



Developing Services for Older Abused Women

**A Guide for
Domestic Abuse
Programs**

**Wisconsin Coalition Against
Domestic Violence
1997**



The Wisconsin Coalition Against Domestic Violence is the statewide membership organization of domestic abuse programs, formerly battered women, and other individuals who have joined together to speak with one voice against domestic abuse. As a statewide resource center on domestic violence, we offer such services as:

Training and technical assistance to domestic abuse programs;

A quarterly newsletter;

Forums for the involvement of battered women;

Networking and program support for battered women and for professionals in related fields;

Training for professionals in legal, medical, social service, child welfare, housing, education and mental health fields, and for employers throughout Wisconsin;

Technical legal assistance for attorneys, legal advocates, prosecutors, and public defenders and limited funds for victims acquiring direct legal assistance.

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Introduction

OLDER WOMEN ARE OFTEN INVISIBLE in current American society. In a culture where youth and beauty are highly prized, older women are generally forgotten or pushed aside. Some men divorce their older wives to marry young, attractive women. The women's movement focuses on reproductive rights and equal pay, without fighting for research on menopause and the gender-bias of the Social Security system for women who worked at home (Macdonald, 1990). Advertisers use young, thin models and purchase time during programming geared for young audiences. Few positive roles exist for older women on television in the 1990's.

Older women are equally invisible in the domestic violence movement. Few domestic abuse programs have served older women in large numbers. For example, less than 2% of the women using shelters in Florida in 1991 were older women (Vinton, 1991). In Wisconsin, between 1990 and 1993 only 1 to 2% of women served by domestic abuse programs were age 60 or older (WI DHFS, 1994).

A number of factors may account for older women not accessing domestic abuse services. Historically, programs were developed by and for younger women. The self-help model used by most domestic abuse programs requires the victim to contact the agency if she wants help. However, this self-help model was developed in the late 1960's and may be a foreign concept to many older women. Many older women were raised to believe that family business is a private matter. Problems within families were not to be discussed with anyone, especially strangers or counselors.

Using the self-help model, domestic abuse programs have seen millions of abused women over the past 20 years. As these programs developed, services were designed to meet the needs of the young women and their children seeking protection. Most domestic abuse programs have limited information pertinent to older women. Advocates have learned about financial programs such as AFDC and legal issues such as child custody without collecting information on Social Security and pensions.

Most domestic abuse shelters are filled with young families. The staff and volunteers are predominately younger than 50 years old. The recreation calendar has activities for young women and children. Pictures, music, and meal choices reflect the tastes of a younger population. Discussions at sup-

port groups can be dominated by younger women talking about their children, child care, and custody.

Community education efforts by domestic abuse programs can perpetuate the image that all battered women are younger than 40 years old. Materials developed by domestic abuse programs such as brochures, posters, and television advertisements often show images of young women. Presentations given by domestic abuse advocates to audiences of older women may focus on helping their daughters or granddaughters, not mentioning the domestic violence potentially occurring in their own homes.

Many domestic abuse agencies have materials on oppression, as it relates to domestic violence work, to train staff and volunteers. The need for anti-oppression work with examples of racism, classism, sexism, and homophobia are often discussed. However, most training sessions and manuals are strangely silent on ageism and able-bodyism.

Because domestic violence programs have usually not been comfortable places for older abused women, too often they have had nowhere to turn for help. Compounding the limited response of the domestic violence movement, older battered women have also been inadequately served by Adult Protective Services (APS) or elder abuse agencies. Without training on the dynamics of domestic abuse, service providers in APS or elder abuse have assumed caregiver stress is a major cause of abuse to many older women. They have offered interventions that do not provide safety for abused women or hold abusers accountable for their behavior.

In Wisconsin, our goal has been to ensure that older abused women have access to services. The Wisconsin Coalition Against Domestic Violence was one of six national demonstration projects funded by the federal Administration on Aging from 1994 - 1996 to address domestic abuse in later life. The Wisconsin Bureau on Aging and Long Term Support Resources has offered information and training to elder abuse and aging network professionals on domestic violence. Currently, approximately a dozen domestic abuse programs have developed specialized programming for older victims. Many other programs have taken smaller steps to make older women feel more comfortable at their programs or have begun working closely with elder abuse workers.

The Wisconsin Coalition Against Domestic Violence (WCADV) has found that when programming is tailored and outreach is conducted for the needs of older victims, increased numbers of older women access services. Bolton

Refuge House in Eau Claire, Wisconsin served 90 women who are more than 60 years of age in 1994. The Milwaukee Women's Center has served more than 130 women in the past three years. These specialized programs have served relatively healthy and competent older women. We are still working on ways to reach victims with physical and cognitive limitations.

This packet describes what we have learned about designing services for older abused women. We have learned through trial and error the questions that need to be asked. We have also come up with some answers that have worked for us. This packet will share the questions and our answers.

Use this information to begin discussions on the local level. Regional and state differences will impact what is effective. Each community will have unique circumstances that will influence how services are developed. Services that work in urban communities may not be appropriate in rural areas and vice versa. The cultural and religious makeup of the older population in the community will affect service needs. Focusing exclusively on demographic information will not give a true picture of the needs of older women. We do not lose our individuality as we age (Berdit, 1996). Therefore, work closely with older women and formerly battered women in planning services. When victims and former victims are asked to assist in program development, they can quickly identify plans that would work in various situations and offer recommendations about what may be needed and wanted from service providers. Experts in the fields of domestic abuse, sexual assault, victim/witness, elder abuse, adult protective services, and the aging network are also extremely helpful in contributing to successful programming.

Programs for battered women give women options, support, and time to make their own decisions. Victims are not blamed for the abuse or treated as if they are sick, mentally ill, or incompetent. Successful programs for older abused women share these qualities.

This packet will provide information on developing services for older abused women in an existing domestic abuse program. The five sections are: 1) the prevalence of the problem; 2) defining the problem; 3) understanding older abused women; 4) designing services for older abused women and 5) working together to make a difference. Appendix 1 has a list of indicators of neglect and financial exploitation. Appendix 2 contains a resource list. Appendix 3 has an accessibility checklist for shelter facilities.

I. Prevalence of the Problem

Domestic Abuse In Later Life

Little research has been done on domestic violence in later life. The few available studies have found the following:

- ▶ Nationally, reports of domestic abuse against the elderly increased from **117,000 in 1986 to 241,000 in 1994**. Nearly **818,000** elderly Americans were victims of domestic abuse in 1994 (National Center on Elder Abuse, 1995).
- ▶ In Wisconsin, reported cases of elder abuse (excludes self-neglecting cases) indicate almost **80% of abusers are relatives of the victim** (Wisconsin Bureau on Aging, 1995).
- ▶ Two random sample studies (one in Boston and the other in Canada) found that the **majority of abusers were spouses/partners**. In the Boston study of 2,020 community dwelling persons 65 years or older, **58% of perpetrators were spouses, compared to 24% who were adult children** (Pillemer & Finklehor, 1988). The 1991 Canadian study of 2,008 elderly persons found in cases of **emotional and physical abuse the majority of abusers were spouse/partners** (Podnieks, 1992).
- ▶ The Boston and Canadian studies also found that most victims were not dependent on the abuser but rather the **abusers were dependent (often emotionally or financially) on the victim** (Pillemer & Finklehor, 1988; Podnieks, 1992).
- ▶ A study on **elder sexual abuse** found that **78% of suspected offenders were family members** [39% were the victims' adult sons and 29% were the victims' spouses] (Ramsey, 1991).

