

# Working with Older Survivors of Abuse: A Framework for Advocates



## RESPECT

**R**esponsive, Victim-Defined Advocacy  
**E**lder-Informed  
**S**ervices, Safety Planning, and Outreach  
**P**olicies  
**E**quity and Access  
**C**ollaboration  
**T**raining and Awareness

# **Working with Older Survivors of Abuse: A Framework for Advocates**

Summary Report:

A written document with links to 34 videos  
of subject matter experts discussing key concepts

Author

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National Clearinghouse on Abuse in Later Life (NCALL),  
a project of End Domestic Abuse Wisconsin

Office on Violence Against Women (OVW)

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**National Clearinghouse on Abuse in Later Life (NCALL),  
a project of End Domestic Abuse Wisconsin**

The [National Clearinghouse on Abuse in Later Life](#) (NCALL), a project of [End Domestic Abuse Wisconsin](#), has been the sole technical assistance provider on the intersection of domestic violence, sexual assault, and elder abuse for the Office on Violence Against Women (OVW) since 1999. Through advocacy and education, NCALL strives to challenge and change the beliefs, policies, practices, and systems that allow abuse to occur and continue. NCALL aims to improve victim safety by increasing the quality and availability of victim services and support.

**U.S. Department of Justice, Office on Violence Against Women (OVW)**

The [Office on Violence Against Women](#) (OVW) is committed to raising awareness and supporting training and services to address incidents of domestic violence, dating violence, sexual assault, and stalking. The [OVW Enhanced Training and Services to End Abuse in Later Life Program](#) addresses abuse in later life against victims age 50 and older through training and services. Since 2006, this program has funded more than 85 communities to: 1) educate advocates, justice system professionals, and others; 2) create or enhance coordinated community response teams; and 3) deliver services tailored for older victims.

## **Project History**

Since 1999, NCALL and OVW have responded to questions from advocates across the country on how to tailor victim services to better meet the needs of older adults. As part of our shared mission to enhance the safety and quality of life of victims across the lifespan, NCALL and OVW created this toolkit in partnership with local advocates and others who serve older victims. To gather data for this toolkit, NCALL and OVW conducted a literature review, held national roundtables in 2015 and 2016 with subject matter experts to frame major issues, interviewed key stakeholders, and conducted an external review process. In addition, NCALL conducted videotaped interviews with numerous subject matter experts on key issues and topics covered in this toolkit. **Hyperlinks to the video segments created from those interviews are interspersed throughout this summary report document.** Video segments will also be included in the additional components of this toolkit, to be developed and released in 2016 and 2017.

NCALL and OVW are extremely grateful to everyone who participated in the process to create these materials by the field for the field. The subject matter experts who assisted with this project are listed at the end of this document.

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## Introduction

As a community-based domestic violence and/or sexual abuse advocate, you have an opportunity to make a profound difference in the lives of older survivors, and to combat ageist social norms by promoting dignity and respect for persons of all ages. Research suggests that one in ten older adults experiences one or more forms of violence, abuse, neglect, or exploitation.<sup>1</sup> As 10,000 baby boomers turn 65 every day,<sup>2</sup> now is the time to meet the needs of older victims of domestic violence, sexual abuse, and stalking. Abuse in later life victims may benefit from services offered by domestic violence and sexual assault programs, such as crisis lines, emergency shelter, transitional housing, support groups, peer support, and legal and economic advocacy. Free and confidential services that include victim-defined advocacy, safety planning, and trauma-informed responses may not be available from other service providers. This report and the other materials in the toolkit (to be released in late 2016 and 2017) will help you assess your existing services and offer guidance to enhance your response to older victims.

### **How to Use this Toolkit**

As this toolkit grows throughout 2016 and 2017, it will consist of 1) this summary report, 2) a self-assessment workbook and resource lists, and 3) training modules. These materials are designed to enhance responses to older survivors of abuse by community-based domestic violence (DV) and sexual assault (SA) agency staff and volunteers.

This summary report begins with a brief overview of elder abuse and abuse in later life. Subsequent sections describe seven key guiding principles as well as minimum guidelines and practice strategies for advocates to consider in their work with older survivors.

In addition to written content, this document also includes supplemental video resources. **Throughout this report various terms and phrases are bolded and underlined to indicate that video content is available for viewing. Readers viewing this report electronically can access the video content by clicking directly on the term or phrase within the document. Readers viewing a paper copy of this document can access the video content by referring to the Video Links Grid on page 41 of this report and typing the hyperlink related to the video segment they would like to view into their web browser.**

The self-assessment workbook (to be released fall 2016) will help DV and SA programs assess how their agency policies and practices align with the minimum guidelines. This tool will have a series of checklists that advocates can use to determine their own next steps to enhance their services for older victims.

