

CHAPTER 4

A Coordinated Response and Action Planning

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Coordinated Response: Principles
and Practice

A Coordinated Response and Action Planning

POINTS OF ORIGIN

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A Historical Perspective

Family violence has occurred for centuries. Victims, primarily women, have employed a variety of individual and community-based survival strategies.

However, the emergence of the current fields of domestic violence and elder abuse, with service delivery systems and legal remedies, is a relatively recent development. During the 1960's, victims, service providers and policy makers began to discuss domestic violence and elder abuse. However, it wasn't until the 1970's and early 1980's that services were in place in many areas of the country. Discussion about domestic violence in later life began in the late 1980's and early 1990's.

Highlights in Domestic Violence Response

- 1966: Abuse becomes legal grounds for divorce in US
- 1971: First shelter opens in England
- 1972: First hotline and shelter in the US
- 1976: First national conference on domestic violence in Milwaukee
First state domestic violence coalition formed in Pennsylvania
- 1978: National Coalition Against Domestic Violence (NCADV) is formed and the Family Violence Prevention and Services Act is enacted to provide funding to domestic violence programs (Maxwell, 1999)

Highlights in Elder Abuse Response

- 1960's: A number of demonstration projects funded by the Administration on Aging to examine the effect of programs on those in need of protective services
- 1974: Title XX gives states permission to use Social Services Block Grants funds for adult protection as well as child protection
- 1981: All the states have an office with responsibility to see that adult protective services are provided to some segment of the population
- 1992: 42 states have mandatory reporting (Otto, 2000)

*Notes***Highlights in Domestic Violence in Later Life Response**

- 1989: First state conference in Wisconsin on older battered women
- Early 1990's: Support groups start in Wisconsin for older abused women
- 1992: First national symposium focusing on older battered women sponsored by AARP
- 1994 – 1996: Administration on Aging funds six national demonstration projects on older battered women (sites: CA, DC, MA, PA, VT, WI)
- 1999: WCADV receives Violence Against Women Technical Assistance Funding to open a National Clearinghouse on Abuse in Later Life (NCALL)

Pennsylvania's Historical Perspective**Highlights in Domestic Violence/Sexual Assault Response**

- 1973: Women's Center South, Pittsburgh, opens the first Pennsylvania shelter for battered women
- 1975: Pennsylvania Coalition Against Rape is formed as the first state sexual assault coalition in the nation
- 1976: Pennsylvania Coalition Against Domestic Violence becomes the first state domestic violence coalition in the nation
- 1976: Pennsylvania's Protection from Abuse Act becomes the third statute in the nation to provide legal and civil relief to victims of domestic violence
- 1976: The Crime Victims Compensation Act creates a Board to award reimbursement to victims for cost associated with violent victimization. The funding for the program is supported by penalties assessed to offenders
- 1981: Battered women and rape crisis advocates obtain legislatively-mandated funding

Highlights in Elder Abuse Response

- 1987: Pennsylvania's Older Adults Protective Services Act becomes law
- 1988: Pennsylvania Department of Aging completes program regulations outlining standards for reporting, responsibilities of Area Agencies on Aging and education and training of all protective services.

Highlights in Domestic Violence in Later Life Response

- 1994 – 1996: Pennsylvania program is one of six national demonstration projects on abuse in later life funded by Administration on Aging
- 2000: PCADV Domestic Violence in Later Life Project is funded by the Pennsylvania Department on Aging
- 2002: Cross trainings on abuse in later life for aging and domestic violence service providers

CREATING A COORDINATED RESPONSE

Understanding History and its Impact on Current Philosophy and Service Delivery

A coordinated response to domestic violence in later life is crucial for improving safety and support for victims/survivors. However, too often when professionals from a variety of systems come together there is tension and disagreement rather than collaboration. Often this occurs because professionals do not understand the history and service delivery of the other field.

The domestic violence and elder abuse fields were “discovered” in the 1970’s and 1980’s. The domestic violence movement began when young battered women began telling other women about the violence in their homes. As a result, women began creating help lines and shelters so women could live free from battering. Understanding the nature of abuse and analysis about power and control came directly from battered women. Advocates saw their role as not only helping victims but also engaging in social change to challenge systems and society to acknowledge domestic violence and change its beliefs and practices.

