to make the prosecution more humane while adhering to the legal requirements of evidence and witness testimony.
- **Defense Strategies (Length – 2:47 minutes)** The investigator and prosecutor describe the defense's strategies.

### **THE TIES THAT BIND (SAM)**

*Length – 15:34 minutes*

**Victim Name and Age:** Sam, 69 when videotaped

**Abuser Relationship and Age:** Second wife of 20+ years, late 60s

**Where They Lived:** In their own home in rural northern Wisconsin

#### **Persons Videotaped**

- Sam
- Pam, domestic violence advocate

#### **Systems Involved**

- **APS/Elder Abuse** – A Wisconsin elder abuse worker assisted Sam with rent and in reuniting with his daughter and grandsons.
- **Domestic Violence Program** – Sam used various services at the local domestic violence program, including two stays in the shelter.

- **Civil Justice System** – Sam divorced his wife.
- **Law Enforcement** – Local law enforcement was called when Sam's wife threatened him with knives.

## Overview

Sam lives in rural northern Wisconsin. Throughout their 20-year marriage, Sam's second wife threatened and abused him both physically and emotionally. She also isolated Sam from his coworkers and family by being abusive toward them.

Sam stayed in the local domestic abuse shelter twice, once for 30 days and once for 45. After Sam's first stay at the shelter, he returned to live with his wife out of a sense of obligation to care for her and to honor his religious beliefs. During his second shelter stay, Sam benefited from information about abuse and learned that housing assistance and legal advocacy were available. The local lead elder abuse agency provided funds to help him with rent and assisted in reuniting him with his grandsons and his daughter from his first marriage.

At the time of videotaping, Sam had filed for a divorce and was living independently. He was taking computer classes at a local college and exercise classes at the YMCA. He agreed to be videotaped for this project to publicly thank staff at the Tri-County Council on Domestic Abuse in northern Wisconsin for their support and services.

## Additional Background

As a young man in the early 1960s, Sam was a teletype operator in the U.S. Army, in the 3rd Division, Infantry, at the Headquarters Battalion

in Schweinfurt, West Germany, where he met his first wife. The couple moved back to the United States and had a daughter, who is shown as an adult in photos on the videotape. Later, his wife returned home to Germany and divorced Sam.

Sam settled in Illinois, where he married and worked first as a traveling sales representative for a swimming pool company and later delivered arrangements for a local florist. Sam's second wife wanted to be with him at all times so he took jobs that allowed him to bring her along.

In 2002, Sam and his second wife moved to northern Wisconsin to care for her parents, who had many illnesses. Sam provided her parents' daily care, including blood tests and insulin injections for her diabetic and incontinent father, until their deaths. In the video, he describes one incident in which his wife was arrested. He states that she was up all night and he stayed up with her. At 5:30 a.m. as he was trying to get her to go to bed, she told him that she would stab him in his sleep. Sam called law enforcement, who found two knives under her pillow.

**Note to Trainers:** Sam makes a reference to his role in pressing or filing charges against his wife. In fact, Wisconsin is a mandatory arrest state so victim consent is not a consideration in arrests. Ultimately, the prosecutors, not victims, decide whether to file and pursue charges. Sam's wife was charged with possession of a dangerous weapon, domestic abuse, and disorderly conduct. Her prosecution, however, was deferred.<sup>5</sup>

<sup>5</sup>Deferred prosecution is a program authorized by Wisconsin state law (and other states), whereby a person facing criminal charges or charged with a crime is diverted from the criminal court process. Participation is allowed only with the consent of the district attorney's office. Participants are required to acknowledge responsibility for their criminal conduct and to sign a contract indicating their willingness to participate. The contract requires the participant to take appropriate measures to diminish the likelihood of further criminal behavior. If the participant completes the program, as Sam's wife did, the criminal charges are dismissed.

## WHEN HE SHOT ME (ANNIE)

*Length – 4:22 minutes*

**Victim Name and Age:** Annie, 66 when videotaped

**Abuser Relationship and Age:** Husband of 50+ years, 67

**Where They Lived:** She had separated from her husband; they both lived in Florida.

### Persons Videotaped

- Annie
- Nanci Newton, victim advocate

### Systems Involved

- **Health Care** – Annie went from the law enforcement agency to the hospital for medical treatment.
- **Law Enforcement** – Law enforcement arrested Annie's husband after she drove to the law enforcement agency and reported the crime.

## Overview

In the video, Annie is talking to her advocate, Nanci Newton, from Jacksonville, Florida. Annie describes being shot by her husband and what she did afterward.

**Note to Trainers:** Turn on the captioning to help audiences follow Annie's story.

## Additional Background

Annie met her husband when she was 13 and stayed with him well into her 60s. She faced many obstacles in trying to live safely: a lack of financial resources, her religious-based commitment to marriage, isolation, responsibility for six children, and fear for her safety if she tried to leave. One of her sons has a developmental disability and continues to

live with her. It was at this son's request that Annie contacted her husband on the day of the incident, to ask how he was doing after his recent surgery. Annie went to her husband's residence to help him and took along a casserole.

After the shooting, she drove straight to the police station. Her husband was later arrested, but not prosecuted; it was determined that he was not competent to stand trial.

At the time of videotaping, Annie was living independently. She had become very involved with her church after a long absence. She also was doing volunteer work and participating daily at the senior center.

## EMERGENCY HOUSING FOR OLDER VICTIMS

*Length – 8:28 minutes*

### Persons Videotaped

- Older women in a support group in California
- Carey Monreal Balistreri from the Milwaukee Women's Center in Wisconsin

## Overview

This segment shows older women who attend a support group in Orange County, California. They are describing their emergency housing needs. Two of the women had stayed in a local shelter.

The clip concludes with a tour of the Carol Seaver Wing of the Milwaukee Women's Center, a domestic violence program. The wing has an accessible bathroom, bedrooms, and a living space specifically designed for older women and people with disabilities. Carey Monreal Balistreri, Executive Director of the Milwaukee Women's Center when this video was taped,

also describes some of the center's programming for older women and the connections that have been forged among women of all ages.

## **Additional Background for Trainers**

Some older victims find themselves in life-threatening or very dangerous situations in which they are unable to remain in their own homes. These victims may need emergency housing for a few days, weeks, or months.

Younger abused women often turn to battered women's shelters for emergency housing. In some communities, the local shelter provides services for victims of all ages. But some programs do not serve victims with disabilities or significant health issues, or male victims. Some older women will not consider staying at a battered women's shelter because they feel out of place among younger women or because the children's noise or the general chaos that often results from communal living is difficult for them.

## **SUPPORT GROUPS FOR OLDER WOMEN**

*Length – 8:20 minutes*

### **Persons Videotaped**

- Women in a support group in Minnesota (still photo at beginning of video)
- Older women in a support group in California
- Lois, Milwaukee, Wisconsin
- Myrtle and Pat, advocates from Milwaukee, Wisconsin

## **Overview**

This video presents three different support groups for older women. One group is run by the St. Paul Intervention Project in St. Paul, Minnesota (photo shown at the beginning of

the video). Women from Wisconsin discuss the program at the Milwaukee Women's Center. The final segment highlights Safe Options for Seniors, an elder abuse component of Human Options, a domestic abuse agency in Orange County, California. This segment is not an actual support group meeting but rather a question-and-answer session about the benefits of support groups and other services offered by Human Options.

## **Additional Background Information for Trainers**

In 2006, when this video was shot, about 30 support groups existed in the United States specifically for older victims of abuse. Some support groups serve only older women who have been abused by a spouse or partner; others assist those who have been abused by adult children. Most participants of support groups for older abused women have been harmed by intimate partners, adult children, other family members, or, in some cases, caregivers. What unites these women is the presence of an ongoing relationship in which an expectation of trust and love and a pattern of coercive tactics are being used by the abuser to gain and maintain power and control over the victim.

The Minnesota group is run by the St. Paul Intervention Project and is facilitated by Bernice Sisson, a founder of the Minnesota Network on Abuse in Later Life.

Human Options, in Orange County, California, developed Safe Options for Seniors with the assistance of Orange County APS. Begun in response to a research project and needs assessment in 2000, the program offers in-home counseling, legal advocacy, and case management. The support group for older abused women was added later with input from survivors. Carol Tryon, M.S.W., the program coordinator for Safe Options for Seniors, also facilitates the support group. The women in this

segment are all members of the support group. They are committed to raising awareness about the issue of domestic abuse in later life and have spoken at national conferences and local events and to the media about their experiences.

At the time of taping, the Milwaukee Women's Center ran two different support groups for older women, one for older women who are in abusive relationships with spouses/partners and the other for those abused by adult children and grandchildren.

Additional information on support groups for older women can be found at [www.ncall.us](http://www.ncall.us), including the *Golden Voices* manual, which describes how to create and maintain a support group for older abused women.

