

# CHAPTER 3

## **Interventions and Services**

- ◆ Community Safety Net
- ◆ Victim Strengths and Survival Strategies
- ◆ General Tips for Service Providers Working with Older Victims of Domestic Violence
- ◆ Indicators of Abuse in Later Life
- ◆ Asking about Abuse/Interviewing
- ◆ Interventions
- ◆ Safety Planning
- ◆ Worker Safety on Home Visits
- ◆ Creating Services
- ◆ Support Groups for Older Abused Women
- ◆ Tips on Public Awareness for Older Victims of Domestic Violence



# Interventions and Services

## COMMUNITY SAFETY NET

In communities with a coordinated response to domestic violence in later life, the web of fear and isolation can be turned into a community safety net. Older victims can benefit from services from a variety of agencies. Abusers must be held accountable. If one link in the safety net is weak, the entire net may not hold. A coordinated response is critical. Listed below are a few of the services offered by some of the systems needed for a strong net. Other services also may be available from each system.

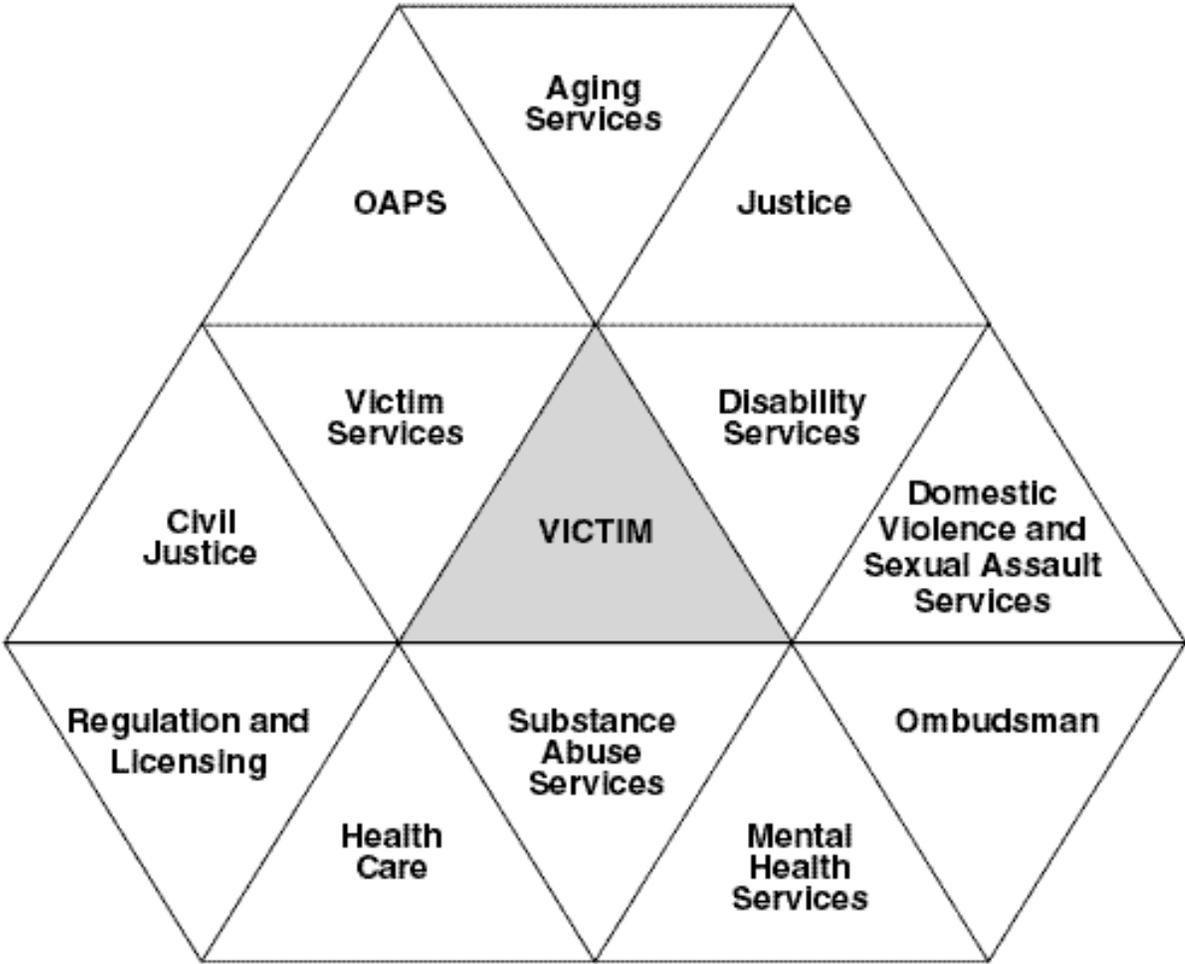
- ▼ **Adult protective services** – investigation of allegations of abuse/neglect, care management and monitoring and evaluation. May also provide or arrange for provision of medical, social, economic, legal, housing, law enforcement or other protective, emergency or supportive services.
- ▼ **Aging services** – transportation, chore services, respite care, recreational services, financial planning, information and referral, support groups, meal services, housing
- ▼ **Civil justice system** – protective orders, divorce, guardianships, wills, powers of attorney, mental health commitments
- ▼ **Criminal justice system** – investigation, arrest and prosecution of abuser, potential referrals to treatment programs
- ▼ **Disability services** – assistance with benefits, advocacy, supportive services, transportation
- ▼ **Domestic violence programs** – emergency housing, 24-hour help lines, support groups, peer counseling, legal, medical, welfare advocacy, safety planning, community education
- ▼ **Health care system** – physical examinations, ensuring proper amounts of food, water, medication and sleep to determine effects of victimization versus dementia, medications, ongoing medical care, sexual assault exams, documentation of abuse
- ▼ **Mental health services** – counseling services for victims and perpetrators, assessment review of medications, institutionalization

