Domestic Abuse in Later Life
Part 2

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PROFESSIONALS AND VOLUNTEERS IN THE AGING SERVICES NETWORK

PROFESSIONALS AND VOLUNTEERS IN THE AGING SERVICES NETWORK

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

1. Recognize and acknowledge power and control dynamics in abuse in later life cases.
2. Affirm victims' strengths, survival skills, and courage.
3. Use an approach that recognizes safety issues.
4. List potential services.
5. Promote an interdisciplinary approach.

The key message for professionals in the aging services network* is that abuse of older adults is primarily due to the power and control dynamic of domestic abuse, not to caregiver stress. The role of aging services network professionals is often to identify cases, refer to appropriate agencies, and provide services and support that can break isolation and improve socialization. Victim safety is paramount.

These professionals tend to learn best through case examples and tools that can be directly applied to their work. Aging services network professionals often want to know what to look for, what to do, whom to call, and what will happen following a referral. They are receptive to presentations from a variety of professional disciplines.

Discussion questions for aging services network professionals and volunteers 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)

*The aging services network consists of state units on aging, area agencies on aging, tribal and native organizations and service providers, adult care centers, and other organizations focused on the needs of older adults. Aging services network professionals and volunteers organize, coordinate, and provide community-based services and opportunities for older Americans (age 60+) and their families.

QUESTIONS FOR PROFESSIONALS AND VOLUNTEERS IN THE AGING SERVICES NETWORK

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 the 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. **What could you and your agency do in a case such as this?**

   Potential Audience Responses

   - Break her isolation: provide or arrange for volunteer opportunities, social groups, congregate meals, friendly visitors, classes in skill development or hobbies.
   - Offer home repair, assistance with chores, and homemaker services.
   - Assist with public benefit applications and related issues.
   - Offer transportation assistance.
   - Offer home care support and services.
   - Make appropriate referrals (see 3, below).

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).
   - Civil Legal Assistance
     - Public benefits counseling.
     - Insurance counseling.
     - Health care decisionmaking planning.
     - Financial decisionmaking planning.
     - Legal separation or divorce.

Other systems that could be involved include health care, the criminal justice system, and APS/elder abuse agencies.

Note to Trainers: Depending on your audience, you may wish to ask participants if they know what their APS/elder abuse agency could do. Come to the training prepared to discuss the APS/elder abuse system or have a co-trainer from this field.

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

- 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 the abuser is an adult child.
  - Denies that the situation warrants assistance or intervention.
  - Is embarrassed or ashamed about needing assistance because of abuse.
  - Fears that acceptance of 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:
  - Continue to visit regularly to build trust (if it's safe).
  - Offer transportation.
  - Offer services that promote safety or break isolation, 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.

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

- Reaction
  - 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.

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/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. **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 these justifications?**

Potential Audience Responses

- *Myth 1: Miss Mary's 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 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 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. **Sexual assault of older adults is a serious and hidden problem. What can your agency do to help "break the silence" and raise awareness?**

   Potential Audience Responses

   - Create a speaker's bureau.
   - Conduct outreach, including a media campaign.
   - Participate in Sexual Assault Awareness Month (April) activities.
   - Advocate for improved funding and services at all levels of government.
   - Provide expert testimony in court cases.
   - Conduct inservice training for local aging services providers, sexual assault agencies, and law enforcement.
   - Write newsletter articles identifying the incidence of elder abuse, barriers to getting help, and available interventions and services.

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

1. **What types of power and control tactics did Sam's wife use against him?**

   Potential Audience Responses

   - Isolation.
   - Physical abuse.
   - Financial issues.
   - Used religious/generational values against him.
   - Emotional abuse.
   - Made him feel responsible for providing her with care.

2. **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 and barriers 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, 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.

3. **Sam lived in a rural setting. He was isolated from friends and family. What services could your agency have offered Sam before or after he left his wife? How would you have made Sam aware of them?**

   Potential Audience Responses

   - Services could include—
     - Friendly visitors.
     - Volunteer opportunities.
     - Courses, hobbies.
     - Help accessing public benefits.
   - Make older male victims aware of available services:
     - Advertise at places and events where older people gather.
     - Advertise through media that reaches older adults' homes (e.g., radio, television, fliers accompanying home-delivered meals).
     - Collaborate with other professionals who might work with older adults so they are aware of your services and can make referrals.

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CRIMINAL JUSTICE PROFESSIONALS

CRIMINAL JUSTICE PROFESSIONALS

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

1. Recognize the complexities of domestic abuse in later life, which is often based on a power and control dynamic in an ongoing relationship.
2. Identify crimes for which arrests and prosecutions can be made.
3. Recognize investigative strategies currently used in domestic abuse and sexual assault cases that can be used when working with older victims.
4. Acknowledge how views about aging and older adults can influence an investigation.
5. Understand the need for an interdisciplinary approach and collaboration.

The key message for criminal justice professionals* is that domestic abuse against older adults exists and is a crime, not a private family matter. It's also extremely important that criminal justice professionals develop skills targeted to working with older victims and that they reject assumptions that older victims will not pursue prosecutions. Finally, criminal justice professionals must work collaboratively with other professions both to meet victims' needs for safety and to hold abusers accountable.

Criminal justice professionals tend to learn best through case examples and when the information provided relates back to their direct responsibilities. They appreciate learning from other members of the criminal justice system.

Discussion questions for a criminal justice audience 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)
- *When He Shot Me* (Annie)

Note to Trainers: Because the only criminal justice professionals involved in Pat's case were law enforcement officers, the discussion questions are directed exclusively to them. In Miss Mary's case, many of the questions can be addressed by various members of the criminal justice system. Specific questions for prosecutors have also been included. (See pages 86–88.)

*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.

QUESTIONS FOR CRIMINAL JUSTICE PROFESSIONALS

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

1. **What could law enforcement have done to intervene with Pat's husband after Pat was hospitalized and before her husband committed suicide?**

   Potential Audience Responses

   - Accompanied an APS/elder abuse worker on calls/home visits.
   - Seized weapons.
   - Arrested him (mandatory arrest) for domestic abuse.
   - Provided Pat with information about criminal justice or court system victim advocates.
   - Provided Pat with information about the local domestic violence program.

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

   Potential Audience Responses

   - Keep victim safety paramount.
   - Be prepared to investigate 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 age or the setting in which the abuse occurred.
   - Interview, collect evidence, and gather records from other responding professionals such as APS/elder abuse agency workers, long-term care ombudsmen, and state regulatory staff.
   - Given possible mental or physical limitations of victims as court witnesses, gather as much evidence as possible (i.e., physical evidence, photographs, medical reports, witness statements, suspect admissions and confessions, and other records) to avoid relying exclusively on victim testimony.

3. **In cases like Pat's, how would you collaborate with other agencies to support the victim and hold the abuser accountable?**

   Potential Audience Responses

   - Join an elder abuse interdisciplinary team; discuss cases regularly to review roles and provide updates.
   - Enter into and adhere to memorandums of understanding (MOUs) with area agencies on aging, APS/elder abuse agencies, and domestic abuse and sexual assault programs to address abuse in later life.
   - Identify one person in your system to be a contact person for other agencies such as an APS agency or elder abuse unit (whenever possible).

- Work with health care providers to—
  - Determine the cause and manner of death in all unattended deaths.
  - Identify victims' and perpetrators' medical conditions as related to the case.

4. What are the challenges of arresting offenders who are older, frail, and/or have medical conditions? How can your community address these issues?

CHALLENGES	POTENTIAL REMEDIES
Perpetrators who feign dementia or physical frailties that would make their potential for abuse seem impossible.	Work with prosecutors to have thorough medical assessments performed to determine causation and to rule out any organic problems.
Victims who are reluctant to participate in the criminal justice process or prosecution of the offender.	Build evidence-based prosecutions. Address victim safety. Provide the victim with a criminal justice or court system victim advocate. Refer the victim to a domestic abuse agency for individual counseling, support groups, and advocacy.
Physical accommodations and medical supports may be needed while incarcerated.	Involve supervisors in reviewing incarceration facilities and entering into agreements with health care providers. Train jail staff on reasonable accommodations. Have the prosecutor consider deferred prosecution.
Fear of liability in meeting the abuser's care needs while incarcerated.	Work with the district attorney and government agency counsel to manage risk and implement necessary precautions.
Public outrage at the incarceration of a "harmless old man." **Public underestimates lethality.**	Work with an elder abuse interdisciplinary team to coordinate a united response, explaining alleged crimes, potential harm to the victim, and the agency's commitment to holding abusers accountable regardless of their age.

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 working a case such as Miss Mary's?**

   Potential Audience Responses

   Reactions

   - Disbelief/shock/incomprehension.
   - Anger/outrage.
   - Paternalistic (want to rescue and protect).
   - Sadness/grief.

   Challenges

   - Evidence gathering.
   - Lack of family support.
   - Negative assumptions about witness credibility.
   - Court accommodations needed.
   - Negative assumptions about victim's willingness to prosecute.
   - Jury disbelief.
   - Accommodation of victim's needs.

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/distract her assailant (e.g., 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 an effective witness.
   - Worked with the prosecution despite abandonment 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 them?**

   Potential Audience Responses

   - *Myth 1: Miss Mary's 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 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: 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. With what crimes would you have considered charging Miss Mary's grandson?

Potential Audience Responses
(Answers will vary depending on state laws.)

- Sexual assault.
- Battery, sexual battery.
- Kidnaping.
- False imprisonment.
- Attempted murder.
- Aggravated battery.
- Abuse of a vulnerable adult.
- Recklessly endangering safety.
- Theft.
- Attempted theft.
- Theft by fraud.
- Failure to report income.
- Misappropriation of funds or other assets.
- Intimidating a witness.

5. If a case like Miss Mary's existed in your community, what different agencies could you work with and what services could they provide?

Potential Audience Responses

- Sexual Assault Program (in some communities co-located with domestic violence program)
  - Accompany to medical exams.

- Conduct safety planning.
- Conduct one-on-one counseling.
- Provide or refer for legal advocacy (e.g., protective order).
- Conduct cross-training.
- Provide expert witness testimony.

- Health Care Providers
  - Treat medical conditions and injuries.
  - Place the victim in a secure area under an assumed name for protection.
  - Conduct a sexual assault examination.
  - Document medical forensic evidence.
  - Provide expert witness testimony.
  - Notify law enforcement or the APS/elder abuse agency of potential abuse and neglect cases.
  - Assist with understanding medical terms and records during the case-building process.
- Aging Network
  - Assist with public benefits.
  - Arrange for trained friendly visitors.
- APS/Elder Abuse Agency
  - Respond to/investigate reported incidents of elder abuse, neglect, or exploitation.
  - Offer medical, social, economic, legal, housing, home health, protective, and other emergency or supportive services.
  - Develop a case plan that includes referrals to increase victim safety and decrease isolation.
  - Evaluate victim risk and capacity to make informed decisions.

6. **Discuss how the collaborations described in this video compare to those you currently have in place in your jurisdiction. Which could you expand?**

Potential Audience Responses

- Join an elder abuse interdisciplinary team; discuss cases regularly to review roles and provide updates.
- Enter into and adhere to MOUs with area agencies on aging, APS/elder abuse agencies, and domestic violence and sexual assault advocacy agencies.
- Work with health care providers to—
  - Determine the cause and manner of death when homicide is suspected.
  - Identify victims' and perpetrators' medical conditions as related to the case.
  - Develop a working relationship with relevant prosecutors in your jurisdiction so that they can provide advice during the course of the investigation.

The following questions are especially relevant for PROSECUTORS.