In the 1980’s, elder abuse was “discovered” by researchers and social workers that noticed frail elderly were being harmed, primarily by caregivers. When asked, the caregivers said the abuse was caused by the stress of their caregiving role. Victims were seen as dependent on their abusers. Initially, the dynamics of elder abuse were seen to be similar to child abuse. Many states used child abuse laws to model their response to elder victims and vulnerable adults. The response across the country was to create governmental agencies, with caseworkers who responded to allegations of abuse and neglect. Workers investigated abuse and offered an array of social services.

	Domestic Violence	Elder Abuse
Identified the problem	Young battered women telling other women (consciousness raising groups)	Researchers/social workers talking to frail elderly
Cause of the problem	Abuse of power and control (entitlement/oppression)	Primarily caregiver stress, dependency of victim on abuser
Core beliefs	Abuse was rooted in patriarchy. Women had the right to be safe in their homes. Battering was a crime.	Elderly and vulnerable adults deserved protection
Systems change	System response to battered women considered crucial to the work	Generally not focused on system change as much as working with individual victims and educating others

Notes

Given the points of origin for both domestic violence and elder abuse fields, it is not surprising that service delivery is different as well. The domestic violence movement provides services primarily for women, abused by an intimate partner, because the majority of victims of domestic violence are female. Most of the services are designed for women and their young children, although many programs provide services for male victims as well. Victims self-identify and contact the program, if they want help. Their account is believed; they do not need to provide “proof” of being abused.

Domestic abuse services generally include, but are not limited to, a 24-hour crisis line, emergency shelter, peer counseling, legal, childrens’, medical and economic justice advocacy, support group, public education and systems advocacy. These services are not available to abusers. Generally, domestic violence programs do not serve abusers. Rather, the justice system holds abusers accountable through arrest and prosecution. Batterers may attend intervention programs.

Often the staff of domestic violence programs are formerly battered women and other individuals committed to improving conditions for women or ending domestic abuse. Their role is defined as an advocate working not only with individual victims but also for system and social change.

Elder abuse services generally work with persons age 60 and older, some of whom cannot take care of or protect themselves. Often the largest percentage of clients are persons who self-neglect. The role of elder abuse/adult protective services workers is to investigate allegations of abuse and offer services. These services can include care management, information and referral, home health, respite care and counseling. Victims are identified when abuse and neglect is reported. Abusers may be interviewed and services may be provided to them.

	Domestic Violence	Elder Abuse	<i>Notes</i>
Abuse	Primarily intimate partner abuse	Nature of abuse and relationship to victim varies widely and includes self-neglect	
Services include (but not limited to)	24-hour crisis line, shelter, peer counseling, support groups, systems advocacy, safety planning	Investigation, care management, information and referral, home health, respite care, counseling,	
Contact with abusers	Work with victims. Batterers may attend separate intervention program. Debate within battered women's movement regarding how to hold batterers accountable	May interview and work with perpetrators, often with consumer consent	
Record-keeping	Case file contains limited information	Case file contains detailed information	
Source of information	Accept victim's word	Required to investigate and contact collateral sources	
Staff role	Advocates, not care managers	Care managers	
Staff qualifications	Often hire formerly battered women and peer counselors trained by DV program	Tend to hire trained social workers or other professionals	
Goal plans	Safety plan included as element of all activities	Care plan for safety in the least restrictive environment	
Referral	Self-selected and initiated – victim may choose from an array of options	Care manager initiated with consumer's consent - victim may choose from an array of options.	
Model of service provision	Empowerment and options, peer counseling and advocacy	Clinical model with consumer participation and right to self-determination	

*Notes***Learning Through Coordination**

Certainly, working with persons from a different system creates challenges. Using our own language and jargon can lead to misunderstandings. Professionals may have conflicting philosophies or understanding of why abuse occurs, as well as differences defining eligibility and service delivery.

However, victims benefit from the variety of services available from various systems. When professionals work together, victims can choose from a wider array of options. For example, a victim could get a protective order by working with the domestic violence program and receive transportation from aging services.

Since our goal is the same – victim safety and ending abuse – workers save time and resources recognizing how we can learn from each rather than working in isolation. Battered women’s advocates can learn about how to work with seniors and what services are available. Elder abuse professionals can learn about tactics of abuse used by batterers. Battered women’s advocates can better understand how these tactics play out for older victims or people with disabilities. Information on legal options like protective orders and substituted decision-making tools can be shared.