The Demographics of Aging in the United States

Domestic abuse programs have an obligation to serve current and future generations of older women. In the United States, the elderly population has grown dramatically in the past 20 years and will continue to grow in the next several decades (U.S. Senate Special Committee on Aging, 1992). As the baby boomers age, the number of older Americans will increase significantly in the next decade.

National Statistics

- ▶ By 2000, the elderly will account for 13% of this nation's population. In the 21st century, their number will rise by 12 million persons each decade (Gregory, 1994).
- ▶ Between 1989 and 2030, the population of persons 65 years and older will double; the 85+ population will triple between 1980 and 2030. By 2030, there will be proportionally more elderly than those younger than 18 [22% vs. 21%] (U.S. Congress, 1991).
- ▶ The elderly population of people of color is also increasing. In 1985 about 14% of persons 65 years and older were persons of color. By 2020, 21% of the elderly will be members of minorities (Spencer, 1988).

Therefore, as domestic abuse programs develop long range plans, the needs of older women must be included in goals and objectives.

II. Defining The Problem

Terms

Getting professionals from a variety of disciplines to agree on definitions of abusive behavior, elder abuse, domestic violence or caregiver stress can be a challenge. Victims and professionals will bring their own experiences to determining what is abusive. For victims, cultural differences may lead to different interpretations of abusive behavior (Moon, 1992)

Professional background and training often shapes the framework used to define abuse. Typically, elder abuse and adult protective service (APS) workers have focused on caregiver stress and have had limited training on the dynamics of domestic abuse. Domestic violence advocates may not be informed about elder abuse, caregiver stress, neglect, and financial exploitation. Understanding the similarities and differences between domestic abuse, elder abuse and caregiver stress is also important. Therefore, providing services for older abused women requires terms defined so everyone is clear when working together. In Wisconsin, the following definitions are used:

Elder abuse has taken place when a person age 60 or older is subjected to: (1) physical abuse and sexual abuse, (2) material abuse, (3) neglect, or (4) emotional abuse. A portion of elder abuse occurs in the context of family violence. Other forms of elder abuse are self-neglect and abuse by strangers. Definitions vary from state to state.

Domestic violence is “a pattern of coercive control that one family member exercises over another. Abusers use physical and sexual violence, threats, emotional insults, and economic deprivation as a way to dominate their victims and get their way” (Schechter, 1987).

Caregiver Abuse is caused by an overburdened, stressed caregiver who hurts a frail, dependent, elderly person.

Domestic violence in later life occurs when an older person has been subjected to a pattern of coercive control and abuse by a family member or someone with whom they have an intimate, ongoing relationship.

When defining who is, and is not, included in the target population for services, the following questions need to be answered:

1. Gender: Are services available for women, men, or both?
2. Age: What is “older”?
3. Relationship to the abuser: What types of relationships are included in domestic abuse in later life?
4. Definition of abuse: What types of behavior are included in the definition of abusive behavior? What is the role of power and control?

The Wisconsin Coalition Against Domestic Violence has focused on **women, 50 years and older, who are being abused by a family member whose abusive actions are driven by the need to exercise power and control over the victim.** Information in this manual is based on this definition. An explanation of our decisions follows.

Gender: Female Victims

While men may well be victims of domestic violence (and much of the material presented here could be applicable to them), we initially focused program development on women for the following reasons:

Women are the primary victims of domestic violence and elder abuse. Research indicates women are the victims in 90-95% of domestic violence cases (Dobash, 1992). Between one and two million American women are victims of domestic violence each year (Bureau of Justice, 1995). Women are also the victims in approximately two-thirds of the reported elder abuse cases (National Center on Elder Abuse, 1994). Women are more likely to be victims of physical abuse and life threatening situations in reported cases of elder abuse (WI Bureau on Aging, 1995). Since these cases appear to be more dangerous, we chose to focus on women first.

Age of Victims: 50 Years or Older

Chronological age is only a number. The age of a woman is less important than her health, lifestyle, attitude and genetic makeup in determining her current quality of life. Some eighty year olds are more functional and vibrant than sixty year olds. However, we found that, in Wisconsin, women over age 50 rarely contact domestic abuse programs that do not have services tailored to their needs. In addition, the life spans of women of color

and poor women may be shorter and the effects of aging may occur earlier in life. Many of these women die at earlier ages due to limited access to or no health care. We determined that “later life” includes women age 50 and older.

Another important reason to include 50 to 60 year olds is that they may not be eligible for many of the services or types of financial assistance women more than 60 years old have available to them. For example, older women are no longer eligible for welfare-type programs if they do not have minor children. They may not be old enough for Social Security. In states without general assistance, they may not be eligible for any economic assistance. Elder abuse investigations will not occur. Services funded by the Older American’s Act are available only for persons age 60+.

We acknowledge that defining later life as 50 years and older is a broad age span that can encompass at least three generations of women. Women throughout this age range will have had a variety of experiences and differing needs. One of the challenges of using this wide age span is to ensure that services are designed to meet the needs of women ages 50, 70 and 90.

Relationship to Abuser

In domestic abuse cases, abusers may be current or past family members such as a spouse/partner, sons, daughters, grandchildren, or siblings. The information in this manual will focus primarily on abusers who are the spouse/partner, ex-spouse or partner, or adult children of the victim.

This definition may stretch current domestic abuse eligibility criteria by including other family members. Recognition of spouse/partner abuse in later life is significant because it is often overlooked in the elder abuse field. We have also found that adult children and grandchildren use power and control to get what they want. We believe services typically offered by domestic abuse programs such as support groups, safety planning, crisis lines, legal advocacy, and peer counseling are beneficial for women abused by adult children.

Types of Elder Abuse

No standardized definition for elder abuse exists, however, the following five forms of abuse (perpetrated by others) are included in most definitions.

- ▶ **Physical abuse:** Infliction of physical pain or bodily harm (e.g., beating, hitting, pushing, restraining)
- ▶ **Sexual abuse:** Any form of sexual contact or exposure without consent or when the victim is incapable of giving consent
- ▶ **Emotional abuse:** Infliction of mental anguish (e.g., threatening, humiliating, intimidating, and isolating)
- ▶ **Financial abuse:** Illegal or improper exploitation of funds or other resources (e.g., stealing money or property, committing fraud through undue influence)
- ▶ **Neglect:** Refusal or failure to fulfill a caretaking obligation, such as abandonment or isolation, denial of food, shelter, clothing, medical assistance or personal needs, or the withholding of necessary medication or assistive devices (e.g., hearing aids, glasses, false teeth)

Neglect and financial exploitation are common forms of abuse for older victims, since the behaviors may be unfamiliar to domestic abuse advocates, more detailed definitions can be found in Appendix 1.

Domestic Abuse in Later Life

Forms of elder abuse that are not domestic abuse in later life include:

- ▶ Self-neglect is not a form of domestic abuse in later life because there is no abuser.
- ▶ Abuse by a stranger, such as muggings, phone or mail scams are not domestic abuse in later life because the perpetrator is not related to the victim.
- ▶ Abuse by a paid caregiver is not considered domestic abuse because the relationship is not familial but professional. An intervention may be working with the agency that hired the paid professional and/or regulatory agencies.

- ▶ Abuse, in cases where the perpetrator has been diagnosed with a medical or mental health condition that diminishes his capacity to remain nonviolent, is not domestic abuse if the incidents are not part of a pattern to control and/or dominate the victim.

