

# Coalition Chronicles



A newsletter of the

## **Wisconsin Coalition Against Domestic Violence**

Volume 29 Issue 2

### **Advocacy For Survivors of Abuse in Later Life**

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## **A Message From the Director**

When any of us ponder our later life, we rarely associate our “golden years” with abuse. Most of the national research of the prevalence of domestic violence indicates that the majority of abuse occurs in younger populations, largely amongst those between 16-45 years of age. Somehow, we never imagine that someone who is elderly could victimize another or be victimized themselves by their loved ones. Despite whatever we imagine, the reality for a number of elders is that they are living their later-life years in fear, struggling with the pain of isolation or emotional, financial, physical and/or sexual abuse. Each year, as WCADV analyzes domestic violence homicides in Wisconsin, we have been troubled by the fact that nearly 20% of the homicides



occur either to or between older adults. Sometimes elderly husbands kill their wives, sometimes it's an adult child (usually a son) killing an elder parent. Either way, the reality of the seriousness of abuse in later life is always disturbing and reminds us all that abuse doesn't stop at age 45. For some older adults, it is just beginning. This Coalition Chronicles examines abuse in later life, how to identify it, effective interventions and strategies for keeping elder victims safe.

WCADV began to proactively address abuse in later life in the mid-1980's. In 1999, we formed the National Clearinghouse on Abuse in Later Life (NCALL), a national resource and training center to aid community responses to domestic and sexual violence in later life. We hope you will use the information in this journal to join us in our commitment to ending violence in all families...at all ages.

--Patti Seger

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## **Abuse in Later Life - Advocacy Across the Lifespan**

**Prepared by the National Clearinghouse for Abuse in Later Life (NCALL), 2010**

**The Case of Verbalee T.:** Between 1999 and 2006, Verbalee T. was repeatedly verbally, sexually and physically abused by her husband in Wisconsin. Despite interventions and actions throughout that time by the county's Adult Protective Services System, the civil and criminal justice systems, her children, her medical care providers (physicians, emergency rooms, and hospitals), intermittent long term care services, home health services and others, Verbalee did not receive the protection from her husband that she desired or deserved. Many systems intervened, but let her down – in large part because each system had some, but not all, of the information available. The local domestic abuse program was never contacted to work with Verbalee. Decisions that were intended to aid her ended up leading to her further harm. If there had been a coordinated effort in the community's response to the abuse, perhaps the end of Verbalee's life would have been more peaceful.

### **□ The Aging of America**

o The number of persons **over 65** in the United States will approximately **double** in the next two decades. Persons age 65 and older will represent roughly **one in five** Americans; compared with one in eight today. Currently, **25% of adult women are age 60 or older**. Persons **85 and older are the fastest growing population** group in the United States. The life expectancy of individuals is growing; it is likely that the average lifespan of our children will be 100. (U.S. DHHS, Area on Aging, 2009.)

## □ Abuse in Later Life - Prevalence

o **11% of individuals 60 and older reported experiencing abuse within the last year.** (Acierno, 2009, p. 13.)

o Elder abuse victims are at **more than twice the risk to die prematurely** than older adults who are not victims of abuse. (Dong, et.al., JAMA 2009.)

o Although each year the number of reported incidents of abuse in later life grows, approximately **84% of elder abuse incidents are not reported.** (NCEA, 2004.)

o Nationally, when gender is identified, **56% of victims of reported abuse in later life are female; 39% are male.** (Teaster, NAAPSA, 2002.)

o Forms of abuse include: **physical, psychological, emotional, sexual, neglect, and financial exploitation.** (NCEA, 2004.)

o Family members were the alleged abusers in over 76% of the incidents reported to researchers. (Acierno, 2009, p. 8) 57% of reported physical abuse was perpetrated by a partner/spouse; 19% by **adult children, grandchildren, or other family members.** (Acierno, 2009, p. 44.)

o As compared with younger victims of domestic abuse, victims of abuse in later life are less **likely to report** abuse due to factors such as fear of retaliation; fear and shame; reluctance to implicate member of family; power differential between older victim and partner, child, family member, caregiver – who are or are perceived to be more powerful; cultural issues; isolation; loss of social network; language barriers; financial barriers, concerns about being removed from their own home (to a nursing home) and ageism. (Brandl, et. al, 2007, pp 52-58.)

o Victims of one form of elder abuse (e.g., financial exploitation) are at highest risk for **other, co-occurring** forms of abuse (e.g., neglect, physical abuse, psychological abuse). (Bonnie & Wallace, 2003; Lachs, et al, JAMA, 1998; Quinn and Tomita, 1997.)

o As compared with younger victims, older victims have **less information about services and resources and less access to them.** (Wilke and Vinton, Affilia, 2005.)

o 85% of older adults who experience sexual abuse did not report to police or other authorities. (Acierno, 2009, p. 10)

## □ Resources

o **Support Groups:** As of 2008, there were **29 support groups** tailored to older women victims in the United States.

o **Specialized Services:** As of 2008, 56 direct service programs has created specialized services for older victims of abuse including crisis intervention, legal and systems advocacy, counseling, emergency shelter and transitional housing.

o **Assisted Living and Long Term Care Options:** Some abuse in later programs have working agreements with assisted living facilities to provide temporary, emergency shelter for older victims needing assistance or care, illustrating the importance of collaboration among those who care for and provide services to older victims.

o **Abuse in Later Life Interdisciplinary Teams:** The purpose of an Interdisciplinary Team (I-Team) is to work collaboratively within and across a community or county to assure safety and coordinated services for victims of abuse in later life. The strength of each I-Team depends on the range of professionals involved with the I-Team. Professionals from law enforcement, clergy, APS, health care, disability and aging systems and domestic abuse and sexual assault programs are involved with their I-Team to provide better services and safety for victims of abuse in later life.

o **Coordinated Community Response Teams:** Local Coordinated Community Response (CCR) Teams include a variety of professionals working to improve a community's systems' responses to end violence and improve safety. Professionals from law enforcement, faith communities, APS, health care, domestic abuse and sexual assault advocacy programs, civil and criminal justice systems, and the aging and disability systems participate as members of a CCR. \*\*

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## Elder Abuse in Wisconsin

### Prepared by the National Clearinghouse for Abuse in Later Life, 2010

The following data was obtained from the 2009 Annual Elder Abuse and Neglect Report published by the Wisconsin Department of Health Services, Bureau of Aging and Disability Resources, August 2010. The full report is available at: [http://www.dhs.wisconsin.gov/publications/PO/p00124\\_2009.pdf](http://www.dhs.wisconsin.gov/publications/PO/p00124_2009.pdf).

- **Numbers:** In 2009, **5,316 cases** of suspected abuse, neglect or financial exploitation involving older adults were reported. This represents an increase of **8.5%** over the reports received in 2008.

- o **One in 14** incidents reported involved a **life-threatening** (371) or **fatal** situation (28).

- o The increased number of reports signals improved communication about elder abuse between law enforcement, health care professionals and social service agencies.

- **Types of Abuse Reported:** Of the reports received:

- o 49.4% involved self-neglect,

- o 18.4% involved financial exploitation,

- o 11.6% involved neglect by others,

- o 7.3% involved emotional abuse,

- o 5.9% involved physical abuse,
- o 0.6% involved sexual abuse,
- o 0.4% involved unreasonable confinement/restraint, and
- o 6.4% involved other (information only or other).

• **Where the Abuse Occurred:** 90.6% of the reports involved incidents that occurred in the elder victim's home: In 85.8% of the incidents, the individual resided in the community and in 14.2% of the incidents, the individual resided in a regulated, long-term care residential setting (nursing home, assisted living, etc.) or other settings.

• **The Elder Victim's Age:** The ages of the elder victims of the reported incidents were as follows:

- o 22% were ages 60-69,
- o 30% were ages 70-79,
- o 37% were ages 80-89, and
- o 11% were 90 and older.

• **The Elder Victim's Gender:** 60.2% of the victims were Female; 39.8% were Male.

• **The Elder Victim's Race:** 78.3% of the reported incidents involved white victims; 7.2% involved people of color. (In 14.5% of the reported cases, the victim's race was unknown or not reported.)

• **The Elder Victim's Capacity:** 54.5% of the victims were their **own decision-maker**; 32.6% had substitute decision-makers. Of those, 23.9% of the abusers were the activated POA-Health Care or POA-Finances for the elder victim and 6.4% were the guardian of the person or the estate, the temporary guardian or the representative payee.