## Notes

*Notes*

- ▼ **Ombudsman** – advocates for residents of institutional facilities
- ▼ **Regulation and licensing** – investigation of abuse occurring in institutions
- ▼ **Sexual assault programs** – support, counseling, health care advocacy, court accompaniment, support groups, 24-hour help lines
- ▼ **Substance abuse programs**– in and outpatient services, individual counseling and group therapy for persons with chemical dependency and affected family members
- ▼ **Victim/witness services** – court accompaniment, information and referral, assistance with victim compensation and the provision of other victims rights

# Community Safety Net



## VICTIM STRENGTHS AND SURVIVAL STRATEGIES

Victims have a variety of strengths, abilities and coping strategies that have helped them survive sometimes years of abuse. They also may have talents they have not been able to use because of the abuser's tactics and isolation.

However, rather than identify and build on these strengths, sometimes professionals label victims as difficult, clumsy, co-dependent, impaired or passive. Professionals may criticize a victim who decides to maintain contact with an abuser and label the behavior "poor judgment." For older victims, poor judgment can be used as criteria for determining competency. Some victims have had their decision-making power taken from them by well-meaning workers who do not understand trauma and the difficult choices victims face.

Often victim responses may be normal reactions or strategic decisions for coping with dangerous circumstances. Identifying a victim's strengths and survival strategies can be first steps in intervention and safety planning. The list below identifies some strengths to consider.

- ▼ **Hardiness and adaptive skills** – research has found “strong evidence of adaptive strengths and hardiness of victims” (Podnieks, 1992)(b))
- ▼ **Willingness to learn and use resources well** – women attending the support groups in Milwaukee, WI, “have been eager to learn, use resources well and respond enthusiastically to the idea that they deserve more peaceful lives” (Seaver, 1996)
- ▼ **Loyalty and forgiveness** – often older victims are tremendously loyal to friends and family members and forgive easily
- ▼ **Survival instincts** – women who have been in abusive relationships for 40, 50, 60 years or more and are still alive have many survival strategies that should be incorporated into safety planning with them
- ▼ **Kindness and compassion** – many victims of abuse are very kind, thoughtful, caring and nonjudgmental
- ▼ **Strong faith or religious values** – prayer, religious services or the faith community may be tools the victim uses to stay emotionally strong
- ▼ **Creativity** – many victims are exceptionally musical, artistic or dramatic, if given the opportunity to share their gifts.

## GENERAL TIPS FOR SERVICE PROVIDERS WORKING WITH OLDER VICTIMS OF DOMESTIC VIOLENCE

- ▼ Believe the victim. If the victim appears confused, the confusion may be the result of tactics used by the abuser (e.g., overmedicating, depriving of sleep, food and water) and normal trauma reactions. An assessment by health care and aging services staff trained in trauma reactions and dementia, delirium and depression is crucial.
- ▼ If the victim is nonverbal or unable to tell you what has happened, try to find a caring person (e.g., family member, neighbor or friend) who can help give information about the victim and the abuse.
- ▼ Do not assume that stress or poor family communication or poor caregiving techniques are causing the problem. Assume it is power and control, unless/until proven otherwise, to focus on victim safety and avoid colluding with the abuser.
- ▼ Identify the victim's strengths and skills and build upon them.
- ▼ Offer hope. Focus on offering strategies that promote victim safety; break isolation; support the victim's decisions; and provide additional information.
- ▼ Recognize and respect cultural differences.
- ▼ Recognize the victim may want to maintain the relationship and get help for the abuser.
- ▼ The victim may have tried to get help before without success. Some victims may not trust workers or their suggestions.
- ▼ Offer as many options as possible, without overwhelming the victim. Give accurate information about services (e.g., waiting lists, eligibility requirements.) Do not promise more than you can deliver.
- ▼ Provide information about available services outside your system including domestic abuse, sexual assault, victim advocacy, aging network and adult protective services.
- ▼ Understand that some proposed interventions may make things worse (temporarily or permanently) and could compromise the victim's safety (e.g., calling law enforcement if abuser works for the police; talking to faith-community if husband is pastor/rabbi; calling police if victim is an immigrant).
- ▼ Support any decision the victim makes: staying, leaving or leaving and returning to an abusive relationship.
- ▼ If possible, cultivate and maintain a relationship with the victim no matter what decisions s/he makes.