Even with our differences, there is significant commonality. Both fields have high stress jobs, dealing with crisis situations that can occur seven days a week. There is a lack of resources and high staff turnover. Both systems use a framework of self-determination/empowerment model, providing options and choices for victims.

Since these fields were “discovered,” important changes have occurred. Increasingly battered women’s advocates are recognizing the need to listen to and tailor services for older victims/survivors. Older staff and volunteers are being hired.

Over the years, researchers and practitioners in the elder abuse field have recognized that caregiver stress is not a primary cause of elder abuse. Learning strategies from domestic abuse and other fields, elder abuse workers are recognizing that they see a wide range of cases, requiring many different interventions. More often, elder abuse service providers are working with domestic abuse and sexual assault providers, criminal justice, health care, faith communities, mental health and substance abuse staff to enhance options available to victims.

Over the past ten years, in many areas of the country there is a blending of expertise on domestic abuse and elder abuse. Here are a few examples of collaborative efforts or increased recognition of older victims.

- ▼ Cross-training throughout the country where dynamics and intervention strategies are shared
- ▼ Support groups co-facilitated by someone from aging and domestic violence

- ▼ Joint investigations (battered woman's advocate going out on an investigation with OAPS to talk with the victim and offer safety planning options)
- ▼ Multidisciplinary/Interdisciplinary teams that include domestic violence participation
- ▼ Family violence councils/coordinated community response teams that include representation from aging
- ▼ Elder victims and people with disabilities mentioned in President Bush's 2001 Domestic Violence Awareness Month Proclamation
- ▼ Projects for older victims funded by the Violence Against Women Office and the Family Violence Prevention and Services Act
- ▼ Examples of domestic violence in later life on television dramas like ER and Law and Order
- ▼ Some state coalitions designating a staff person to work on later life issues
- ▼ Many OAPS/aging offices are sponsoring training on domestic violence in later life

To build a truly coordinated response, professionals from different disciplines must understand that our points of origin have led to many of the current philosophies and practices. Unfortunately, older victims of domestic abuse continue to remain an invisible population – not using services for either domestic abuse or elder abuse in large numbers. To better meet their needs, we must build on the collaborative efforts and exchanges of information that have been occurring for the past few years to create services that enhance their safety and break their isolation.

Building a Coordinated Response

Events that encourage a coordinated response include, but are not limited to:

- ▼ Press coverage of a case with a “bad” outcome
- ▼ High profile victim, perpetrator or spokesperson
- ▼ New laws or legislation
- ▼ Election promises
- ▼ Training
- ▼ New leadership on a project or in a community
- ▼ Funding proposals identifying issue as a priority
- ▼ Learning about services in another community
- ▼ Grant or financial gift given to agency/community dedicated to issue

Models or Methods of a Coordinated Response

- ▼ Multidisciplinary/Interdisciplinary teams

Problem-solving individual elder abuse cases can include representation from domestic violence and sexual assault programs. Some teams also focus on policy issues.
- ▼ Family violence councils/coordinated community response teams

Creating and analyzing local policies and practices regarding family violence should include representation from aging and disability fields
- ▼ Departmental meetings within government

Setting policy, best practice standards and funding priorities should include experts in domestic abuse, sexual assault, aging, adult protective services, victim advocacy and disability fields from within and outside government
- ▼ Task forces/committees of statewide coalitions focusing on older victims
- ▼ Boards of directors of local nonprofit organizations

Joining the board of a local nonprofit organization focusing on elders or abuse can influence programming.
- ▼ Joint conference/training on domestic violence in later life
- ▼ Joint policy initiatives
- ▼ Joint facilitation of support groups for older victims
- ▼ Joint proposals for funding

Benefits of Collaboration**Sharing Information about the Dynamics of Abuse**

Domestic violence professionals understand the dynamics of power and control from their experience working with younger victims. It is critical that domestic violence and elder abuse groups work collaboratively to create safety, support and services for older victims.

Learn about Existing Services

Each system has services that may improve safety and break isolation. By working together, professionals can utilize a variety of services to help victims.

Learn about Existing Legal Remedies

Workers can learn from each other about legal remedies that might benefit victims, such as mandatory/pro arrest, restraining/protective orders, guardianships or powers of attorney.

Share Strategies

Professionals from a variety of fields have different strategies to offer. Sharing information about ideas that have worked in the past, particularly working across disciplines, can enhance creative problem-solving. Ideas from domestic abuse (such as safety planning) or the aging field (such as bringing services to victims) can improve interventions.