Training modules (to be rolled out in late 2016 and throughout 2017) on a variety of topics will be available on the [NCALL website](#). The training modules will help advocates explore key concepts discussed in this report and educate advocates on addressing abuse in later life.

# An Overview of Elder Abuse and Abuse in Later Life (ALL)



## Definitions

Elder abuse and abuse in later life (ALL) are terms used to describe interpersonal harm to older adults. **Elder abuse**\* is the “physical, sexual, or psychological abuse, neglect, abandonment, and financial exploitation of an older person by another person or entity, that occurs in any setting, either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability.”<sup>3</sup> “Older” is generally considered 60+, 65+ or 70+ depending on state statutes or funding streams, such as the Older Americans Act. Perpetrators of elder abuse are likely to be spouses, partners, family members, paid and unpaid caregivers, and other persons in a relationship where the victim and society expect compassion and caring.<sup>4</sup> Forms of elder abuse generally co-occur.<sup>5</sup> Financial exploitation is rampant.<sup>6</sup> Domestic violence, sexual abuse, and stalking in later life are forms of elder abuse.

Mildred, age 82, has been married for 60 years. Throughout their marriage, her husband has hit her, humiliated her sexually and called her “fat” and “stupid.” She married him “for better and for worse.” Mildred will not consider leaving him.

**Abuse in later life** (ALL) describes the intersection of domestic violence, sexual abuse, and elder abuse. NCALL defines abuse in later life (ALL) as the willful abuse, neglect, or financial exploitation of an older adult who is age 50+ that is perpetrated by someone in an ongoing relationship (e.g., spouse, partner, family member, or caregiver) with the victim<sup>†</sup> as well as sexual abuse by any offender, including strangers.

\* Click on bolded and underlined words/phrases to view videos of experts discussing key concepts.

† Many older adults do not identify with the term “victim” or “survivor.” Some older individuals embrace the word survivor as a time in their process where they felt a shift from “being a victim” to “being a survivor.” For this document, victim and survivor are used interchangeably.



## Key Concepts

- *Age:* [Victims who are between age 50 and 62](#) who choose to separate from their abusers may need economic assistance to obtain safe housing and live independently. Because these victims may have limited income or access to financial resources, becoming economically independent may be challenging. For example, they may be ineligible for financial support from public assistance programs for families if they are not parenting children under age 18. They also may be ineligible for Social Security (for age 62 and older) and aging network services (for persons age 60 and older) because they are too young. To address the needs of these victims as well as victims from historically underserved communities with life expectancies shorter than the national average, NCALL chose to define abuse in later life as 50 and older.
- *Gender:* Research indicates that about 2/3 of older victims are female; approximately 1/3 are male.<sup>7</sup> The definition of abuse in later life covers all older adults while highlighting unique concerns for older women.
- *Relationship:* In later life, the abuser generally has an ongoing relationship where there is an expectation of trust such as a spouse, intimate partner, [adult child, grandchild](#), other family member, paid or unpaid caregiver, or trusted authority figure. Sexual abuse perpetrated by anyone, including a stranger, is included in the definition of ALL because of the intimate nature and resulting trauma of the harm.
- *Types of abuse:* ALL includes physical, sexual, and emotional/psychological abuse, neglect, and financial exploitation. ALL does not include self-neglect or financial fraud and other crimes committed by strangers, such as scams, identity theft, or muggings. Power and control dynamics, similar to those seen in domestic violence and sexual assault cases involving younger victims, are often present. [NCALL's Abuse in Later Life wheel](#) illustrates additional abusive tactics and behaviors.

Rosario, age 58, lives with her adult son in the home she owns. She works full-time and volunteers at the hospital. Her son has threatened to kill her and takes money from her. She is afraid of him.

- *Setting:* Abuse can occur anywhere an older adult lives, including: private homes, apartments, assisted living, group home settings, nursing homes, and other facilities. Abuse, and stalking in particular, can also occur in paid and volunteer workplaces, courts, hospitals, congregate meal sites, places of worship, senior centers, and other public settings.

Salma's (age 91) granddaughters (age 51 and 54) live with her without paying rent. Salma has mild dementia and uses a walker. Her grandchildren help around the house and cook meals for her. Sometimes they leave her alone for days. They take Salma's Social Security check while telling her they deserve to be paid.