*Notes*

- ▼ Do not make statements that blame the victim or imply the victim is partially responsible for the abuse or for stopping it (e.g., “What did you do to cause him to get angry?” Or “Don’t you know that pushes her buttons?”)
- ▼ Assume the abuser wants to stay out of trouble and will attempt to block any help for the victim or to being held accountable. Be prepared to offer information about services if the abuser is interested.
- ▼ Avoid comments that support the abuser’s belief system (e.g., “It is tough caring for a sick wife/mother.” Or “I know you are doing the best you can.”)
- ▼ When domestic abuse is present, couples/family counseling and anger management are contraindicated until the perpetrator has successfully completed a batterers intervention program.
- ▼ Keep in mind that the role of law enforcement is to determine whether a crime has been committed and make an arrest if necessary. This may not be what the victim wants.
- ▼ Some victims may feel more comfortable disclosing abuse to a person close to their own age, rather than a young service provider.

## INDICATORS OF ABUSE IN LATER LIFE

Listed below are some forms of abuse in later life and signs and behavioral indicators that should raise suspicions about possible abuse.

### Physical Abuse

**Description** – use of physical force that may result in bodily injury, physical pain or impairment.

Signs and behavioral indicators of physical abuse include, but are not limited to:

- ▼ Bruises, black eyes, welts, lacerations and rope marks
- ▼ Bone fractures, broken bones and skull fractures
- ▼ Open wounds, cuts, punctures, untreated injuries in various stages of healing
- ▼ Sprains, dislocations and internal injuries/bleeding
- ▼ Broken eyeglasses/frames, physical signs of being restrained
- ▼ An elder's report of being hit, slapped, kicked or mistreated
- ▼ An elder's sudden change in behavior
- ▼ An elder acts fearful and withdrawn

### Sexual Abuse/Assault

**Description** – nonconsensual sexual contact of any kind. Sexual contact with any person incapable of giving consent is also considered sexual abuse.

Signs and behavioral indicators of sexual abuse include, but are not limited to:

- ▼ Venereal disease or genital infections
- ▼ Pain, itching, bruises or bleeding around the breast or genital area
- ▼ Unexplained venereal disease or genital infections
- ▼ Unexplained vaginal or anal bleeding
- ▼ Torn, stained or bloody underclothing
- ▼ An elder's report of being sexually harassed, assaulted or raped

### Psychological/Emotional Abuse

**Description** – infliction of anguish, pain or distress through verbal or nonverbal acts.

Signs and behavioral indicators of emotional abuse include, but are not limited to:

- ▼ Being emotionally upset or agitated
- ▼ Being extremely withdrawn and non-communicative or non-responsive
- ▼ Unusual behaviors usually attributed to dementia (e.g., sucking, biting, rocking)
- ▼ An elder's report of being verbally or emotionally mistreated

## Financial Exploitation

**Description** – financial or material exploitation is defined as the illegal or improper use of an elder’s funds, property or assets.

Signs and behavioral indicators include, but are not limited to:

- ▼ Lifestyle not consistent with income/assets
- ▼ Unexplained or sudden inability to pay bills, purchase food or personal care items
- ▼ Fear or anxiety when discussing finances
- ▼ Unprecedented or unusual transfer of assets from victim to others.
- ▼ Extraordinary/unusual interest by family members in victim’s assets.
- ▼ Forced or unpaid labor
- ▼ Sudden changes in bank account or banking practices, including an unexplained withdrawal of large sums of money by a person accompanying the elder
- ▼ Inclusion of additional names on an elder’s bank signature card
- ▼ Unauthorized withdrawal of the elder’s funds using the elder’s ATM card
- ▼ Use of ATM card when elder is bedridden or homebound
- ▼ Abrupt changes in a will or other financial documents
- ▼ Unexplained disappearance of funds or valued possession
- ▼ Substandard care being provided or bills unpaid despite the availability of adequate financial resources
- ▼ Discovery of an elder’s signature being forged for financial transactions or for the titles of her/his possessions
- ▼ Unexplained sudden transfer of assets to a family member or someone outside the family
- ▼ The provision of services that are not necessary
- ▼ An elder’s report of financial exploitation

## Neglect

**Description** – the refusal or failure to fulfill any part of a person’s obligations or duties to an elder.

Sign and behavioral indicators include, but are not limited to:

- ▼ Dehydration, malnutrition, untreated bedsores and poor personal hygiene
- ▼ Unattended or untreated health problems
- ▼ Failure to thrive
- ▼ Inadequate or inappropriate clothing
- ▼ Unexpected or unexplained weight loss or deterioration of health
- ▼ Signs of excess drugging
- ▼ Unsanitary and unsafe living conditions (e.g., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing)
- ▼ An elder’s report of being mistreated/neglected
- ▼ Lack of heat and plumbing

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Descriptions/signs and symptoms compiled from Ganley, 1995; WCADV and WCASA materials and NCEA Web site.

## Behavioral Indicators of Potential Abuse

Listed below are possible behavioral indicators of abuse by potential victims and abusers. Most or all of the forms need NOT be present for abuse to be occurring. One or two indicators may warrant further questioning and investigation.