A Framework for Assessing Domestic Abuse in Later Life

(Understanding domestic abuse is not caregiver stress)

In Wisconsin, in 80% of reported elder abuse cases (excluding self-neglect), the abuser is a family member (WI Bureau on Aging, 1997). Many of these cases are domestic abuse in later life. Unfortunately, many APS and elder abuse service providers have received little or no training on domestic abuse even though they may be working with victims on a regular basis.

To understand the differences between domestic abuse and caregiver stress, keep in mind the definitions of domestic abuse and caregiver stress. Domestic abuse is “a pattern of coercive control that one person exercises over another” (Schechter, 1987). Battering is behavior that physically harms, arouses fear and prevents the victims from doing what they wish or forces them to behave in ways they do not want. Caregiver abuse is caused by an overburdened, stressed caregiver who hurts a frail, dependent, elderly person. For example, a daughter may have her frail, elderly mother living with her. The daughter has a full-time job and two small children to care for as well as her mother’s physical and emotional needs. As a result of the stress of trying to juggle too many things, one day, the daughter snaps and hits her mother. The incident is usually an isolated event. Often the daughter is ashamed, embarrassed, and extremely remorseful for her behavior.

Several problems exist with the caregiver stress theory. Even though it is a prevalent notion in elder abuse literature, the theory is not supported by research as the causal factor of elder abuse. Two random-sample studies have found that **a significant portion of domestic elder abuse is spouse/partner abuse**, rather than abuse by adult children. When adult children are abusers, the children are often emotionally and/or financially dependent on their parent (Pillemer & Finklehor, 1989; Podnieks, 1992). So a more typical scenario is an adult son who lives with his mother, who does not have a job, and abuses his mother to get her Social Security check and to have her prepare meals for him.

Examining the two definitions, clearly domestic abuse and caregiver stress are significantly different in several ways. Caregiver stress is often an isolated abusive incident. Domestic abuse is a **pattern of tactics** used to gain and maintain power and control over victims. Unlike domestic abuse, caregiver stress does NOT originate from a belief system that makes it acceptable for one person to exert power and control over another. Batterers believe they are entitled to use whatever method necessary, including violence, to get what they want. Stressed caregivers believe hurting another person is wrong, feel great remorse and shame, and often want help to end the abuse (Ramsey, 1995).

Caregiver stress as a cause of elder abuse is frequently confused with domestic violence in later life. For example, suppose a social worker visits the home of a 70-year-old couple to begin an elder abuse investigation. The social worker talks to the husband who gave this explanation of how his wife got bruises on her arms and face. “My wife is the most important person in the world to me. But you don’t understand how difficult things are now. She cannot take care of herself, or keep the house clean and cook meals. I hit her just this once; I lost control for just a few minutes. It will never happen again—I love her so much.” A social worker with training in caregiver stress would probably offer this husband support and compassion. Social services remedies such as counseling, respite care, adult day care would appear appropriate.

However, listen to the batterer’s words again but this time picture him as a 25-year-old. Because he is younger, the social worker is no longer thinking about caregiver stress. And he says “My wife is the most important person in the world to me. But you don’t understand how difficult things are now. She cannot take care of herself, or keep the house clean and cook meals. I hit her just this once; I lost control for just a few minutes. It will never happen again—I love her so much.” This is classic batterer language. He minimizes the violence, denies his responsibility for her injuries, and blames her inability to take care of herself and the house for his “losing control.”

Based on the initial explanation by the 70-year-old husband, it is unclear if this is a case of caregiver stress or domestic abuse in later. More investigation needs to occur to accurately assess the situation before interventions are prescribed. The social worker should talk to the wife alone. The worker may find that this is not the first time he hit her; this may have been going on for 50 years. The focus of the investigation should shift to listening to the victim’s story and believing her.

If the services provider identifies a case as caregiver stress when it is actually domestic abuse in later life, the victim will often be put in greater danger. First, the service provider may unintentionally collude with the batterer by offering him support, compassion and services. This may give the battered woman the message she may be to blame for his abusive behavior. The caregiver stress model suggests the victim's dependence causes the stress or abuse, essentially blaming the victim for the situation. This gives no responsibility for the abuse to the abuser. **When the victim is blamed, the abuser is freed of responsibility for the violence.** By believing that victims are dependent and difficult to care for, we unwittingly support abusers and their excuses for violence. This leaves the victim in a precarious situation and ignores the power and control dynamics.

Service providers choose intervention strategies based on how they define the problem. If domestic abuse is incorrectly assessed as caregiver stress, inappropriate interventions may be recommended for the victim and the abuser. Researchers suggest traditional **domestic violence interventions such as safety planning, information about the dynamics of domestic abuse, legal advocacy and support groups are more appropriate interventions** for older abused women (Pillemer & Finklehor, 1988; Breckman & Adelman, 1988; Podnieks, 1992; Vinton, 1991).

Batterers need to be held accountable for their actions. When they are offered compassion and social service remedies, often they feel supported and the abuse continues. If a crime has taken place (e.g., physical abuse, damage to property, etc.), the abuser should be arrested. When the emphasis is placed on caretaking and the difficulties of the caregiver, the abusive behaviors are minimized or denied by the service provider or regulatory agencies. This can result in an **overemphasis on a family's social service needs when the criminal justice system's involvement may be more appropriate.**

III. Understanding Older Abuse Women

Working with older victims of domestic abuse requires understanding their situations and the barriers to their living free from violence. This section will describe some of the scenarios of domestic abuse in later life, the barriers to living free from violence for older women, and what service providers have learned working with older abused women.

Scenarios of Domestic Abuse in Later Life

Often victims have an ongoing, familial relationship with their abuser. Three potential scenarios of spouse/partner abuse are: 1) long-term relationship with early onset of abuse (domestic violence grown old); 2) short-term relationship with early onset of abuse (often a new relationship following a death or divorce); and 3) long-term relationship with late onset of abuse. In some of these cases, the abuse may be due to a medical or mental health condition. In other situations, power and control issues not identified earlier in the relationship may be the origin of the abuse. Workers may determine the abuser should get a physical examination to decide whether the violence is caused by a medical or mental health condition or medications.

Adult children or grandchildren may also abuse older women. Most often, the adult child/grandchild is emotionally and/or financially dependent on the victim (Pillemer, 1988; Podnieks, 1992). Many are unemployed, chemically dependent or mentally ill. Women abused by their adult children often feel guilty. They may be reluctant to report the abuse due to legitimate fears that their child will end up in jail, a psychiatric hospital, or on the streets.

The Barriers to Living Free from Violence

Some of the reasons older abused women find it difficult or impossible to live free from violence are denial, fear, economic factors, values, isolation, lack of access to services, emotional/psychological issues, and health concerns. Family members may influence their decisions. Many older women **may not identify themselves as abused**. They may have internalized abusers' messages such as "it's your fault I have to hit you" or "if you could

get supper on the table on time, I would not have to slap you.” Some may see their relationships as normal. For them “it may have always been this way” or “this is just how he is.” In addition, older victims of domestic violence may believe battered women are young women with children. Society perpetuates this when TV and movies feature predominately younger, abused women. Most domestic abuse programs advertise services for young women and their children through public service announcements and brochures. These images may leave society and older women with the impression that domestic violence doesn’t occur in middle or later life.

Fear of retaliation is another reason many battered women do not seek help or leave. Abusers threaten to kill or seriously injure battered women, their families, friends or pets if the women ever leave them. These threats are taken seriously. Women may also **fear the consequences of intervention**. They may be afraid of appearing in court, leaving their homes, or being placed in nursing homes. Some women may fear having their decision-making rights taken from them by service providers for reasons of safety or expediency.