## **EFFECTIVE ADVOCACY FOR OLDER VICTIMS**

*Length – 6:33 minutes*

### **Persons Videotaped**

- Two survivors
- Carol Tryon, social worker, Human Options for Seniors, Orange County, California
- Myrtle Dillon, advocate, Milwaukee Women's Center
- Bernice Sisson, founder, Minnesota Network on Abuse in Later Life, and group facilitator, St. Paul Intervention Project

### **Overview**

Effective advocacy involves using a victim-centered approach that focuses on safety and empowerment. In this segment, older victims and advocates describe effective strategies and considerations.

## **Additional Background for Trainers**

When power and control dynamics are present in cases of abuse, an empowerment model can be one of the most effective frameworks for working with victims. An empowerment model restores to the victim the decisionmaking power over major and minor life decisions, which has so often been taken away or manipulated by the abuser. Effective advocacy involves providing information, support, and referrals rather than telling a victim what to do.

Although advocates may find some differences between older and younger adult victims, they use similar tools with both groups. Safety planning, legal advocacy, support groups, 24-hour help lines, and financial advocacy and information can often be highly effective strategies.

For additional information on programming for older victims of abuse, go to [www.ncall.us](http://www.ncall.us) and look for the Program Ideas Grid under Resources.

## **I'M NOT ALONE ANYMORE**

*Length – 6:23 minutes*

This video illustrates how important initial contact, shelter accommodations, and tailored support groups are for victims of domestic abuse in later life. The montage combines the voices of both victims/survivors and their domestic violence advocates. Together, they describe ways to make facilities and programming more relevant to older victims of domestic abuse. This video may be useful when educating the following audiences: (1) boards of directors of domestic violence organizations, (2) executive directors of domestic violence programs, (3) policymakers, and (4) community members and other professionals. No discussion questions were created for this segment.

### ***THE BEST I KNOW HOW TO DO***

This set of segments—to be used in the interactive workshop—consists of a role play between a parish nurse and an adult daughter who cares for her father who has Alzheimer's disease. The footage has been divided into four segments so that audiences can participate in a guided discussion. The footage provides aging network professionals, health care providers, and APS/elder abuse workers with an opportunity to recognize some of the justifications used to excuse abuse, neglect, or exploitation.

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4

INTERDISCIPLINARY  
AUDIENCES



# INTERDISCIPLINARY AUDIENCES

**After these discussion sessions, participants will be better able to—**

1. Recognize the dynamics of domestic abuse in later life.
2. Respond to domestic abuse in later life with appropriate interventions.
3. Refer cases to appropriate agencies for additional assistance.
4. Understand the need for an interdisciplinary approach and for collaboration.

These sessions also help interdisciplinary audience members\* to absorb the key message that domestic abuse in later life is caused by attempts to maintain power and control, not by anger, caregiver stress, substance abuse, alcoholism, or a difficult childhood. An additional key message is the depth and breadth of the barriers that older victims face when trying to increase their safety or leave an abusive relationship. Professionals are also encouraged to examine their own profession's and agency's responses to these cases, the types of assistance other agencies in their community can provide, and the value of an interdisciplinary approach.

Interdisciplinary audiences tend to learn best when they believe that other audience members understand their roles and professional boundaries (e.g., ethical rules, budget limits, and political atmosphere). They can best apply their knowledge when provided with a sample case that helps them identify their role in assisting a victim, holding an offender accountable, and working with others.

Discussion questions for interdisciplinary audiences can be found in this section for the following videos:

- *I Can't Believe I'm Free* (Pat)
- *I'm Having To Suffer for What He Did* (Miss Mary)
- *The Ties That Bind* (Sam)
- *When He Shot Me* (Annie)

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\*An interdisciplinary audience is a diverse range of professionals, generally from the same community. This may include representatives from law enforcement, prosecution, the courts, health care, the aging network, APS/elder abuse, domestic abuse and sexual assault programs, system-based advocacy, and others.



## Questions for Interdisciplinary Audiences

*I Can't Believe I'm Free (Pat)*—Case background on page 23.



1. Although the largest percentage of older victims live in the community in their own homes or apartments, some older victims live in long-term care facilities (e.g., nursing homes). How could your system respond to victims living in either setting?

### *Potential Audience Responses*

- Commit to a victim-centered approach and victim safety in interviews, service provision, and in pursuing prosecutions and crafting dispositions.
- Acknowledge that older people can be victims or perpetrators of domestic abuse in both settings.
- Be prepared to respond to victims by providing services and investigating crimes committed in long-term care facilities.
- If the elements of a crime needed to make an arrest are present, arrest the perpetrator regardless of his or her age or the setting of the abuse.
- Work in teams with adult protective service workers, long-term care ombudsmen, and state regulatory staff, as appropriate, to respond to both victims' needs and offender accountability—regardless of setting.
- Given the possible mental or physical limitations of victims as court witnesses, focus on evidence-based prosecutions (i.e., physical evidence, witness statements, and suspect admissions and confessions).

2. When Pat was hospitalized and discharged, what interventions could each of your systems have provided to enhance her safety?

### *Potential Audience Responses*

- Domestic Abuse Program
  - Offer services such as a 24-hour crisis line, individual counseling, legal advocacy, safety planning, and support groups.
- Aging Network
  - Provide information on access to public benefits.
  - Offer services such as Meals on Wheels, transportation, and senior center-based socialization programs.
- Adult Protective Services/Elder Abuse Agency
  - Respond to/investigate reported incidents.
  - Evaluate victim risk and capacity.
  - Develop and implement a case plan.
  - Prepare for discharge.
- Law Enforcement
  - Gather evidence.
  - Seize weapons.
  - Arrest.
  - Enforce restraining orders.

- Health Care
  - Identify abuse and refer victims for services.
  - Help arrange for home care or a post-hospital stay at a rehabilitation or recuperation facility.
- Civil Legal Services
  - Assist with securing a restraining order, legal separation, or divorce.
  - Provide information about legal rights in housing, eligibility for and coverage under private insurance, and public benefit programs.

**Note:** This case could have been brought to an elder abuse interdisciplinary team by a participant.

**3. Many older women experience a range of emotions, even after the abuser is gone (e.g., after a divorce, death, or the abuser's incarceration). What services could you offer in such situations?**

*Potential Audience Responses*

- Domestic Abuse/Sexual Assault Agencies
  - Help her identify her own strengths as a survivor.

- Invite her to join (or create if necessary) an older women's support group.
- Offer individual, peer, or group counseling (e.g., grief, coping with trauma).
- Offer to help her clear out the abuser's possessions or move her to a different housing arrangement—if and when she is ready.
- Aging Network
  - Help to break isolation via volunteer opportunities, socialization activities, arts activities, hobbies, or courses.
  - Offer transportation assistance.
- Health Care
  - Address the victim's health concerns, including possible posttraumatic stress disorder (PTSD).
- Civil Legal Services
  - Provide information about legal rights in housing and eligibility for and coverage under private insurance and public benefit programs.

*I'm Having To Suffer for What He Did (Miss Mary) — Case background on page 26.*



**1. What was your first reaction to this case? What challenges would you face in responding to a case like Miss Mary's?**

*Potential Audience Responses*

- Reactions
  - Disbelief/shock/incomprehension.
- Challenges
  - Anger/outrage.
  - Sadness/grief.
  - Victim safety.
  - Accommodating the victim's needs, including in court.

Nursing homes are not necessarily safer than living in one's home. Incidents of neglect, abuse, financial exploitation, and sexual assault occur in that setting as well.

- ❑ Avoiding re-traumatizing the victim.
- ❑ Lack of family support.
- ❑ Negative assumptions about witness credibility.
- ❑ Jury disbelief.

**2. One of the prosecutors said that she could not explain to the jury why the sexual assault occurred, she could only try to prove that it did. What myths and justifications would you anticipate hearing from others about this case? How would you respond to them?**

*Potential Audience Responses*

- *Myth 1: The grandson didn't know what he was doing. He was "just drunk."*

Response: Assault over a period of 6 hours was not due to alcohol. Efforts to exert power and control over Miss Mary started when her grandson and his wife expected her to do the chores in the home and stole her money. These efforts continued even after the assault when her family not only failed to believe her, but rejected her, and the defense attempted to make her seem not credible.

- *Myth 2: It must have been the alcohol. Why else would he want to have sex with his grandmother?*

Response: Sexual assault is not about "having sex." It is about privilege, power, violence, objectification, and misogyny.

- *Myth 3: Miss Mary must have hurt her grandson earlier in his life or must have been a bad grandmother. Or perhaps he had a rough childhood.*


Response: There is no evidence or report of any previous family violence. Even if there had been evidence, it would not justify financial exploitation or sexual assault. Miss Mary's grandson committed this assault based on a power and control dynamic over his grandmother.