### **POTENTIAL VICTIM may exhibit some of the behaviors listed below.**

- ▼ Has repeated “accidental injuries”
- ▼ Appears isolated
- ▼ Says or hints at being afraid
- ▼ Considers or attempts suicide
- ▼ Has history of alcohol or drug abuse (including prescription drugs)
- ▼ Presents as a “difficult” client
- ▼ Has vague, chronic, non-specific complaints
- ▼ Is unable to follow through on treatment plan or medical care
- ▼ May miss appointments
- ▼ Delays seeking medical help
- ▼ Exhibits depression (mild or severe)
- ▼ Evidence of effects of stress and trauma, such as chronic pain and other illnesses

### **POTENTIAL ABUSER may do some of things listed below.**

- ▼ Is verbally abusive to workers or charming and friendly to workers
- ▼ Says things like “He’s difficult,” “She’s stubborn,” “He’s so stupid,” or “She’s clumsy”
- ▼ Attempts to convince others that the person is incompetent or crazy
- ▼ Is overly attentive to the victim
- ▼ Controls the older person’s activities and outside contacts
- ▼ Refuses to let an interview take place without being present
- ▼ Talks about the family member as if s/he is not there or not a person (dehumanizes)
- ▼ Physical assault or threats of violence against victim or worker
- ▼ Threats of suicide or homicide or both
- ▼ Threats of harassment
- ▼ Stalking
- ▼ Cancels elder’s appointments
- ▼ Sabotages older person’s efforts to attend appointments by refusing to provide transportation or some other excuse
- ▼ Takes elder to different doctors, hospitals and pharmacies to cover up abuse
- ▼ Uses the legal system to harass the older person (e.g., mutual protective orders, making false charges)

## ASKING ABOUT ABUSE/INTERVIEWING

### General Interviewing Guidelines

- ▼ Explain who you are and the purpose of your conversation.
- ▼ Find a private place, out of view and earshot of abuser.
- ▼ Find a reliable interpreter for non-English speaking or deaf or hard of hearing clients. Do not use family members (especially children).
- ▼ Be aware of what is going on, such as verbal and non-verbal communications, level of tension, etc. Keep in touch with your intuition and “gut level feeling.”
- ▼ Establish rapport by initially talking about general things.
- ▼ Maintain an adult-to-adult level of speaking. Sit down with the person. Do not stand over an individual in an authoritarian manner.
- ▼ Never make any promise you cannot keep, including that you can guarantee their safety (Otto & Stiles).

### Asking About Abuse

Lead into questions about abuse with a statement such as: “Because many of the people I work with are hurt by family members, I ask everyone questions about relationships and abuse.”

The questions may include:

- ▼ How are things going with your spouse/partner (or adult child)?
- ▼ When is the last time you went out with friends and/or family? How is your social life?
- ▼ Who makes decisions at your house?
- ▼ Are you afraid of your spouse/partner (or other family member)?
- ▼ Has anyone made you do things you did not want to do?
- ▼ Has anyone you live with made you uncomfortable?
- ▼ Have you ever been hit, kicked, or hurt in any way by a family member? Does anyone threaten you or force you to do things you do not want to do?
- ▼ Have you ever been forced to do sexual acts you did not wish to do? Is this going on now?

**IF YES**, ask for more information and ask questions such as “How are you staying safe?”

**IF NO**, state that “If a spouse/partner or family member ever does hurt you or you know someone who is being hurt, there are people who can help. Feel free to contact me for information, if you ever need it.”

If the victim does not disclose abuse, the support and information you have provided may still be useful for another time. Continue to build a relationship with the potential victim. Make sure potential victims know they can talk to you at any time about their personal situations or if someone else they know is being hurt.

## Additional Guidelines

### Working with Gay, Lesbian, Bisexual or Transgender Persons

- ▼ When working with a victim who may be gay, lesbian, bisexual or transgender, but has not disclosed, mimic their language about “roommate” or “friend.” You do not need to know if the relationship is sexual, but ask the same questions you would ask a married couple about financial resources and care provision.
- ▼ Be aware of legal realities for wills, hospital privileges, inheritance, powers of attorney. Listen carefully. Refer victim to respectful and knowledgeable service providers (Cook Daniels, 1997).

### Interviewing Persons with Disabilities

- ▼ Work with specialists in disabilities fields to gain information about communication barriers and successful techniques (e.g., using pictures/diagrams for people with speech impairments).
- ▼ Do not assume a person with a disability has a cognitive limitation or is not telling the truth.
- ▼ Speak directly to the person.
- ▼ Use simple language when communicating with a person with a cognitive disability. Avoid “confusing” questions about time, sequences or reasons for behavior.
- ▼ Treat adults as adults, regardless of any disability they may have.
- ▼ Use a sign language interpreter if the individual is deaf or hard of hearing.

### A Final Note

- ▼ Recognize cultural differences. Some cultural groups may be more willing to report abuse or talk to professionals about family problems than others. Respect differences that exist in body language, eye contact and expressions of emotion.
- ▼ Acknowledge generational values. Many older persons may be uncomfortable talking about personal, private matters with strangers. They may fear younger professionals imposing their own generational values about divorce or women’s roles onto them and judging their decisions.

## Confidentiality Issues

- ▼ Let the victim know any limits of confidentiality. If you cannot keep absolute confidentiality, let victim know what information you may need to report or share with others and under what circumstances. The victim has the right to know the potential ramifications of disclosing abuse and make decisions about what to discuss accordingly. Some professional codes of ethics require disclosure for mandated reporters. In Pennsylvania, domestic violence counselors/advocates are NOT mandated reporters.
- ▼ Do not release confidential information without a signed release form from the victim.
- ▼ Keep files in a secure place and do not leave information out on your desk.
- ▼ Do not carry confidential information, including client demographic information, on home visits or to court.
- ▼ Do not discuss victims in public places.