Another barrier to ending an abusive relationship is **financial insecurity** and the potential loss of power to make decisions about resources if their batterers tie up their assets. The economic reality for many older women is a choice between continued violence or assured poverty. Some older abused women have no formal education or economic resources. Some may be unable to find gainful employment. Employed battered women may not earn enough to support themselves. Others may have no access to resources obtained during the relationship. Some women may not be eligible for Social Security for their years of working at home nor be eligible for public benefits due to an appearance of resources. Many with health problems fear losing insurance if they are on their abusers’ policies and have uninsurable preexisting conditions.

Internalized generational values may contribute to some older women remaining in abusive relationships. She may believe she has a responsibility for maintaining a happy family. Ending the relationship may mean failing in her primary role. Older women who have internalized rigid gender roles may be less willing to talk about victimization or seek help from community agencies. Strong cultural and/or religious values may also impact her decisions.

Batterers use **isolation** to keep total control over their wives/partners. Older battered women may have lost contact with families and friends.

Retired abusers may go everywhere with victims or may monitor phone calls and mail. Battered women who do not drive or are forbidden to drive may be dependent for transportation, mobility, and socialization.

Similar to other trauma victims, older battered women experience **emotional reactions** such as confusion, withdrawal, fear, denial, shock, or disbelief. Depression, guilt, and shame are common reactions to victimization. Living with continual emotional abuse and intimidation may lead to passive and withdrawn behavior or the appearance of dependency or vulnerability. **Life stresses** may also impact their decision-making processes. Changes such as death of family or friends, birth of a grandchild, retirement, and moving may all play a part in some women's decisions to stay.

An older woman's **health, cognitive, and functional status** may impact her decision-making process. Years of abuse can lead to many physical problems that can make older battered women feel or be dependent upon their abusers. Natural cognitive and physiological changes occur as we age. Changes in vision, hearing, touch and pain tolerance, and mobility may limit our abilities to live independently. Older women with health, psychological and functional status limitations may be treated by service providers and society as helpless and have their decision making powers taken from them. Some women feel obligated to stay and take care of abusers with serious health problems.

Family members may have been attempting to influence her decisions for years. Siblings or parents may have tried to keep a couple together or begged her to leave many times before. She may have family responsibilities such as caretaking for elderly parents, siblings or dependent children that influence her decisions. **Adult children** may have mixed emotions about whether their mother stays or leaves. They may have witnessed violence or been abused as children. Some may be victims or abusers in their current relationships. Older battered women face reactions from "Why don't you just leave?" to "How could you possibly leave him now?" Some adult children will be supportive of their mothers and help them in any way they can. Others create barriers by encouraging women to stay, believing that if they leave, the children may need to take some responsibility for their abusive fathers and/or ill mothers. Some may side with the batterers, believing the role as a wife and mother is to keep families together and do as they are told. Others may blame their mothers for "provoking" their fathers or collude with their fathers and use the same abusive tactics against their mothers.

What Older Abused Women Have Taught Us

Older abused/battered women want to live free from violence.

Most older women are eager to learn, to change, and to do whatever is necessary to alleviate the abuse in their lives. They are creative, joyful, and energetic despite the ravages of abuse on their bodies, minds, and hearts. They become transformed learning the names of what they've been experiencing, and feel strengthened with the knowledge that they are not alone. They stand taller and speak with clearer voices after sharing the real stories of their lives. During support groups, these women share laughter, tears, rage, and creative ideas. They are not beaten down, hopeless older women, even if many have physical problems or bouts of depression. They are not at all what you might envision when you hear the words, "older abused women."

The vast majority of older women using domestic abuse services have made or are working now on changes in their relationships and themselves. Several domestic abuse programs in Wisconsin report that about one-third of the older abused women they see end their relationship; about one-third are considering ending their relationship; and about one-third have decided to continue their relationship and are asking for help and support to stay safe. The older women that make a complete break usually face more extreme abuse and have higher levels of support than other women.

Older women will use services if they are available and tailored for them. Domestic abuse programs in Wisconsin have had older women, including women in their 80's and 90's, stay in shelters and access the legal system. They attend support groups faithfully and tell us it is one of the largest factors in their ability to get stronger and change their lives. This is the one place they can share otherwise unspoken thoughts and feelings unlikely to be welcomed by others. Coping techniques and resources are shared along with ongoing education about the dynamics of abuse of power. Older women need what all battered women need: support, time, and options.

Tips for Working with Older Women

When working with older women, keep the following tips in mind:

- ▶ Older women are not automatically passive. Personality traits such as assertiveness and passivity may be evident throughout life, not as a result of aging. Most older people prize their independence and remain active with their family and community.

- ▶ A mental or physical impairment does not mean overall physical or mental impairment. People with vision or hearing loss, or limited mobility may continue everyday functioning. Mental incapacity to administer financial transactions does not mean a woman needs all her daily living decisions made for her — she simply needs assistance with her financial affairs.
- ▶ Don't assume impairment to be associated with age. People of any age may have some form of disability (Jacobsen, 1996).
- ▶ Don't expect older women to serve younger women by cooking meals or providing child care.
- ▶ Don't "compliment" an older woman on how different she is from other old women (more active, fun, interesting). To accept the compliment, she must reject other women her age.
- ▶ If older women talk about their medical conditions, remember how many conversations about contraception, premenstrual syndrome, and child birth they listen to (Macdonald, 1983).
- ▶ Avoid ageist assumptions and cliches. Most older women are not alone or confined to activities such as golf or bridge. Many older women work and/or may provide care for small children.

Competency

When working with younger battered women, advocates listen to their stories, believe them, and offer options. Some older abused women may not be competent to share their stories and explore alternatives. Depression, delirium, and dementia may occur in later life, particularly among people who are 80 years or older. Some older victims will be incompetent and require a guardian or power of attorney. Contact your local legal services corporation or a law practice that specializes in working with older persons to learn more about elder law.

While some victims may not be competent to make their own decisions and may require a guardian, most older abused women are capable of making their own decisions. The right to self-determination is fundamental for all Americans, regardless of age. Often when older people have symptoms such as passivity, withdrawal, lack of initiative, lack of reactivity, the inability to make use of new information, lack of drive, impairment of insight, impulsiveness and poor judgment, their competency may be questioned. These symptoms are common reactions to victimization. Often with food,

rest, a review of medications, and an opportunity to talk about the abuse, many of these symptoms disappear in a few days. Many types of “dementia” are reversible.

Victims have the right to choose their lifestyle. Often, younger battered women returned to their abusers an average of four to seven times before finally ending the relationship. Economic issues, health concerns, religious, cultural or generational beliefs, and fear may all contribute to victims of domestic abuse staying with abusers. Many battered women are in the most danger of serious injury or death when they leave a relationship. Understanding the dynamics of domestic abuse, the tactics batterers use, and the numerous barriers to leaving battered women face makes it clear why many feel trapped and choose to return to live with an abuser.

Competency should be tested only if there is evidence that the person has cognitive limitations. Staffs’ discomfort with a victim’s choices is not a reason to try to find someone incompetent. Too often, rather than understanding the reasons victims return home and where the system has failed, it is easier to take the decision-making power away from victims. This does not return the power and control taken from them by their abuser. Rather it reinforces what abusers have told them, that they are no longer able to take care of themselves.