- *Myth 4: She wasn't competent.*

Response: Miss Mary was fully competent even immediately after the assault. She described her needs accurately to the 911 operator. Her explanations and descriptions of the incident remained consistent until her death more than 2 years after the assault. They were also consistent with the medical findings and evidence. Impaired hearing and/or vision does not signify incompetence.

- *Myth 5: She was a burden to them. It's hard to have a 96-year-old living with you and having to provide for her care.*

Response: To the contrary, Miss Mary was an asset to their household. She was responsible for housekeeping, cooking, and cleaning. Her grandson and his wife stole cash from her bank account and Social Security checks, falsely indicated that they would pay the mortgage/rent with the two \$500 checks she gave them, falsely claimed they were depositing her contributions



into her burial account, and cleaned out that account. Miss Mary took care of herself. Her only limitations were not being able to drive and occasionally needing oxygen.

- *Myth 6: She belonged in a nursing home well before the assault.*

Response: Miss Mary may have been able to live alone, with minimal support (e.g., transportation, refilling oxygen tanks, medication, and grocery delivery) and perhaps some financial assistance.

- *Myth 7: At least she was safe in the nursing home.*

Response: Nursing homes are not necessarily safer than living in one's home. Incidents of neglect, abuse, financial exploitation, and sexual assault occur in that setting as well. Potential perpetrators include paid staff, family members, and other residents. More important, living in a nursing home was not Miss Mary's choice.

### 3. Unlike most victims of domestic abuse involving adult children or grandchildren, Miss Mary wanted her family member prosecuted. How do you work with older victims who do not want to report the abuse or have their abuser prosecuted?

#### *Potential Audience Responses*

- Build trust with the victim; be respectful.
- Assign a victim-witness advocate or a community-based advocate who has experience working with older victims.

- Work collaboratively with domestic abuse/sexual assault and aging and APS/elder abuse agencies to develop and implement a safety plan.
- Understand generational differences (e.g., reluctance to talk about private “family” matters with strangers, barriers to leaving, women’s traditional roles as spouse/mother/caregiver/nurturer).
- Emphasize that receiving services is not contingent on the victim participating in prosecution.
- Recognize that most victims prefer to maintain some type of relationship with their abuser and do not want to get the abuser “in trouble”; they simply want the abuse to end.
- Balance victim autonomy with the state’s interest in prosecution; clarify the victim’s role in the decision to prosecute.
- Investigate thoroughly and prepare evidence-based prosecution, including interviewing collateral witnesses and reviewing 911 transcripts and medical and other reports.
- Keep the victim informed about case developments and the anticipated court process.

**Note to Trainers:** There are additional segments related to the *I’m Having To Suffer for What He Did* (Miss Mary) case. Depending on how much time you have, the professional disciplines represented in your audience, and the questions you anticipate from your audience, you may want to show one or more of these segments to supplement the main Miss Mary story. These segments can provide additional background and more content about the specific topics listed. (See the list on page 27.)

## *The Ties That Bind (Sam) – Case background on page 27.*



### **1. How were the dynamics of domestic abuse in Sam's case similar to or different from those involving female victims?**

#### *Potential Audience Responses*

- Comparable to cases of many older women who experience domestic abuse in later life.
  - Similar forms of abuse such as isolation, emotional abuse, and threats.
  - Financial issues that limit options.
  - Religious/generational values influenced Sam's decisionmaking.
  - Sense of obligation to care for his spouse/partner.
- Older male victims, such as Sam, may—
  - Be concerned that as men they would not be believed.
  - Fear that professionals would think they were the perpetrator.
  - Be potentially less likely to tell others about the abuse.
  - Find that fewer services are available for them.

### **2. What services are available in your community for older victims, both male and female? What services would you like to see added?**

**Note to Trainers:** Audience members' answers will vary depending on what is available in their communities.

#### *Potential Audience Responses*

- Emergency housing that meets the needs of older victims.

- Legal advocacy that addresses older victims' needs, including restraining/protective orders.
- Pro bono legal assistance.
- Individual, peer, or group counseling with specialists who work with older victims.
- Programs to break isolation and involve older adults.
- Economic programs to help older victims with tasks such as applying for public benefits, paying rent, and finding employment (if the victim is interested).
- Health care screening to identify potential older victims and trained professionals to offer appropriate referrals.

### **3. Sam lived in a rural community. Describe how living in a rural area presents both benefits and challenges for older victims.**

#### *Potential Audience Responses*

- Benefits
  - May be a less complicated resource system.
  - May have a stronger sense of community in which everyone knows and helps each other.
- Challenges
  - Affordable housing may be limited.
  - Lack of public transportation.
  - Lack of privacy; for example, it's harder not to run into someone who knows you or your partner.
  - Fewer resources.
  - Distances between providers.

## When He Shot Me (Annie) – Case background on page 29.



### 1. What strategies did Annie use to protect herself?

#### Potential Audience Responses

- Pursued a divorce.
- Did not enter the house.
- Did not yell back at him.
- Used a garbage can as a shield.
- Went immediately to the police station.

### 2. Leaving an abuser can be the most dangerous time for victims. Discuss the conditions under which separation violence occurs, list high-risk factors, and discuss how the public underestimates the potential lethality of older perpetrators in these cases.

#### Potential Audience Responses

- As an abuser increasingly loses control, violence may escalate. This can happen—
  - When the abuser has health care needs and so is physically more compromised, or
  - When the victim—
    - Secures a protective order.
    - Is in a health care facility.
    - Physically separates from the abuser (i.e., moves out).
    - Begins divorce proceedings.
    - Decides not to “stay for the kids” any longer.
    - Has broken through isolation and developed friends, activities, or other support.

- High-risk factors include situations in which the abuser—

- Demonstrates obsessive behaviors, jealousy, or dominance.
- Abuses drugs or alcohol.
- Has caused serious injury in prior abusive incidents.
- Threatens suicide.
- Owns or has access to guns.

- The public underestimates the potential lethality of older abusers by not recognizing that these abusers—

- May increase their attempts to maintain power in the relationship if they feel increased (perceived) helplessness and loss of control.
- May feel, even more so in later life, that they “have nothing to lose.”
- Can be violent, including “frail” abusers who may use adaptive devices (e.g., canes, walkers) as weapons.

### 3. Describe how professionals can be manipulated by an abuser’s justifications or excuses during interviews or other interactions. How would they look at the situation if the abuser needed care assistance? How would they look at this situation if the victim needed care assistance?

#### Potential Audience Responses

- General manipulation strategies include—
  - Acting angry or “out of control” with the victim because of alleged “caregiver stress,” but able to control his or her behavior when outsiders are present or law enforcement arrives.



- Taking advantage of professionals' desire to see the best in others and their tendency not to suspect power and control strategies on the part of the abuser.
  - Preventing interviewers from talking to victims alone.
  - Agreeing to batterer's treatment, anger management, or stress reduction classes with no intention of following through or taking responsibility for the abuse.
- When the *abuser* has care needs, the abuser may—
  - Minimize his or her health care needs, acting as if he or she is easy to care for.
  - Behave as a “model patient” when outsiders are present; save emotional and other abuse and demands solely for the victim.
  - Apologize for the “single occurrence,” stating that “It was just one time” or “It’ll never happen again.”
  - Agree to additional services and support when outsiders are present, but then reject or sabotage any outside interventions later.
  - Exaggerate frailty or physical helplessness to appear incapable of harming the victim.
  - Feign dementia, indicating that the abuser is not responsible for his or her actions.
- When the *victim* has care needs, the abuser may—
  - Blame the victim, feign “caregiver stress”; state that it’s all *his or her* fault for “being demanding” and needing care.
  - Focus only on the abuser’s needs and his or her entitlement; try to shift the focus of an intervention away from the victim’s needs.
- Deflect responsibility for behavior. Professionals should listen for code language such as—
    - “She’s so hard to care for.”
    - “It was an accident.”
    - “I was doing the best I could.”
    - “She makes me so mad sometimes—she deserved it.”
    - “I have to defend myself.”
    - “Look what I put up with; I’m the victim here.”
    - “Yes, I should get help for myself.” (Abuser agrees but later rejects or sabotages assistance.)
    - “It was just one time. It won’t happen again.”
    - “She’s out of control.”
    - “I just have to do what I have to do.”
    - “It was in self-defense.”

#### 4. How would your community address the challenges of arresting an older perpetrator with medical needs, such as Annie’s husband?

##### *Potential Audience Responses*

- Commit to holding abusers accountable regardless of their age.
- Address the fear of liability in meeting an abuser’s care needs while he or she is incarcerated by working with the district attorney and government counsel to manage risk and implement necessary precautions.
- Develop a plan for identifying any physical accommodations or adaptive aids the perpetrator may need while incarcerated, including the storage and administration of needed medication.