7. **Many of the accommodations were important to Miss Mary and the ultimate outcome of her case. Describe some of the accommodations you use or could use in your jurisdiction and how they assist victims and the prosecution. (See Additional Miss Mary Segment: Accommodating Older Victims During Prosecutions.)**

Potential Audience Responses

- Build the case using as much corroborative evidence as possible.
- Memorialize victim testimony early, with full opportunity for cross-examination.
- Expedite cases.
- Consider whether defense requests for continuances are delay tactics with a negative impact on the older victim.
- Ask to hold hearings (or at a minimum, seek court approval for the victim to testify) in a setting other than a courtroom.

- Request that cases be scheduled for a time of day that is best for the victim's energy level, health care needs, and capacity.
- Provide accessible transportation to court hearings.
- Arrange for the victim and alleged abuser to wait in separate areas.
- Provide victim-witness advocates.
- Seek court permission for a domestic abuse, sexual assault, and/or court system victim advocate to be in the courtroom assisting and supporting the victim.
- Seek special latitude in questioning the older person.
- Provide adaptive aids including microphones, hearing interpreters, and closed-circuit televisions to improve the victim's access to the trial.
- Anticipate special medical and dietary needs of the victim during investigations and hearings.
- Object to defense tactics intended to make the victim appear to be deaf, incompetent, forgetful, etc.
- Ask the bailiff to wait for the victim to safely leave the courtroom before escorting the abuser out.

8. **Discuss the defense strategies that were or could have been used in this case. Compare with other strategies you have experienced in your work and describe how you worked together to rebut those defenses. (See Additional Miss Mary Segment: Defense Strategies.)**

Potential Audience Responses

POTENTIAL DEFENSE	REBUTTAL STRATEGY
Victim's alleged incapacity.	Mental assessment of victim.
Victim's alleged fabrication of the incident.	Medical examination results are consistent with the victim's recitation of the facts. 911 transcript and other corroborative evidence.
Victim's alleged dependence on the defendant.	Testimony of victim and other witnesses.
Victim's alleged self-infliction of injuries.	Medical evidence is inconsistent with self-infliction.
Defendant's statement that "it was an accident."	Medical examination results are inconsistent with "accident" theory.
Defendant's statement that there was no intent to harm; injuries occurred only because the perpetrator was drunk or high on drugs.	Expert testimony establishing that alcohol and drugs do not cause domestic abuse or sexual assault. Evidence of the defendant being conscious and his or her actions being calculated while committing the crime.
Defendant blames injuries on "caregiver stress."	Witness testimony that confirms the lack of care needed or provided to the victim. Witness testimony that the victim actually provided homemaker services to the abuser. Testimony of an expert witness who can discredit the theory of caregiver stress as a primary cause of abuse in later life.
Abuser's focus on the victim's behavior.	Testimony and arguments that focus on what happened, not why.

9. **Unlike Miss Mary, most older victims of domestic abuse and sexual assault do not want their family member prosecuted. What strategies can prosecutors use to move a case forward when victims are reluctant to participate in the justice system process?**

Potential Audience Responses

Working With Victims

- Assign a criminal justice or court system victim-witness advocate who is experienced in working with older victims.
- Clarify your goals for and concerns with the case and the outcome you seek; if your goals are similar to the victim's, he or she may be more interested in assisting the prosecution.
- Visit the victim at home or in a familiar environment, at least initially. Build trust.
- Ensure regular, consistent, ongoing victim contact and updates on case developments and the anticipated court process.
- Work collaboratively with other professionals 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/nurturer), and embarrassment and shame.
- Emphasize to the victim that prosecution may be the only way to convince the perpetrator to get treatment or help for issues that contribute to the abuse.

Legal Issues

- Keep the case moving. Avoid unnecessary delays; resist continuances.
- Investigate thoroughly and prepare an evidence-based prosecution, including the use of collateral witnesses, 911 transcripts, photographs and other physical evidence or testimony, and medical and other reports.
- Check for abuser efforts to intimidate, minimize, or blame the victim for what may happen; use criminal protective orders to keep the abuser away from the victim.
- Assign the same prosecutor to handle the case from filing through sentencing.

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 the list on page 27.

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 (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 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 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/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 he or she 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 having care needs.
  - Focus only on his or her needs and 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 taking into custody 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 to identify any physical accommodations or adaptive aids the perpetrator will need while incarcerated, including the storage and administration of needed medication.

5. **Elder domestic homicide-homicide/suicide is a serious problem. Risk factors for elder homicide/suicide include: attempts by the victim to leave the relationship, the presence of guns, 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 older victims?**

   Potential Audience Responses

   - Offer a cell phone programmed to call 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, home chore help) in how to recognize the signs of possible abuse.
- Develop/participate in an elder abuse fatality review team to examine deaths caused by or related to elder abuse and to suggest improved responses to victims by community agencies.

9

HEALTH CARE PROFESSIONALS

HEALTH CARE PROFESSIONALS

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

1. Identify possible abuse, neglect, and exploitation.
2. Understand appropriate health care provider responses for older victims.
3. Understand possible referral sources and the services those agencies can provide.

The key message for health care professionals* is that most abuse of older adults is caused by power and control dynamics, not by caregiver stress. Health care professionals often have an opportunity to identify and respond to abuse. To be effective, health care providers must take the time to understand the acute and long-term health impacts for victims of domestic abuse in later life. They can offer safety interventions and connect patients to local resources. Health care providers recognize that not all families are benevolent and can initiate victim-centered interventions when needed. In addition, health care professionals will benefit from understanding that most victims of domestic abuse are not ready to make major life changes during acute health care situations.

Health care professionals tend to learn best when topics are framed as health and safety issues and when other health care providers present the information. Learning the history of the domestic abuse/sexual assault movement can help health care providers better understand their role in victim screening and safety and in referring victims for other appropriate services.

Discussion questions for a health care audience can be found in this section for the following videos:

- *I Can't Believe I'm Free* (Pat)
- *I Can Hold My Head High* (Lois)
- *I'm Having To Suffer for What He Did* (Miss Mary)
- *When He Shot Me* (Annie)

*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 procedures; and other services to maintain, diagnose, or treat physical and mental conditions.

QUESTIONS FOR HEALTH CARE PROFESSIONALS

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

1. **Have you worked with patients in situations similar to Pat's case? What were some of your feelings?**

   Potential Audience Responses

   - Sadness.
   - Anger and frustration.
   - Disappointment.
   - Disbelief.
   - Happy to have seen positive changes being made.

2. **Health care professionals may unintentionally engage in actions that compromise older victims' safety. Give examples, including those from Pat's case.**

   Potential Audience Responses

   - Failure to recognize signs of abusive behavior (by her husband, in Pat's case).
   - Manipulation of policies such as HIPAA (which should be used to keep *abusers* away from *victims*, not others away from the victim, as in Pat's case).
   - Ageist assumptions and disrespect of the victim's autonomy (e.g., at least one hospital staff member assumed that Pat had diminished capacity when she argued with Pat about whether she had come from her own home or a facility).
   - Breach of confidentiality (e.g., staff told the abuser where Pat was going despite knowledge of a restraining order).
   - Incomplete communication regarding patient safety and transfer from the hospital to a rehabilitation facility.
   - Failure to address safety issues (e.g., in Pat's case, staff ignored a temporary restraining order and did not arrange for transfer notes to tell the nursing home about the restraining order or relay concerns about Pat's husband).
   - Lack of awareness about the potential lethality of separation violence.
   - Failure to refer to an APS/elder abuse agency or domestic abuse program.

3. **Victims of any age often want to maintain the relationship with an abuser—they just want the abuse to end. What are some concerns and barriers to living free from abuse that older women such as Pat experience?**

   Potential Audience Responses

   - Embarrassment and shame.
   - Fear and danger.
   - Financial security concerns; older women may have a more limited earning potential.
   - Absence of community resources or lack of awareness about their availability; isolated.
   - Generational and religious values about marriage vows, role of women as spouse/mother/nurturer.

- Attached to her home, possessions, pets.
- Abusive husband's age (and potential for feigned dementia) negatively affects the ability to prosecute.
- If the abuser is an adult child, the victim often wants to protect the child from "getting into trouble," or to help the adult child with a problem.

4. Health care systems often work with entire families, especially in cases involving older adults. How will you collaborate with other professionals in cases of domestic abuse in later life and ensure that your strategies are victim centered?

Potential Audience Responses

- Do not assume that all spouses or families are benevolent; believe that domestic abuse in later life occurs, and focus on the victim's needs.
- Take the case to an elder abuse interdisciplinary team.
- Focus on victim autonomy, best interests, and safety before disclosing anything.
- Seek preferences and consents from the victim for selected services, visitors, or followup care.
- Recognize the importance of continuity of care. Ensure that good transfer notes (including phone calls) are transmitted to the next care setting, including descriptions of possible abusers and any restraining orders in place.
- Document in patient files suspected or identified abuse using a code that an abuser who may have access to records will not be able to interpret.
- Ensure that the patient understands the consequences of referrals (e.g., certain professionals are mandatory reporters; involving law enforcement may result in mandatory arrest, depending on the jurisdiction).

5. List strategies for patient safety in the hospital.

Potential Audience Responses

- Talk to the patient alone.
- Avoid screening with anyone else present.
- Listen to the victim.
- Explain that this is not the patient's fault, it's never too late to explore options, you're concerned about the patient's safety, and that the clinic/hospital is a safe place.
- Do not assume that all families and all visitors are benevolent; ask the patient whom she *does* and *does not* want to see.
- Keep the patient's door closed. Keep a sign-in list for all patient-approved visitors and use hospital security when needed; use the authority of the HIPAA* Privacy Rule to prohibit as visitors those individuals whose presence you believe would not be in the patient's best interest.
- If the patient wants visitors who staff members suspect are abusive, ensure that the patient is not alone with the suspected abuser and develop a code with the patient to indicate when he or she wants visitors to leave.
- Be cognizant of the behavior of the patient's visitors: notice hovering, hypervigilance, answering for the patient, not allowing certain other visitors, minimizing patient illnesses and needs.
- Remind the patient that the call button attached to the bed can be used for safety concerns.
- Chart any concerns carefully and discretely.
- Be mindful of potential dangers when transferring the patient from her or his room to the bath, therapies, etc.; prepare transfer/escort staff.

*The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. See tab 12 for more information.

- Be mindful of the potential danger or lethality of certain individuals (including older abusers) when they are separated from the victim.
- Make sure that transfer/discharge notes alert subsequent providers to any concerns about abuse or possible interference with the patient's recovery and recuperation.

6. **Abusers of all ages attempt to control their victims and deceive service providers. In this video, Pat's son Rick describes how his father inappropriately used the federal HIPAA law to keep Pat's family from seeing her. Describe other manipulative strategies that abusers may use to mislead health care professionals in cases of domestic abuse in later life.**

   Discussion may include

   - When the *abuser* has care needs, the abuser may—
     - Minimize his or her health care needs, thus indicating that 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/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 he or she 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 *her* fault for "being demanding" and having care needs.
     - Focus only on *his* needs and *his* entitlement; tries 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."
       - "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."
   - Take advantage of professionals' desire to see the best in others rather than to suspect power and control tactics on the part of the abuser.
   - Prevent interviewers from talking to the victim alone.
   - Agree to batterer's treatment, anger management, or stress reduction classes with no intention of following through or taking responsibility for the abuse.

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

1. **Have you worked with patients or colleagues in situations similar to Lois's? What were some of your feelings?**

   Potential Audience Responses

   - Irritation.
   - Frustration.
   - Disappointment.
   - Encouraged; happy to see her progress in her healing.