## INTERVENTIONS

Abusers use a variety of tactics to gain and maintain power and control over their victims. Therefore, interventions must focus (to the degree possible) on restoring control over their lives to victims. Anecdotal evidence and a recent study “support a client-centered approach that empowers rather than rescues seniors” (Vladescu, 1999). The key components of an empowerment approach are:

- E** mpathetic listening
- M** ake time to document
- P** rovide information on dynamics of abuse
- O** ffer options
- W** ork with experts in the fields of abuse
- E** ncourage safety planning
- R** efer to local agencies

This empowerment model is based on the similar concept of self-determination that guides adult protective services. However, often professionals want to strongly encourage victims to leave an abuser (especially those who have been seriously injured). Too often workers may exert their own professional power and control to convince the victim to do what the helper wants rather than let the victim make decisions. Keep in mind victims often face limited, poor choices. Deciding to stay or leave a relationship is a life-altering, difficult decision. Victims need support and information to help them with these decisions.

### Keys to Empathetic Listening

- ▼ Believe story (unless reason to question competency)
- ▼ Consider how to help the victim get sleep, hydration, food and proper medications.
- ▼ Allow time for the victim to tell her/his story. Many events could have occurred, especially over the course of a 40-year or more relationship. If your job is investigation, help the person focus on the information that is important to you. Refer the victim to someone who can do more listening and counseling, if that is not your role.
- ▼ Be respectful and avoid judgmental or victim-blaming statements (e.g., “What did you do to upset him?” or “Why did you say that if you knew it would make her angry?” “Surely you have other resources.” “Are you sure you didn’t imagine what took place?”)

*Notes***Documenting**

Documenting is important because it can provide proof for the justice system of the abuse that has occurred. This documentation can be used in the future, even if it is not used immediately.

- ▼ Documentation can include photographs, videotaping, body maps and quotes (spontaneous statements or “excited utterances”) from the victim or the perpetrator.
- ▼ Avoid judgmental statements such as “She is co-dependent.” or “He was drunk and obnoxious.” These statements may or may not be true but they can be used against victims at legal proceedings, such as hearings for competency or protective orders.
- ▼ When working with battered immigrants, documenting the abuse is crucial to helping them obtain legal remedies available under Violence Against Women Act. Especially for older battered women immigrants with a long history of abuse that has not been reported or documented, it will be important to get affidavits from anyone who can substantiate abuse.
- ▼ Document behavior of alleged abusers (e.g., calls to your agency, stalking, threats to staff). Remember some abusers can appear charming to professionals. The appearance of an alleged abuser acting kindly in public does not diminish a victim’s credibility.

**Sharing the Dynamics of Abuse**

- ▼ Often victims have inaccurate information about the dynamics of abuse. By working with experts in domestic violence, sexual assault and elder abuse, you can tell victims that they are not alone and not to blame for what has happened to them.
- ▼ Help victims understand the range of tactics used against them (that abuse is more than physical assault).
- ▼ Give them language to understand the abuse, such as marital rape.

**Providing Information and Offering Options**

- ▼ Abusers often tell victims they have no alternatives. Workers can offer information about services that are available.
- ▼ Focus on immediate safety and health needs.
- ▼ Talk about short-range plans (e.g., financial resources, legal options).
- ▼ Discuss long-range goals and dreams. Where is support available? What are the barriers to achieving the victim’s long and short-term goals?

**Local Referrals**

- ▼ By working with local agencies, workers can learn the realities of eligibility requirements and which services might have waiting lists. It is crucial to give victims as much accurate information as possible. (For example, if it is unlikely an abuser will be arrested or held in jail, victims need this information to begin safety planning.)

# SAFETY PLANNING

**(Including issues for people with disabilities)**

Safety planning is a proactive process where victims determine a plan of action in a variety of situations (during an abusive incident, in public, in their homes). The process enhances future safety, gives victims ideas of strategies to use and restores to them some control over their lives. Workers can help walk through some of the following issues to assist victims in creating their individualized safety plan. This is meant to serve as a guide to describe the kinds of things to consider. For more information on safety planning, contact a local domestic abuse program or the state domestic violence coalition.\*\*

## Key Components to Safety Planning

### Planning for an Explosive Incident

- ▼ Practice getting out of the home safely, if possible.
- ▼ Have a few things packed and ready.
- ▼ Plan ahead where to go, if leaving is necessary.
- ▼ Identify who could call 9-1-1 or law enforcement (where there is no 9-1-1). (Does the victim have a cell phone or lifeline pendant?)
- ▼ How will care be provided, if the abuser is the caregiver?

### Preparing to Leave

- ▼ Open a savings account and/or post office box.
- ▼ Pack or give a trusted person items to hold for you like money, extra keys, copies of important documents, personal care or medical supplies, medications/prescriptions, and food for service animals.
- ▼ Determine who can help.
- ▼ If the victim is isolated, work on building a support network.
- ▼ Have emergency numbers available.
- ▼ Plan for transportation to leave an abusive situation or seek support.
- ▼ Does the victim have a pet? Where will the pet go?
- ▼ Change the payee for SSI/SSDI to someone other than the abuser.
- ▼ Plan for assistance with personal care.