# 5

## DOMESTIC ABUSE AND SEXUAL ASSAULT ADVOCATES



# DOMESTIC ABUSE AND SEXUAL ASSAULT ADVOCATES

**After these discussion sessions, participants will be better able to—**

1. Reach out and offer effective interventions to older victims of abuse, neglect, and exploitation.
2. Address victim service needs based on an understanding of power and control dynamics in an ongoing relationship.
3. Use a victim-centered approach that incorporates the strengths of an older adult with the empowerment model used in the domestic abuse and sexual assault fields.
4. Understand the range of potential services and interventions for victims.
5. Appreciate the need for an interdisciplinary approach and for collaboration.

The key message for domestic abuse and sexual assault advocates\* is that older people are also victims of domestic abuse and sexual assault and that agencies have a moral responsibility to provide effective services for them. Toward that end, some domestic abuse and sexual assault programs may need to make accommodations to address the unique issues and needs of older victims. Additional messages for advocates to take away from this training might be the importance of learning new skills for working with older victims and developing collaborations with aging-focused agencies and others.

Advocates tend to learn best with case examples that develop their skills and help them identify their role in assisting a victim and what they can expect of others. In addition, they appreciate the domestic violence movement's philosophy of advocacy and empowerment, including its contention that victim safety is paramount.

**Discussion questions** for a domestic violence and/or sexual assault audience can be found in this section for the following videos:

- *I Can Hold My Head High* (Lois)
- *I'm Having To Suffer for What He Did* (Miss Mary)
- *The Ties That Bind* (Sam)
- *When He Shot Me* (Annie)

Many states have mandatory reporting of elder abuse cases to APS/elder abuse agencies and/or law enforcement. Advocates who are mandated reporters can find more information about mandatory reporting considerations at [www.ncall.us/docs/Mandatory\\_Reporting\\_EA.pdf](http://www.ncall.us/docs/Mandatory_Reporting_EA.pdf).

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\*Domestic abuse and sexual assault advocates generally work in nonprofit community-based organizations that provide a range of services that may include 24-hour crisis lines; individual, peer, and group counseling; support groups; legal advocacy; support in the medical and legal systems; safety planning; and emergency shelter and transitional housing. These advocates are different from victim-witness and other advocates who work within the criminal justice and court systems.

## Questions for Domestic Abuse/Sexual Assault Advocates

*I Can Hold My Head High (Lois) —Case background on page 24.*



### 1. What power and control tactics did Lois's husband use?

*Potential Audience Responses*

- Physical abuse.
- Emotional abuse.
- Threats.

### 2. Victims of any age often want to maintain the relationship with an abuser but want the abuse to end. What are some of the concerns and barriers to living free from abuse that older women such as Lois experience?

*Potential Audience Responses*

- Embarrassment and shame.
- Fear and possible physical danger.
- Financial security concerns; older women may have a more limited earning potential or may have to depend solely on Social Security or other retirement benefits.
- Absence of community resources or lack of awareness about what is available.
- Isolation.
- Generational and religious values about marriage vows and the role of women as spouse/mother/nurturer may prevent a woman from leaving an abuser.
- Attachment to her home, possessions, pets.
- An abusive husband's age (and potential for feigned dementia) may negatively affect the ability to prosecute.

- If the abuser is an adult child, the victim may want to protect the child from "getting into trouble" or help the adult child with a problem.

### 3. What services does your agency provide that could benefit older victims such as Lois?

*Potential Audience Responses*

- 24-hour crisis line.
- Emergency shelter and transitional living programming.
- Individual counseling.
- Support groups.
- Legal advocacy.
- Safety planning.

### 4. Using a victim-centered approach, domestic abuse agencies regularly adapt services to meet the unique needs of individuals. Which services might you need to adapt to better meet the needs of older survivors of domestic violence? How would you adapt them?

**Note to Trainers:** Answers will vary depending on the services that already exist.

*Potential Audience Responses*

- Design or renovate the shelter to make it accessible and friendly for older adults.
- Review and possibly revise shelter rules, which may include allowing longer stays, assistance with medications, and other help with care.
- Develop separate age-based support groups.

- Build relationships with elder service agencies.
- Develop expertise in public benefit programs for older adults.
- Expand eligibility for services to include older victims who have been abused by adult children, other family members, or caregivers (i.e., not solely intimate partners).

**5. Which agencies could you collaborate with when working with older victims? What services could those agencies provide?**

*Potential Audience Responses*

- Aging Network
  - Help victims apply for public benefits.
  - Provide services such as transportation, congregate meals, homemaker services, assistance with chores and home repairs, and a support network of other seniors.
- APS/Elder Abuse Agency
  - Respond to and investigate reported incidents of elder abuse, neglect, or exploitation.
  - Evaluate victim risk and capacity.
  - Develop and implement a case plan.
- Law Enforcement
  - Gather evidence.
  - Seize weapons.
  - Arrest.
  - Enforce restraining order.
  - Link to a criminal justice or court system-based advocate.
  - Link to a domestic violence program.
- Health Care
  - Display brochures and posters about domestic violence and local programs that will help victims.
  - Identify abuse and refer victim for services.
- Help arrange for home care or a stay in a post-hospital rehabilitation or recuperation facility.
- Civil Legal Services
  - Assist with securing a restraining order, legal separation, or divorce.
  - Provide information about legal rights in housing, insurance coverage, and eligibility for and coverage under public benefit programs.
- Faith Community
  - Connect victim with other church members for support.
  - Provide financial assistance or assistance with other needs.
  - Provide emotional and spiritual support.
  - Provide pastoral counseling.

**6. Many older victims of intimate partner violence describe ongoing sexual abuse throughout the relationship. List what you need to consider when talking about sexual abuse with an older survivor. How might the discussion differ when a younger advocate is talking to an older victim?**

*Potential Audience Responses*

- Recognize that older adults can have sexual needs.
- Consider that an older woman could be uncomfortable talking about sexual abuse with someone who is much younger.
- Be prepared for the additional time it might take for an older woman to disclose sexual abuse; it may take weeks or months before she is willing to discuss it.
- Be sensitive to differences in how older people describe behaviors, e.g., “courting” versus “hooking up.”
- Understand that cultural and generational norms regarding acceptable sexual practices may differ (e.g., oral sex).

- Recognize that, out of embarrassment, older people may use vague or ambiguous language to refer to body parts (e.g., “down there” versus “vagina”).
- Understand that the older woman may believe that because she is married, she has to perform whatever sexual act her husband wants.
- Recognize that adult sons, grandsons, other family members, or caregivers (in the home or within facilities) are also possible perpetrators of sexual abuse. Do not think only in terms of intimate partner violence.
- Appreciate how pornography can be used to dehumanize an older victim.
- Understand how men’s use of medication for erectile dysfunction (e.g., Viagra®) can set up women for unwanted sex.
- Recognize the symptoms of harmful genital practices. An abuser may use unwarranted, intrusive, and painful procedures in providing care to the genitals or rectal area as a form of sexual abuse. Individuals who cannot bathe independently, use the toilet, and attend to other personal needs are particularly vulnerable to these practices.<sup>6</sup>
- Understand the potential for untreated trauma in this population; acknowledge that older victims also may be survivors of childhood sexual abuse.

### *I’m Having To Suffer for What He Did (Miss Mary)— Case background on page 26.*



#### **1. What is your reaction to Miss Mary’s case? What personal strengths could you offer Miss Mary?**

##### *Potential Audience Responses*

- Reactions
  - Disbelief/shock/incomprehension.
  - Anger/outrage.
  - Sadness/grief.
- Personal strengths you could offer
  - Kindness, compassion.
  - Open-mindedness.
  - A victim-centered approach.
  - Knowledge of service systems.
  - Relationships with other potential team members.

#### **2. Miss Mary demonstrated enormous strength during and following her rape. What actions did she take during this ordeal that revealed her strength?**

##### *Potential Audience Responses*

- Tried repeatedly, courageously, and creatively to distract and escape from her assailant (e.g., said there was someone at the door, pretended to need to use the bathroom, suggested he go get beer).
- Eventually managed to call the police.
- Persisted in seeking help from the 911 dispatcher.

<sup>6</sup>For more information on harmful genital practices, see Holly Ramsey Klawnsnik’s discussion in *Cross Training Workbook: Violence Against Women With Disabilities* by the Wisconsin Coalition Against Sexual Assault at [www.wcasa.org/docs/vawaworkbook.pdf](http://www.wcasa.org/docs/vawaworkbook.pdf), page 9 and appendices B and C.

- Remembered the events of the assault clearly and proved an effective witness.
- Worked with the prosecution despite being abandoned by her family.
- Withstood an 8-day trial during which her credibility and capacity were attacked.