Collaborative Outreach and Public Awareness

Joint outreach may reach victims who would not otherwise ask for help. Having materials with the phone number for the domestic abuse program and senior center or other aging services may increase the credibility of the project in the minds of some older persons. Presentations and workshops done with professionals from several disciplines model a cooperative relationship and increase the likelihood of referrals.

Save Time and Resources

Too often staff from a variety of fields are over-worked; Their resources are stretched. By working together, agencies may be able to pool limited resources to create more together than any agency could acting alone. Additionally, grant applications may be more successful, if they illustrate a collaborative relationship between several agencies.

The Challenges of Coordination: How it Can Fail

- ▼ Providers define the problem differently (e.g., beliefs about causation and service delivery)
- ▼ Providers respectively disagreeing about who is the target population (e.g., male victims, victims abused by adult children, self-neglect), vision, goals and objectives
- ▼ Turf (e.g., not wanting to change how the agency currently does business; wanting to be the lead agency in dealing with media or policy makers)
- ▼ Leadership (e.g., weak leadership can stagnate a project; poor leadership can misguide a project; fighting over leadership means losing sight of goals; change in leadership can end progress made)
- ▼ Conflict (e.g., lack of respect for different roles; breaking confidentiality of clients or of what was said in meetings; expecting other system to solve problem with no additional resources; refusal to listen or unwillingness to try new things)
- ▼ Ownership (e.g., individuals taking credit for work they did not do; individuals not taking responsibility for mistakes or following through on commitments)
- ▼ Resources (e.g., lack of resources; an abundance of new resources)
- ▼ Distrust
- ▼ Staff turnover and reassignment
- ▼ Colleagues who are not team players (e.g., do not listen; insist on having own way; push others to change without making changes in own agency; blamers; whiners; negative thinkers)
- ▼ Bosses/funding sources not supporting the work (e.g., not including new programming in agency work plans or requests for proposals; reallocating staff and resources to other projects).

ACTION PLANNING**Ideas for Action Plans**

- ▼ Put materials about domestic violence in later life in large type.
- ▼ Include images of older, diverse people on domestic abuse information.
- ▼ Include domestic abuse information in materials about services for seniors.
- ▼ Create posters, brochures and/or other written materials on domestic violence in later life and available services tailored for your community.
- ▼ Purchase give-away items (e.g., pens, magnets, magnifying glasses) that have contact information for OAPS, the domestic abuse program, victim advocacy and aging services.
- ▼ Have a booth at events where older people gather with information on abuse and the give away items.
- ▼ Have information in your office that would be useful for older victims (for domestic violence programs, information on Social Security, pensions and aging services; for aging services, information on abuse).
- ▼ Give presentations on abuse and available services at events where seniors gather, such as meal sites. (Ideally, have several trainers from different disciplines.)
- ▼ Stay after presentations and join activities or visit to build relationships.
- ▼ Organize cross-training on the local level.
- ▼ Organize training for other allied professionals like law enforcement, health care and clergy.
- ▼ Include issues for older victims and people with disabilities in any domestic violence and sexual assault awareness month materials and presentations.
- ▼ Include domestic abuse information at elder abuse and aging conferences and events.
- ▼ Include articles on abuse in later life in agency newsletters.
- ▼ Organize a support group for older victims.
- ▼ Do a survey and/or focus groups of older persons in local area to see what services would be helpful for them.
- ▼ Do a survey and/or focus groups of professionals in the community to determine needs and barriers for older victims.
- ▼ Create a service directory of resources for older victims of abuse in your community.
- ▼ Do a media campaign on abuse in later life (e.g., organize a breakfast for reporters; draft press releases).
- ▼ Have images of older persons in your office.
- ▼ Wear a button or have a sign in your office stating that you are someone who listens to questions about abuse.
- ▼ Invite battered women's advocates to join elder abuse multidisciplinary teams.