 **Note: Remember that leaving can be the most dangerous time for the victim.**

### Safety in the Home (if abuser has left)

- ▼ Change locks.
- ▼ Have a plan for dependents living in the home (grandchildren, parents.)
- ▼ Inform neighbors, landlord and other individuals.
- ▼ Change telephone number and e-mail address.
- ▼ Screen telephone calls. Learn about technology (Caller ID, \*69, etc.) to assist the victim and ways this technology can be used to stalk the victim.
- ▼ Install a security system to include additional locks, window bars and an electronic system.
- ▼ Watch for stalking behavior.

*Notes***Safety with a Protective Order**

- ▼ Get information on obtaining a protective order with the assistance of a domestic violence program.
- ▼ Victims should keep copies of protective orders with them at all times.
- ▼ Inform trusted individuals that a protective order exists and explain key terms.
- ▼ Contact the police if the protective order is violated.

**Safety in Public**

- ▼ Devise a plan for when the victim is in public settings.
- ▼ Carry a cellular telephone programmed to 9-1-1.
- ▼ Discuss safety planning at work or volunteer site.
- ▼ Suggest changing routine and travel routes.

**Safety and Emotional Health**

- ▼ Arrange any communication with abuser in the safest way possible (e.g., e-mail, phone, in the company of another person).
- ▼ Maintain positive thoughts about self.
- ▼ Take care of physical needs.
- ▼ Read or listen to uplifting books or music.
- ▼ Decide who can give support.
- ▼ Attend a women's or victims' support group.

**Items to Take if Leaving**

If leaving, things to take may include some of the following:

- ▼ **Documentation** – protective order, driver's license, identification card, birth certificates, Social Security card, award letter, proof of disability, work permit, green card, passport, divorce papers, lease, rental agreement or house deed, car registration/insurance, life insurance papers
- ▼ **Transportation** – fixed route bus pass, mobility or special transits identification card
- ▼ **Financial** – money, bank books, checkbooks, credit cards, ATM cards, mortgage payment book, food stamps, information on stocks, bonds, retirement accounts
- ▼ **Medical** – insurance papers, Medicaid/Medicare documentation, medical assistance, clinic card, medical records, doctor's orders, medications and prescriptions/prescription numbers
- ▼ **Adaptive equipment** – service animals, wheelchairs, shower bench, crutches, communication devices, urology supplies, glasses, hearing aids and batteries and assistive devices
- ▼ **General items** – keys (house/car/office), personal items like address book, pictures, jewelry and items of sentimental value, supplies for service animals and pets, toiletries, small objects to sell, if necessary

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\*\*Sample plans available from PCADV or WCADV (general safety planning brochure and booklet on safety planning for people with disabilities).

## WORKER SAFETY ON HOME VISITS

### Preparing for a Home Visit

- ▼ Get as much information about the abuser as possible. Decide if it is safe to make a home visit.
- ▼ Do not go alone, if there is any threat of danger. Go with law enforcement, a co-worker or supervisor.
- ▼ Leave address, directions and expected time of return.
- ▼ Carry cell phone. Have extra batteries. Have change available.
- ▼ Buddy system. Plan to call in with updates. Have a plan, if you don't call in.
- ▼ Know how to notify and get a high priority response from law enforcement.
- ▼ Wear clothes and shoes you can move as quickly as possible in.
- ▼ Assume weapons are present.
- ▼ Have a plan to deal with vicious pets.
- ▼ Stay calm and relaxed. Leave in order to protect self. Call police, if concerned for victim or self.
- ▼ Know where you would go in danger (police stations or places where people congregate).

### Assess the Neighborhood

- ▼ Is it safe to walk any distance?
- ▼ Is it safe to park out of view of the suspect's location?
- ▼ Consider where to park. Can suspect block your car from leaving?

### Seating

- ▼ Where you can see people approaching from many directions
- ▼ In the hardest chair you see – easier to stand up quickly
- ▼ Seat a suspect in the softest seat (if you can be certain there are no weapons)
- ▼ Sit between door and alleged abuser

### Working with Partners

- ▼ Know where partner is at all times
- ▼ One talks to alleged abuser; the other to elder

### Other Tips

- ▼ Interview so parties cannot hear or see one another.
- ▼ Devise an exit plan so you can leave in a hurry without endangering the elder or yourself.
- ▼ Watch your body language.
- ▼ Watch everyone else's body language.
- ▼ Do not touch the alleged abuser or elder who is angry.
- ▼ Do not be confrontational.
- ▼ De-escalate the situation by maintaining a consistent tone of voice and nonaggressive stance.
- ▼ Use sound judgment, caution and common sense. Pay attention to your intuitive feelings.
- ▼ Try to anticipate potential problems and be alert to your circumstances.
- ▼ Request law enforcement assistance if the referral indicated potential violence, such as threatened use of weapons or gang activity. (Otto & Stiles)

## CREATING SERVICES

### Gather Data to Define Problem

- ▼ Organize an advisory committee.
- ▼ Interview older women (survey, focus groups, cross cultural issues).
- ▼ Interview professionals to gather data about prevalence, barriers, funding, existing services, recommended services.