**3. One of the prosecutors said that she could not explain to the jury why the sexual assault occurred, she could only try to prove that it did. What myths and justifications would you anticipate hearing from others about this case? How would you respond to them?**

*Potential Audience Responses*

- *Myth 1: The grandson didn't know what he was doing. He was "just drunk."*

Response: Assault over a period of 6 hours was not due to alcohol. Efforts to exert power and control over Miss Mary started when her grandson and his wife expected her to do chores and stole her money. These efforts continued even after the assault when her family not only failed to believe her, but rejected her, and the defense attempted to make her seem not credible.

- *Myth 2: It must have been the alcohol. Why else would he want to have sex with his grandmother?*

Response: Sexual assault is not about "having sex." It is about privilege, power, violence, objectification, and misogyny.

- *Myth 3: Miss Mary must have hurt her grandson earlier in his life, or must have been a bad grandmother. Or perhaps he had a rough childhood.*

Response: There is no evidence or report of any previous family violence. Even if there had been evidence, it would not justify financial exploitation or sexual assault. Miss Mary's grandson committed this assault based on a power and control dynamic over his grandmother.

- *Myth 4: She wasn't competent.*

Response: Miss Mary was fully competent even immediately after the assault. She described her needs accurately to the 911 operator. Her explanations and descriptions of the incident remained consistent until her death more than 2 years after the assault. They were also consistent with the medical findings and evidence. Impaired hearing and/or vision does not signify incompetence.

- *Myth 5: She was a burden to them. It's hard to have a 96-year-old living with you and providing for her care.*

Response: To the contrary, Miss Mary was an asset to their household. She was responsible for housekeeping, cooking, and cleaning. Her grandson and his wife stole cash from her bank account and Social Security checks, falsely indicated that they would pay the mortgage/rent with the two \$500 checks she gave them, falsely claimed they were depositing her contributions into her burial account, and cleaned out that account. Miss Mary took care of herself. Her only limitations were not being able to drive and occasionally needing oxygen.

- *Myth 6: She belonged in a nursing home well before the assault.*

Response: Miss Mary may have been able to manage living alone, with minimal support (e.g., transportation, refilling oxygen tanks, medication, and grocery delivery) and perhaps some financial assistance.

- *Myth 7: At least she was safe in the nursing home.*

Response: Nursing homes are not necessarily safer than living in one's home. Incidents of neglect, abuse, financial exploitation, and sexual assault occur in that setting as well. Potential perpetrators include paid staff, family members, and other residents. More important, living in a nursing home was not Miss Mary's choice.

**4. Miss Mary's case is neither sexual assault by a stranger nor domestic abuse by an intimate partner. This case involves a grandson exploiting and sexually assaulting his grandmother. Would your program offer services and support to someone in Miss Mary's situation? Would anything need to change for that to be possible? How?**

**Note to Trainers:** Answers will vary depending on what services are already in place on the local level.

*Potential Audience Responses*

- Review and expand eligibility for services (e.g., shelter, legal assistance, counseling) to include victims of non-intimate partner violence.
- Recognize that victims in these relationships—
  - Are often more concerned about getting the abuser help than about their own safety (e.g., help getting a job or accessing mental health or alcohol/substance abuse programs).
  - Generally do not want to get the abuser “in trouble.”
  - May never completely sever the relationship with an adult child or grandchild.
- Create separate support groups (e.g., focused on older women, focused on abuse by non-intimate partners).
- Revise outreach materials.
- Develop or expand staff expertise in aging issues and relationships with those who provide services to older adults.

**5. Just as in cases involving younger victims, older victims often wish to remain at (or return) home to live with their abuser. In these situations, including those in which sexual abuse is present, how do you continue to use a victim-centered approach?**

*Potential Audience Responses*

- Recognize and respect individual differences in personal values such as cultural, religious,

historical, personal, and generational values (e.g., talking about private, “family” matters with strangers; appropriateness of divorce; women’s traditional roles as spouse/mother/nurturer).

- Recognize that most victims prefer to maintain some type of relationship with their spouse/partner, family member, or caregiver—they simply want the abuse to end. Understand how difficult it is and offer compassion and hope.
- Leave the door open to your assistance and respect a victim’s refusal of services. Services should be available “now or later,” not “now or never.”

**6. Which other agencies could also provide services and be effective partners? What services could those other agencies provide?**

*Potential Audience Responses*

- Aging Network
  - Help the victim access public benefits.
  - Provide services, such as friendly visitors, to break isolation.
- APS/Elder Abuse Agency
  - Respond to and investigate reported incidents.
  - Evaluate victim risk and capacity.
  - Develop and implement a case plan.
  - Collaborate in planning for victim safety.
  - Document the incident.
- Law Enforcement
  - Arrest.
  - Build a case based on evidence so that the case does not rely on victim testimony.
  - Assist with ensuring the victim’s safety and preventing witness tampering at the nursing home.
- Health Care
  - Conduct a sexual assault examination.
  - Identify abuse and make referrals for services.



- Document.
- Develop a discharge plan that addresses victim safety.
- Civil Legal Services
  - Provide information about legal rights in housing, eligibility for and coverage under private insurance, and public benefit programs.

**7. Miss Mary found ways to heal from the abuse she experienced. What are some of the ways that older victims could regain power and control over their lives?**

*Potential Audience Responses*

- Writing or other arts projects.
- Learning a new skill or hobby.
- Scrapbooking.
- Public speaking.
- Participating in a support group.
- Developing new or expanding existing friendships and relationships.
- Making decisions about living arrangements, possessions, or activities.

Additional segments related to the *I'm Having To Suffer for What He Did* (Miss Mary) case are listed on page 38.

*The Ties That Bind (Sam) – Case background on page 27.*



**1. Given that the domestic violence movement is grounded in a feminist philosophy and a gender-based power and control dynamic, what were your reactions to Sam's story?**

*Potential Audience Responses*

- Felt skepticism, disbelief.
- Considered Sam's story nothing new; have assisted male victims before.
- Resented his use of domestic violence agency resources.
- Suspected he was trying to manipulate the domestic violence agency and audience.
- Assumed a history of domestic violence by him.
- Suspected that his wife had mental health or alcohol/drug problems.
- Wondered why he didn't defend himself.
- Wondered whether this was "mutual battery."
- Recognized that although men are more likely to use physical violence and women more likely to engage in neglectful acts, this was not the case in this scenario.
- Struggled with the idea that a female could perpetrate such severe abuse.
- Forced to expand perspective by recognizing the possibility that some women are abusers and some men are victims.
- Confirmed belief that the number of older males who are abused does not invalidate a feminist analysis of violence. Power differentials allow abuse of anyone to occur. Lack of sanctions allow the abuser to continue the behavior.

**2. How were the dynamics of domestic abuse in Sam's case similar to or different from those involving female victims?**

*Potential Audience Responses*

- Comparable to cases of many older women who experience domestic abuse in later life.
  - Similar forms of abuse such as isolation, emotional abuse, threats.
  - Financial issues that limit options.
  - Religious/generational values influenced Sam's decisionmaking.
  - Sense of obligation to care for his spouse/partner.
- Older male victims, such as Sam, may—
  - Be concerned that they would not be believed.
  - Fear that professionals would think they were the perpetrator.
  - Be less likely to tell others about the abuse.
  - Find that fewer services are available for them.

**3. What challenges does (or would) your program face when working with older male victims? What changes would you need to make to meet the needs of older male victims?**

**Note to Trainers:** Answers will vary depending on existing services on the local level.

*Potential Audience Responses*

- Providing housing to a male victim either on- or offsite.
- Providing economic advocacy and assistance for older male victims.
- Training staff on how to address issues for older men.
- Teaching staff how to recognize who is being abused and who is being abusive without relying on gender.

**4. When serving older male victims, which agencies could be helpful to work with and why?**

*Potential Audience Responses*

- Aging Network
  - Help apply for public benefits.
  - Provide services such as transportation, congregate meals, homemaker help, assistance with chores and home repairs, and a support network that puts victims in touch with other seniors.
- APS/Elder Abuse Agency
  - Respond to and investigate reported incidents of elder abuse, neglect, or exploitation.
  - Develop and implement a case plan.
- Law Enforcement
  - Gather evidence.
  - Seize weapons.
  - Arrest perpetrator.
  - Enforce restraining order.
- Civil Legal Services
  - Assist with securing a restraining order, legal separation, or divorce.
  - Provide information about legal rights in housing, insurance coverage, and eligibility for and coverage under public benefit programs.
- Faith Community
  - Connect victim with other church members for support.
  - Provide possible financial assistance or assistance with other needs.
  - Provide emotional and spiritual support.
  - Provide pastoral counseling.



- Domestic violence programs for the lesbian, gay, bisexual, and transgender (LGBT) community that may offer expertise on determining who is the abuser without relying on gender.