- ▼ Invite OAPS and aging services professionals to participate on family violence councils.
- ▼ Create placemats to be used at meal sites and by Meals on Wheels with information about abuse in later life.
- ▼ Train people who may come in contact with abuse victims (e.g., Meals on Wheels volunteers, drivers, cosmetologists, utility meter readers, postal carriers).
- ▼ Participate in statewide efforts focused on abuse in later life (either through statewide coalitions or Department on Aging).
- ▼ Join the board of directors of a local nonprofit focusing on senior or abuse issues.
- ▼ Volunteer at a local nonprofit for seniors or abuse victims.
- ▼ Write collaborative grant for services for older victims of abuse.
- ▼ Organize a fatality review team for elder abuse cases.
- ▼ Create services for abusers (older perpetrators and adult children abusers).
- ▼ Institutionalize domestic violence in later life training in agency for new workers and continuing education.
- ▼ Include ageism training in diversity training.
- ▼ Organize training modules, create materials for, and train justice professionals (law enforcement, prosecutors, judges and probation and parole.)
- ▼ Organize training modules, create materials for, and train health care providers, including nursing home staff.
- ▼ Organize training modules, create materials for, and train substance abuse counselors, mental health service providers and the faith-based community.
- ▼ Invite older victims to tell their stories on panels, video taped or in writing.
- ▼ Consider immigration issues for older victims.
- ▼ Create services for older gay, lesbian, bisexual or transgender persons in your community.
- ▼ Organize “Safety in Your Home” sessions that include information on family violence.
- ▼ Research abuse in nursing homes/assisted living facilities in your area and determine strategy.
- ▼ Consider strategies for reaching homebound or isolated victims.
- ▼ Evaluate barriers for rural elders and strategize about ways to offer services.
- ▼ Get cell phones to older victims.

Notes

- ▼ Collaborate with disabilities specialists including blind, hard of hearing, physical disabilities, cognitive limitations, psychiatric and others.
- ▼ Ask about disability status of victims at intake – especially unseen disabilities. Ask if disability is caused by abuse.
- ▼ Ask about head injuries at intake. Learn about attention deficit and problems with information retention for victims with head injuries that may impact service delivery.
- ▼ Challenge newspaper accounts that blame elder victims or provide inaccurate information about elder abuse and domestic abuse or sexual assault in later life.
- ▼ Provide information to beauty parlors, dentists and massage therapists.
- ▼ Educate policymakers and lobby for improved legislation and funding.
- ▼ Analyze how defining eligibility for OAPS to vulnerable adults limits services available to other abused older adults.
- ▼ Join committees to review statutes and existing laws. Make policy recommendations.
- ▼ Work to improve financial resources for older victims.
- ▼ Work to improve access to legal services/attorneys for older victims.
- ▼ Consider ways to provide ongoing services to victims suffering from trauma/PTSD.
- ▼ Work with sexual assault programs to provide age-sensitive services.
- ▼ Consider tailoring self-defense programs for elderly or people with disabilities.
- ▼ Create legal remedies booklet.
- ▼ Write articles for state medical journal, state bar association journal and others.
- ▼ Advertise issue and/or services on senior services vans or other public transportation.
- ▼ Ride along with Meals on Wheels volunteers or public health officials, if abuse is suspected.

ACTION PLANNING FORM

Name of Community _____

Date of Training _____

List Names of Team Participants _____

Measurable Objectives	Parties Responsible	Proposed Completion Date
1.		
2.		
3.		
4.		
5.		

PCADV and Department of Aging Coordinated Response: Principles and Practice

- ◆ Elements of Coordinated Response
- ◆ Guiding Principles
- ◆ Confidentiality
- ◆ Suggested Practice

PCADV AND DEPARTMENT OF AGING COORDINATED RESPONSE: PRINCIPLES AND PRACTICE

A coordinated response is a framework for communication between the aging and domestic violence networks to enhance the safety and access to services for older victims of domestic violence. This framework respects philosophical differences, policies and procedures and provides guidelines to promote our mutual goals.

The purpose of this document is to provide clear and concise directions to service providers in both the Aging and the Domestic Violence Systems to aid them in establishing a coordinated response in order to enhance safety and access to services for older victims of domestic violence.

ELEMENTS OF A COORDINATED RESPONSE for supporting and working with older victims of domestic violence:

- ▼ Respect for philosophical differences in standards, policies, and procedures.
- ▼ All parties hold joint goals of autonomy and safety through broader goals of providing services, closing the gaps and removing barriers.
- ▼ Client-initiated requests for services are respected.