• **The Profile of the Abuser:** The majority of the abusers were between the ages of 45 and 79 years of age (49.5%). In cases where the abuser's gender was identified: 47.9% were Male and 48.8% were Female. 50.5% of the abusers lived with the elder victim; in 95.2% of the incidents, only 1 abuser was identified for each victim. The relationship of the abuser to the victim was as follows:

- o **40.6% were the victim's adult children,**
- o 14.2% were the victim's spouse,
- o 13.4% were another of the victim's relative, including grandchildren,
- o 11.5% were the victim's friend or neighbor,
- o 3.8% were a service provider, and
- o 16.4% were unknown or other than listed above.

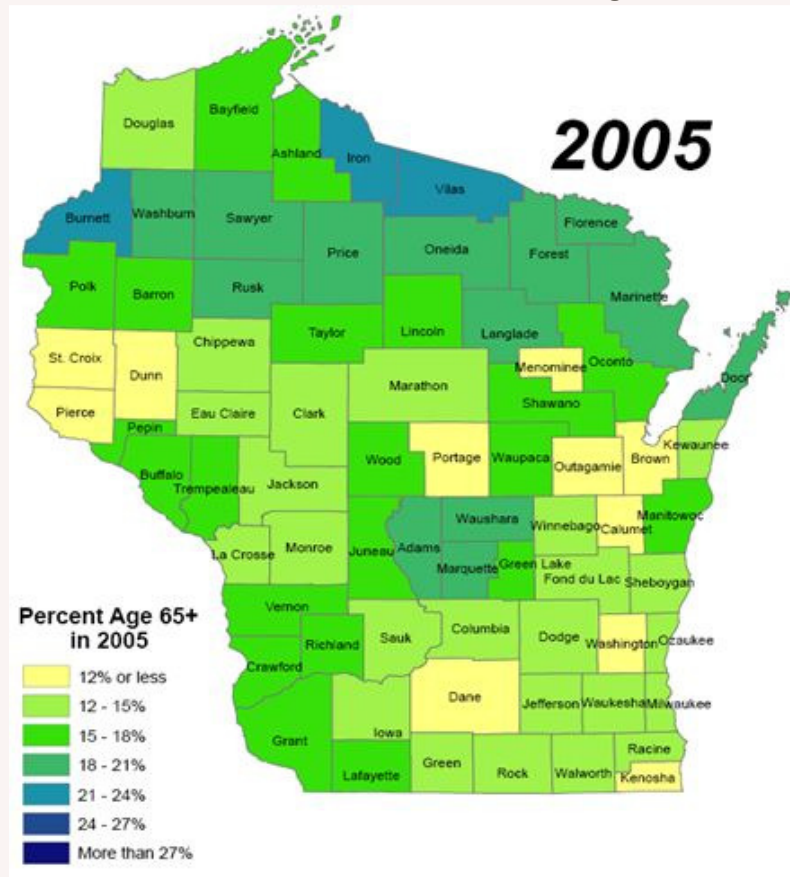
**Resources for Elder Abuse Victims**

• **Shelters:** As of 2008, 4 shelters existed for elder victims of abuse in the following locations: The District of Columbia, New Jersey, New York and Tennessee.

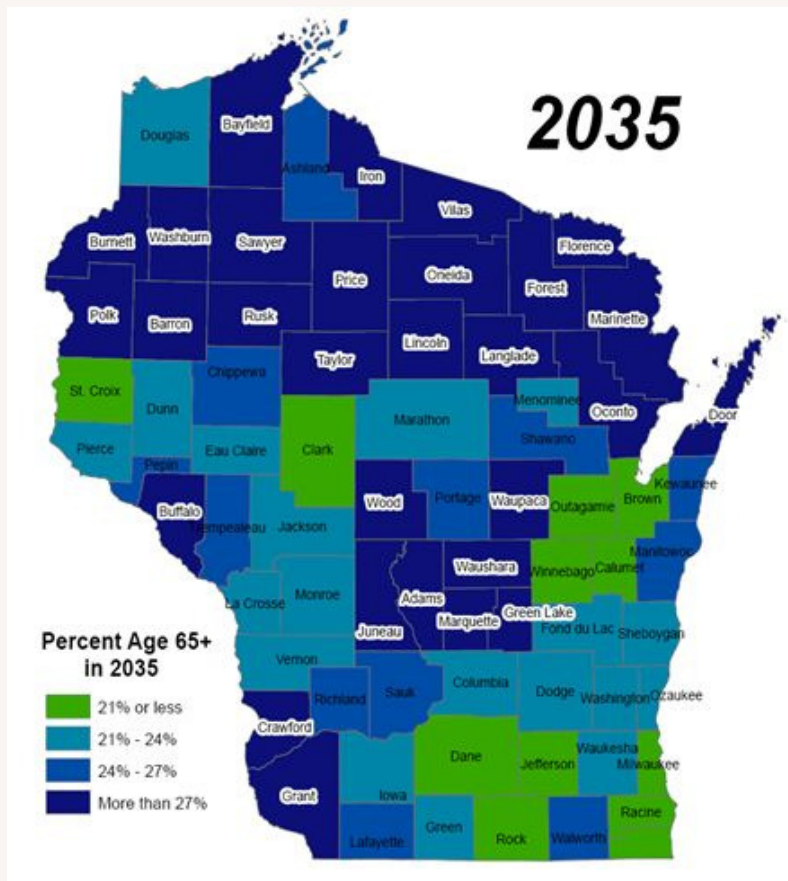
• **Support Groups:** As of 2008, there were 29 support groups tailored to older women victims. Of those, one-third (10) were in Wisconsin. The remaining groups were in 12 states around the country.

### In Their Own Words

- “I thought I was the only one living like this.”
- “I was isolated before. Now I have true friends.”
- “When I hear the stories, I think we were all married to the same man.”
- “I always thought it would get better.”
- “I tried not to think of it (the abuse). He told me he was just keepin’ me in line, that I’d best not get uppity about it.”
- “I just learned to work around it. What else could I do? I loved him, for the most part, and divorce was too scandalous to consider. I was a good wife.”







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## Prevent “Early Inheritance”

### Coalition of Wisconsin Aging Groups

**Attorney Maren Beermann, Director, Guardianship Support Center, CWAG**

Financial exploitation of older adults continues to rise with the poor economy and increasing aging population. In Wisconsin, financial exploitation is statistically the second highest type of elder abuse (self-neglect is first). Therefore, it is important for everyone to know the warning signs and be able to identify financial exploitation when it happens.

While of course many older adults are scammed by strangers, much of the financial abuse happening is actually committed by a son, daughter, or close family member or friend. This type of financial abuse can often be considered “early inheritance” – also known as theft.

### Early Inheritance has three main components:

1. friends and family take an older adult’s personal belongings, property, and assets
2. the older adult is still alive to use or benefit in some way from what is taken

3. friends and family “justify” their illegal activity by insisting that they will inherit the item someday anyway or the older adult isn’t using it, so someone should.

### **Tools to Prevent “Early Inheritance”**

- Communicate your wants and needs. Mistaken beliefs, even made with the best of intentions, don’t excuse illegal actions.
- Avoid joint accounts as a method of planning for incapacity.
- Execute a financial power of attorney document, but only if you can appoint an agent you trust.
- Beware of gifting clauses in financial power of attorney documents.
- Include a provision in your financial power of attorney document requiring your agent to file monthly, quarterly, or bi-annual reports of all financial activity with someone who will review the reports for anything unusual.
- Consider consulting an attorney to create a comprehensive estate plan to help save your assets and plan for aging and long term care.
- Don’t take advice from Joe Shmoe at the grocery store on how to save your house from the nursing home! This is extremely complicated stuff and what worked for Joe may not work for you.
- Consider incorporating a list of tangible personal property into your will (with the assistance of your attorney). Designate who you want to receive what belongings and specify that all property distributions on that list are to take place at your death, NOT before!
- Consider a family care contract. In a family care contract, the older adult and family member agree to permit the caregiver to be paid a wage for the services he or she provides to the elder. It is a lengthy and detailed contract that outlines all the terms of the care and adds protections for the elder. The money paid is earned income to the caregiver for tax purposes. These contracts should only be entered into with the help of a knowledgeable elder law attorney as they may impact Medicaid eligibility if done incorrectly.
- Do background checks of caregivers. Look up the person’s name on CCAP, the Wisconsin Caregiver Misconduct Registry, and be sure to request a copy of the caregiver’s background check from the agency providing the caregiver.