2. **People experiencing acute or ongoing trauma and abuse may have increased health care problems and may use health care resources more often. Yet health care professionals may miss the signs of domestic abuse both in situations involving their own colleagues and their patients. Give examples of how this can occur, including those from Lois's case.**

   Potential Audience Responses

   - Ignoring the number of health care visits without exploring possible abuse; for example, Lois had numerous surgeries and her comment, "I was sick all the time," could have been a tipoff.
   - Failing to screen patients for domestic abuse.
   - Failing to recognize the signs and symptoms of long-term abusive behavior.
   - Failing to offer support and refer to employee assistance programs or a health care provider-based domestic abuse program, if one exists.
   - Making ageist assumptions and not respecting the victim's autonomy (e.g., assuming that hospitalizations were due solely to the victim's age).
   - Failing to address safety issues.
   - Failing to refer to an APS/elder abuse agency or domestic abuse program.
   - Failing to protect access to medical files, especially in cases in which the abuser also works for a health care provider.
   - Failing to recognize manipulation of the rules (such as HIPAA) by abusers.

3. **List strategies for enhancing the safety of older patients who are victims of domestic abuse.**

   Potential Audience Responses

   - Avoid screening the potential victim with anyone else present.
   - Listen to the older victim.
   - Explain that this is not her fault, it's never too late to explore options, you're concerned about her safety, and that the clinic/hospital is a safe place for her.
   - Schedule more frequent followup visits and continue to ask about safety. Build trust.
   - Make followup phone calls (using coded language for safety).
   - Offer an emergency response pendant (commonly used for falls) to use during dangerous incidents.
   - Be creative in providing a safe way to give referrals (e.g., use appointment cards or a prescription form to write helpline numbers in code so only the victim knows what it means).
   - Discuss safety planning, including packing a bag with clothes, keys, medication, and important documents and identifying a safe place to go in an emergency.

- If your agency reports to APS or law enforcement, inform the patient about the report and offer a referral to a domestic violence organization and/or offer safety planning.

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

Potential Audience Responses

- Domestic Abuse
  - Offer services such as a 24-hour crisis line, individual and group counseling, support groups, emergency housing and transitional living programming, legal advocacy, and safety planning.
- Aging Network
  - Offer information about access to public benefits.
  - Provide services such as transportation, congregate meals, assistance with chores, and homemaker and home repair services.
- Adult Protective Services/Elder Abuse Agency
  - Respond to/investigate reported incidents of elder abuse, neglect, or exploitation.
  - Evaluate victim risk and capacity.
  - Develop and implement a case plan.
  - Prepare for discharge.
- Law Enforcement
  - Gather evidence.
  - Seize weapons.
  - Arrest.
  - Enforce restraining orders.
- 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.

I'm Having To Suffer for What He Did (Miss Mary)—

Case background on page 26.

1. How would you feel about providing care to an older victim who was sexually assaulted by a family member? What would be important to you personally?

Potential Audience Responses

- Feelings about providing care to an older sexual assault victim
  - Disbelief/shock/incomprehension.
  - Anger/outrage.
  - Sadness/grief.
- Might be important for health care professionals to—
  - Have law enforcement take the case seriously.
  - Provide delicate and appropriate care for the patient in a nursing home.
  - Work in a team with health care providers, domestic abuse/sexual assault advocates, and law enforcement.

- Understand the patient's history.
- Help make the patient's choices about living arrangements and services (what and how delivered) a reality.
- Use a victim-centered approach.
- Call on relationships with providers in other service systems.
- Offer or provide access to a Sexual Assault Nurse Examiner or Sexual Assault Response Team.

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/distract her assailant (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.
- Remembered the events of the assault clearly and proved to be an effective witness.
- Worked with the prosecution even though her family abandoned her.
- Survived an 8-day trial during which her credibility and capacity were attacked.

3. How can health care providers help an older victim of sexual assault or abuse regain control of her body and personal decisionmaking and avoid being traumatized again?

Potential Audience Responses

- Address acute issues immediately but do not rush other services.
- Understand that recovery takes a great deal of time; don't give the victim options that are "now or never." Understand that she may not be ready to make decisions during acute health crises.
- Do not touch her body or do things "to her" without first asking for her permission.
- Give her choices about where she will live and what services and activities she would like.
- Understand the importance of familiar surroundings and possessions.
- Meet the victim where she is. If she wants to talk about the incidents and preserve her memories of them, listen compassionately; if not, accept her decision and leave the door open to later discussion.
- Understand that whether the victim is in a hospital, rehabilitation facility, or her own home, this is where she lives now; ask permission to enter, to talk with her, and to sit on the chair in her room.

4. List strategies for ensuring patient safety in the hospital.

Potential Audience Responses

- Do not assume that all families and all visitors are benevolent.
- Ask the victim about her choices for visitors.
- Keep the patient's door closed. Keep a sign-in list for all patient-approved visitors and use hospital security staff when needed. Use the authority of the HIPAA* Privacy Rule to prohibit from visiting individuals whose presence you believe would not be in a patient's best interest.
- If a patient wants visitors who staff suspects are abusive, ensure that she is not alone with the suspected abuser and develop a code with the patient to indicate when she wants visitors to leave.

* The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. See tab 12 for more information.

- Be cognizant of the behavior of the patient's visitors; notice hovering, hypervigilance, answering for the patient, not allowing certain other visitors, minimizing patient illnesses and needs.
- Remind the patient that the call button attached to her bed can be used for safety concerns.
- Chart any concerns carefully and discreetly.
- Be mindful of potential danger when transferring the patient from her room to the bath, therapies, and so on; prepare transfer or escort staff.
- Be mindful of potential danger and lethality, including risks from older abusers who may resist being separated from the victim.
- Make sure that transfer or discharge notes alert subsequent providers to any concerns about possible abuse or interference with the patient's recovery and recuperation.

5. How can a health care facility plan for a post-discharge setting that both respects patient choice and issues of safety?

Potential Audience Responses

- Emphasize that a health care provider can link to local resources.
- Honor competent patients' right to autonomy.
- Seek informed consent from the patient before providing services.
- Involve the patient in the care plan. Talk to the patient about security concerns and precautions such as increasing the police patrol or explaining the facility's security system.
- Recognize and respect individual differences such as cultural, historical, and personal values.
- Do not violate the patient's confidentiality; get the patient's consent before discussing the situation with other providers or family members.
- Work collaboratively with other service providers and experts in public benefits and insurance eligibility to determine the patient's options.
- Work with domestic abuse advocates to create a safety plan regardless of the setting.
- Understand that any arrangement (e.g., at home or in a facility) can be "temporary" or "experimental."
- Arrange for the patient to visit different care options so she or he is involved personally in the decision.
- Do not "prescribe" to the patient, and don't judge the patient for not following your "orders." For example, do not tell the patient to get a divorce, take sedatives, go to a shelter, get couples counseling, go into a nursing home, or accept required services, and do not report the patient's situation.

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 (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 supports.
   - 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 it was the abuser who needed assistance with daily or medical care? How would they look at the situation if it was the victim who needed assistance with daily or medical care?**

   Potential Audience Responses

   - General manipulation strategies include—
     - Acting angry or "out of control" with the victim because of alleged "caregiver stress,"

but can 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 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 of abuse, stating that "It was just one time" or "It'll never happen again."
  - Agree to additional services/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 he or she 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 *his or her* needs and 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. Some older survivors of past abuse feel they have no choice but to care for the older abusive family member. Why might they feel that way and what assistance might you offer?

Potential Audience Responses

- Feel they must care for the abuser due to—
  - A need to honor their marriage vows.
  - A belief that the abuser is no longer dangerous and that they should "forgive and forget" or "turn the other cheek."
  - The abuser's refusal to allow any other caregivers in the home.

- The victim's embarrassment for other caregivers to see her home or be subject to the abuser's behavior.
- The feeling that if they don't provide assistance, no one else will.
- Having stayed so long, they are now too isolated and feel there's no way to leave.
- Financial constraints.
- Guilt.

- Health care providers could assist the victim by—
  - Developing a safety plan.
  - Encouraging the victim to stay involved with friends, family, and others.
  - Contacting a domestic abuse or sexual assault program.
  - Suggesting guidance from a faith community.
  - Offering additional home care assistance and/or respite.
  - Connecting the victim to the aging network for additional supports and programs to encourage socialization and reduce isolation.
  - Suggesting that the victim join a support group (e.g., caregiver, disease-specific, domestic abuse or sexual assault).
  - Counseling the victim about deserving and needing to take care of oneself through continued socialization, proper diet and exercise, getting enough sleep, etc.

For more information on caregiving and abuse, go to http://dhfs.wisconsin.gov/aps/Publications/pde224b.pdf.

10

TOPICAL SEGMENTS AND MONTAGE

TOPICAL SEGMENTS AND MONTAGE

The Topical Segments section of the DVD contains four videos. The first three segments are short pieces in which older victims and their advocates talk about effective programming and strategies. The subject matter is designed specifically for direct service providers but can be used with any audience. Facilitators are encouraged to adapt questions for their specific audience.

These segments are—

- *Emergency Housing for Older Victims*
- *Support Groups for Older Women*
- *Effective Advocacy for Older Victims*

Discussion questions for these three videos follow.

The final segment, *I'm Not Alone Anymore,* is a montage described on page 115.

Emergency Housing for Older Victims – Background on page 29.

QUESTIONS

1. **List the circumstances under which older victims may need emergency housing.**

   Potential Audience Responses

   - Victim is at risk of serious injury or death.
   - Abuser's whereabouts are unknown.
   - Victim needs a break to contemplate her options.

2. **Where do older victims in your community who need emergency shelter go? Discuss the reasons why some older victims choose not to use these options.**

   Potential Audience Responses

   Older victims may find emergency shelter at a—

   - Domestic violence shelter.
   - Homeless shelter.
   - Nursing home.
   - Adult family home.
   - Elder shelter.

Victims may—

- Want to stay in their own home.
- Be unaware that resources exist.
- Fear retaliation by the abuser if they leave home.
- Lack economic resources.
- Not want to go to a domestic abuse program because they feel out of place among younger residents and staff or because the children's noise or the general chaos that often results from communal living is difficult for them.
- Not want to go to a long-term care facility if that is where emergency housing beds are located.
- Need medical services or accommodations that are not currently available at the shelter program.

3. **Some communities have focused on tailoring shelter services at the domestic abuse program to meet the needs of older victims. How might your domestic abuse program improve its emergency housing response to older victims?**

   Potential Audience Responses

   - Recruit and hire older board members, staff, and volunteers.
   - Ask a disability rights organization to conduct a site visit and identify areas that need improvement for working with older victims with disabilities.
   - Designate single rooms in quieter areas.

4. **List any policies or practices that might need to be revised to better meet the needs of older victims staying at a domestic abuse shelter.**

   Potential Audience Responses

   - Shelter rules and expectations (e.g., participating in cooking and cleaning).
   - Mandated participation in specific activities such as a job search or support group.
   - Requirement to share a room.
   - Assistance with medications, care supports.
   - Maximum lengths for shelter stays.
   - Consider expanding eligibility for older people who are victims of adult children, other family members, or caregivers (i.e., not solely intimate partners).

5. **Some communities have found emergency shelter beds in nursing homes, assisted living facilities, or adult family homes. Are these viable options in your community? What are the strengths and weaknesses of this approach?**

   Potential Audience Responses

   Strengths

   - For older adults with health issues, medical assistance is available.
   - Generally quieter, less chaotic than a shelter.
   - Less isolated than a hotel room.
   - Other age cohorts.
   - Possible age-appropriate activities.
   - Avoids the stigma of a "battered women's shelter."