GUIDING PRINCIPLES

- ▼ **Confidentiality** will be managed through ongoing cross system education to promote understanding of each agency's parameters regarding confidentiality.
- ▼ **Points of contact** will be identified within each network
- ▼ **Referral process:** local domestic violence programs and area agencies on aging will develop an agreed upon procedure for referrals between agencies.
- ▼ **The project will address the unique needs and experiences of older victims of domestic violence** by offering and encouraging creative solutions to reduce stigma and address barriers to services for older victims.
- ▼ **Bridging the gap** will be possible as agencies develop knowledge about services provided by their counterparts in the other system and forge a constructive working relationship via a coordinated service package that best meets the needs of each individual victim.
- ▼ **Systems advocacy** will involve contacts made to effect policy and/or procedural change in order to improve a system's (agency or institution) response to older victims.

CONFIDENTIALITY

Aging

Confidentiality of information contained in a protective services file is granted through Pennsylvania Code Title 6 Chapter 15 of the Older Adults Protective Services Act Section 15.101 through 15.105.

The protective services file, which includes the report of need for protective services, completed investigation forms, client assessment, service plan and other information, must be kept locked and separated from other agency files.

Only protective services supervisors, protective services workers and clerical staff have access to the protective services files.

Limited disclosure of information contained in the files is permitted only to:

- ▼ A court of competent jurisdiction under court order
- ▼ Police, if AAA investigation results in a report to police
- ▼ Service providers, to initiate service delivery
- ▼ The older person reported to need protective services (information contained in the report of need only)
- ▼ Department of Aging staff involved in hearing appeals or in program monitoring
- ▼ Local administrators involved in program monitoring

If a report is substantiated and an alleged perpetrator is identified in the report, the agency is required to notify the alleged perpetrator that the allegations have been made and to provide a brief summary of the allegations.

Confidentiality Requirements (Consumers of Aging Care Management Services)

All information about a consumer and her/his situation gathered during the assessment and care management process must be held in confidence and released to other professionals and agencies only with the consumer's written permission. Only relevant portions of the assessment which pertain to a specific service or agency shall be communicated to the appropriate agencies involved in providing service to the consumer. Consumer confidentiality must be assured in all cases according to procedures established by the Area Agency on Aging.

Domestic Violence

Confidentiality of communications between a victim of domestic violence and a domestic violence counselor/advocate is granted through Title 23 Domestic Relations Pennsylvania Consolidated Statutes, Part VII Abuse of Family, Chapter 61 Protection From Abuse Section 6101. Within this section, there are definitions of confidential communications, domestic violence counselor/advocate, domestic violence program and victim. In section 6116, a domestic violence counselor/ advocate is not considered competent to testify

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or otherwise disclose confidential communications unless the victim has waived the privilege in a signed written release prior to disclosure. The exception is reporting of child abuse. This confidentiality has been determined by the courts to be an absolute privilege. V.B.T. v. Family Services of Western Pennsylvania, 705 A.2d 1325, Super. 1998, appeal granted 727 A.2d 132, 556 Pa. 679, affirmed 728 A.2d 953, 556 Pa. 430.

Related definitions according to section 6102 of the Protection from Abuse Act:

Confidential Communications. All information whether written or spoken, transmitted between a victim and a domestic violence counselor or advocate in the course of the relationship. The terms include information received or given by the domestic violence counselor or advocate in the course of the relationship, as well as advice, reports, statistics, memoranda or working papers, records of the like, given or made in the course of the relationship.

Domestic Violence Counselor/Advocate. An individual who is engaged in a domestic violence program, the primary purpose of which is the rendering of counseling or assistance to victims of domestic violence who has undergone 40 hours of training.

Domestic Violence Program. A non-profit organization or program whose primary purpose is to provide services to domestic violence victims which include, but are not limited to, crisis hotline; safe homes or shelters; community education; counseling; systems intervention and information; transportation; information and referral; and victim assistance.

Victim. A person who is physically or sexually abused by a family or household member. For purposes of section 6116 (relating to confidentiality), a victim is a person against whom abuse is committed who consults a domestic violence counselor or advocate for the purpose of securing advice, counseling or assistance. The term shall also include persons who have a significant relationship with the victim and who seek advice, counseling or assistance from a domestic violence counselor or advocate regarding abuse of the victim.

Family or Household Members. Spouses or persons who have been spouses, persons living as spouses or who lived as spouses, parents and children, other persons related by consanguinity or affinity, current or former sexual or intimate partners or persons who share biological parenthood.