Therefore, in most cases, older women will require many of the same services used by younger women: safety planning, support groups, peer counseling, and legal advocacy. Most older women are fully competent to make choices about their relationships and need someone to listen empathetically and offer options and choices. Battered women’s advocates should support any woman as she makes decisions. With older women, advocates may need to challenge professionals who quickly label her “incompetent.” When working with women with cognitive impairments, contacting the local aging unit, health care professionals, and lawyers specializing in elder law may be useful.

IV. Designing Services for Older Abused Women

This section will discuss how to design services for older abused women. Four key points discussed in detail are: 1) assessing the needs in your community; 2) developing an agency that is comfortable for older women; 3) determining which services to offer; and 4) developing an outreach plan.

Assessing the Needs in Your Community

Developing programming for older abused women begins with assessing the needs in your community. Programming should be tailored to older women and the service-delivery system in your area. Therefore, before developing services and curriculums, programs should research the needs of older abused women and the existing gaps in service delivery.

The first step should be gathering information about current services and practices. Begin, if possible, to gather data by talking to older abused women. Learn about the types of services and methods of service delivery that are likely to be most effective. Older abused women can report on the current response of the local domestic abuse program, adult protective services (APS), the aging network, law enforcement, and health care and social services systems. They can review forms, procedures, and policies to identify common obstacles to reaching older women. In some communities it may be difficult to find older women who have received services. Elder abuse workers may be able to help identify women willing to share their stories.

Review the statistics of the agencies such as domestic abuse and/or sexual assault organizations, adult protective services and/or elder abuse services, and other aging programs to see how many older abused women are currently being served. Interviews with law enforcement and health care professionals, and with clergy may also elicit new ideas. Professionals involved in planning the program may be more willing to make referrals later.

A work group can be useful in analyzing the data collected and in generating ideas for service delivery. Diverse representation, including current victims or survivors of violence and women from different ethnic, racial, economic, and religious backgrounds, is important to the group's success.

Contacting a domestic abuse program with an older battered woman's program component may be especially helpful. Other programs can share their experiences about the types of outreach and services that have been effective and what has failed.

Making an Agency Comfortable for Older Women

Ideally, domestic abuse programs will develop specialized services for older abused women. However, funding and staffing may make new programming impossible for some agencies. Even without new funding, steps should be taken to make an agency more comfortable for older women. Current practices and policies may need to be changed or adapted. Possible changes may include the following:

- ▶ Expand the service eligibility definition (e.g., can the abuser be an adult child or sibling? Does the woman need to be in imminent danger?). Many domestic abuse programs could offer safety planning, legal advocacy, and peer support to women abused by adult children or grandchildren.
- ▶ Consider having advocates make home visits to older women who are unable or unwilling to come to the agency for services. Examine the positives and negatives of using a self-help model.
- ▶ Offer ageism training once or twice a year to staff and volunteers.
- ▶ Include information about older women from different backgrounds in cultural-competency trainings.
- ▶ Recruit older women for board, staff, and volunteer positions. Get older women actively involved in all levels of domestic abuse programming and in decision-making positions.
- ▶ Expand library to include resource materials on and about domestic abuse in later life.
- ▶ Learn about legal issues affecting older people such as elder abuse reporting laws, guardianships, powers of attorney, etc.
- ▶ Work with adult protective services (APS), the aging network, and senior organizations.
- ▶ Develop crosstraining with APS and domestic abuse services.
- ▶ Modify outreach methods and locations of services.

- ▶ Revise forms, procedures, and policies to reflect the needs or experiences of older abused women.
- ▶ Display images of women in later life in the shelter and your office; and offer books, brochures, and materials of interest to older women.
- ▶ Print forms and literature in larger-type print to accommodate visually-impaired individuals.
- ▶ Offer an accessible room designated for adults only.
- ▶ Create comfortable, shared living space for older adults.

Types of Services

After talking with older abused women and other professionals in the community, many domestic abuse programs may be ready to develop new services for older abused women. When developing new programming, the key questions to focus on are the same ones journalists use to write an article: who, what, where, when, and how long?

Who

Typically domestic abuse programs offer shelter services to women abused by a spouse/partner who are in *immediate danger*. Some shelter programs have policies or physical limitations that exclude services for men, teenage boys, persons with disabilities, single women or older women. In later life, men can account for one-third of the reported victims of elder abuse. In many cases, the abuser is not a spouse/partner but rather a family member such as an adult child. Some older women who seek counseling services to deal with issues concerning their abusive relationship are not currently in danger because their abuser is dead. Therefore, take time to clearly define current and future eligibility criteria and referral sources before designing services. Some questions to consider follow:

- ▶ Are the services exclusively for women or are men eligible too?
- ▶ Will services be offered to victims abused by adult children, grandchildren, siblings, etc.?
- ▶ Will services be offered to women who were battered when they were younger but are not currently being abused?
- ▶ How could expanding who is eligible for services (e.g., to include women abused by adult children) impact other existing programs?

- ▶ Is it important to have an age range that defines older?
- ▶ Will the services be for mid-life and/or older women?
- ▶ Does the program have information to assist older lesbians?

What

Next, decide *what* types of services are needed. Programming may include shelter/emergency housing, support groups, legal advocacy, hospital advocacy, or individual counseling. The emphasis should be on safety and support for the victim and accountability for the abuser. Types of programs to consider are:

▶ Shelter/emergency housing

Where can an older woman stay if she needs emergency housing? Is the shelter accessible and accommodating to the needs of older women? If not, can an arrangement be made with another agency, such as a housing organization, or hospital to provide emergency housing while the shelter provides nonresidential services? Programs should honestly evaluate and be clear about the extent of services they are able to provide to medically needy women.

▶ Support groups

Many battered women find support groups helpful in breaking their isolation and reassuring them they are not alone. Support groups designed specifically for older women have been very successful interventions in Wisconsin. Consider the following prior to organizing a group:

1. Are the particular issues facing older women addressed in the support groups currently conducted by your shelter/program?
2. What are the pros and cons of separate support groups vs. mixed ages groups?

If you decide to develop a support group for older abused women, consider the following:

1. Evaluate the pros and cons of using a **name for the group that advertises itself as working on relationships rather than naming domestic abuse**. For example, “Feeling Safe, Feeling Strong” describes a program in Madison, Wisconsin, which provides “services for older adult women interested in learning more about controlling relationships and exploring the issues and needs of mature women.” Many older

women will automatically screen themselves out of a program described for “battered women.”

2. If possible, **find a community-based senior center or aging agency with credibility to be a cosponsor of the group.** Women may feel more comfortable with an organization they know.
3. If possible, **the facilitator (or at least one of the facilitators) should be an older woman.** Many older women are more comfortable sharing with someone their own age. If possible, actively involve older, formerly battered women in designing and running the group. Women from a variety of races, classes, and religious backgrounds should be included in designing the group format.
4. **Word of mouth is the best form of advertisement.** Flyers, public service announcements, television, and radio, have all brought a limited number of women to groups. The best sources of referrals are friends, family, and professionals (e.g., medical personnel and clergy) who are familiar with the group and recommend it. Additionally, members of the support group can serve as a natural grapevine. Printed notices and articles in senior newsletters and rural weekly newspapers have also proven helpful.

► **Legal advocacy**

Many legal issues for older women will be similar to those younger women face. While many older women are unwilling to consider divorce, some may explore legal separations or restraining orders. Adult children may be in contact with the legal system due to alcohol and drug addiction, mental illness, or criminal activity. Legal issues such as wills, powers of attorney, Medicare appeals, and housing rights may be of concern for older women. In most communities, experts on these topics may be willing to work with domestic abuse clients.