   Weaknesses

   - May not be an appropriate setting for adults who have no health care needs.
   - Stigma of a "nursing home."
   - Still have to leave home.
   - Do not have the support of others who are living with abuse, neglect, or exploitation.
   - Domestic abuse-related services, such as legal advocacy and safety planning, need to be brought to the facility.

6. **How might a woman in crisis feel about being expected to be the "grandma" of the shelter, the parenting expert, or the babysitter? What**

might be some of the potential drawbacks and benefits of these expectations?

Potential Audience Responses

Drawbacks

- May be unsettling and stressful for an older woman to help with childcare.
- May feel forced to do so or have a sense of guilt if she says no.
- May get so entangled with young moms and their children that she avoids addressing her own issues and needs.

Benefits

- May welcome the opportunity to be with children.
- Could build an older woman's self-image to become a mentor to younger moms and their children, potentially teaching her life skills.

Support Groups for Older Women – Background on page 30.

QUESTIONS

1. **What are the benefits to having a support group specifically for older abused women?**

   Potential Audience Responses

   Older women may—

   - Appreciate learning that "I am not the only one," that there are other women in their communities who are in abusive relationships.
   - Break the emotional and physical isolation as they make new friends in the support group.
   - Develop new coping, problem-solving, safety planning, and survival skills.
   - Learn about their rights, the law, and their options.
   - Appreciate a place to laugh, relax, and let down their guard.
   - Gain a sense of hope, peace, and strength.
   - Focus on issues more common to older women (e.g., health, grief) instead of the primary concerns of younger women for child custody, job training and placement, childcare, and parenting.

2. **What are the pros and cons to having older women who have been abused by intimate partners and those who have been abused by other family members participate in the same group?**

   Potential Audience Responses

   - There are advantages to having women from both groups together because they share many similarities. Women in both situations have experienced—
     - Power and control dynamics.
     - Feelings of shame, embarrassment, secrecy.
     - A sense of nurturing responsibility or duty to care for a family member, whether it be a frail/ill husband (in some cases) or an adult child.
     - Similar feelings about wanting to maintain the relationship but just have the abuse end.
   - There are disadvantages to combining both groups. The dynamics between the women and their abusers differ in each group.
     - A parent cannot divorce her child.
     - Mothers with abusive adult children are often more concerned about *getting help for the child* than in getting help (safety) for themselves.
     - Situations of abusive adult children often involve financial exploitation as well.

3. **In this video, an advocate described using focus groups to find out what older adults wanted in a support group. What strategies might you use to organize focus groups?**

   Potential Audience Responses

   - Determine the purpose of the focus group and develop key questions to gather information from participants.

- Figure out how to market the focus group to get active participation; consider where to post fliers and what language to use on them. (For example, a focus group concerned with finding ways to improve the safety of older women might draw more participants than one marketed for discussing elder abuse or domestic violence.)
- Consider the location: It needs to be safe, easy to find, and accessible.
- Consider timing: If possible, hold several focus groups at different times of the day. Many older adults work or volunteer during the day; others are hesitant to drive at night.
- Consider offering food and a small cash incentive to ensure participation.
- Determine who will facilitate; consider using at least one older woman if possible.
- Be prepared for self-disclosure of past or current abuse; have at least one facilitator prepared as a crisis counselor if needed.

4. **In addition to focus groups, what other methods could be used to get information from older women about the services they would like to see offered?**

Potential Audience Responses

- Hire and recruit older volunteers, staff, and board members and listen to their views.
- Conduct workshops and ask older participants questions about services.
- Go to locations where older people gather and build relationships with them.
- Distribute surveys for anonymous feedback.

5. **How would you create a support group for older abused women? Discuss some of the issues you would consider when determining the group's purpose, outreach strategy, location, timing, and staffing.**

Potential Audience Responses

Purpose

- Ask older women what kind of group they would like (e.g., single-session information meetings; educational, emotional support, or recreational group; social action/advocacy group).
- Determine the target population for services (e.g., age, gender, relationship to abuser, current level of danger, health status, cultural issues).

Outreach

- Recruit potential participants by attending various activities for older individuals.
- Obtain referrals from individual counselors and from professionals working in health care, law enforcement, or the courts, or those employed as clergy, social workers, APS/elder abuse workers, etc.
- Conduct outreach by considering the following points:
  - Be sensitive to language: generally older women will not identify with terms like "domestic violence" or "battered women." Instead, consider group names such as "Prime Time," "Safe and Healthy," "Golden Circle," "Silver Space," "Senior Strength."
  - Consider describing common tactics that abusers use as part of how you advertise the support group. For example,
    - Do you feel that nothing you ever do or say is "right"?
    - Is someone close to you withholding your medication, taking your money, limiting your time with friends?
    - Is someone you love hurting you?
  - Clarify the group's cosponsorship, how participants will get to it (transportation, directions), where to call for more information.
  - Specify that services are free and confidential.

Location

- Ask older women where they think the group should be held.
- Determine which agency will sponsor it; keep in mind that both participants and potential referring agencies will be looking for credibility in a sponsoring agency.
- When choosing a location, consider issues such as transportation and accessibility, and select a site that has no stigma attached to it.

Timing

- Ask older women when they would like the group to be held.
- Don't assume that older women do not work or have no other commitments.
- Consider the availability of transportation.

Staffing

- Consider hiring older women as support group facilitators.

Other

- Many states mandate that some persons and professionals report elder abuse. See www.ncall.us/docs/Mandatory_Reporting_EA.pdf for more information.
- For more information on creating a support group for older abused women, go to www.ncall.us and look for *Golden Voices*. This manual describes the experiences of older women and support group facilitators throughout the United States.

Effective Advocacy for Older Victims – Background on page 31.

QUESTIONS

1. **Describe the key elements of an empowerment model and why this model would be effective with many older victims.**

Potential Audience Responses

An empowerment model—

- Is a process of helping people assume or reclaim control over their destinies.
- Provides access to choices about available, accessible resources and options for attaining personal and collective goals.
- Assesses the situation and provides information, offering services, not mandating them.
- Permits victims to accept or reject any service, restoring their decisionmaking power.
- Considers the victim's safety with all actions and decisions.

This model is useful for older victims because it—

- Helps victims understand how strong they are to have survived and that they can rely on themselves in the future.
- Maximizes the victims' confidence level, skills, and abilities so they may make informed decisions in their best interests.
- Restores victims' own power and control in decisionmaking.
- Increases victims' self-image, confidence, and belief in themselves.
- Helps victims grow, understand their strengths, and enter into healthy relationships (intimate and not) in the future.

- Decreases victims' reliance on advocates by teaching them to rely on themselves.
- Keeps victim safety paramount.

2. What strategies and services used with younger battered women might also be effective with older victims?

Potential Audience Responses

- Listen to and believe the victim.
- Identify the victim's strengths and skills and build on them.
- Offer hope and realistic options to promote victim safety and break isolation.
- Support any decision the victim makes: staying, leaving, or returning.
- Recognize that some interventions may make things worse (e.g., reporting to law enforcement, referral to an unsympathetic clergy member).
- Make referrals selectively and only to counselors/therapists with a thorough understanding of domestic and family violence, as couples or family counseling may actually increase the risk to the victim.

3. What are some differences that advocates need to consider when working with older victims?

Potential Audience Responses

- Recognize that work with older victims may take more time.
- Understand that older victims may not identify with language used in the domestic violence movement; avoid using terms like "battered women," "abuser," "perpetrator," and "domestic violence."
- May need to offer to meet in more "neutral" locations where you can find quiet, confidential space, such as restaurants or places of worship, rather than at a shelter.
- Understand generational differences:
  - The role of religion may be stronger, especially regarding marriage vows.
  - It may be more difficult to consider ending a 40-, 50-, or 60-year relationship than one of shorter duration.
  - It may be even more difficult to leave a home of many decades, including one's possessions and pets.
  - There may be different expectations about the role of women as spouse/mother/nurturer.
- Be careful of stereotyping; do not assume that—
  - Stress (especially caregiver stress), poor family communication, or poor caregiving techniques are causing the problem; assume power and control issues unless/until proved otherwise.
  - Hearing or vision losses are responsible, but be aware that these are common among older people.
  - Older or frail spouses/partners cannot be dangerous or lethal.
  - "She has put up with it this long so she'll never leave."
- Recognize that the victim may want to maintain the relationship and help the abuser.
- Prepare to work with cases in which the abuser is an adult child, grandchild, or other family member.
- Recognize the complexities surrounding the parent-adult child relationship; a victim may feel a stronger sense of embarrassment or shame, parental responsibility, and love for, or emotional bonds with, the abuser.
- Consider the language you use carefully.

- Call her "Mrs. X" until she invites you to use her first name.
- Do not tell the victim that she reminds you of your mother or your grandmother.

- Recognize that years/decades ago the victim may have tried to get help without success; you may need to earn her trust.

I'm Not Alone Anymore (Video Montage)

I'm Not Alone Anymore highlights how important initial contact, shelter accommodations, and tailored support groups are for victims of domestic abuse in later life. The montage provides an overview of key issues and services by combining the voices of victims/survivors, their domestic abuse advocates, and other professionals who work with them. Together, they describe ways to make facilities and programming more relevant to older victims of domestic abuse. The video may be used to educate the following audiences: (1) domestic violence boards of directors, (2) executive directors of domestic violence programs, (3) policymakers, and (4) community members and other professionals. It may also be used as an introduction to a keynote or workshop session. No discussion questions were created for this video.

11

INTERACTIVE WORKSHOP: *THE BEST I KNOW HOW TO DO*

INTERACTIVE WORKSHOP: *THE BEST I KNOW HOW TO DO*

A Workshop on Recognizing Justifications Used To Excuse Abuse, Neglect, and Exploitation

Overview

"The Best I Know How to Do" is a 90-minute interactive workshop designed to help aging network professionals, health care providers, and APS/elder abuse workers recognize common justifications that may be used to excuse the abuse, neglect, and exploitation of older adults. The workshop begins with a mini-lecture on perpetrator tactics and behaviors that can occur in an ongoing relationship with an expectation of trust. In this example, an adult daughter is the caregiver for her father, who has Alzheimer's disease. After the lecture, the audience watches a video role play of an interview. Following each video clip, participants answer discussion questions as a large group. In the first three video clips, a caregiver (Marie) describes providing care for her father to a parish nurse (Elizabeth). In the final video clip, the caseworker who supervised the actual case gives tips on how to recognize justifications and causes for concern. Questions are provided to generate discussion.

Key Teaching Points

Participants will be better able to—

- Recognize potential red flags in the wording, body language, or behaviors of caregivers who may be abusing, neglecting, and/or exploiting older individuals.
- Recognize the potential problems that can arise when you focus on the emotions of the care provider rather than on collecting objective information about potential abuse, neglect, or exploitation of an older adult.
- Respond effectively to potential abuse, neglect, or exploitation.

Trainer Qualifications

- Experience working with older victims of abuse, neglect, and exploitation.
- An understanding of the dynamics of power and control and the tactics that abusers use in elder abuse cases.
- Experience in facilitating large group discussions.

Target Audiences

- Aging services network professionals.
- Health care providers.
- APS/elder abuse workers.

Time Needed

- 90 minutes

Equipment Needed

- LCD or DVD player and screen to show video clips.
- Copies of the handouts.
- Microphone for trainers and audience comments (optional).
- Flip chart (optional, if trainer wants to document answers to some discussion questions).