**5. Sam describes the “web,” which included feeling that he was responsible both to honor his religious-based marriage vows and take care of his wife. How would you respond to someone who is being abused but feels he or she must stay in the relationship because of religious views or another sense of responsibility?**

*Potential Audience Responses*

- Honor the older adult’s religious, cultural, and generational values.
- Offer to connect the victim to a clergyperson or religious leader from the older person’s faith community who has been trained in responding to abuse.

- Offer to go with the individual to meet with a clergyperson or religious leader.
- Offer to educate the older adult’s particular religious leader about the dynamics of domestic abuse in later life.
- Consult with colleagues in the wider community who may have expertise and be able to assist in the response.
- Reiterate your concern for the individual’s well-being and safety.
- Discuss with the older adult the challenges of balancing a sense of responsibility to a spouse or partner with a responsibility to oneself.
- Help the individual explore the supports and services available for addressing the needs of the spouse or partner.

For more information on working with the faith community, go to the Faith Trust Institute Web site at [www.faithtrustinstitute.org](http://www.faithtrustinstitute.org).

**When He Shot Me (Annie) – Case background on page 29.**



**1. What strategies did Annie use to protect herself?**

*Potential Audience Responses*

- Pursued a divorce.
- Did not enter the house.
- Did not yell back at him.
- Used a garbage can as a shield.
- Went immediately to the police station.

**2. Leaving an abuser can be the most dangerous time for victims. Discuss the conditions under which separation violence occurs, list high-risk factors, and discuss how the public**

**underestimates the potential lethality of older perpetrators in these cases.**

*Potential Audience Responses*

- As an abuser increasingly loses control, violence may escalate. This can happen—
  - When the abuser has health care needs and is physically more compromised, or
  - When the victim—
    - Secures a protective order.
    - Is in a health care facility.
    - Physically separates (i.e., moves out).
    - Begins divorce proceedings.

- Decides not to “stay for the kids” any longer.
- Has broken through isolation and developed friends, activities, or other support.
- High-risk factors include situations in which the abuser—
  - Demonstrates obsessive behaviors, jealousy, or dominance.
  - Abuses drugs or alcohol.
  - Has caused serious injury in prior abusive incidents.
  - Threatens suicide.
  - Owns or has access to guns.
- The public underestimates the lethality of older abusers by not recognizing that these abusers—
  - May increase their attempts to maintain power in the relationship if they feel increased (perceived) helplessness and loss of control.
  - May feel, even more so in later life, that they “have nothing to lose.”
  - Can be violent, including “frail” abusers who may use adaptive devices (e.g., canes, walkers) as weapons.

**3. Describe how professionals can be manipulated by an abuser’s justifications or excuses during interviews or other interactions. How would they look at the situation if the abuser needed care assistance? How would they look at the situation if the victim needed care assistance?**

*Potential Audience Responses*

- General manipulation strategies include—
  - Acting angry or “out of control” with the victim because of alleged “caregiver

stress,” but able to control his or her behavior when outsiders are present or law enforcement arrives.

- Taking advantage of professionals’ desire to see the best in others and their tendency not to suspect power and control tactics on the part of the abuser.
- Preventing interviewers from talking to the victim alone.
- Agreeing to batterer’s treatment, anger management, or stress reduction classes with no intention of following through or taking responsibility for the domestic abuse.
- When the *abuser* has care needs, the abuser may—
  - Minimize his or her health care needs, acting as if he or she is easy to care for.
  - Behave as a “model patient” when outsiders are present; save emotional and other abuse and demands solely for the victim.
  - Apologize for the single occurrence, stating that “It was just one time” or “It’ll never happen again.”
  - Agree to additional services or supports when outsiders are present, but then reject or sabotage any outside interventions later.
  - Exaggerate frailty or physical helplessness to appear incapable of harming the victim.
  - Feign dementia, indicating that the abuser is not responsible for his or her actions.
- When the *victim* has care needs, the abuser may—
  - Blame the victim or feign “caregiver stress”; state that it’s all *his or her* fault for “being demanding” and having care needs.

- Focus only on his or her needs and his or her entitlement; try to shift the focus of an intervention away from the victim's needs.
- Deflect responsibility for behavior. Professionals should listen for code language such as—
  - “She’s so hard to care for.”
  - “It was an accident.”
  - “I was doing the best I could.”
  - “She makes me so mad sometimes—she deserved it.”
  - “I have to defend myself.”
  - “Look what I put up with; I’m the victim here.”
  - “Yes, I should get help for myself.”  
Abuser agrees but later rejects or sabotages assistance.
  - “It was just one time; it won’t happen again.”
  - “She’s out of control.”
  - “I just have to do what I have to do.”
  - “It was in self-defense.”
- Work with victims to develop a safety plan that might include securing emergency housing and contacting a friend or family member who will respond immediately.
- Help victims obtain protection or restraining orders.
- Pursue enforcement of gun seizure laws.
- Conduct a depression screening to identify at-risk individuals who could benefit from treatment of depression.
- Conduct community education and outreach to older victims of domestic abuse that stresses the potential danger.
- Train in-home service providers (e.g., Meals on Wheels, home health care, and home chore providers) in how to spot signs of abuse while providing services.
- Develop or participate in an elder abuse fatality review team to examine deaths caused by or related to suspected elder abuse and to suggest ways to improve responses to victims by community agencies.

**4. Elder domestic violence and homicide-homicide/suicide are serious problems. Risk factors for elder homicide/suicide include attempts by the victim to leave the relationship, the presence of guns in the home, a change in the health of either the victim or the perpetrator, perpetrator depression, and social isolation. What are some strategies that may provide safety for potential victims?**

*Potential Audience Responses*

- Offer a cell phone programmed to 911 or a personal emergency response system.

# 6

## ADULT PROTECTIVE SERVICES AND ELDER ABUSE PROFESSIONALS

# ADULT PROTECTIVE SERVICES AND ELDER ABUSE PROFESSIONALS

**After these discussion sessions, participants will be better able to—**

1. Analyze abuse in later life cases for power and control dynamics.
2. Identify victim resilience and survival skills.
3. Identify the challenges and barriers to services that victims face and how these affect intervention strategies.
4. Use a victim-centered approach that focuses on victim safety.
5. List potential services and interventions.
6. Promote an interdisciplinary approach.

The key message for adult protective services (APS) and elder abuse workers\* is that abuse of older adults is due primarily to the power and control dynamic of domestic abuse, not to caregiver stress. It is important to recognize the difference in the roles, boundaries, and confidentiality requirements of government workers (both APS/elder abuse workers and law enforcement) as contrasted with domestic abuse/sexual assault advocates in community-based nonprofit agencies. It is also important to appreciate the similarities between the “self-determination” philosophy of APS/elder abuse workers and the “empowerment” philosophy of the domestic abuse movement. Finally, safety planning for victims is critical.

These professionals tend to learn best through case examples and a clinical style that develops skill building. They appreciate tools to use in their work and are receptive to presentations from a variety of professional disciplines.

**Discussion questions** for an audience of APS/elder abuse workers can be found in this section for the following videos:

- *I Can't Believe I'm Free* (Pat)
- *I'm Having To Suffer for What He Did* (Miss Mary)
- *The Ties That Bind* (Sam)
- *When He Shot Me* (Annie)

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\*Adult protective services/elder abuse workers, in most states, are statutorily charged with responding to and investigating reports of abuse, neglect, and exploitation. Workers assess clients' need for services to address current situations and to reduce risk and vulnerability. They provide, arrange, or make referrals for appropriate interventions, including medical, criminal justice, civil legal, financial, or social services.

## QUESTIONS FOR APS/ELDER ABUSE WORKERS

*I Can't Believe I'm Free (Pat) —Case background on page 23.*



**1. What types of power and control tactics did Pat's husband use against her? List some of Pat's personal strengths and supports that helped her survive the years of abuse.**

*Potential Audience Responses*

- Power and control tactics
  - Physical abuse.
  - Isolation.
  - Emotional abuse.
  - Threats, intimidation.
- Strengths and supports
  - Had the support of her family, especially her son.
  - Worked outside the home throughout the marriage.
  - Learned to “tune him out.”

**2. When and why would a victim such as Pat become your client? What could you and your agency do in a case such as hers?**

**Note to Trainers:** Participants' answers will depend on APS/elder abuse state statutes, funding, and agency policy.

*Potential Audience Responses*

- Pat would become our client—
  - At age 60?
  - At another age?

- If she meets our definition of frail or incompetent.
- If she is a potential victim of abuse, neglect, or exploitation.
- Staff could—
  - Develop a case plan that includes referrals to increase the victim's safety and decrease her isolation.
  - Offer a cell phone or an emergency response pendant to use both for falls and any escalation in violence by the abuser.
  - Discuss her case at elder abuse interdisciplinary team meetings to review roles and provide updates (can either discuss anonymously with no identifiers or with the victim's written permission).
  - Assist in seeking a restraining order.
  - Document the contacts and services offered or provided.