Domestic abuse programs should also consider the implications of mandatory or pro-arrest policies on older women who are dependent on their abusers for their physical care. Where in your community could a medically needy victim go if her caregiver/abuser is taken to jail? Could the shelter house her? Could she remain in her home with a home health care worker assigned to work with her? Is there a more appropriate place for her to stay while the domestic abuse program offers other supportive and legal advocacy services?

Immigrant women may have complex legal needs. They may not be able

to work. They may be isolated due to language barriers and dependent on family members who perpetrate or condone the abuse. They may not know the law or how to get accurate information or legal assistance. Special attention should be paid to their legal situation.

► **Hospital advocacy**

Older women, by in large, are more frequent users of the medical system than younger women. As a result, a medical center may be an ideal place to respond, in a helpful way, to older abused women in crisis and to offer them services. Some domestic abuse programs have services within hospitals; others have trained health care professionals and social workers.

► **Individual/peer counseling**

Some older abused women may request individual or peer counseling. Counselors should have experience working with the issues of domestic abuse, aging, and grief. Counselors may need to be prepared to deal with incest issues that may be 40 to 70 years old, grief over the death of an abusive spouse, guilt over adult children growing up to become abusers, guilt over not caring (or wanting to care) for an abusive partner, etc.

Where

Where programs are located may be critical to their success. Since many older women may be reluctant to come to a professional's office or lack transportation, home visits may be appropriate. When considering home visits, safety and confidentiality for both the woman and the worker must be a priority. One home visit method is to have an elder abuse worker interview the abuser while a domestic abuse advocate talks to the older abused woman. Another option is to meet the woman for coffee in a safe, private location.

If services are to be held in the community, consider holding groups at a hospital, clinic, senior center, 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 stay at the shelter.

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 public transportation available?
- ▶ Is the meeting space comfortable and pleasant?
- ▶ Is the space (including the restrooms) wheelchair accessible?
- ▶ Is the meeting room close to the parking lot so women with walkers or canes do not have to travel a great distance?
- ▶ Is there minimal noise so those with hearing limitations can participate?

When

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 a second shift. Some older women may experience “sundowning” (e.g., 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 child care or respite care to attend the group. The transportation schedule of rides available from aging network providers may also influence the best time to offer services. Finally, be sure not to compete with other popular events already available for older persons.

How Long

Next, decide *how long* services will be offered. Will groups or services be time limited? Most battered women leave their abuser an average of four to seven times before terminating the relationship. Many domestic violence advocates have found that opening their doors to women as often as they need to return is the most effective policy. Many older women will need more than one or two months to understand their options and make decisions about their lives. Some victims who are deciding to stay for the short or long term may benefit greatly from the support of an ongoing group.

Many domestic abuse programs do not have follow-up contact with the women who stay with them for safety reasons. Program staff working with older abused women have found that continued follow-up phone calls (when it is safe to do so and approved in advance by the woman) has

helped keep many women involved in services. Many older women are uncomfortable getting help and discussing personal family problems. The ability to develop and maintain a long-term relationship is important before they are willing to explore options and make decisions.

Other Important Programming Issues

- ▶ Is your safety plan information appropriate for older women? If you have a handout, is it available in large print?
- ▶ 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 a self-help 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 impairment experiences your program? Is there minimal background noise?
- ▶ Could a woman stay at your shelter if she is unable to participate in the cleaning schedule/shelter upkeep? (If no, how can your shelter services be more accessible to older women and women with disabilities?)
- ▶ Is the program accessible? What types of transportation are available to the office and other services? Can a volunteer driver from the aging office be assigned to the woman to ensure her participation at group?
- ▶ Have you developed a plan for securing an interpreter if a woman does not speak English?
- ▶ Have you developed a plan for working with hearing-impaired women (sign language interpreter for example)?
- ▶ Are recreational activities that would be enjoyed by older women included in your plan?
- ▶ Are you hooked into the local aging network and know the array of services they offer?
- ▶ Are older women's issues included in your volunteer training and training manuals?
- ▶ Can home health services be delivered to the older woman at the shelter to assist with needed tasks?

Outreach

Most domestic abuse programs have an outreach program to inform the community of their services. Typically, these plans are geared for younger women. The following questions may help expand the scope of regular outreach efforts.

Direct Contacts

- ▶ When you learn about family violence from younger victims, do you assess safety issues for older family members?
- ▶ Do you involve older persons on your board, advisory committee or other leadership roles within your program?
- ▶ Do board members, staff and volunteers talk with older women they know about your program?
- ▶ Do you attend events where older people gather and distribute information on domestic abuse in later life? (e.g., workshops on advance directives, living wills, Medicare paperwork, meal sites, and church bazaars, etc.)
- ▶ When you give presentations on domestic abuse, do you talk about domestic abuse in later life (including examples of abuse by adult children, grandchildren, and spouse/partner)?

Referrals

- ▶ Do you work closely with your local elder abuse program, adult protective services agency, or aging network?
- ▶ Are elder abuse/adult protective services professionals represented on your coordinated-community response teams?
- ▶ Does your staff participate in elder abuse multi/interdisciplinary teams organized by the lead elder abuse agency?
- ▶ Do you work with organizations like the American Association for Retired Persons (AARP), the Older Women's League (OWL), and/or the Gray Panthers?
- ▶ Have you asked for referrals concerning older women from law enforcement, clergy, aging program staff, mental health workers, or health care providers?

- ▶ Have you asked for referrals from culturally specific programs and immigrant rights organizations?
- ▶ Do you use examples of older women when you give presentations to law enforcement, criminal justice professionals, health care professionals, and clergy?

Community Education

- ▶ Do your public education materials, programs, and brochures reflect concern for the needs and interests of older battered women, as well as women from diverse racial and ethnic backgrounds?
- ▶ Are your examples of domestic violence in presentations limited to young women with small children? If you give examples of older women, are your portrayals limited to only 50-year-old, younger, able-bodied women or frail elderly? Do you use a range of images of older women including women with physical challenges?
- ▶ Are the materials in readable print size?
- ▶ Are brochures or posters available at:
 - Human/social service agencies, elder abuse, and aging network offices
 - Health care facilities such as emergency rooms, doctors' offices, dentists' offices and geriatric clinics, vision centers, and pharmacies
 - Banks and financial institutions
 - Apartment complexes, senior projects, and senior centers
 - Houses of worship
 - Police precincts, prosecutors' offices, and victim/witness programs
 - Your office and co-workers' offices
 - Public places such as womens' restrooms in restaurants, rest areas, laundromats, bingo and casino halls, bowling alleys, beauty salons, and grocery stores
 - Meal sites.
- ▶ Have you considered a Media Campaign?
 - TV and radio public service announcements
 - Billboards
 - Poster campaigns on buses, at shopping malls, hospitals, courts, police precincts, Prosecutors' offices, your office

- Newspapers and local magazines including non-mainstream publications and periodicals developed for older readers (e.g., senior center newsletters).

Methods

- ▶ Do your outreach methods consider the diversity of older abused women including race, ethnicity, religious affiliations and beliefs, language and literacy level, urban and rural issues, and cognitive/functional status of potential victims?

V. Working Together to Make A Difference

Service providers working together can make a difference.

Successful specialized programs for older abused women are developed through a collaborative working relationship between domestic abuse advocates, elder abuse workers, and the aging network. Only by working together can answers be found.