**\*\*How do you know if an older adult is being financially exploited?**

Start by asking the following questions:\*\*

**Have there been changes in the individual's money management?**

- Changes in account balances, spending habits
- Unusual account activity, opening or closing accounts
- Missed bill payments, disconnected utilities

**With whom does the individual associate?**

- People with unusual behavior
- People who appear to control the individual's actions
- People who exhibit an odd or extreme level of care, concern, or knowledge about the individual
- People who actively try to isolate the individual

**Have there been any changes in legal documents, including real estate transfers?**

- Newly executed documents
- Recent or repeated revocations or codicils
- Forged signatures
- Altered documents
- Pre-signed checks/withdrawal slips or stamped-signature checks/withdrawal slips
- Transfers made that the individual does not understand

**Does the individual's behavior seem different?**

- Watch for indications of fear, shame, or humiliation
- Hesitation to talk or seek help
- Timid or confused, changes his or her mind frequently
- Rapid deterioration in health condition
- Untreated medical conditions

**Are there indications of other types of abuse?**

- Missing property
- Physical abuse
- Emotional abuse
- Neglect or self-neglect

**Contact the Coalition of Wisconsin Aging Groups**

608-224-0606 Ext. 314 or [guardian@cwag.org](mailto:guardian@cwag.org)

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## Elder Abuse Statistics

- By 2030, there will be an estimated 72 million persons 65+, more than twice the number than in 2000.

*Kathy Greenlee, Assistant Secretary for Aging, "With First Baby Boomers on the Verge of Turning 65, Eldercare Locator Gears-up for a Rapidly Aging Population",*

[http://www.n4a.org/pdf/Eldercare\\_Locator\\_Launch\\_Press\\_Release.pdf](http://www.n4a.org/pdf/Eldercare_Locator_Launch_Press_Release.pdf)

- 11 percent of Americans 60 and older experienced at least one incident (physical, sexual, verbal, or emotional) of elder abuse in the past year.

*Acierno, Ron, Melba Hernandez-Tejada, Wendy Muzzy, and Kenneth Steve,*

*"National Elder Mistreatment Study," U.S. Department of Justice, 2009, pp. 4 ff.*

- The majority of abusers are family members, and most abuse happens in the older individual's home.

- Of the 1.6 percent of elders that are physically abused, more than three-quarters are abused by family members, 57 percent perpetrated by spouses/partners and 19% by adult children, grandchildren, or other family members yet only 31 percent report the incident to police or other authorities.

- 85 percent of older adults who are sexually mistreated do not report the event to police or other authorities.

- 52 percent of perpetrators of sexual mistreatment were family members and 40 percent were acquaintances.

- Elder financial abuse is commonly linked with other forms of abuse and neglect and threatens the health, dignity and economic security of millions of older Americans.

*Bonnie, R.J., and Wallace, R.B. (2003). EM: Abuse, Neglect and Exploitation in an Aging America. Washington D.C.: The National Academies Press. Lachs, M.S.m*

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## The Role of Culture

**Source: National Committee for the Prevention of Elder Abuse (NCPEA)**

[Click here for NCPEA website](#)

Professionals who work with members of diverse ethnic and cultural communities can often be guided by the answers to the following questions:

- What role do elders play in the family? In the community?
- Who, within the family, is expected to provide care to frail members? What happens when they fail to do so?
- Who makes decisions about how family resources are expended? About other aspects of family life?
- Who, within the family, do members turn to in times of conflict or strife?
- What conduct is considered abusive? Is it considered abusive to use an elder's resources for the benefit of other family members? To ignore a family member?
- What spiritual beliefs, past experiences, attitudes about social service agencies or law enforcement, or social stigmas may affect community members' decisions to accept or refuse help from outsiders?
- Under what circumstances will families seek help from outsiders?
- To whom will they turn for help (e.g., members of the extended family, respected members of the community, religious leaders, and physicians)?
- What/who are the trusted sources of information in the community?
- How do persons with limited English speaking or reading skills get their information about resources?

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## **Speak Out Against Elder Abuse**

**A Project of Hmong American Women's Association**



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### **Sue and Her Husband's Life of Suffering**

This elderly woman and her husband were confined to their home by their step-daughter. The step daughter verbally abused the couple and made them feel helpless. Because she and her husband did not speak English, they could not tell anyone about the abuse. However, following a severe incident that threatened her life, the elderly woman decided to take action and found a way out. She was able to find help and later, a job that enabled them to be financially independent.



*Printed with permission-Hmong American Women's Association*

### **Zoua's Adoption of Her Son**

This woman was not able to have children. Because she desired to have a family, she decided to adopt a son. Over the years, the son started a family of his own. He became manipulative and forced his mother to do things against her will. She was forced to stay indoors and watch the grandchildren every day in the dark. They were not allowed to turn on the lights. One day she had an argument with her son over making dinner. He kicked her arm. Although in agonizing pain, she was refused medical care. Consequently, her arm never healed properly.

*The stories above represent experiences of the Speak Out Against Elder Abuse program participants and those of other women they knew. Names of the women have been changed to assure confidentiality.*

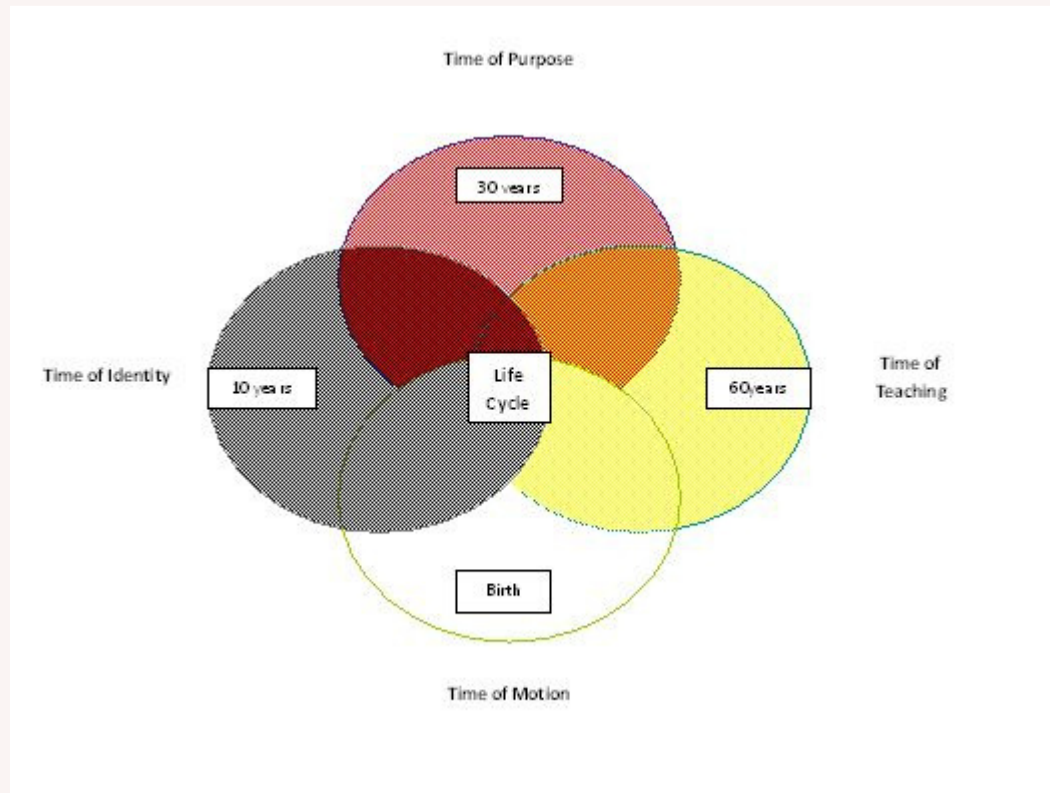
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## **Native American Traditional Value Regarding Aging**

**by C.J. Doxtater**

First, honor and recognition to Eddie Belrose, the Cree elder who taught this sacred wheel. Second, a qualifier: This article will examine a traditional Native American value; not tradition, ceremony or ritual. While many tribal nations share certain tribal values, ceremony, ritual and tradition are unique to each tribe. Even when a ceremony crosses tribal lines (such as the sweat lodge, sun dance or sacred pipe), the context is adjusted to comply with language and tradition, but the value itself transcends across cultural and regional lines. It is this core, identified as a value, I wish to speak of in this article. Perhaps (argumentatively), the premier value of

Native American culture is our relationship to the natural world; a world that as human beings, we compose an integral component that is as vital to the whole as the grass we walk upon, the dirt we clean from our fingernails, or the air we breathe.