### Research Solutions

- ▼ Contact national organizations on domestic violence, sexual assault and elder abuse to learn about existing model projects.
- ▼ Contact state domestic violence and sexual assault coalitions, adult protective services and aging offices to determine what is happening on state and local level.
- ▼ Ask the advisory committee (including older victims' input) to design a plan (immediate, short or long-term) about actions in the community.
- ▼ Research funding options.
- ▼ Determine what can be done with existing programs/volunteers.

### Developing Services

#### Who

- ▼ Will services be for both male and female victims?
- ▼ Will services be available for victims abused by adult children, grandchildren, siblings, etc?
- ▼ Will services be offered to victims not in immediate danger because their abuser is dead or if they want to discuss childhood sexual abuse?
- ▼ Is it important to define an age range that defines older?
- ▼ How will the project assure cultural competence?
- ▼ Will there be services for older gay males, lesbians, bisexuals and transgender persons?
- ▼ Will there be services tailored for persons with physical disabilities? Cognitive impairment?

#### What

##### ▼ **Emergency housing**

Many older victims identify emergency housing as a primary need. Other victims want to remain in their own homes and have the abuser removed. Several researchers have determined that it is still unclear as to whether older people would use elder shelters (OWN; Wolf, 1999).

Consider how emergency housing needs will be dealt with in your community.

Can the existing shelter resources accommodate older victims, people with disabilities, and people with medical needs?

*Notes***▼ Legal advocacy**

What forms of legal advocacy would be beneficial to older victims?

How will immigration issues for older victims be handled?

Learn what already is available through legal services, the Older Americans Act and other elder law projects.

Consider how to work with the justice system.

**▼ Hospital advocacy**

Older people are often frequent users of the health care system.

Can services be located in health care settings?

Consider how to work with the health care system.

**▼ Individual/peer counseling/advocacy and/or support**

Counselors/advocates should have training on aging issues.

Compassionate older persons with training in abuse can make wonderful peer counselors. Counselors should be prepared to deal with aging and health issues, grief and loss, trauma, guilt and shame issues.

**Where**

▼ Will services be delivered at the domestic abuse program or at a location known to older people, like the senior center?

▼ Will advocates meet victims in their own homes?

**When**

▼ What is the best time of day for services? Many older people work or volunteer during the day. Others do not like driving or do not have transportation at night.

**Why**

▼ What is the purpose of services? Is the focus on helping victims in immediate danger? Can services be provided for victims whose abusers have died or are no longer in the community? Are services available for victims dealing with trauma and grief?

▼ Is the purpose of services to free victims from abusers? Or are services available for any victim – no matter what decision she makes about staying, leaving or returning to an abuser?

**How Long**

▼ Will services be time limited? If yes, is the same time limit used for younger victims appropriate for older victims?

## Other Issues to Consider

- ▼ Are written materials developed by your program in multiple formats? In large enough type for a person with vision limitations to read? In easy to see colors on non-glare paper? Or on audiotape? Videotape? Braille?
- ▼ How will an older abused woman explain to her abuser the time she spends at your program? Is it safe for her to attend?
- ▼ Is the programming based on an empowerment model? Because a woman is old does not mean she can no longer make important decisions on her own behalf.
- ▼ Do your services allow for extra time to work with older victims? Older victims may need more time to express themselves and consider choices.
- ▼ Have you analyzed how a person with some hearing loss experiences your program? Is there minimal background noise?
- ▼ Is your agency physically accessible?
- ▼ Could an older woman use shelter services, if she cannot perform chores or take care of her own personal care needs?
- ▼ Do you have a plan for securing an interpreter, if a victim does not speak English or is deaf or hard of hearing?
- ▼ Do you have information about domestic violence in later life in your training manuals?
- ▼ Do you offer staff/volunteer/board members ongoing training about domestic violence in later life?
- ▼ Are you prepared to give the program time to grow? It may take some time before older victims learn about your services and trust that the programming will be beneficial for them.
- ▼ Are you conducting outreach to older persons?

## SUPPORT GROUPS FOR OLDER ABUSED WOMEN

Many older women have found support groups to be beneficial in breaking isolation, gaining support, and safety planning. However, many older women who have attended groups for younger women have found that the topics were focused on job training and child custody. They did not feel they had a place.

Throughout the country, groups have been organized by domestic violence programs (often with older facilitators), by aging services or collaboratively between both agencies. Issues to consider include the following:

### Naming the Group

Few women self-identify as older abused women. So naming a group “Older Abused Women’s Support Group” may not draw many participants. Consider names like “Feeling Safe, Feeling Strong” or “Circle of Hope” that may seem more welcoming.

### Advertising the Group

Language like domestic violence, sexual assault and elder abuse is jargon used by professionals. Older women may not identify with this language or think it only applies to younger victims. To describe the group and advertise it to the community, consider using language that names the behavior of the abuser such as withholds medication, puts you on an allowance, limits your phone calls, isolates you from friends and family. Many older women will screen themselves out, if they think the group is for “battered women.” A description of the group may use language like “services for older adult women interested in learning more about controlling relationships and exploring issues and needs of mature women.”