The challenge in working with any other system is clearly defining terms and developing a commitment to work together. One way to begin a collaborative effort is crosstraining. As discussed earlier, many APS and elder abuse workers may believe caregiver stress is the primary cause of elder abuse. Domestic abuse advocates can offer training on appropriate interventions for older abused women including safety planning, legal advocacy, and support groups. In return, domestic abuse advocates must be willing to learn from the aging network about ways to develop programming for older persons and what services are currently available. By sharing the best of what each system has to offer, older abused women will have the support and information they need to make informed choices about their lives.

Mandatory Reporting

Many states have laws mandating reporting of abuse of the elderly and/or vulnerable adults by professionals, similar to child abuse mandates. Domestic abuse programs should contact state or local agencies to learn the legal requirements in their states. In some states, domestic abuse advocates are required to report any cases of elder abuse for an investigation. In other states, the law applies only to vulnerable adults, and domestic abuse programs can work with an older woman without making a report. Other states do not have mandatory reporting requirements.

Confidentiality

Working with professionals in other systems may be useful to learn about new options for older abused women. Maintaining the victim's confidentiality may be crucial to her safety. Therefore, do not give any information about any woman receiving services from your program without a signed

release form. The form should specify whom you can contact, concerning what information, and for what period of time.

However, information about available services in your community can be gathered without violating confidentiality. Calls can be made to other professionals asking what services are available without disclosing any identifying information. For example, a caller could say “I am working with a woman who is older than age 65; can you tell me about housing programs in our community?”

Working with elder abuse and adult protective services workers

Working with older abused women may require contact with APS or elder abuse professionals. Domestic abuse advocates should have an understanding of the APS and/or elder abuse system in their community. Professionals working with elder abuse victims may see more types of domestic abuse in later life than domestic violence advocates. The task of APS workers or elder abuse specialists is to investigate reports of abuse and neglect, assess the situation, and offer appropriate interventions.

Working with the aging network, health care, law enforcement, and clergy

Other professionals may be excellent sources for referrals. **The aging network includes a variety of services providers who work with older people.** They come in contact with older people daily and should receive training on domestic abuse in later life. They can also provide support and services for some older abused women.

Health care providers may be seeing large numbers of older abused women and not detecting them. Bruises may be seen as the result of falls rather than abuse. Medications may be prescribed to deal with the symptoms of domestic abuse rather than asking questions to learn the cause. As domestic abuse advocates offer training to health care professionals, information about older abused women should be included. One doctor in Wisconsin routinely asks all his patients about domestic abuse. He found enough older abused women in his practice alone to start a support group for older abused women at the local hospital.

Law enforcement will need training in domestic abuse in later life as well. Sometimes cases involving older victims or perpetrators are not treated as domestic abuse. An arrest may not be made because the abuser is older and law enforcement “does not want to put grandpa in jail.” When adult children are abusers, these cases may not be seen as appropriate for mandatory or pro-arrest, even when they fit the legal definitions. Training of law enforcement should include a discussion about the emergency housing options for victims who are physically dependent on their abusers for care.

Involvement with the criminal justice system may be necessary to ensure protection. Since the legal system is frightening and intimidating for most, linkage not only with domestic violence program advocates but also with victim/witness programs and/or sexual assault programs should be pursued. These advocates are necessary for victims to ensure success when negotiating the complex legal system. Without legal advocacy or representation, victims often find themselves in precarious situations, agreeing to terms that are not in their best interest.

Clergy may be another excellent source of referrals. Many older women have strong religious beliefs and may have connections to local congregations. Many clergy have not been trained on domestic abuse and may see their role as preserving families. Training for clergy on the dynamics of domestic abuse and available services may be a beginning point for increased referrals.

Conclusion

Domestic abuse programs have an obligation to provide services to abused women of any age. As the baby boomers age, programs may see an increase in contact by older women. To best serve older abused women, domestic abuse programs need to continue to use the empowerment model of listening to victims, believing their stories, and offering options. However, domestic abuse programs will need to tailor their outreach and services to older women if they truly want to best meet the needs of this population. In Wisconsin, many of our domestic abuse programs have begun to make these changes. We have found an increase in the numbers of older women accessing services. We have been deeply moved by the courage and strength of these survivors. We encourage you to reach out to the older abused women in your community.

Appendix 1

Signs of Neglect

Forms of neglect (e.g., failure to provide food, clothing, personal care, or access to health care) can include:

- ▶ Exhibiting dehydration, malnutrition, hypo/hyperthermia;
- ▶ Excessive dirt or odor;
- ▶ Inadequate or inappropriate clothing;
- ▶ Absence of necessary eyeglasses, hearing aids, dentures or prostheses;
- ▶ Unexpected or unexplained deterioration of health;
- ▶ Bedsores;
- ▶ Untreated chronic medical problems;
- ▶ Excess drugging or lack of medication or other misuse of medical treatment;
- ▶ Lack of necessary mobility assistance.

Signs of Financial Exploitation

The following activities may indicate material abuse or financial exploitation.

Unusual financial activity

- ▶ Significant changes in the types and amount of withdrawals.
- ▶ Withdrawals from automatic teller machines when the person cannot get to the bank.
- ▶ The transfer of funds from one account to another or one branch to another.
- ▶ Several withdrawals for large amounts of money in a short period of time.
- ▶ Checks bouncing when there should be adequate resources.

- ▶ A guardian, holder of a financial durable power of attorney, or other money handler using an elderly person's automatic teller or credit card. Such persons ordinarily use checks to document transactions.
- ▶ Different or inappropriate people coming to a bank coupled with changes in the signature or unusual account activity.
- ▶ Canceled checks or other bills no longer sent to the older person's house.
- ▶ Signatures on checks that do not resemble the older person's handwriting.
- ▶ Checks and documents signed when the older person cannot write.
- ▶ Client and household member give conflicting accounts of an incident, expenditure, or financial need.
- ▶ Account is inconsistent with the person's financial profile.
- ▶ Missing pension, stock or government payment or mail, bills, or checks no longer being received at the usual address.
- ▶ Destruction or removal of an older person's bank book, safe deposit box key, credit cards, correspondence, or bills.
- ▶ Significant changes in an older person's spending habits.
- ▶ Purchase of items that do not benefit the older person (e.g., sports cars, boats, expensive items of clothing, art works, real estate).
- ▶ Disappearance of a caregiver or "new friend" after purchases or withdrawals have been made.
- ▶ New person's name added to accounts.
- ▶ Transfer of ownership of property to a "new friend" or relatives with little prior involvement in elder person's life.

Financial actions the older person does not appear to understand

- ▶ Any financial actions by a confused person.
- ▶ A power of attorney or will is drawn up when the person does not have the capacity to understand the meaning of the documents.
- ▶ Recent changes in title of the house (e.g., to a friend or relative),

when the older person is unable to understand the transaction or is confused about it.

- ▶ The older person signs papers without knowing what they are.
- ▶ Complex new legal arrangements (e.g., reverse mortgages).

Financial exploitation may occur if the care or living arrangements of the person are not commensurate with the size of the estate:

- ▶ An elderly person complains that he or she used to have money but does not anymore.
- ▶ A noticeable change in the spending habits of people living with or caring for the elderly person.
- ▶ Refusal to spend money on behalf of the elder person, or for the care of the elder. There are numerous unpaid bills and lack of amenities (e.g., television set, personal grooming items, clothing, or food).
- ▶ Absence of needed medications or devices to assist (e.g., glasses, a walker, a cane, etc.).
- ▶ Belief that too much is spent on/by elder person.

Unusual behavior on the part of family members, friends, acquaintances or caregivers may indicate financial exploitation.