**3. What other agencies in your community have services available to older victims such as Pat? What specific services could each offer?**

*Potential Audience Responses*

- Domestic Abuse Program
  - Safety planning.
  - Support group.
  - One-on-one counseling.

- Housing (emergency or transitional).
- Legal advocacy (e.g., protective order).
- Legal Assistance
  - Public benefits counseling.
  - Insurance counseling.
  - Health care decisionmaking planning.
  - Financial decisionmaking planning.
  - Legal separation or divorce.
- Aging Network
  - Volunteer opportunities.
  - Socialization, including congregate meals and friendly visitors.
  - Home care support and services.
  - Classes to develop skills or hobbies.
  - Assistance with public benefit applications and related issues.
  - Home repair, assistance with chores, and homemaker services.
  - Transportation assistance.

Other systems that could be involved include health care and the criminal justice system.

#### **4. Some older abused women turn down the services they're offered. Why? What are some strategies your agency might use to continue to offer safety to victims and end their isolation?**

##### *Potential Audience Responses*

- A victim may decline services because she—
  - Fears being killed or seriously injured.
  - Fears that accepting any services will decrease her autonomy.
  - Wants to retain the relationship with the abuser, especially if he or she is an adult child.

- Denies that the situation warrants assistance or intervention.
- Is embarrassed or ashamed about needing assistance because of abuse.
- Fears that accepting services may get the abuser into trouble.
- Is not allowed outside assistance by the abuser.
- Lacks transportation to participate.
- Lacks money or time.
- Believes that services are “welfare.”
- Strategies to continue to offer safety and end victim isolation:
  - Visit regularly to build trust (if it's safe).
  - Offer transportation.
  - Offer less intrusive health or social services, e.g., an emergency response pendant, home-delivered meals, social activities.
  - For victims who choose to remain at home, focus on enhancing their safety while in the home.
  - Respect her refusal of services, but leave the door open for the future. Services are available “now or later,” not “now or never.”

#### **5. How could your agency collaborate with other disciplines to provide long-term support to women such as Pat?**

##### *Potential Audience Responses*

- Individual cases—
  - Offer services for a victim safety plan.
  - Ensure that colleagues secure the victim's consent for any services and honor victim confidentiality.



- Regularly review each victim's case with an elder abuse interdisciplinary team to update and refine the service plan and interventions.
- Collaborate with specialists who work with people with disabilities (physical, sensory, cognitive, psychiatric, and others) when the case requires additional skills or knowledge.
- Document the case and the steps taken.
- Systems response—
  - Conduct a survey and/or focus groups of older victims and of professionals in the community to determine the needs and barriers for older victims.
  - Develop memorandums of understanding to establish a referral and response process, information sharing, and a timeframe for responses with law enforcement, domestic abuse and sexual assault advocates, and the aging network.
- Work with other agencies to create emergency housing options for older victims of domestic abuse who cannot use existing shelters or other emergency housing programs.
- Participate in multiagency outreach, including posters, brochures, and a media plan that focuses on assistance for older victims of domestic abuse.
- Join family violence councils, coordinated community response and elder abuse interdisciplinary teams, and committees to review and make policy recommendations on laws, policy, and funding for elder abuse, domestic abuse, and sexual assault.
- Create a service directory of resources for older victims of abuse in your community.

## *I'm Having To Suffer for What He Did (Miss Mary) —* Case background on page 26.



### **1. What is your reaction to Miss Mary's case? What personal strengths could you offer to support Miss Mary?**

#### *Potential Audience Responses*

- Reactions
  - Disbelief/shock/incomprehension.
  - Anger/outrage.
  - Sadness/grief.
- Personal strengths you could offer
  - Patience.
  - Kindness, compassion.
  - Listening without judgment.

- Commitment to a victim-centered approach.
- Commitment to justice.
- Knowledge of service systems.
- Relationships with other potential team members or partners.

### **2. Miss Mary demonstrated enormous strength during and following her rape. What actions did she take during this ordeal that revealed her strength?**

#### *Potential Audience Responses*

- Tried repeatedly, courageously, and creatively to escape or distract her assailant (said there was



someone at the door, pretended to need to use the bathroom, suggested that he go get beer).

- Eventually managed to call the police.
- Persisted in seeking help from the 911 dispatcher.
- Remembered the events of the assault clearly and proved to be an effective witness.
- Worked with the prosecution despite being abandoned by her family.
- Survived an 8-day trial during which her credibility and capacity were attacked.

### 3. What myths and justifications would you anticipate hearing from others about this case? How would you respond to these justifications?

#### Potential Audience Responses

- *Myth 1: The grandson didn't know what he was doing. He was "just drunk."*

Response: Assault over a period of 6 hours was not due to alcohol. Efforts to exert power and control over Miss Mary started when her grandson and his wife expected her to do chores and stole her money. Those efforts continued even after the assault when her family not only failed to believe her, but rejected her, and the defense attempted to make her seem not credible.

- *Myth 2: It must have been the alcohol. Why else would he want to have sex with his grandmother?*

Response: Sexual assault is not about "having sex." It is about privilege, power, violence, objectification, and misogyny.

- *Myth 3: Miss Mary must have hurt her grandson earlier in his life, or must have been a bad grandmother. Or perhaps he had a rough childhood.*

Response: There is no evidence or report of any previous family violence. Even if there

had been evidence, it would not justify financial exploitation or sexual assault. Miss Mary's grandson committed this assault based on a power and control dynamic over his grandmother.

- *Myth 4: She wasn't competent.*

Response: Miss Mary was fully competent even immediately after the assault. She described her needs accurately to the 911 operator. Her explanations and descriptions of the incident remained consistent until her death more than 2 years after the assault. They were also consistent with the medical findings and evidence. Impaired hearing and/or vision does not signify incompetence.

- *Myth 5: She was a burden to them. It's hard to have a 96-year-old living with you and having to care for her.*

Response: To the contrary, Miss Mary was an asset to their household. She was responsible for housekeeping, cooking, and cleaning. Her grandson and his wife stole cash from her bank account and Social Security checks, falsely indicated that they would pay the mortgage/rent with the two \$500 checks she gave them, falsely claimed they were depositing her contributions into her burial account, and cleaned out that account. Miss Mary took care of herself. Her only limitations were not being able to drive and occasionally needing oxygen.

- *Myth 6: She belonged in a nursing home well before the assault.*

Response: Miss Mary may have been able to manage living alone, with minimal support (e.g., transportation, refilling oxygen tanks, medication, and grocery delivery) and perhaps some financial assistance.

- *Myth 7: At least she was safe in the nursing home.*

Response: Nursing homes are not necessarily safer than living in one's home. Incidents of neglect, abuse, financial exploitation, and sexual

assault occur in that setting as well. Potential perpetrators include paid staff, family members, and other residents. More important, living in a nursing home was not Miss Mary's choice.

**4. Cases such as Miss Mary's call for a response from law enforcement and sexual assault advocates. In addition to their response, what is your role in responding to the needs of victims such as Miss Mary? How will you do so collaboratively?**

*Potential Audience Responses*

- Investigate allegations of abuse, neglect, and financial exploitation.
- Offer options for long-term care services and other living arrangements.
- Help obtain protective orders.
- Link the victim with counseling, support, and other services.
- Provide law enforcement and prosecutors with information gathered during the investigation, as appropriate.

**5. In many cases, victims want to remain in (or return to) their home even if that means living with an abuser and even in cases of sexual abuse. In such situations, how do you balance respect for the older adult's preferences with your responsibility to focus on safety and protection?**

*Potential Audience Responses*

- Honor the right to self-determination, a belief that competent older persons are entitled to plan and manage their own daily lives including living arrangements, how they spend money, services they receive, and other important daily activities.

- Recognize and respect individual differences in personal values such as cultural, historical, personal, and generational values (e.g., reluctance to talk about private "family" matters with strangers, the appropriateness of divorce, women's traditional role as spouse/mother/nurturer).
- Recognize that most victims prefer to maintain some type of relationship with their spouse/partner, family member, or caregiver—they simply want the abuse to end. Offer compassion and hope.
- Provide victims with support, information, safety planning, and strategies that can help break their isolation rather than judging their decisions.
- Respect victims' refusal of services; your services should be available "now or later," not "now or never."
- Consult with an elder abuse interdisciplinary team and talk with colleagues and your supervisor.
- Do no harm; inadequate or inappropriate intervention may be worse than no intervention.

**Note to Trainers:** Depending on how much time you have, the professional disciplines represented in your audience, and the questions you anticipate from your audience, you may want to show one or more of the additional segments to supplement the main Miss Mary story. These segments provide additional background and more content about the specific topics listed. See listing on page 27.