Format

Introduction *(15 minutes total)*

Welcome participants and introduce the trainer(s), list teaching points, and present the mini-lecture on key issues to consider when recognizing justifications that abusers use to excuse potential abuse, neglect, and exploitation.

Meeting Marie *(15 minutes total including a 3-minute video clip)*

In this video clip, Marie describes her living situation and the challenges of providing care. After showing the clip, the facilitator uses the discussion questions to lead a large group dialog.

Financial Issues *(15 minutes total including a 5-minute video clip)*

In this video clip, Marie describes how her father's finances are pooled with other family funds. After showing the clip, the facilitator uses the discussion questions to lead a large group dialog.

Providing Care *(30 minutes total including a 5-minute video clip)*

Marie describes the strategies she uses to provide care for her father and the stresses and burdens she feels in her current situation. After showing the clip, the facilitator uses the discussion questions to lead a large group dialog.

Caseworker Comments and Closing *(15 minutes total including a 5-minute video clip)*

Art Mason describes key considerations when interviewing caregivers and the red flags that suggest abuse, neglect, and exploitation. The trainer closes the workshop after final questions and comments.

Preparation

Prior to Training

- Watch the video clips in advance.
- Review the discussion questions and consider potential audience responses.
- Learn as much as possible about the target audience and its training needs.
- Make copies of the handouts provided for this workshop for all participants. (Note that the three handouts on pages 137–139 are specific to the different professional disciplines.)
- Make copies of the 4-page Abuse in Later Life Power and Control Wheel from tab 12 for all participants. This will be referred to in the mini-lecture section of this workshop.
- Be familiar with your state's APS/elder abuse reporting laws and other resources for older victims.

Optional

- Some trainers may want to create a PowerPoint presentation that includes the key teaching points, discussion questions, and some of the answers to the questions (to be shown after the large group discussion as "teach-behind" slides).

Room Setup and Preparation

- Make sure that equipment is working properly.
- Set up the room so that all participants can see the screen and hear each other during large group discussions.

Background

Marie's elderly father has Alzheimer's disease. Several years ago, Marie's father lived with her brother, who she does not believe provided adequate care. After an acute health care incident, Marie's father entered a nursing home. Marie later moved her father from the nursing home to her home against medical advice. She had concerns about the quality of care and the high cost of the nursing home. She believed she could provide better care and save family resources by bringing her father to live with her. Marie, her husband, her father, and her two preteen children live together.

In the fourth segment, Art Mason of Lifespan, an elder abuse agency in Rochester, New York, summarizes the key teaching points about recognizing justifications that may be used to excuse abuse, neglect, and exploitation. This role play is based on a case Mr. Mason supervised.

Considerations

This material may elicit an emotional reaction in some audience members. Some participants (or someone close to them) may have experienced abuse, sexual assault, neglect, or exploitation and may have a personal response to the content. Persons who have provided or are providing care may feel or react defensively because this material may remind them of specific situations in their own lives. Professionals may reflect on cases in which they felt something was wrong, but they didn't follow up and now feel guilty or upset.

Be prepared for these and other emotional reactions. If possible, be available to talk to any participants who need more time following the workshop. Also, if there are two or more trainers, have a plan to talk to any participant outside the training room during the workshop, if needed.

For more information on caregiving and abuse, review the series of brochures at http://dhs.wisconsin.gov/aps/Publications/publications.htm.

Instructions for Trainers

Introduction

(15 minutes of introductions, goals, and a mini-lecture to set up video clips and discussion)

- Welcome the audience and briefly introduce the trainer(s).
- Describe the purpose of the workshop and the three key teaching points. Participants will be better able to—
  - Recognize "red flags" in the wording, body language, and behaviors of caregivers who may be abusing, neglecting, and exploiting older individuals.
  - Recognize the potential problems with focusing on the emotions of the care provider rather than on the objective information about potential abuse, neglect, and exploitation of an older adult.
  - Respond effectively to potential abuse, neglect, and exploitation.
- Present a mini-lecture on the forms of abuse and information about the tactics that abusers use, such as manipulating professionals and victims, lying, blaming the victim, and justifying their behaviors. The sample text below illustrates key points the trainer should discuss during the mini-lecture.

Sample Text: Mini-Lecture on Forms of Abuse and Abuser Tactics

Unfortunately, some older individuals are harmed by persons they love or trust. Professionals may have difficulty recognizing abuse, neglect, and exploitation when the abuser is a partner, family member, or caregiver. Although abusers may attempt to manipulate professionals, blame the victim, and justify their behavior in any relationship, it can be especially challenging to pick up cues of abuse in some caregiving situations. Sometimes the older adult is unable to communicate with others due to isolation, health issues, or a disability. In other situations, caregivers may present themselves as if they are saints for dealing with such a difficult situation or "doing the best they can." Sometimes professionals and family members have concerns or feel uncomfortable about a situation, yet they don't know what to look for or what to do if they uncover signs of abuse, neglect, and exploitation.

This workshop will highlight the indicators of abuse and provide practical tips about what to do if abuse, neglect, or exploitation is suspected. The video clips focus on an adult daughter who provides care for her father. Keep in mind that similar justifications used to excuse abuse, neglect, and exploitation can also occur in relationships where no care is being provided. The primary goal of this workshop is to help professionals recognize potential abuse, neglect, and exploitation so that they can intervene to improve the safety and living conditions of older adults who are living in fear or are being harmed.

During this workshop, three video clips of an interview between a caregiver and a parish nurse will be shown. This footage is based on an actual case. Following each segment, we will pause and discuss possible concerns.

Abusers may use a variety of tactics to harm an older adult. Take a look at the Abuse in Later Life Power and Control Wheel (see tab 12). This wheel is modeled after the Duluth Power and Control Wheel created to describe tactics used by batterers. "Power and control" is in the center of the wheel because the goal for most abusers is to use a pattern of coercive tactics to gain and maintain power and control in the relationship. The various tactics that abusers use to control their victims are listed in the pie-shaped slices of the wheel. Examples of tactics include isolation, using family members, financial exploitation, threats, and emotional abuse. On the reverse page, specific examples are listed for each tactic/category of abuse. In many cases, psychological and emotional abuse are the most frequently used; therefore, these forms are highlighted in the spokes of the wheel. Physical and sexual violence are noted on the rim of the wheel because these are tactics that are the least frequently used but are often the most effective methods used by an abuser to maintain power over the victim.

Abusers, including those who are caregivers, often attempt to manipulate professionals and their victims. They may minimize the abuse, lie, or justify their behaviors. Often they blame the victim for complaining too much or being so difficult. Abusers may become emotional and portray themselves as the victim of the situation. One of the challenges to recognizing potential abuse, neglect, and exploitation is that abusers may try to spin a conversation away from their abusive behavior. Because many professionals try to see the good in all individuals—especially caregivers—too often workers focus on the emotional content of a conversation rather than recognizing abusive behavior when it is alluded to or described outright.

Let's meet Marie and Elizabeth. As we watch this first segment, note any comments or issues that cause concern.

Additional Background on Abuser Tactics: Some audiences will need to spend more time reviewing abuser tactics, depending on their backgrounds and experience working with victims of abuse. Two good books on abuser tactics and thinking patterns are *Why Does He Do That? Inside the Minds of Angry and Controlling Men* by Lundy Bancroft and *Predators: Pedophiles, Rapists, and Other Sex Offenders—Who They Are, How They Operate, and How We Can Protect Ourselves and Our Children* by Anna C. Salter.

MEETING MARIE

(15 minutes total including a 3-minute video clip)

Trainers' Note: Read the following description to set up the video clip.

Marie's elderly father has Alzheimer's disease. Several years ago, Marie's father lived with her brother, who she believes did not provide adequate care. After an acute health care incident, Marie's father entered a nursing home. Marie later moved her father from the nursing home to her house against medical advice. She had concerns about the quality of care and the high cost of the nursing home. She believed she could provide better care and save family resources by bringing her father to live with her. Marie, her husband, her father, and her two preteen children live together.

Trainers' Note: Click on the video clip titled "Meeting Marie." After showing the segment (less than 3 minutes), lead a large group discussion by asking the following questions. To allow time for a thoughtful discussion of the last two segments, keep this section moving by accepting a couple of audience responses to each question, adding a few other potential audience responses, and moving to the next question.

QUESTIONS

1. **What are some of the caregiving challenges Marie describes?**

   Potential Audience Responses

   - Says she needs to "constantly watch" her dad.
   - Describes how her dad can be "her wonderful dad" one minute and out of control the next.
   - Discusses the challenges of mealtime, stating that "you don't know what you are going to get."
   - Says she is providing care by herself.

2. **List potential red flags of abuse, neglect, or exploitation present in this segment.**

   Potential Audience Responses

   - Marie doesn't want to let Elizabeth (the parish nurse) see or talk to her father.
   - Marie says that Elizabeth can see her father later, and states that "I will go in with you to check on him."
   - Marie uses the word "control" several times.
   - Marie says that she is sometimes "forced to have to do something."
   - Marie is evasive; she doesn't directly answer Elizabeth's questions.
   - Marie attempts to justify her actions by saying she's just doing what the nursing home did (e.g., administering medications), even though she doesn't have medical training.
   - Marie sounds frustrated and overwhelmed.
   - Marie turns around some of Elizabeth's questions to put herself in the best light.

3. **List examples of behaviors that in one context are examples of good caregiving and yet in another context might be considered abusive.**

   Potential Audience Responses

   - Medications: Given appropriately they are helpful but can also be used to over- or undermedicate the older individual.
   - Napping: Can be beneficial for an older adult's health or a sign that the older adult is overmedicated.
   - "Getting the person under control": Can be done for an older adult's safety or could be abusive.
   - Constant vigilance: Could be for an older adult's safety or a means of isolating the individual.
   - Removal from the nursing home: An older adult might be removed because the quality of care was poor or because the caregiver did not want the older adult's assets (i.e., the caregiver's potential inheritance) to be depleted.

- Controlling finances: May be necessary (e.g., to make sure bills are paid for someone with memory problems) or may be a means of controlling the activities of the older adult or of stealing from him or her.
- Sense of duty: Although it may be good to help older parents or others with health issues, such actions also can be used by the caregiver to present her- or himself as a saint or martyr so that professionals will not explore signs of possible abuse, neglect, and exploitation.

Trainers' Note: Close this segment by telling the audience that we will now hear from Marie about how she handles financial issues.

FINANCIAL ISSUES

(15 minutes total including a 5-minute video clip)

Trainers' Note: Click on the video clip titled "Financial Issues." After showing it (5 minutes), lead a large group discussion by asking the following questions. To allow time for a thoughtful discussion of the last two segments, keep this segment moving by accepting a couple of audience responses to each question, adding a few other potential audience responses, and then moving to the next question.

QUESTIONS

1. **What concerns do you have after listening to this segment?**

   Potential Audience Responses

   - Marie describes potential financial improprieties or exploitation.
   - Marie portrays herself as a martyr, noting, for example, that she gave up her job to stay home with her father.
   - Marie describes her father as "an ornery old man"; her descriptions of him are negative.
   - Marie states that her father's money "allows the kids to have a few extra things."
   - Marie feels the cost of care is too expensive and says "why should I give them all *my* money?" when actually it is her father's money that could be spent for his care and for activities that improve the quality of his life.
   - Marie is refusing any services that could assist her or her father.
   - Marie makes inconsistent statements, such as "every penny is accounted for," yet she is "saving for a trip to Europe."