Groups can be advertised on posters in rest rooms (especially in churches, synagogues, malls, restaurants, clinics/hospitals and rest areas), at locations older women are known to frequent and through television, radio, and community education presentations. Often newspaper and other media are not familiar with domestic violence in later life and are willing to write or run a piece on the topic and advertise the group. Word of mouth is the best form of advertisement.

### Credibility in Community

Determine which agencies have credibility (such as the local senior center) with older women in the community. Invite them to co-sponsor the group.

### Facilitators

Consider asking trained older women to facilitate the support groups. Two facilitators are preferable to one. If possible, choose facilitators from different racial, ethnic or religious backgrounds to assist in encouraging women from different backgrounds to attend.

## Where to Hold the Group?

Where programs are located may be critical to their success. Consider holding groups at a hospital, clinic, senior center, cultural organizations/facilities or mall. Locations such as these are generally easily accessible and may not raise the abuser's suspicions. On the other hand, holding the support group at the shelter may help older women become comfortable with the setting, resulting in the women being more willing to use shelter services.

When looking at sites, consider the accessibility of the building, especially for those with mobility limitations. Questions may include:

- ▼ Is the facility safe? Is it safe from potential abusers and will it feel safe to older women?
- ▼ Is the neighborhood site one that is comfortable for women from different races and economic classes?
- ▼ Is there accessible public transportation available?
- ▼ Is the meeting space comfortable and pleasant?
- ▼ Is the space (including restrooms and hallways) wheelchair accessible?
- ▼ Are the entry and hallways free of clutter so that persons who are blind or have trouble with vision can access the building safely?
- ▼ Is the meeting room close to the parking lot so women with walkers or canes do not have to travel a great distance?
- ▼ Are there accessible parking spots? If so, are they closest to the door?
- ▼ Is there minimal noise so persons who are deaf or hard of hearing can participate?

## When to Hold the Group?

When programming takes place is another consideration. Do not assume that older women are retired and therefore available for groups in the day. Some women work or volunteer during the day and can only participate in the evening. Others may work second shift. Some older women may experience "sun downing" (more clarity of thought early in the day, with waning clarity of thought as the day progresses). Other women may not drive at night. Some older women may have young children, grandchildren or a medically-dependent partner or parent at home. These women may require assistance with childcare or respite care to attend the group. The transportation schedule of rides available from aging network providers and public bus schedules may also influence the best time to offer services. Finally, be sure not to compete with other popular events (e.g., bingo, card club, church services) already available for older women.

## How Long Should Groups Run?

Most existing support groups for older women are continuous drop-in groups. Consider whether to create an ongoing group or a time limited group with a standard curriculum.

## TIPS ON PUBLIC AWARENESS FOR OLDER VICTIMS OF DOMESTIC VIOLENCE

### Public Awareness on Domestic Violence in Later Life

#### Materials

- ▼ Pictures and graphics on brochures, posters and other materials should portray images of women across the life span, including older victims of domestic abuse and from different ethnic groups.
- ▼ List phone numbers of services for older adults and elder abuse/adult protective services on resource materials.

#### Presentations

- ▼ Presentations should include stories about older victims.
- ▼ Panels of survivors should include an older survivor.
- ▼ Organize brown bag lunches with other professionals who work with older victims to network and discuss successes and challenges.

#### Media

- ▼ Journalists often want a new angle for their stories. Focusing on older victims' experiences may attract media interest and give domestic violence programs an opportunity to get television airtime or an article printed.

### Outreach to Older People

#### Materials

- ▼ Materials should be user-friendly for older people. Many older people appreciate larger print and contrasting colors.
- ▼ Use language that is comfortable for older people. "Domestic abuse," "elder abuse," and "older battered woman" may not connect with audiences. Describing specific forms of abuse, such as withholding medicine, refusing to let you go out with friends, putting you on an allowance, etc., resonates with older people more than jargon.
- ▼ Distribute materials in a variety of languages where older people gather. Put up posters in clinics frequented by older patients, beauty parlors, grocery stores and senior centers. Consider having placemats printed that go to meal sites and with home-delivered food.
- ▼ Include information on your Web site about serving older persons.

## Presentations

- ▼ When giving presentations with older people in the audience, don't talk solely about services for your daughter or granddaughter. Acknowledge that abuse occurs in later life. Help victims understand that they are not alone, regardless of their age.
- ▼ Give presentations in locations where older people gather, such as senior centers, meal sites, faith community centers and nursing homes.
- ▼ Ideally, co-present as a team, either with an older person (if you are young) and/or with someone from the aging field or adult protective services.
- ▼ Organize monthly brown bag lunches on topics related to domestic violence. Encourage the participation of older people in your community.

## Media

- ▼ For radio and television, use market research to determine times and shows older people frequently listen to or watch. Target public service announcements and/or advertising during these shows, specifically mentioning abuse in later life.
- ▼ Appear on talk shows or news programs that older people watch or listen to, talking specifically about abuse in later life.
- ▼ Print media often have reporters who specialize in aging issues. Seek them out and ask them to do a story on abuse in later life.

## Work Collaboratively

Work with other professionals who come in contact with older victims of abuse in creating public awareness campaigns and doing outreach. Professionals from aging units/adult protective services, health care, justice system and faith communities are important allies.