*Using this framework, we will now examine aging using a medicine wheel to organize traditional native concepts.*

- **Time of Motion:** The time of a person's creation until their tenth year is known as the person's time of motion because he or she is a new spirit into this world and the world has its own rhythms and pace. A person's only duty during this time is to learn, explore and integrate that pace and rhythm. To aid this duty, the community's role is to protect while allowing the person to learn. Thus, each person is to receive care and support from the community. In this manner, each person learns limits (through healthy shame) and free will (through suitable autonomy). The gift of this age of being is honesty which may be seen as a child's innocence in translating new experiences.

- **Time of Identity:** When a child grows into his or her tenth year, it is understood that this is the child's time of identity. The duty the person will pick up is now to know who he or she is as an individual, separate from family, tribe, clan or age group. It is understood that this duty requires a lot of introspection and the awareness of some dark corners. Because this can get very heavy and distracting, the person is given the gift of humor to find release and healing through laughter. During this period, the person learns to give back to the community from which he or she has received for so long. However, the person is still in need of guidance, so the community's duty is to keep supporting and caring for the person. Through this experience, the person learns the value of isolation in aiding his or her introspection as well as the danger of being cut off from the community. Intimacy is



also introduced to the person in the form of shared experiences and more direct teaching from community members.

• **Time of Purpose-** The old teaching tells us that every human being has a specific duty in this world that only he or she may fulfill. When a person reached 30 years, he or she is ready to search out and fulfill that responsibility. This is when human beings are teachable because they have learned how the world operates (time of motion) and know themselves (time of identity). For some tribes, this period is identified as the time of vision. The gift of this period of life is humility or, to simplify it, learning that we aren't the center of the universe but a link its chain (vital and, at the same time, no more vital than any other creation in this world). Stagnation may occur when, for whatever reason, the person rejects or fails to complete his or her vision or activity. This is the time when a person fulfills his or her purpose and gives back to the community through this duty of purpose.

• **Time of Teaching-** When people becomes 60 years; they are recognized as an elder. The gift of this age is honor because elders have experienced the other ages. It is understood that they are to be honored because they have accomplished this feat. It is also understood that no one else has to agree with how they did it, but by reaching this age, they teach us that we too can reach this goal by making our own choices that may or may not coincide with the elders' choices. The integrity of an elder is shown in how he or she grew to this age and the satisfaction the person knows in being an elder/teacher. Despair may be a result of some of the person's choices and/or the depth of his or her experience and knowledge. The elders are now giving back to their communities through stories, behavior and guidance that will direct their communities. At the same time, an elder's physical body will become worn from so much experience and life, and the elder must receive care and support from the community to continue until he or she proceeds into the next phase of spirit.

It is also important to view this medicine wheel and matrix using the traditional native value of time, which is multi-chronic or inclusive rather than linear, in the sense that, while past-present-future are recognized as different stages, they happen simultaneously to the traditional native person. Thus, a child may express him or herself as an elder and, within the culture, the value of this expression would be honored. Similarly, an elder may behave child-like and would be treated gently as a child. While demarcation points of identified ages are used on the wheel to distinguish one time phase from another, it is understood that each was negotiated and every individual progresses in his or her own time.

Trauma, whether from racial oppression, an individual's experience (e.g., alcohol/drug abuse; addiction, sexual assault, domestic violence, etc.) or learned behavior from a community's experience (historical trauma) disables this natural cycle. While many tribal cultures have healing rituals that can help an individual

move from the trauma to a more self-actualizing path, generations have been kept from these rituals through colonization until they are known in terms of mystification, as forgotten rituals once observed but with no actual teachers anymore, or until these rituals have become cultural distortions that may be more harmful than healing. The truth is that these healing ceremonies and rituals are still alive, viable based upon traditional values and, like the culture itself, adaptable to the needs of the people today.

The wheel helps to illustrate that the value of our elders is and was not separate from the value of a human being at any age period. The relationships shown in this medicine cycle are intended to enhance all life at whatever stage of growth a person may be.

The denial and mistreatment of our elders in today's world is becoming recognized more and more often. Mainstream society appears to be learning from some of these teachings but they have a whole history to overcome. Still, as an old teaching states, "Life is pain, but how we address that pain determines the quality of our lives." May we honor our elders by learning from their accomplishments and sacrifices to enhance our lives, our families, our people and **all** our relations.

Time of Motion	Time of Identity	Time of Purpose	Time of Teaching
Gift of Honesty	Gift of Humor	Gift of Humility	Gift of Integrity
Shame-Autonomy	Isolation-Intimacy	Stagnation-Activity	Integrity-Despair
Receive	Receive-Give	Give	Give-Receive
Exploration	Introspection	Vision	Satisfaction

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## Elder Abuse in Communities of Color

**Source: Women of Color Network (WOCN) Facts and Stats:**

**Elder Abuse in Communities of Color, 2008**

The following sections from the Women of Color Network (WOCN)'s 2008 Facts and Stats highlight specific issues and distinguishing dynamics that confront different communities of color.

### • Latino/Hispanic

By 2028, Latino/Hispanic populations aged 65 and older are expected to comprise the largest racial/ethnic group in the U.S. *\*(See footnote 1)* In response, more service providers will need to be culturally and linguistically competent to effectively respond to elder abuse in the Latino community. Elderly victims in the

Latino/Hispanic community may have cultural values and beliefs that discourage them from reporting abuse. An elderly victim may not want to bring pena or shame to the family. Instead, the elder will decide not to report their abuse to any “outsiders” and will endure the abuse for the sake of la familia.*(See footnote 2)* Other issues providers should be aware of may include: understanding the family is hierarchical in nature; immigration status or fear of deportation; and Latino children traditionally having the responsibility of caring for their parents but some may be financially unable to do so.*(See footnote 3)*

- **Native American/Alaskan Indian**

There is scarce information about the prevalence of elder abuse and neglect in the Native American and Alaskan Indian (NA/AI) community. Many believe that centuries of racism, massacres, poverty, forced relocation, the establishment of boarding schools, and the dissolution of tribal sovereignty has had a profoundly negative effect on the NA/AI family unit.*(See footnote 4)* These historic experiences have been linked to family violence, including later life abuse. Native American/Alaskan Indian elders may require services that respond to the unique challenges they have. Barriers to service delivery can include those that are geographically inaccessible for elders who reside in rural areas; elders who do not speak English fluently or may not speak it at all; culturally insensitive service providers; and NA/AI people who hold a deep-rooted distrust for non-Indian service agencies, law enforcement, and criminal justice systems.*(See footnote 5)* Institutions and agencies that provide residential care, assisted living, mental health services, substance abuse treatment, and domestic violence intervention and prevention may help reduce the risk of elder abuse within the NA/AI community. *(See footnote 6)*

- **Asian and Pacific Islander**

According to the National Center on Elder Abuse (1996), Asian and Pacific Islanders (API) accounted for less than one percent of victims of domestic elder abuse.*(See footnote 7)* Although, the API community is under-represented compared to other communities of color, cultural values such as collectivism (putting the family's or groups needs before self), family harmony, and avoiding shaming the family, may all be contributing factors to under-reporting. Based on their culture, upbringing, or experience in their country of origin, some victims may have a strong distrust towards services and agencies, such as law enforcement.*(See footnote 8)* In addition, many API elders will not report their abuse for fear of jeopardizing their citizenship status. Often, along with cultural barriers, victims face economic and linguistic challenges. API elders may also be reluctant to seek help, because of the possible risk of being isolated from their family, friends, and community.