Referrals from Aging to Domestic Violence

- ▼ Counseling and safety planning (for supportive options counseling, NOT therapy);
- ▼ Victim is 50 + years of age, not a candidate for protective services, may or may not be getting care management services;
- ▼ Victim is 60 + years of age, is a possible candidate for protective services;

- ▼ Victim is 60 + years of age and is a candidate for or is receiving protective services;
- ▼ Victim is 50 + years of age and requesting emergency shelter, call coming into protective services, information and referral (I&R);
- ▼ Victim is 50 + years of age, requesting or in need of a Protection From Abuse Order (Aging staff has basic information from the Domestic Violence Program about the system in place in the county);
- ▼ Requests from Aging staff for consultation regarding a case to explore possible options other than a Protection From Abuse Order.

Process: Discussion about any referrals is held with consumer whether s/he will make the contact or request Aging staff to do so. The consumer's right to self-determination guides all discussions.

May take the form of a simple referral (hotline number of the domestic violence program).

Individual has the right to say "No" throughout the process, except in the most extreme situations (involving imminent risk of death or serious physical harm).

Suggested Practice

In the event of a need to refer to a Domestic Violence Program, the Aging staff will have the initial conversation with a designated liaison at the Domestic Violence Program. (Points to the need for Aging staff to have information about the local Domestic Violence program's policy for handling calls.)

The initial conversation would be hypothetical and include no identifying information. The care manager is looking for resources and support that would best suit the needs of the consumer.

Where the victim is deemed competent but appears at imminent risk of death or serious physical harm, Aging staff are encouraged to consult with Domestic Violence staff to explore possible safety plan alternatives.

Referrals from Domestic Violence to Aging

For home-based services (60 + years of age), identified in the following settings:

- ▼ Hotline caller, support group participant, in individual counseling;
- ▼ Someone in shelter about to leave;
- ▼ During the Protection From Abuse Order process;
- ▼ 60 + years of age shelter guest/resident in need of health and or transportation services. Health services may be on site. (Aging can be a resource when a visiting nurse association is not);
- ▼ Consultation;
- ▼ Victim 50 + years of age who may benefit from a personal care setting;
- ▼ Victims 60 + years of age with medical need, follow up;
- ▼ Information/other resources for 50 + years of age;

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- ▼ Contacts made regarding services for family members who are 60 + (non-abusive). (Example: a domestic violence victim caring for parents 60 + and who is concerned about leaving them and placing them at risk);
- ▼ Legal resources other than Protection From Abuse Orders;
- ▼ Possible options for the abusive partner, when the victim requests service;
- ▼ Other necessary referrals to close gaps.

Process: Client develops a safety plan with the assistance of the domestic violence counselor/advocate who also discusses client's options. All services or referrals to other agencies are victim-initiated. The client's experience and knowledge of what is best and safest for her guides all discussion.

Suggested Practice

Consider whether the risk is greater in reporting or NOT reporting? What are the potential benefits? What other internal resources should be consulted?

Discussion with the victim will precede ANY decision to report.

In the event of a need to report, the domestic violence program will designate a staff liaison who makes the report, and/or has the initial contact with the identified Aging staff liaison. (Points to the need for the domestic violence program to have information about the local AAA practice for fielding and routing calls).

The initial conversation would be hypothetical and would contain no identifying information. The advocate is looking for the best but least risky resources and support. The domestic violence counselor/advocate should be mindful that the AAA has the option, in situations involving imminent risk of death or serious bodily harm, to pursue court intervention.

With one exception, reporting of elder abuse in Pennsylvania is voluntary and anyone who has reason to believe an older adult is in need of protective services can make a report. Employees and administrators of specified long-term care facilities are mandated to report elder abuse. Domestic violence counselors/advocates are not mandated reporters.

Before making a report, consider that all of the criteria below must exist for protective services to begin:

- ▼ The consumer is at least 60 years of age;
- ▼ The consumer is incapacitated and cannot perform or obtain the services necessary to maintain health in one or more personal care, ADL (activities of daily living) or IADL (instrumental activities of daily living);
- ▼ The consumer has no responsible caregiver;
- ▼ The consumer is at imminent risk of danger to person or property.

 **Note:** For the domestic violence program, it is not the counselor/advocate's role to make these determinations.

If the victim is in shelter, the counselor/advocate can call and request a care manager on her behalf after discussion with victim, and a written waiver is signed or the victim could make the call.