2. **How might you feel differently about possible financial exploitation if the planned trip was camping for a week in her home state instead of 2 to 3 weeks in Europe?**

   Potential Audience Responses

   - Some audience members may discuss balancing the need to provide personal care for her father and the desire to give the family a break from caregiving.
   - Some participants may perceive a sense of entitlement from Marie. For example, she seems to feel *entitled* to use her father's resources for her family rather than for services, transportation, or programs for him.
   - Some audience members may think that Marie should be compensated for her efforts.

3. **What are some questions that might be considered in determining the line between fair compensation for a caregiver's time and expenses and financial exploitation of an older adult?**

   Potential Audience Responses

   - Is a system in place for recording expenses and payments?
   - Is the amount of compensation openly discussed, and is everyone involved aware of that amount?
   - Is compensation consistent with fair market value?

- Is the caregiver losing income she or he would have received from paid employment?
- What percentage of household expenses is being paid for by the older individual?
- What is the nature and extent of the care recipient's assets?
- What is the care plan for the older person and what services are provided?
- Is the caregiver willing to explore additional services as needed?
- Is the care plan consistent with any previously made plans by the older individual?
- Who is deciding/negotiating the costs? Is the older adult competent to enter into negotiations, or is there a guardian, agent under a power of attorney, or other legally authorized representative involved who does not have a conflict of interest?
- Are the resources of the older adult going to the care and improved lifestyle of that adult or to enhance the lifestyle of the family (e.g., big-screen televisions that, due to location, the older person cannot watch; cars that the older person cannot drive)?

Trainers' Note: Close this segment by telling the audience that we will now hear from Marie about how she provides care for her father.

PROVIDING CARE

(30 minutes total including a 5-minute video clip)

Trainers' Note: Click on the video clip titled "Providing Care." After showing it (5 minutes), lead a large group discussion by asking the following questions. Twenty-five minutes are allocated for discussing these questions. These questions focus on what to look for; how to avoid being manipulated by abusers; and what to do if abuse, neglect, or exploitation is suspected.

This section is organized differently from previous sections. Handouts are available with sample answers for some of the questions.

- Questions 1–4 can be used with any audience.
- Question 5 focuses on questions to ask the older adult and conditions to consider when exploring for possible abuse, neglect, and exploitation. This information can be covered quickly as a brief lecture if the trainer is short on time, with the key point being the importance of talking to and observing the older adult.
- Questions 6–8 are for specific target audiences: 6A and 6B are for aging services network professionals, 7A and 7B are for health care providers, and 8A and 8B are for APS/elder abuse workers.
- Allow time for thoughtful discussion so that participants can ascertain the key training points themselves, if possible. Keep the discussion focused. Move from one question to the next by highlighting any answers that the participants did not cover on their own in the group discussion. Track time closely so there is enough time to view and discuss the last video clip of the caseworker.

DISCUSSION QUESTIONS

1. **What concerns do you have after seeing this segment?**

   Potential Audience Responses

   - Marie may be over- or undermedicating her father.
   - Marie may be using the chair to control her father's movements.
   - Marie may not be using restraints properly.
   - Marie describes how she requires her father to remain alone in his room when the rest of the family is home.
   - Marie refers to her father as being "like an infant who will never grow up."

- Marie says that she is so tired that she doesn't "know how I will get through another day" and states that she doesn't "know how I will have the patience."
- Marie describes her father fighting her. Is this behavior a symptom of the dementia or his frustration at being isolated, restrained, and medicated?
- Marie's tears may be genuine—or an attempt to manipulate Elizabeth.
- Marie appears to be providing all her father's care without any assistance.

2. **What positive strategies and techniques did Elizabeth use in this interview that you could consider using in your practice?**

Potential Audience Responses

- Comments in a nonthreatening way that she "was just in the neighborhood."
- Appears relaxed, not in a hurry, gives the impression that she has plenty of time to listen.
- Gives full attention, looks directly at the caregiver, does not appear distracted or restless.
- Uses "open" body language; gives the impression that she isn't put off by what the caregiver is disclosing but rather is interested in what the caregiver is saying.
- Takes the time needed to build rapport and follows up with additional specific questions.
- Asks questions in a nonthreatening manner; gently asks questions that go deeper.
- Reflects on behaviors and mirrors some of the caregiver's language (e.g., "so when you say you need to 'control' your father, what does that mean?").
- Gives the caregiver time and space to talk—doesn't interrupt. The caregiver may give more information that will highlight discrepancies or inconsistencies if she does not feel interrogated.
- Practices the patience needed to elicit good information.

3. **As professionals, how do you avoid being manipulated—through emotions, justifications, or excuses—when you are interviewing and interacting with caregivers who may be abusing, neglecting, or exploiting an older adult?**

Potential Audience Responses

- Interview the older adult separately, out of the visual range and earshot of the caregiver.
- Follow a framework or protocol.
- Listen impartially and openly for cues or information about abuse, neglect, and exploitation.
- Focus on the impact of the caregiver's behaviors on the older adult, not on the perceived burden or stress on the caregiver.
- Go back and further explore comments that indicate possible abuse, neglect, and exploitation.
- Analyze the facts rather than accepting as an acceptable justification a statement such as Marie's "I am doing the best I know how to do."
- Avoid falling into the trap of seeing the caregiver as the victim or as a saint.
- Avoid viewing the care receiver solely in negative terms, as often described by the caregiver.
- Beware of a caregiver who blames the older adult or feigns "caregiver stress," claiming that "it's all the care receiver's fault" for "being demanding" and having care needs.
- Beware of caregivers who focus only on their own needs or those who articulate a sense of entitlement. Often, these types of caregivers are more interested in obtaining services for themselves rather than for the care receiver.

- Beware of caregivers who deflect responsibility for their behavior; listen for code language such as—
  - "It was an accident."
  - "I was doing the best I could."
  - "I have to defend myself."
  - "Look what I put up with; *I'm* the victim here."
  - "It was just one time. It won't happen again."
  - "I just have to do what I have to do."
  - "It was in self-defense."

4. What are some effective questions you may ask of caregivers to identify any potential abusive, neglectful, and exploitive behaviors?

Potential Audience Responses

- How many hours per week are you with (_____)?
- Can you describe a typical day?
- Can you describe a good day?
- Can you describe a bad day?
- Are you currently employed? How is it going trying to balance employment and caregiving?
- Does (_____) have contact with people outside the family? Do you?
- If you are away, who provides or could provide care?
- Can you describe other relationships in your life?
- What are you doing to take care of yourself? Where/how do you get your support? How do you take a break?
- Do you get enough rest?
- Have you experienced difficulties in providing care for (____)? If yes, can you tell me about it?
- What are your worries?
- How do you deal with frustrating situations?
- What is your understanding of (____)'s medical conditions? What about mobility issues? What about (_____)'s mind? Does (_____) get easily confused? Unable to remember things? Not able to track activities?
- Do you sometimes feel you can't do what is really necessary or what should be done for (_____)?
- What strategies do you use when (____)—
  - Repeats the same question daily?
  - Accuses you of doing something you didn't do?
  - Wanders?
- What do you do when (_____) is angry or physically or verbally aggressive?
- In caregiving, do you often do things you feel bad about?
- Are you sometimes rough with (_____)?
- Do you find yourself yelling at (_____)?

5. Whenever possible, it is crucial to get information from the older adult. What questions would you ask the older adult? What would you look for when interviewing the older adult?

Trainers' Note: Remind participants to be mindful of the safety considerations and attempt to interview the older adult alone, if possible.

Potential Audience Responses

- What do you do on a typical day?
- Do you see friends or family? How often? When was the last time?
- Do you handle your finances? If not, who does? Do you decide how your money is spent? If not, who does?
- Does someone make you afraid? Who? How often? Why?

- Does someone yell at you? Who? How often? What do they say?
- Is someone rough with you? Who? How often? What do they do?
- Does someone do things that make you uncomfortable? Who? What do they do?
- Has someone hit, kicked, slapped, or punched you?
- Has someone forced you to do sexual things you do not want to do?

Observations

- Is the older adult restrained?
- Does the older adult appear over- or undermedicated?
- What does the environment look like? Are food, medication, and caregiving equipment available?
- How does the environment smell?
- Does the older adult look neglected or mistreated or appear fearful?

Trainers' Note: The answers to the remaining "What could you do?" questions vary by discipline. Questions for aging services network professionals are 6A–6B. Questions for health care providers are 7A–7B. Questions for APS/elder abuse workers are 8A–8B.

Trainers should be familiar with their elder abuse and adult protective services/vulnerable adult laws. Monitor the clock to ensure sufficient time for the final video segment, which includes the caseworker comments.

AGING NETWORK PROFESSIONALS

6A. What factors do you consider in deciding whether or not to make a report to an APS/elder abuse agency?

Potential Audience Responses

Wouldn't report—

- If I believed that the situation is not one of abuse, neglect, or exploitation.
- If a past referral was unsuccessful; for example, it did not increase safety for the older adult.
- If a past referral endangered the individual.
- If I was worried about further endangering this individual.
- If I believed that reporting would breach trust.
- If I believed that reporting would violate confidentiality.
- If it would mean a new person coming in, undermining attempts at trust-building and rapport.

Would report if I believed that—

- The state statute requires me to do so.
- The APS/elder abuse agency has better tools.
- The APS/elder abuse agency is more experienced.
- The APS/elder abuse agency has better links with law enforcement.
- The APS/elder abuse agency can better address victim safety.
- The APS/elder abuse agency could provide alternative placement or remedies.

Trainers' Note: Close this discussion by pointing out that if a professional makes a report to APS/elder abuse and/or law enforcement, several additional steps should be taken to promote victim safety and well-being.

- Have a process for determining who in the organization should report and in which circumstances. Participants should know

their state laws and requirements as well as agency policies and protocols.

- If possible, get to know APS/elder abuse staff and learn their eligibility guidelines and investigation process.
- If possible, inform the older adult that a report was or will be made and what will happen next.
- If possible and the older adult is willing and interested, connect or refer the victim to a domestic violence agency.
- If the aging network agency provides services to the older adult, continue to provide services and have ongoing contact with the older adult. Ask how things are going and continue to monitor the situation and be available as needed.

6B. If you suspect abuse, neglect, or exploitation, or if the older adult discloses being harmed, what else could you do?

Potential Audience Responses

- If possible, talk to the older adult separately without the caregiver in visual range or earshot to gather more information.
- Reassure the older adult that help is available, and that other older individuals have been hurt or harmed. Abuse is not their fault. No one deserves to be harmed or to live in fear.
- Keep the older adult's safety and your safety paramount.
- Focus on self-determination. What does the older adult want to see happen?
- Provide a referral to the local domestic abuse program (if appropriate).
- Document and keep records confidential.
- If it is safe, and the older adult is interested, arrange for volunteers (e.g., faith community members) to visit the older adult.
- Adhere to ethics and proper boundaries; maintain professional relationships, not friendships.

HEALTH CARE PROVIDERS

7A. What factors do you consider in deciding whether or not to make a report to an APS/elder abuse agency?

Potential Audience Responses

Wouldn't report—

- If I believed that the situation is not one of abuse, neglect, or exploitation.
- If a past referral was unsuccessful; for example, it did not increase safety for the older adult.
- If a past referral endangered individuals.
- If I was worried about further endangering this individual.
- If I believed that reporting would breach trust.
- If I believed that reporting would violate confidentiality, health care licensure requirements, or professional code of ethics.
- If it would mean a new person coming in, undermining attempts to build trust and rapport.

Would report if I believed that—

- The state statute requires me to do so.
- The APS/elder abuse agency has better tools.
- The APS/elder abuse agency is more experienced.