## • African American

A lack of research and understanding has resulted in limited information about elder mistreatment within the African American community. Contrasting studies have either found no differences in elder mistreatment among ethnicities, that there are higher rates of abuse among whites than non-whites, or higher rates among minorities than whites. (See footnote 9) According to the National Elder Abuse Incidence Study (1998), African Americans accounted for 18.7% of reported cases of elder abuse. African American elders were over-represented in almost every category of maltreatment (with the exception of physical abuse) relative to their representation in the elderly population. (See footnote 10)

See the following results:

African American elder victims were overrepresented in:

- o Neglect – 17.2% reported cases
- o Emotional/Psychological – 14.1% (out of 35.5% of all reported cases)
- o Financial/ material exploitation – 15.4% (out of 30.2% of all reported cases)
- o Physical Abuse – 9.0% (out of 25.6% of all reported cases)
- o Abandonment – 57.3% (although this type of abuse accounted for only 3.6% of all victims of elder abuse and white victims accounted for 41.3%, African Americans over-represented in proportion to the elderly population).

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\*WCADV notes additional reference available

at:[http://www.aoa.gov/AoAroot/Aging\\_Statistics/minority\\_aging/Facts-on-Hispanic-Elderly-2008.aspx](http://www.aoa.gov/AoAroot/Aging_Statistics/minority_aging/Facts-on-Hispanic-Elderly-2008.aspx)

2 *Shining Light on Elder Abuse (Spring 2003). Examining Elder Abuse in the Latino Community*

3 Torres-Gil, Fernando & Moga, Karra Bikson (2001). "Multiculturalism, Social Policy and the New Aging," *Journal of Gerontological Social Work* Vol. 36, No. (3/4), 2001, p. 14.

4 National Indian Council on Aging for the National Center on Elder Abuse (2004). *A Review of the Literature: Elder Abuse in Indian Country Research, Policy, and Practice*. Washington, DC.

5 National Indian Council on Aging for the National Center on Elder Abuse (2004). *Preventing and Responding to Abuse of Elders in Indian Country*. Washington, DC

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8 *Legal Outreach: Elder Abuse Prevention & Technical Assistance, Elder Abuse Training Curriculum. Available at:*

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maltreatment: Ethnicity, gender, age and poverty." *Journal of Gerontological*

*Social Work* 9(4):53-72.

10 *Brigette Settles Scott, (2002) Elder Abuse: A Growing Concern in the African American Community. Closing the Gap, Violence Prevention-Who's Responsible?*

Available at: [http://www.omhrc.gov/assets/pdf/checked/Elder%20Abuse--A%20Growing%20Concern%20in%20the%20African%20American%](http://www.omhrc.gov/assets/pdf/checked/Elder%20Abuse--A%20Growing%20Concern%20in%20the%20African%20American%20Community.pdf)

[20Community.pdf](http://www.omhrc.gov/assets/pdf/checked/Elder%20Abuse--A%20Growing%20Concern%20in%20the%20African%20American%20Community.pdf)

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## **Safety Planning with Older Survivors**

by Ann Turner, NCALL

Although safety planning with older survivors is similar to working with younger victims, there are some unique differences to consider. Focusing on victim safety; meeting the victims where they are at; determining what options may be available; and providing resources to overcome obstacles all still apply. Additional factors to keep in mind are addressed below.

### **• Examine Your Program's Definition of Domestic Violence**

Does your program limit its definition of domestic violence to intimate partner violence? If so, there are many older survivors who do not have access to your services – individuals who are abused by adult children and grandchildren, other family members and caregivers. Think about expanding your definition and services to meet the needs of abuse in later life survivors.

### **• Break the Isolation**

Isolation can be a difficult challenge in an older victim's life. The abuser may have systematically worked to isolate the victim from family and friends, possibly using the real or perceived vulnerabilities that come with aging. A victim may be dependent on the abuser for transportation; limiting access to friends, activities and social circles. Friends and relatives may have died, leaving the victim more isolated. Additionally, family members may not support an older victim who decides to leave an abuser or may blame the victim when the perpetrator is prosecuted.

Advocates may need to consider ways to safely visit survivors where they live, whether at home, in an assisted living center or a nursing home. For survivors who

express an interest in meeting new people or getting out, most communities have senior centers and other outlets that provide a social network for older adults. However, reaching out may be difficult for survivors who have lived a life of isolation. Consider seeking out volunteers to work with your program who are older and may be connected with the social networks that exist in your community, such as senior centers and the faith community. It is important to ensure that volunteers are adequately trained on the dynamics of domestic violence, victim safety, confidentiality and other related issues.

- **Understand Legal Issues**

It is recommended that legal advocates are familiar with laws, legal issues and remedies that may affect an older survivor. Is an individual-at-risk restraining order an option for the survivor? Does the perpetrator have power of attorney for the victim's finances or health care? Is a guardianship order in place and if so, is it appropriate? (For further information on these topics, see the articles in this journal addressing Powers of Attorney, Guardianship and Individual-At-Risk Restraining Orders.) Is the survivor eligible for any Social Security, Medicare or income from a pension?

- **Recognize Health Issues**

Health issues often create additional barriers for older survivors. Advocates are encouraged to take into account health needs, including caretaking, when safety planning. Consider any needs or conditions that may make it difficult for a victim to leave quickly if abuse escalates, such as medications, assistive devices or physical or cognitive disabilities. In addition, some older victims may be reluctant or unable to leave abusers who have a medical condition or require care.

- **Understand Conditions That May Affect Cognition** Sometimes it can be difficult to know whether survivors have memory loss, dementia or other cognition issues. Some perpetrators engage in crazy-making behaviors so that victims may not trust their own judgment or memory. Undiagnosed or untreated infections, such as a urinary tract infection, may cause older adults to be temporarily confused. Additionally, victims may appear to be confused or not tracking information as a result of trauma reactions rather than dementia. If older victims appear confused, first ensure that they have had food, water, proper doses of medication and rest. When in doubt about older victims' cognitive status, a thorough medical examination is appropriate.

When working with older survivors who have cognitive challenges or limitations, consider ways to simplify safety planning. Is there a safe and trusted family member or friend who can be involved to assist with safety planning? When working with an older person with cognition issues, the time of day and location of the meeting can affect the person's ability to focus or make decisions. For some, safety planning in a familiar environment and during the morning hours may work best.

### • **Plan for the Emergency and Transitional Housing Needs of Older Survivors**

Some domestic violence shelters may not be equipped to provide emergency or transitional housing for older survivors of abuse. Review your policies and procedures for housing to determine how they may impact an older survivor. Consider, for example, the physical accessibility of the shelter for individuals with assistive devices or wheelchairs, providing quiet space away from children living in shelter, protocols for visits by home health aides, transportation needs, special dietary requirements, work requirements and other factors which may present challenges for older survivors seeking shelter. It is recommended that programs establish relationships with senior housing, assisted living and other long term care residential facilities to develop emergency shelter beds or transitional housing for survivors who have cognitive challenges or limitations, more complex medical needs, or require assistance with dressing, grooming or other activities of daily living.

### • **Work Collaboratively**

Finally, find out who are working with the older adults in your community and consider collaborating with them. For example, while adult protection workers may discuss safety planning with older individuals, they may focus on environmental factors, such as those that may cause an older adult to fall or impact the person's independence. Meet with local adult protective workers or staff from the Aging and Disability Resource Center (ADRC) to discuss how to work together to develop a safety planning process, focusing on each agency's areas of expertise.

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## **Legal Advocacy for Abuse in Later Life**

### **Coalition of Wisconsin Aging Groups**

This article briefly summarizes the various legal documents and decision-making options that are available to individuals in Wisconsin: Powers of Attorney and Guardianships. It also identifies some of the ways in which the tools can be abused or manipulated, to the detriment of an elderly individual.

The information in this article was obtained in part from the American Bar Association's website: <https://www.abanet.org/rpte/public/power-of-atty.html>. We also wish to thank Maren Beermann, the Director of the Wisconsin Guardianship Support Center, with the Coalition of Wisconsin Aging Groups (CWAG), for her assistance with this article.

[The Guardianship Support Center is operated by the Coalition of Wisconsin Aging Groups (CWAG). CWAG is a non-profit organization providing advocacy and education on issues affecting Wisconsin's elders. Staffed by attorneys, the

Guardianship Support Center is a statewide resource for information about guardian-related issues. It is funded, in part, by the Wisconsin Department of Health Services. For more information about CWAG, visit their website at: [www.cwag.org](http://www.cwag.org) or contact the Guardian Support Center by email at: [guardian@cwag.org](mailto:guardian@cwag.org) or by phone at: 800-488-2596, ext. 314. ]

### **Powers of Attorney**

A Power of Attorney (POA) is a document that gives another person (called the “agent” or “attorney-in-fact”) the power to act on someone’s (called the “principal”) behalf. The principal always retains his or her legal right to make decisions for him or herself; the principal is simply authorizing someone else to also make these decisions, too. Generally, the intent of creating a POA is to provide for a time when the principal is unable to make a decision. During that time, the agent is required to follow the principal’s wishes and make decisions for the principal accordingly.