- ▶ An unusual interest in the amount of money being spent on the care of the elderly person.
- ▶ Expressing excessive affection for a wealthy, older person.
- ▶ New acquaintances expressing gushy, undying affection.
- ▶ Accompanying person is angry or hostile toward the elderly person and refuses to provide necessary assistance.
- ▶ Insisting on a promise of “lifelong care” in exchange for willing or deeding property/bank accounts to caregiver.
- ▶ Family member/caregiver evasive about financial arrangements.
- ▶ Hostility toward interviewers and visitors.

- ▶ Absence of any visible means of support or job.
- ▶ Focus on how much items cost; not whether the elderly person needs them.
- ▶ Substance abuse, psychological problems.
- ▶ Spotty work history.

Other forms of abuse or neglect appear to be present

- ▶ An abuser may isolate the person from other family members or friends by stating that the person does not wish to be seen and, similarly, tells the elderly person that family and friends no longer care about him or her.
- ▶ Personal items, such as jewelry, silverware, or other valuables, are missing.
- ▶ Older person seems fearful of household member or companion.
- ▶ Older person seems afraid or is not permitted to speak in front of others.
- ▶ Accompanying person seeks to prevent older person from interacting with others or being talked to alone.
- ▶ Household member refuses to permit or provide transport for essential services.
- ▶ Verbal abuse and threats directed at the older person.
- ▶ Elder uncared for, or with unkempt clothing, bedding, or residence.
- ▶ Elder is also physically abused or sexually abused.
- ▶ Elder is deprived of needed medications or over-medicated.

Many forms of financial exploitation are seen in combination. Therefore, if one form of material abuse is suspected, investigate for other possible instances as well.

Sources for information on financial abuse

Abramson, Betsy, Jeff DiVall, and John Wilcox. (1994) *Managing your Money to Avoid Financial Exploitation*. Available from CWAG, 5900 Monona Drive, Suite 400, Madison, WI, 53716-3554. (608) 224-0660.

Heisler, Candace and Jane Tewksbury. (1991) "Fiduciary Abuse of the Elderly: A Prosecutor's Perspective," *Journal of Elder Abuse and Neglect*, Vol. 3(4).

Training Committee. (1993) "Suffolk County Executive's Task Force on Family Violence Training Manual for the Prevention of Financial Abuse of the Elderly" Available from County of Suffolk, County Executive's Task Force on Family Violence, Box 2000, Hauppauge, NY, 11788.

Appendix 2

The list below suggests some of the resource materials that may be helpful to have available when working with older women.

Resources

Are the following resource materials available?

Articles and materials on:

- ▶ Domestic violence in later life
- ▶ Abuser treatment (Are programs appropriate for older men or adult children?)
- ▶ Lesbian battering

Aging resources (list of professionals and agencies knowledgeable about):

- ▶ Health care
- ▶ Medicare/Medicaid (and other forms of health insurance)
- ▶ Social Security
- ▶ Housing for the elderly
- ▶ Specialized transportation
- ▶ Legal assistance, including special knowledge of public and private benefits specific to the elderly
- ▶ Social services/human services
- ▶ General Assistance
- ▶ Retirement income rights
- ▶ Adult protective services/guardianship issues
- ▶ Pension information for widowed or divorced women
- ▶ Work opportunities for older persons (Displaced Homemakers and Title V)
- ▶ Is this information available in the different languages spoken in your community? Can you obtain materials in other languages if necessary?
- ▶ Are these materials available on video or audio cassette for those with limited literacy or visual abilities?
- ▶ Are the materials in large print as well?

Appendix 3

Accessibility: Working with older women and/or women with disabilities

Most older women are in good health and do not suffer from cognitive or physical limitations. However, to ensure shelter facilities are accessible for older women and women of any age with disabilities the following questions have been developed:

General Questions

1. Is your program located in a safe and accessible location?
2. Is there a comfortable space for an older woman to stay?
3. Does the facility have images and materials on later life so older women and women with disabilities feel it is a welcoming environment?
4. Do you ask a woman on the phone if she has special needs? Are there protocols to accommodate special needs?

Visual Impairments

1. Are your publications available in large print?
2. Are notices, clocks, and calendars in large print?
3. Is safety information brailled (such as the security pads, emergency numbers, handouts, map of the building with fire escape routes, etc.)?
4. Does your alarm system (e.g., smoke alarm, fire alarm etc.) have visual as well as auditory alarms in each room?

Hearing Impairments and Telecommunications Device for the Deaf (TDD)

1. Do you have meeting space available with minimal background noise to lessen distractions while conducting individual and group sessions?
2. Does your agency have a policy about the volume of televisions and radios? Do you have earphones available?
3. Do the phones have amplification or TDD capability?
4. Does your organization own or rent a TDD?
5. Have all of your staff and volunteers been trained on TDD etiquette and

the use of TDD?

6. How often does your organization update these training sessions?
7. Do you have interpreters on staff or funds to hire interpreters?

Accessibility for Clients Who Use Wheelchairs

1. Does your building have a flat or ramped entrance with a 32-inch wide doorway? Is this the safe entrance?
2. Do you have a dependable elevator if access is needed to the upper floors?
3. Is at least one restroom accessible with:
 - a. A 32-inch wide doorway to restroom, stall and shower?
 - b. Handrails or grab bars near the toilet and in the shower?
 - c. A flat entrance to the shower area?
4. Is there at least one accessible bedroom with the following?
 - a. A 32-inch wide door
 - b. Handrails near the bed area
5. Are doorways to all rooms, such as offices, common meeting rooms, counseling rooms, playrooms, kitchen, and living room, 32 inches wide?
6. Are the washing machines front-loading so a woman in a wheel chair can use them? Or if not, can a method be designed to assist her? Are the dials on the front of the washing machine and oven/stove on the front so a woman in a wheel chair can reach them?
7. Are kitchen counters and sink low enough for a woman in a wheelchair to use them comfortably?
8. Are phones low enough for a woman in a wheelchair to use them comfortably?

Transportation

1. Does your organization have designated accessible parking?
2. Is your organization located near a bus line?
3. Does your organization have contact with a van system that can accommodate women who use electric wheelchairs (and therefore may not use the public bus system)?

Attitudinal Accessibility

1. Does your organization have a philosophy supporting independence for older women and women with disabilities?

2. Does your organization have a policy stating what kinds of care your staff can reasonably expect to provide (such as feeding assistance, dressing, toileting, assistance in and out of bed)? Or do you have the ability to contract for home health or personal care workers for the provision of those services?
3. Does your organization hold regular anti-ageism workshops?
4. Does your organization hold regular disability awareness workshops to educate staff and volunteers about the needs of people with various disabilities? How often are these workshops held?
5. Does your organization have any staff members, board members, or volunteers who are older and/or have disabilities?

Referrals

1. Do you have a referral list of organizations from the aging network and agencies that work with persons with disabilities?
2. Does your agency have a protocol to refer women who may need more assistance than shelter staff can provide?

Medication

1. Do residents have access to their medications at all times?
2. Do residents monitor all medications themselves?
3. Does your organization have a nurse on staff?
4. Can you provide personal lock boxes for medications?

Other Considerations

1. Is a quiet room available so older women can have time away from small children?
2. Is attention paid to any special dietary needs of an older woman?
3. Are all programs and activities geared for women of all ages and/or some events specifically for older women?
4. Has consideration been given to ensure that older women are not put in a “grandmother” role of taking care of the other women’s children and household chores?

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