- The APS/elder abuse agency has better links with law enforcement.
- The APS/elder abuse agency can better address victim safety.
- The APS/elder abuse agency could provide alternative placement or remedies.

Trainers' Note: Close this discussion by pointing out that if a health care provider makes a report to APS/elder abuse and/or law enforcement, several additional steps should be taken to promote the older adult's safety and well-being.

- Have a process for determining who in the organization should report and in which circumstances. Participants should know their state laws and requirements as well as their organization's policies and protocols.
- If possible, get to know APS/elder abuse staff and learn their eligibility guidelines and investigation process.
- If possible, inform the older adult that a report has been or will be made and what will happen next.
- If appropriate and the older adult is willing and interested, connect or refer the victim to a domestic abuse agency.
- If the older adult continues to need health care, ask how things are going and continue to monitor the situation and be available as needed.

7B. If you suspect abuse, neglect, or exploitation, or if the older adult discloses being harmed, what else could you do?

Potential Audience Responses

- If possible, talk to the older adult separately without the caregiver in visual range or earshot to gather more information.
- Reassure the older adult that help is available, and that other older individuals have been hurt or harmed. No one deserves to be abused.
- Keep older adult safety and your safety paramount.
- Focus on self-determination. What does the older adult want to see happen?
- Provide a referral to a local domestic abuse program (if appropriate).
- Document the history of abuse over time and keep records confidential.
- Adhere to ethics and proper boundaries. Maintain professional relationships, not friendships.
- If the suspected abuser is also a patient, avoid colluding by making statements supporting how difficult it is to provide care.

APS/ELDER ABUSE WORKERS

8A. Discuss factors to consider regarding whether or not to involve law enforcement in a case.

Potential Audience Responses

Would not involve law enforcement—

- If the older adult does not want a report made and/or wants to help the suspected abuser rather than involve the justice system.
- If I believed that law enforcement wouldn't be able to do anything.
- If I believed that the older adult is more comfortable with an investigation aimed at providing protective services rather than possible prosecution of a family member.

- If I believed that making a report would hurt efforts to build trust with the older adult and/or the suspected abuser and APS/elder abuse worker.
- If I believed that a criminal prosecution may put an older adult through a traumatic process.

Would involve law enforcement—

- If I believed that the criminal justice system could provide enhanced safety if the suspected abuser is arrested and/or ignores a restraining/protective order.
- If I believed a crime had been committed.
- If I need a second set of eyes/ears to review and document the case.
- If required to do so under the state statute or agency protocol.
- If I believed that the older adult's health and well-being is in danger; law enforcement could ensure that an APS/elder worker could speak directly with the older adult.
- If I believed that worker safety is at risk and law enforcement can accompany workers on their visits.

8B. If you suspect abuse, neglect, or exploitation, or if the older adult discloses being harmed, what else could you do?

Potential Audience Responses

- Conduct an investigation keeping the older adult's and the worker's safety paramount throughout.
- Interview the older adult alone, out of the visual range and earshot of a suspected abuser, to learn the impact of abuse, neglect, and/or exploitation on the older adult.
- If the older adult makes allegations of abuse, investigate thoroughly—even if that adult has said other things that may not be true.
- Express concern to the older adult about his or her safety.
- Focus on the history and pattern of incidents, events, or behaviors being described rather than on the emotional appeal of the caregiver.
- Compare the accounts from the older adult and abusive caregiver with the physical evidence.
- Look for evidence that supports or discredits the events as they are described by the suspected abuser.
- Seek input in the case from an elder abuse/APS interdisciplinary team and/or discuss the situation with colleagues and your supervisor.
- Recognize and understand common dynamics of abuse in later life, e.g., the victim may not disclose abuse immediately or may minimize the harm; the victim may be more interested in protecting or getting help for the abuser than in intervention for him- or herself; the abuser may be charming and may try to manipulate the professionals investigating the case.
- Collaborate with law enforcement and domestic abuse programs as appropriate.

CASEWORKER COMMENTS AND WRAPUP

(15 minutes total including a 5-minute video clip)

The fourth and final segment consists of observations made by Art Mason. Mr. Mason reflects on how potentially benign explanations offered by abusive caregivers and other perpetrators can serve as "red flags" for possible abuse, neglect, and exploitation.

Trainers' Note: Click on the video segment titled "Caseworker Comments." After showing the segment (5 minutes), ask if participants have any comments or reaction to the footage. Open up the discussion for additional questions and comments. Distribute the handouts and highlight some of the key points covered during the training:

- Victim safety is paramount.
- Approach all situations with healthy suspicion and awareness.
- If concerned, gather more information or report to an APS/elder abuse agency and/or law enforcement so that the case can be investigated.
- When possible, talk to and observe the older adult separately, out of the visual range and earshot of the caregiver.
- Listen closely to what the caregiver says and do not be swayed by the emotions the caregiver shows.
- Recognize that finances can be a driving factor in some cases of abuse, neglect, and exploitation.

Close the session by emphasizing the following points:

- Identifying victims of abuse in later life is critical to enhancing their safety and improving their lives. Too often, professionals miss red flags or do not ask additional questions if caregivers are charming or seem stressed or emotional.
- The key question is not, "Is the caregiver 'doing the best I can'?" but rather, "Is the older adult living in peace—free from abuse, neglect, and exploitation?"
- Each of us has the opportunity to make a difference.

WORKSHOP PARTICIPANT HANDOUTS

Note to Trainers: Make copies of the handouts provided for this workshop for all participants. (Note that the three handouts on pages 137–139 are specific to the different professional disciplines.)

In addition, make copies of the 4-page Abuse in Later Life Power and Control Wheel from tab 12 for all participants. This will be referred to in the mini-lecture section of this workshop.

TIPS FOR SUCCESSFUL INTERVIEWS

- Appear relaxed, unhurried; give the impression that you have plenty of time to listen.
- Give your full attention. Look directly at the caregiver; do not appear distracted or restless.
- Use "open" body language. Give the impression that you are not put off by what the caregiver discloses but rather are interested in what he or she is saying.
- Take the time needed to build rapport, and follow up with additional specific questions.
- Ask questions in a nonthreatening manner; gently ask questions that go deeper.
- Reflect on behaviors and mirror some of the caregiver's language (e.g., "So when you say you need to 'control' your father/mother/spouse, what does that mean?").
- Give the caregiver time and space to talk—don't interrupt. The caregiver may give more information that will reveal discrepancies or inconsistencies if he or she does not feel interrogated.
- Practice the patience needed to elicit good information.

TIPS TO AVOID BEING MANIPULATED BY POTENTIAL ABUSERS

- Interview the older adult separately, out of visual range and earshot of the caregiver.
- Follow a framework or protocol.
- Listen impartially and openly for cues or information about abuse, neglect, or exploitation.
- Focus on the impact of the caregiver's behaviors on the older adult, not on the perceived burden or stress on the caregiver.
- Go back and further explore comments that indicate possible abuse, neglect, or exploitation.
- Analyze the facts rather than accepting as an acceptable justification a statement such as Marie's "I am doing the best I know how to do."
- Avoid falling into the trap of seeing the caregiver as the victim or as a saint.
- Avoid viewing the care receiver only in negative terms, as often described by the caregiver.
- Beware of a caregiver who blames the older adult or feigns "caregiver stress," claiming that "It's all the care receiver's fault" for "being demanding" and having care needs.
- Beware of a caregiver who focuses only on his or her own needs and articulates a sense of entitlement. Often this type of caregiver is more interested in receiving services him- or herself than in seeing that the care receiver gets the proper services.
- Beware of a caregiver who deflects responsibility for his or her behavior; listen for code language such as the following:
  - "It was an accident."
  - "I was doing the best I could."
  - "I have to defend myself."
  - "Look what I put up with—I'm the victim here."
  - "It was just one time; it won't happen again."
  - "I just have to do what I have to do."
  - "It was in self-defense."

QUESTIONS TO ASK CAREGIVERS WHEN EXPLORING POSSIBLE ABUSE, NEGLECT, AND EXPLOITATION

- How many hours per week are you with (_____)?
- Can you describe a typical day?
- Can you describe a good day?
- Can you describe a bad day?
- Are you currently employed? How is it going trying to balance employment and caregiving?
- Does (_____) have contact with people outside the family? Do you?
- If you are away, who provides or could provide care?
- Can you describe other relationships in your life?
- What are you doing to take care of yourself? Where/how do you get your support? How do you take a break?
- Do you get enough rest?
- Have you had difficulties in providing care for (____)? If yes, can you tell me about it?
- What are your worries?
- How do you deal with frustrating situations?
- What is your understanding of (____)'s medical conditions? What about mobility issues? What about (_____)'s mind? Does (_____) get easily confused? Unable to remember things? Not able to track activities?
- Do you sometimes feel you can't do what is really necessary or what should be done for (_____)?
- What strategies do you use when (____)—
  - Repeats the same question daily?
  - Accuses you of doing something you didn't do?
  - Wanders?
- What do you do when (_____) is angry or physically or verbally aggressive?
- In caregiving, do you often do things you feel bad about?
- Are you sometimes rough with (_____)?
- Do you find yourself yelling at (_____)?

QUESTIONS AND ENVIRONMENTAL OBSERVATIONS ABOUT ABUSE, NEGLECT, AND EXPLOITATION TAILORED FOR OLDER ADULT CARE RECEIVERS

Questions To Consider if the Older Adult Is Able To Answer

Be mindful of safety considerations and attempt to interview the older adult alone, if possible.

- Can you describe a typical day?
- Do you see friends or family? How often? When was the last time?
- Do you handle your finances? If not, who does? Do you decide how your money is spent? If not, who does?
- Does someone make you afraid? Who? How often? Why?
- Does someone yell at you? Who? How often? What do they say?
- Is someone rough with you? Who? How often? What do they do?
- Does someone do things that make you uncomfortable? Who? What do they do?
- Has someone hit, kicked, slapped, or punched you?
- Has someone forced you to do sexual things you do not want to do?

Observations

- Is the older adult restrained?
- Does the older adult appear over- or undermedicated?
- What does the environment look like? Are food, medication, and caregiving equipment available?
- How does the environment smell?
- Does the older adult look neglected or mistreated or appear fearful?

TIPS FOR HANDLING POTENTIAL ABUSE, NEGLECT, AND EXPLOITATION

Aging Network Professionals

- If possible, talk to the older adult separately without the caregiver in visual range or earshot to gather more information.
- Reassure the older adult that help is available and let them know if other older adults have been hurt or harmed. Abuse is not their fault. No one deserves to be harmed or to live in fear.
- Keep the older adult's safety and your safety paramount.
- Ask the older adult what she or he wants.
- Provide referrals to the local domestic abuse program, if appropriate.
- Document and keep records confidential.
- If it is safe to do so and the older adult is interested, have volunteers (e.g., faith community members) visit the older adult.
- Adhere to ethics and proper boundaries; maintain professional relationships, not friendships.

If reporting—

- Have a process for determining who in the organization should report and under what circumstances. Participants should know their state laws and requirements as well as agency policies and protocols.
- If possible, get to know APS/elder abuse staff and learn their eligibility guidelines and investigation process.
- If possible, inform the older adult that you will make or have made a report and tell her or him what will happen next.
- If possible, and the older adult is willing and interested, connect or refer the victim to a domestic abuse agency.
- If the aging services network agency provides services to the older adult, continue to provide services and have ongoing contact with the older adult. Ask how things are going and continue to monitor the situation and be available as needed.