There are two types of Powers of Attorney: the Power of Attorney for Health Care (POA-HC) and the Power of Attorney for Finances (POA-F) (also called a Durable Power of Attorney). The principal may limit the power he or she grants the agent to a particular activity (e.g., closing the sale of a home) or make it general in its application, empowering the agent to act on the principal’s behalf in a variety of situations. A POA may take effect immediately or only upon the occurrence of a future event (e.g., a determination that someone is unable to act on his or her own behalf). The latter are “springing” powers of attorney. A POA may give temporary or continuous, permanent authority to act on behalf of the principal. A POA may be revoked. Written notice of revocation is the preferred method of revoking and copies of that notice should be given to the agent and all parties asked to rely upon the document.

A POA document is easily executed. State statutory forms can be downloaded over the internet or may be available from the state, an advocacy agency, senior center, or hospital or clinic. . They can be completed and signed by anyone age 18 and over. Certain procedural requirements must be met to legally execute a power of attorney and these requirements are outlined in the form(s). Of course, any person wishing to execute a customized version of a POA to fit the individual’s needs may hire an attorney for assistance.

#### **• Power of Attorney for Health Care**

A Power of Attorney for Health Care (POA-HC) authorizes the agent to make health care decisions for the principal. Generally in Wisconsin, a POA-HC takes effect upon a finding of incapacity as determined by two physicians or a physician and psychologist whom both personally examine the principal. Wisconsin’s POA-HC must be witnessed by two parties, neither of whom can be related to the principal by blood, marriage, or adoption; have any knowledge that he or she is entitled to or



has a claim on any portion of the principal's estate; be directly financially responsible for the principal's health care; or be a health care provider serving the principal at the time of execution or an employee of that provider (except for a chaplain or social worker), or an employee of the inpatient health care facility where the principal is a patient. A POA-HC agent may not make financial decisions on behalf of the principal unless he or she is also the POA-F agent.

#### • **Power of Attorney for Finances**

A Power of Attorney for Finances (POA-F) executed in Wisconsin takes effect immediately, regardless of incapacity, unless the principal specifies otherwise in the document. The principal's signature on a POA-F should be notarized by a notary public. Witnesses are not required. The agent should be asked to sign the "Agent's Duties" form available with the state statutory POA-F form to simply confirm that the agent has read the document and understands his or her legal and fiduciary duties as a POA-F agent. The POA-F agent has the legal authority as granted under the document and a fiduciary duty to manage the principal's assets carefully and appropriately. The POA-F agent may not make health care decisions unless he or she is also named as the agent under the POA-HC.

#### • **Cautions**

The POA tools usually would be very helpful to an individual who may need some assistance with certain tasks or events in their life. However, in the hands of an abusive individual, these documents can also be used as another means of power and control. Victims are often coerced or tricked into signing a POA.

A POA allows the principal to retain his or her legal rights and avoid court oversight of how his or her financial and medical decisions are made. However, this lack of oversight also makes it easier for abusers to continue abusing the victim. Therefore, executing POAs should only be undertaken after careful consideration. The most important part of executing any POA is to choose a trustworthy agent.

#### **Guardianship**

Guardianship is a legal authority given to a person (the "guardian") to be responsible for the food, housing, health care, finances, and other necessities of a person deemed medically and legally incompetent and therefore unable to provide these necessities for himself or herself (the "ward"). Incompetence generally means that because of an impairment, the individual is unable effectively to receive and evaluate information or to make or communicate decisions to such an extent that he or she is unable to meet the essential requirements for his or her physical health and safety, or is unable to provide for his or her support financially or prevent financial exploitation. Guardianship requires legal action and a judge's order. Courts generally require medical reports about the mental competency of the

individual before appointing a guardian. Guardianship may be sought due to incompetency or because the person is a spendthrift. A spendthrift is someone who because of alcoholism, drug abuse, gambling, or other wasteful course of conduct is unable to effectively manage his or her financial affairs or is likely to endanger the life, health, or property of himself, herself, or others or expose the public to responsibility for his or her support. Guardianship due to incompetency is seen far more than spendthrift guardianships.

There are two types of guardianship: Guardian of the Person and Guardian of the Estate. A Guardian of the Person is most often in charge of the ward's health care, living circumstances, and other related decisions. A Guardian of the Estate is primarily in charge of the ward's finances. Guardianships are subject to court oversight. A Guardian of the Person must file at least an annual review of the condition of the ward, and a Guardian of the Estate must file an annual accounting of the ward's finances. Guardianships are less prone to abuse but it does still happen. Because most individuals under guardianship are deemed incompetent, they need involved advocates – whether family, friends, or others - to help catch and stop any exploitation or abuse.

### **Advocacy**

While most guardians and POA agents carefully and properly execute their responsibilities, some are abusers. As mentioned above, these tools can be used to establish power and control over a victim through maintaining control of the victim's assets and control of communications which may occur "on the victim's behalf" within the medical field, financial institutions and others in the community. The mere presence of these documents may cause a victim to be doubted or not believed. The medical condition that existed requiring the guardianship may have changed and advocates may need to assist a victim or the victim's family in getting the condition re-evaluated to determine if guardianship is still necessary.

It is recommended that Advocates familiarize themselves with the process for doing and undoing guardianship orders and power of attorney documents in their service areas. Often, the corporation counsel in a county can provide some direction or information.

If you are working with a victim with either a power of attorney or a guardianship order in place and the victim does not feel it is in their best interest to continue, seek out an attorney to examine the document and provide legal advice.

For assistance in finding legal help, visit the American Bar Association's website at: <http://www.abanet.org/legalservices/findlegalthelp> or the Wisconsin State Bar website at: [http://www.wisbar.org/AM/Template.cfm?Section=Finding\\_a\\_Lawyer](http://www.wisbar.org/AM/Template.cfm?Section=Finding_a_Lawyer)

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# Individuals at Risk Restraining Order Wis. Stats. § 813.123

## Frequently Asked Questions

### Prepared by

**Betsy J. Abramson, Disability Rights Wisconsin, Marsha M. Mansfield, University of Wisconsin Law School and Jane A. Raymond, Wisconsin Department of Health Services**

**April 21, 2010**

**1. What is an Individual at Risk Restraining Order?** A court commissioner or judge issues a restraining order or injunction to prevent another person from hurting (through physical abuse, sexual abuse, emotional abuse, neglect, treatment without consent, or unreasonable confinement) or financially exploiting an individual at risk.

Getting an injunction is a two step process. First, a petitioner must obtain a temporary restraining order (“TRO”), which protects someone until a hearing occurs, usually within seven (7) days of the petition being filed. Second, after a hearing, a court commissioner or judge can order an **injunction, which can last up to four years**, to stop the abuser from harming the individual at risk or engaging in abusive conduct against the individual at risk.

### **2. Who may petition for an individual at risk restraining order?**

a. An individual at risk (See definitions, page 3, for “adult at risk” and “elder adult at risk”)

b. Any person acting on behalf of an individual at risk, an elder-adult-at-risk agency or an adult-at-risk agency. NOTE: *This law permits someone other than the individual at risk to pursue a restraining order. However, if someone other than the individual at risk seeks the restraining order: (1) that person must give a copy of the petition to the individual at risk; and (2) the court must appoint a guardian ad litem, a lawyer who independently investigates and reports to the court whether issuing the order is in the individual at risk’s “best interests.”*

See § 813.123(2)(a), Wis. Stats.

### **3. What type of abuse must the petitioner allege to obtain a temporary restraining order or injunction?**

a. Abuse, financial exploitation, neglect, harassment, or stalking of an individual at risk or the mistreatment of an animal – *See definitions on page 3.*

b. That the abuser (respondent) has interfered with (or based upon prior conduct may interfere with) an investigation or delivery of protective services to the individual at risk and that the interference, if continued, would make it difficult to determine if abuse, financial exploitation, neglect, harassment, or stalking of an individual at risk or mistreatment of an animal is occurring or may recur.