## *The Ties That Bind (Sam) – Case background on page 27.*



### **1. Male and female victims struggle with the decision of whether to maintain or end a relationship with an abuser. What factors and barriers are similar regardless of gender? What factors may be specific to older male victims such as Sam?**

#### *Potential Audience Responses*

- Comparable to cases of many older women who experience domestic abuse in later life.
  - Similar forms of abuse such as isolation, emotional abuse, and threats.
  - Financial issues that limit options.
  - Religious/generational values may influence his decisionmaking.
  - Sense of obligation to care for his spouse/partner.
- Older male victims, such as Sam, may—
  - Be concerned that as men they would not be believed.
  - Fear that professionals would think they were the perpetrator.
  - Be potentially less likely to tell others about the abuse.
  - Find that fewer services are available for them.

### **2. When and why would a victim such as Sam become your client? What could you and your agency do in a case such as this?**

**Note to Trainers:** The answer to this question will vary depending on state APS/elder abuse agencies'

definitions of eligibility. If APS/elder abuse workers in the audience determine that Sam does not meet their state's definition of eligibility (most likely because he is not considered a vulnerable or at-risk adult), ask workers what steps they would take to enhance Sam's safety. Would they refer him to a domestic abuse program? Why or why not? What other services are available for older male victims in their community? In states in which eligibility is defined by age rather than vulnerability, ask workers to describe the services they would offer and what other referrals they would make.

### **3. How do you continue to work with victims who have returned to their abuser and then seek your agency's assistance again?**

#### *Potential Audience Responses*

- Recognize that major life change of any kind is difficult (including deciding whether to continue contact with an abusive person); it is not unusual for people to change their minds.
- Let clients know that they can contact your agency again if life circumstances change and they need help in the future.
- Respect the decisions victims make and avoid being judgmental; clients who are treated with respect and caring are more likely to contact workers if needed in the future.
- Talk with clients about safety planning strategies to enhance victims' skills to survive dangerous situations, such as whom to call if they need assistance and what to pack in advance if they plan to leave.

## When He Shot Me (Annie) – Case background on page 29.



### 1. What strategies did Annie use to protect herself?

#### *Potential Audience Responses*

- Pursued a divorce.
- Did not enter the house.
- Did not yell back at him.
- Used a garbage can as a shield.
- Went immediately to the police station.

### 2. Leaving an abuser can be the most dangerous time for victims. Discuss the conditions under which separation violence occurs, list high-risk factors, and discuss how the public underestimates the potential lethality of older perpetrators in these cases.

#### *Potential Audience Responses*

- As an abuser increasingly loses control, violence may escalate. This can happen—
  - When the abuser has health care needs and so is physically more compromised, or
  - When the victim—
    - Secures a protective order.
    - Is in a health care facility.
    - Physically separates from the abuser (i.e., moves out).
    - Begins divorce proceedings.
    - Decides not to “stay for the kids” any longer.

- Has broken through isolation and developed friends, activities, or other support.

- High-risk factors include situations in which the abuser—

- Demonstrates obsessive behaviors, jealousy, or dominance.
- Abuses drugs or alcohol.
- Has caused serious injury in prior abusive incidents.
- Threatens suicide.
- Owns or has access to guns.

- The public underestimates the potential lethality of older abusers by not recognizing that these abusers—

- May increase their attempts to maintain power in the relationship if they feel increased (perceived) helplessness and loss of control.
- May feel, even more so in later life, that they “have nothing to lose.”
- Can be violent, including “frail” abusers who may use adaptive devices (e.g., canes, walkers) as weapons.

### 3. Describe how professionals can be manipulated by an abuser’s justifications or excuses during interviews or other interactions. How would they look at the situation if the abuser needed care assistance? How would they look at the situation if the victim needed care assistance?

### Potential Audience Responses

- General manipulation strategies include—
  - Acting angry or “out of control” with the victim because of alleged “caregiver stress,” but able to control his or her behavior when outsiders are present or law enforcement arrives.
  - Taking advantage of professionals’ desire to see the best in others and their tendency not to suspect power and control strategies on the part of the abuser.
  - Preventing interviewers from talking to victims alone.
  - Agreeing to batterer’s treatment, anger management, or stress reduction classes with no intention of following through or taking responsibility for the abuse.
- When the *abuser* has care needs, the abuser may—
  - Minimize his or her health care needs, acting as if he or she is easy to care for.
  - Behave as a “model patient” when outsiders are present; save emotional and other abuse and demands solely for the victim.
  - Apologize for the “single occurrence,” stating that “It was just one time” or “It’ll never happen again.”
  - Agree to additional services and support when outsiders are present, but then reject or sabotage any outside interventions later.
  - Exaggerate frailty or physical helplessness to appear incapable of harming the victim.
  - Feign dementia, indicating that the abuser is not responsible for his or her actions.
- When the *victim* has care needs, the abuser may—
  - Blame the victim, feign “caregiver stress”; state that it’s all *his or her* fault for “being demanding” and needing care.

- Focus only on the abuser’s needs and *his or her* entitlement; try to shift the focus of an intervention away from the victim’s needs.
- Deflect responsibility for behavior. Professionals should listen for code language such as—
  - “She’s so hard to care for.”
  - “It was an accident.”
  - “I was doing the best I could.”
  - “She makes me so mad sometimes—she deserved it.”
  - “I have to defend myself.”
  - “Look what I put up with; I’m the victim here.”
  - “Yes, I should get help for myself.” (Abuser agrees but later rejects or sabotages assistance.)
  - “It was just one time. It won’t happen again.”
  - “She’s out of control.”
  - “I just have to do what I have to do.”
  - “It was in self-defense.”

#### 4. How would your community address the challenges of arresting an older perpetrator with medical needs, such as Annie’s husband?

### Potential Audience Responses

- Commit to holding abusers accountable regardless of their age.
- Address the fear of liability in meeting an abuser’s care needs while he or she is incarcerated by working with the district attorney and government counsel to manage risk and implement necessary precautions.
- Develop a plan for identifying any physical accommodations or adaptive aids the perpetrator may need while incarcerated, including the storage and administration of needed medication.

**5. How can workers anticipate and prepare for victim and worker safety during home visits involving potentially dangerous situations, such as the one involving Annie's husband?**

*Potential Audience Responses*

- Before leaving the office—
  - Ask the caller for the names of those who currently live in the home, regularly visit, or stay there.
  - Ask the caller about the presence of any weapons.
  - Ask the caller whether anyone associated with the residence is known to use alcohol or drugs.
  - Ask the caller whether any dogs or other dangerous animals are known to be at the location.
  - Search the complaint history or registries for prior reports about either the victim or the abuser.
  - Determine whether there are existing court orders.
  - Carry files, a flashlight, and a cell phone in an over-the-shoulder bag.
  - If concerned, request law enforcement accompaniment.
  - Inform the office of your expected location and anticipated return time.
  - Create a safety plan (mentally or on paper).
  - Never assume that a frail older individual cannot be dangerous.
- When arriving at the home—
  - Park so that you can leave quickly.
  - Keep your hands free.

- Identify yourself, your agency, and your function before entering the home.
- Assess the situation for danger; recognize that nearly anything can be used as a weapon.

● During the interview—

- Continue to watch over the situation.
- Be mindful of the abuser's presence even if he or she is not in the room; an abuser can continue to control the victim and situation through looks, gestures, or subtle body language.
- Be mindful of change in the abuser's behavior (e.g., from forthcoming to more guarded, insistence that you leave).

● If the situation escalates—

- If you sense immediate danger, call for help.
- If you do not sense immediate danger, attempt to de-escalate the situation by focusing on building rapport rather than conducting an investigation.
- Determine whether the victim wants to leave.

**6. Homicide and homicide/suicide are serious problems. Risk factors for elder homicide/suicide include attempts by the victim to leave the relationship, the presence of guns, a change in either the victim's or the perpetrator's health, perpetrator depression, and social isolation. What are some strategies that may provide safety for potential victims?**

*Potential Audience Responses*

- Offer a cell phone programmed to 911 or a personal emergency response system.
- Work with victims to develop a safety plan, including emergency housing and



contacting a friend or family member who will respond immediately.

- Help victims obtain protection or restraining orders.
- Pursue enforcement of gun seizure laws.
- Conduct a depression screening to identify at-risk individuals who could benefit from treatment.
- Conduct community education and outreach to older victims of domestic abuse that stresses the potential danger.
- Train in-home service providers (e.g., Meals on Wheels, home health care, or home chore providers) to watch for signs of possible abuse when providing services.
- Develop or participate in an elder abuse fatality review team to examine deaths caused by or related to elder abuse and to suggest ways for community agencies to improve their response to victims.



Raymond, J., Brandl, B., Vannden Bosch, J., and Abramson, B. (2010, August).  
In Their Own Words: Domestic Abuse in Later Life.  
U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

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