TIPS FOR HANDLING POTENTIAL ABUSE, NEGLECT, AND EXPLOITATION

Health Care Providers

- If possible, talk to the older adult separately without the caregiver in visual range or earshot to gather more information.
- Reassure the older adult that help is available and let them know if other older individuals have been hurt or harmed. No one deserves to be abused.
- Keep the older adult's safety and your safety paramount.
- Ask the older adult what she or he wants.
- Provide referrals to a local domestic abuse program (if appropriate).
- Document the history of abuse over time. Keep records confidential and unavailable to the suspected abuser. If the suspected abuser is also a patient, avoid colluding by making statements that support how difficult it is to provide care.

If reporting—

- Have a process for determining who in the organization should report and in which circumstances. Participants should know their state laws and requirements as well as agency policies and protocols.
- If possible, get to know APS/elder abuse staff and learn their eligibility guidelines and investigation process.
- If possible, inform the older adult that you will or have made a report and what will happen next.
- If possible, and the older adult is willing and interested, connect or refer the victim to a domestic abuse agency.
- If the older adult continues to need health care, ask how things are going and continue to monitor the situation and be available as needed.

TIPS FOR HANDLING POTENTIAL ABUSE, NEGLECT, AND EXPLOITATION

Adult Protective Services/Elder Abuse Agency Workers

- Conduct an investigation, keeping older adult and worker safety paramount throughout.
- Interview the older adult alone out of the visual range and earshot of a suspected abuser.
- If the older adult makes allegations of abuse, investigate thoroughly—even if the older adult has said other things that may not be true.
- Tell the older adult that you are concerned for his or her safety.
- Focus on the incidents, events, or behaviors being described rather than on the emotional appeal of the caregiver.
- Compare the accounts from the older adult and the suspected abuser with the physical evidence.
- Look for evidence that supports or discredits the events as they are described by the suspected abuser.
- If one form of abuse is substantiated, explore other possible forms because multiple forms of abuse, neglect, and exploitation often occur in the same case.
- Seek input in the case from an APS/elder abuse interdisciplinary team and/or discuss the situation with your colleagues and supervisor.
- Recognize and understand common dynamics of abuse in later life, e.g., the victim may not disclose abuse immediately or may minimize the harm; the victim may be more interested in protecting or getting help for the abuser than in intervention for her- or himself; the abuser may be charming and may try to manipulate the professionals investigating the case.
- Collaborate with law enforcement and domestic abuse programs as appropriate.
- Focus on victim safety first and use a victim-centered approach as much as possible when offering intervention.

12

ADDITIONAL RESOURCES

ADDITIONAL RESOURCES

National Clearinghouse on Abuse in Later Life (a project of the Wisconsin Coalition Against Domestic Violence)

The NCALL Web site has a variety of participant handouts, articles, interactive exercises, and other resources available at www.ncall.us.

Terra Nova Films, Inc.

The Terra Nova Films Web site offers a variety of videos on aging and elder abuse. Visit www.terranova.org.

Office for Victims of Crime

The Office for Victims of Crime's Web site has a variety of written materials and videos on elder abuse and other crimes. Visit www.ovc.gov.

Related Web Sites:

National Adult Protective Services Association – www.apsnetwork.org

National Center on Elder Abuse – www.ncea.aoa.gov

National Resource Center on Domestic Violence – www.nrcdv.org

National Sexual Violence Resource Center – www.nsvrc.org

National Center for Victims of Crime – www.ncvc.org

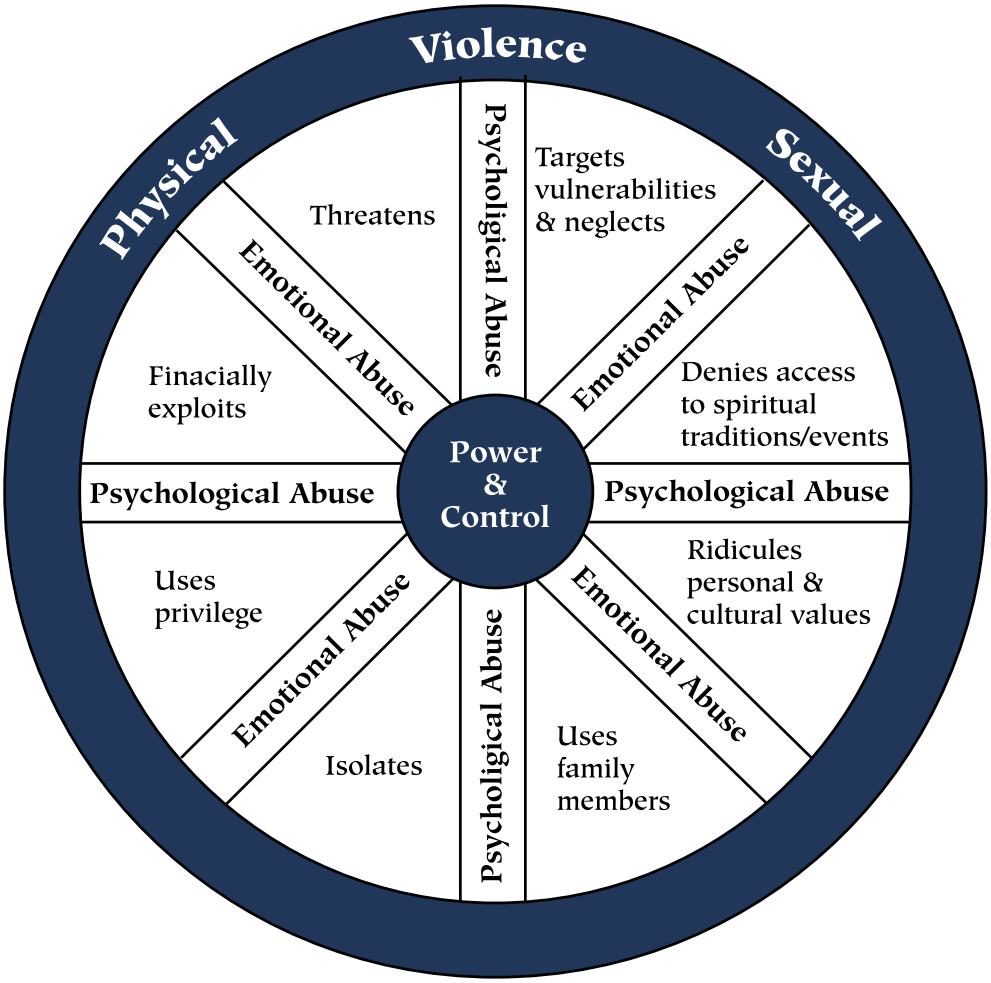
National District Attorneys Association – www.ndaa.org

International Association of Chiefs of Police – www.theiacp.org

National Association of VOCA Assistance Administrators – www.navaa.org

World Health Organization Report on Elder Abuse – www.who.int/ageing/projects/elder_abuse/en

Abuse in Later Life Wheel



Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV).

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This diagram was adapted from the Power and Control/Equality wheels with permission by the Domestic Abuse Intervention Project, Duluth, Minnesota (2006).

Development of the Abuse in Later Life Wheel

In early 1980, the Duluth Domestic Abuse Intervention Project asked women attending domestic violence educational groups to describe their experiences of being battered by their male partners. The Duluth Power and Control Wheel was created using the most commonly repeated tactics. Many additional abusive behaviors are experienced by women, but these are not on the wheel due to the small space available.

In 1995, NCALL staff asked facilitators of support groups for older abused women to have participants review the Duluth wheel. These older women were asked if their experiences of abuse in later life were different from or similar to those of younger victims/survivors. Participants from a handful of groups in Wisconsin, Minnesota, and Illinois provided feedback. Based on this feedback, NCALL created the Family Abuse in Later Life Wheel.

In 2005, NCALL took the Family Abuse in Later Life Wheel back to older survivors, and asked them to review it once again. More than 50 victims from 8 states responded, with many telling us that the wheel reflected the abuse in their lives. However, they also said that it did not adequately represent the ongoing psychological and emotional abuse they experienced throughout their relationships. The Abuse in Later Life Wheel adapted here illustrates this multifaceted reality.

The outer rim of the wheel defines violence or the threat of violence that is evident in the relationship. The violence may be frequent or very limited, but fear and threats are present. The abuser uses threats to maintain power and control. Each piece of the wheel represents the different tactics abusers may use in a relationship. Abusers may not necessarily use all of the tactics or they may use one tactic more often than others. Any combination of tactics can be used to maintain power and control.

This wheel makes a distinction between emotional and psychological abuse. Emotional abuse refers to specific tactics, such as name-calling, put-downs, yelling, and other verbal attacks used to demean the victim. Psychological abuse is the ongoing, manipulative, crazy-making behavior that becomes an overriding tactic in abusive relationships. Sometimes it can be very subtle; sometimes it is very intense and invasive.

The center of the wheel represents the goal or the outcome of all of these behaviors—power and control.

We use the wheel here with great respect for and thanks to all those who assisted with this project.

—The National Clearinghouse on Abuse in Later Life, a national project of the Wisconsin Coalition Against Domestic Violence

TACTICS USED BY ABUSERS

Physical Abuse

Slaps, hits, punches

Throws things

Burns

Chokes

Breaks bones

Creates hazards

Bumps and/or trips

Forces unwanted physical activity

Pinches, pulls hair, and twists limbs

Restrains

Sexual Abuse

Makes demeaning remarks about intimate body parts

Is rough with intimate body parts during caregiving

Takes advantage of physical or mental illness to engage in sex

Forces sex acts that make victim feel uncomfortable or are against victim's wishes

Forces victim to watch pornography on television or computer

Psychological Abuse

Withholds affection

Engages in crazy-making behavior

Publicly humiliates or behaves in a condescending manner

Emotional Abuse

Humiliates, demeans, ridicules

Yells, insults, calls names

Degrades, blames

Uses silence or profanity

Threatening

Threatens to leave and never see older individual again

Threatens to divorce or to refuse divorce

Threatens to commit suicide

Threatens to institutionalize the victim

Abuses or kills pet or prized livestock

Destroys or takes property

Displays or threatens with weapons

Targeting Vulnerabilities

Takes or moves victim's walker, wheelchair, glasses, dentures

Takes advantage of confusion

Makes victim miss medical appointments

Neglecting

Denies or creates long waits for food, heat, care, or medication

Does not report medical problems

Understands but fails to follow medical, therapy, or safety recommendations

Refuses to dress the victim or dresses inappropriately

Denying Access to Spiritual Traditions and Events

Denies access to ceremonial traditions or church

Ignores religious traditions

Prevents victim from practicing beliefs and participating in traditional ceremonies and events

Using Family Members

Magnifies disagreements

Misleads family members about extent and nature of illnesses/conditions

Excludes family members or denies the victim access to family members

Forces family members to keep secrets

Threatens and denies access to grandchildren

Leaves grandchildren with grandparent against grandparent's needs and wishes

Ridiculing Personal and Cultural Values

Ridicules victim's personal and cultural values

Makes fun of a victim's racial background, sexual preference, or ethnic background

Entices or forces the victim to lie, commit a crime, or engage in other acts that go against the victim's value system

Isolation

Controls what the victim does, whom the victim sees, and where the victim goes

Limits time with friends and family

Denies access to phone or mail

Fails to visit or make contact

Using Privilege

Treats the victim like a servant

Makes all major decisions

Ignores needs, wants, desires

Undervalues victim's life experience

Takes advantage of community status, i.e., racial, sexual orientation, gender, economic level

Financial Exploitation

Steals money, property titles, or possessions

Takes over accounts and bills and spends without permission

Abuses a power of attorney

Tells victim that money is needed to repay a drug dealer to stay safe

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.