See Wis. Stats. §§ 813.123(4)(a)2.a, 813.123(4)(a)2.b; Wis. Stats. §§ 55.05, 55.06, 46.90(5m).

**4. Where should the petitioner file the petition for an individual at risk restraining order?**

a. The county where the abuse occurred; or

b. The county where the abuser (respondent) resides.

See Wis. Stat. §§ 801.50(2)(a) and (2)(c).

**5. Are there fees associated with an individual at risk restraining order petition?**

a. There is no cost to file the petition or for the sheriff's department to "serve" (personally deliver) the petition.

b. In some counties the petitioner may be responsible for payment of the guardian ad litem fees. In other counties, the judge may order the county to pay these fees.

See Wis. Stats §§ 814.61(1)(d) and 814.70.

**6. What is "service"? When and how does it occur?**

a. Service is a legal term that means giving notice of a court hearing to another person. The restraining order petition must be "served on" (personally delivered to) the abuser (respondent). Service must occur before the hearing on the injunction.

b. The sheriff's department will serve the restraining order forms if the petitioner checks the correct box on the petition form. Or, the petitioner can have another individual serve the forms on the abuser (respondent).

See Wis. Stats. § 813.123(5).

**7. What must a court find (i.e., determine or conclude) to order an injunction?**

- a. If the individual at risk filed the petition: that all the allegations in the petition are true.
- b. If someone other than the individual at risk filed the petition, all of the following:
  1. That the allegations in the petition are true; and
  2. That either the petitioner gave or the sheriff delivered a copy of the petition to the individual at risk.; and
  3. That the court appointed a guardian ad litem for the individual at risk; and
  4. That the guardian ad litem believes it is in the individual at risk's best interests for the injunction to be issued; and
  5. The court agrees with the guardian ad litem.

See Wis. Stats. §§ 813.123(4)(a) and (ar).

### **8. What may a court order if it grants the petition?**

A court may order the abuser (respondent) to:

- a. Stop engaging in or threatening to engage in the abuse, financial exploitation, neglect, harassment or stalking of an individual at risk, or mistreatment of an animal.
- b. Stay away from the residence of the individual at risk or any other location temporarily occupied by the individual at risk or both.
- c. Not contact or have any person (other than a party's attorney or a law enforcement officer) contact the individual at risk (including in person, by telephone, e-mail or any other means).
- d. Stop interfering with an investigation of the individual at risk or the delivery of protective services to the individual at risk.
- e. Any other appropriate remedy (e.g., firearms surrender).

See Wis. Stats. §§ 46.90(5m), 55.05, 55.06, and 813.123(4)(a) and (ar).

### **INDIVIDUAL AT RISK RESTRAINING ORDER PETITION DEFINITIONS**

Wis. Stats. §§ 46.90(1) and 55.01

**“Adult at Risk”** – any adult who have a physical or mental condition that substantially impairs his or her ability to care for his or her needs who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect,

or financial exploitation.

**“Elder adult at risk”**— any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

**“Abuse”** includes:

**“Physical Abuse”** means: Intentional or reckless infliction of bodily harm

**“Emotional Abuse”** means: “Language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.”

**“Sexual abuse”** means the violation of Wis. Stat. §§ 940.225(1), (2), (3) or (3m) (criminal sexual assault law), Wis. Stat. § 46.90(1)(gd), Wis. Stats.

**“Treatment without Consent”** includes the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.

**“Unreasonable confinement or restraint”** includes the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining device, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices, in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.”

**“Financial Exploitation”** means ...any of the following: (1) Obtaining an individual’s money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent; (2) Theft under Wis. Stat. § 943.20; (3) The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities; (4) Unauthorized use of an individual’s personal identifying information or documents, as prohibited in Wis. Stat. § 943.201; (5) Unauthorized use of an entity’s identifying information or documents, per Wis. Stat. § 943.203; (6) Forgery, per Wis. Stat. § 943.38; or (7) Financial transaction card crimes, per Wis. Stat. § 943.41.

**“Neglect”** means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual’s physical or mental health. “Neglect” does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual’s previously executed declaration or do-not-resuscitate order under Wis. Stat. ch. 154, a power of attorney for health care under Wis. Stat. ch. 155, or as otherwise authorized by law.

## Restraining Orders for The Elderly

This document, created by the Wisconsin Coalition Against Domestic Violence (WCADV) Legal Department and the Office of Court Operations, does not constitute legal advice.

	<b>Domestic Abuse Injunction</b>	<b>Individual At Risk</b>	<b>Harassment</b>
<b>Who can file for a restraining order to protect an elderly person?</b>	<p>This can only be filed by an adult victim against an adult perpetrator.</p> <p>The respondent must be a family member; household member; person in dating relationship; person with whom the petitioner has a child; spouse or former spouse; or by an adult caregiver against an adult under the caregiver’s care.</p> <p>A guardian can also file on behalf of an incompetent adult.</p>	<p>This can be filed by the individual at risk or anyone on behalf of the individual at risk.</p> <p>The individual at risk must be an adult and the abuse must have been committed by an adult.</p>	<p>This can be filed by anyone alleging harassment, whether the harassment is being done by an adult or a child.</p>
<b>What kind of abuse must have happened before someone can file for a restraining order to protect an elderly person?</b>	<p>Physical abuse, sexual abuse, placing the person in a life-threatening position, (for example withholding medications), destroying the petitioner’s personal property, or threats to do any of these things.</p>	<p>Physical, emotional, and/or sexual abuse, unreasonable confinement or restraint, financial exploitation (such as theft), neglect, harassment, stalking, mistreatment of an animal, or treatment without consent.</p>	<p>Physical and/or sexual abuse, stalking, or engaging in a course of conduct designed to harass or intimidate that serves no legitimate purpose.</p>
<b>Are there types of behavior which do not fit under this kind of restraining order?</b>	<p>Domestic abuse restraining orders do not include protection for financial exploitation (such as theft), emotional abuse, animal abuse, unreasonable confinement, or restraining the petitioner.</p>	<p>Individual at risk restraining orders cover many things and include many forms of abuse not found in other injunctions.</p>	<p>Harassment restraining orders do not include financial exploitation (such as theft), emotional abuse, animal abuse, unreasonable confinement, or restraining the petitioner.</p>

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**National Abuse in Later Life Summit Washington,  
DC April 14-15, 2010**

**By Linda Dawson**

In April 2010, the Office on Violence Against Women, in partnership with NCALL and NCJFCJ, sponsored a second meeting of representatives of 31 organizations and agencies from around the country whose mission focuses on domestic violence, sexual abuse, abuse in later life, adult protective services, and communities of color. The purpose of the meeting was to examine the current definitions of the forms of violence against women, elder abuse and abuse in later life and to develop strategies to enhance responses by and collaboration among national stakeholders in order to enhance the safety and quality of life of older victims. During the meeting, participants discussed the benefits and unintended consequences of the various definitions of domestic abuse, sexual assault, financial exploitation, dating violence and stalking as found in laws and as used by national organizations.



*Bonnie Brandl, Janice Green and Judge Susan B. Carbon*

One of the many highlights of the Summit came when the Hon. Susan B. Carbon, Director, Office on Violence Against Women, Department of Justice and Kathy Greenlee, Assistant Secretary for Aging at the U.S. Department of Health and Human Services. Both women expressed their long commitment to ending all forms of violence against women and pledged to do whatever they can to address the needs of older victims.

The Summit provided a unique opportunity for the national stakeholders to focus on the issues of abuse in later life. In addition, participants were able to network with each other to enhance the way they collaborate to provide services and support to older victims and survivors.

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## **Calling All Grand Mothers**

**By Alice Walker**

We have to live  
differently

or we  
will die  
in the same

old ways.

Therefore  
I call on all Grand Mothers



Everywhere  
on the planet  
To rise  
And take your place  
In the Leadership  
of the World

Come out  
Of the kitchen  
Out of the  
Fields  
Out of the  
Beauty parlors  
Out of the  
Television

Step forward  
& assume  
The role  
For which  
You were  
Created:  
To lead Humanity  
To health, happiness  
& Sanity.

I call on  
All the  
Grand Mothers  
Of Earth  
& Every person  
Who possesses  
The Grand Mother  
Spirit  
Of respect for  
Life  
&  
Protection of  
The Young  
To Rise  
& lead.

The life of  
Our species

Depends  
On it.

& I call on all men  
Of Earth  
To gracefully  
And  
Gratefully

Stand aside  
& Let them  
(Let us)  
Do so.

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## **Resources**

### **Abuse In Later Life Power & Control Wheel**

Click on link below

[Abuse In Later Life Power & Control Wheel](#) or visit:  
[http://www.ncall.us/docs/Later\\_Life\\_PCWheel.pdf](http://www.ncall.us/docs/Later_Life_PCWheel.pdf)

### **S.A.N.E. Stop Abuse & Neglect of Elders**

#### **Elder Abuse Training Guide**

The Department on Aging and The Medical College of Wisconsin's Center for Healthy Communities developed the SANE curriculum as a training tool for agencies that employ workers who have regular contact with elderly persons. The materials can also be used by others who are interested in learning how to recognize and respond to elder abuse and neglect.

This project was funded by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin. Videos were produced by students in UWM's Peck School of the Arts, DocUWM Program. The persons in the videos are real victims of elder abuse and neglect. Their stories are true.

The full curriculum package contains:

- A fully scripted presentation with information divided onto 7 sections
- A power point presentation, short CD/DVD "chapters" and suggestions for discussion.
- Reproducible references and handouts

Each section has a step by step presentation guide, which indicates corresponding power point slides, video chapters and discussion guides.

[Click here to access curriculum materials](#) or visit  
[www.county.milwaukee.gov/elderabuse](http://www.county.milwaukee.gov/elderabuse)

### **Additional Resources**

*Listed below find materials, publications and agencies that may be helpful to you or your program in serving older individuals:*

#### **• NEW (September 2010) In Their Own Words: Domestic Abuse in Later Life**

This two-DVD package and training guide uses the voices of older victims to facilitate a dialog among a range of professionals about the dynamics of abuse, the barriers these victims have to overcome to live free from abuse, and interventions and potential collaborations that may be effective in such cases. In addition to individual segments with victims, family members, victim service providers, and allied professionals, the DVDs include several topical segments and a montage of victim and advocate voices designed for use by policymakers. It also includes an interactive role play between a parish nurse and an adult daughter caring for her father intended to help professionals recognize justifications for elder mistreatment. A trainer's guide which accompanies these DVDs, provides background on the victims and discussion questions targeted at a variety of professional audiences.

[Click to review a clip and order a copy, or to visit the Office for Victims of Crime website \[www.ojp.usdoj.gov/ovc/\]\(http://www.ojp.usdoj.gov/ovc/\)](#)

#### **• Broken Trust: Elder Abuse in Maine.**

Produced by Maine Public Broadcasting Network in 2009, this DVD sheds light on the hidden epidemic of elder abuse. Broken Trust features real stories of three older individuals who were the victims of elder abuse, or financial exploitation. It also highlights the work being done by Maine's law enforcement officers to combat elder abuse.

To order a copy, send an email to [comments@mpbn.net](mailto:comments@mpbn.net).

#### **• A Mother Never Gives Up Hope: Older Mothers and Abusive Adult Sons.**

This is another excellent DVD co-produced by Terra Nova Films, Inc. and NCALL (a project of WCADV). In their own words, four women candidly and powerfully share their stories of abuse by their adult sons. They express the emotions and pain of their experiences, the life-changing impact the abuse had on each of them and how it affected their relationships with their children. The video also provides a "two-year progression" window in which the women look back on how they have

adapted or changed as a result of the abuse. The stories provide insight on how advocates can better assist victims of elder abuse.

To order a copy, contact Terra Nova Films, Inc by mail at 9848 S. Winchester Avenue, Chicago, IL 60643 or by email at [tng@terranova.org](mailto:tng@terranova.org).

## **PUBLICATIONS**

### **• Frequently Asked Questions: For Caregivers Who Are Currently In or Have Experienced Controlling Relationships or Abuse.**

This publication of the Wisconsin Department of Health and NCALL (2007) provides information and answers to questions for persons who are either currently providing care or are in the process of making decisions about the care of a family member who has been or is abusive. Information provided includes definitions of abuse, whether stress causes abuse, whether a person who has been the victim of abuse is obligated to be a caregiver, how to better understand an older individual's behavior, taking care of one's self and safety planning. To obtain a copy of the publication, contact WCADV.

### **• Preventing Abuse and Neglect of Seniors and Are You Dating? Older Adults and Health Relationships**

These two new information booklets are available in print, large print and audio CD versions from the Public Legal Education and Information Service of New Brunswick, Canada (PLEIS-NB). The first, for older individuals, family members, friends and caregivers, addresses preventing abuse and neglect of older individuals. It includes information about the forms of abuse and neglect and that it can and does occur for individuals of any age, income level, or cultural background.

The second booklet addresses a less conventional topic: Dating among older individuals. It provides tips for staying safe and information about healthy relationships, keeping about out of a new relationship, legal considerations and where to get help when it's needed.

[Click here to access brochures on line](#)

## **AGENCIES AND ORGANIZATIONS**

### **Alianza: National Latino Alliance for the Elimination of Domestic Violence**

P.O. Box 672  
Triborough Station  
New York, NY 10035

Phone: (800) 342-9908

Fax: (800) 216-2404

[www.dvalianza.org](http://www.dvalianza.org)

**Arte Sana**

Victim Advocacy SIN Fronteras

P.O. Box 1334

Dripping Springs, TX 78620

[artesanando@yahoo.com](mailto:artesanando@yahoo.com)

[www.arte-sana.com](http://www.arte-sana.com)

**Asian & Pacific Islander Institute on Domestic Violence**

450 Sutter Street, Suite 600

San Francisco, CA 94108

Phone: (415) 954-9988 ext. 315

Fax: (415) 954-9999

[www.apiahf.org/apidvinstitute](http://www.apiahf.org/apidvinstitute)

**Institute on Domestic Violence in the African American Community**

290 Peters Hall

1404 Gortner Ave

St. Paul, MN 55108

Phone: (612) 624-5357

Fax: (612) 624-9201

[www.dvinstitute.org/](http://www.dvinstitute.org/)

**Sacred Circle**

722 Saint Joseph Street

Rapid City, SD 57701

Phone: (605) 341-2050

Fax: (605) 341-2472

[www.sacred-circle.com](http://www.sacred-circle.com)

**Sisters of Color Ending Sexual Assault (SCESA)**

P.O. Box 625

Canton, CT 06019

Phone: (860) 693-2031

Fax: (860) 693-2031 (please call first)

[www.sisterslead.org](http://www.sisterslead.org)

**Administration on Aging**

1 Massachusetts Ave. NW

Room 5710

Washington, DC 20001

[www.aoa.gov/](http://www.aoa.gov/)

**Area Agency on Aging**

1366 E. Thomas Rd., Suite 108

Phoenix, AZ 85014

Phone: (602) 264-225

Fax: (602) 230-9132

[www.aaaphx.org](http://www.aaaphx.org)

**National Center on Elder Abuse**

1201 15th Street, NW, Suite 350

Washington, DC 20005

Phone: (202) 898-2586

Fax: (202) 898-2583

[www.elderabusecenter.org](http://www.elderabusecenter.org)

**National Center for Trauma-Informed Care**

4550 Montgomery Avenue

Suite 800 North

Bethesda, MD 20814

Phone: (301) 634-1785

Fax: (301) 634-1801

[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

**National Citizens Coalition for Nursing Home Reform (NCCNHR)**

1828 L Street, NW, Suite 801

Washington, DC 20036

Phone: (202) 332-2276

Fax: (202) 332-2949

[www.nccnhr.org](http://www.nccnhr.org)

**National Clearinghouse on Abuse in Later Life (NCALL)**

307 S. Paterson St. #1

Madison, WI 53703

Phone: (608) 255-0539

Fax: (608) 255-3560

[www.ncall.us](http://www.ncall.us)

**SAGE: Services and Advocacy for Gay, Lesbian, Bisexual and Transgendered Elders**

305 7th Avenue, 16th Floor

New York, NY

Phone: (212) 741-2247

Fax: (212) 366-1947

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[www.wcadv.org](http://www.wcadv.org). or contact Mary Jo Elert at: [maryjo@wcadv.org](mailto:maryjo@wcadv.org).



*WCADV is a member of Community Shares Wisconsin. Please give generously through your workplace campaign.*



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