## Data and Key Facts

### *Elder Abuse*

Elder abuse affects millions of older adults and the people who love them and care for them. One in 10 community-residing older adults reported experiencing elder abuse in the past year.<sup>8</sup> More than 5 million older adults may be victimized each year.<sup>9</sup> Even as reported cases rise,<sup>10</sup> too few victims are receiving assistance. For every case of elder abuse that comes to light, another 23 remain unreported.<sup>11</sup>

Dave, age 84, is a veteran who has some hearing loss and mobility challenges. His daughter and her husband threatened to put him in a nursing home and forced him to sign over his home. They have evicted him; soon he will be homeless.

In addition to the incalculable human suffering caused by violence and abuse, in the United States, the direct medical costs associated with violent injuries to older adults stemming from interpersonal abuse are estimated to add over \$5.3 billion to the nation's annual health expenditures; this does not, however, calculate the human

and fiscal consequences of neglect.<sup>12</sup> The cumulative toll of elder abuse has not yet been quantified but the cost has been estimated at many billions of dollars a year.<sup>13</sup> Victims of elder abuse are four times more likely to be admitted to a nursing home and three times more likely to be admitted to a hospital than non-abused older adults.<sup>14</sup> When older adults are harmed, it can be more difficult for them to recover from physical injuries and financial devastation.<sup>15</sup> One study indicates that older

victims of abuse had a 300% higher risk of death when compared to those who had not been abused.<sup>16</sup>

A substantial portion of elder abuse is violence against older women.<sup>17</sup> Because survey data relies on survivors to accurately self-report their experiences, older women are likely underreporting intimate partner violence because generational perceptions and values may affect how older women understand interpersonal abuse.<sup>18</sup>

### *Intimate Partner Violence in Later Life*

Studies in the United States and globally consistently show that the majority of elder abuse cases (including both physical and non-physical violence) involve female victims with spouses as perpetrators.<sup>19</sup>

A national study discovered the majority of physical violence against individuals 60 years and older was perpetrated by a partner.<sup>20</sup> Emotional and psychological forms of **intimate**

**partner violence** are as prevalent among older women as younger women—but health-related trauma associated with non-physical abuse is often more severe for older women.<sup>21</sup>

### *Sexual Abuse in Later Life*

**Sexual abuse in later life** is also a serious, underreported problem.<sup>22</sup> Sexual violence towards older adults can involve a range of offenses including “hands-on” behaviors, such as rape and molestation; “hands-off” behaviors such as voyeurism,

Al’s family moved him into a memory care unit as his Alzheimer’s disease progressed. A male staff person would come into his room at midnight and sexually assault him. He reported the abuse to the staff and his family but no one believed him until another staff witnessed the abuse.

Rebecca and Nancy have been together for 35 years. Nancy insists on taking Rebecca’s paycheck and gives her a small allowance. Over the years, Nancy has sabotaged Rebecca’s relationships with family and friends. Rebecca feels isolated and alone in their small rural community.

exhibitionism, sexual threats, or unwanted comments; and “harmful genital practices.”<sup>23</sup>

In the community, older victims of sexual abuse are violated most often by spouses/partners.<sup>24</sup>

In facilities, employees responsible for care (43%) or other residents (41%) are most likely offenders.<sup>25</sup> U.S. physicians report that post-menopausal women experience more frequent and more severe genital injuries from sexual assault than younger women.<sup>26</sup> Older women who have been sexually assaulted experience increased rates of arthritis and breast cancer compared to older women without a history of sexual assault.<sup>27</sup>

### *Stalking*

Less is known about stalking in later life. A Department of Justice study identified a total of 663,660 cases of stalking among victims age 50 or over that had occurred during a 12-month period.<sup>28</sup> Another study found that

Tina, age 52, moved back to the reservation after breaking up with her non-Native boyfriend. Now he keeps showing up at her work and calls her friends to check up on her. Tina believes he slashed the tires on her car and is following her.

stalking in later life may be almost as prevalent as stalking in younger years.<sup>29</sup>

### *Aging in America*

Intimate partner violence, sexual abuse, and stalking in later life will likely increase as the number of older Americans rises. Currently, women age 50 and over comprise more than one-third (34.4%) of the total U.S. female population, and the overall older population of both women and men 65+ is expected to dramatically rise over the next decade.<sup>30</sup> By 2030, there will be about 72.1 million older persons (19% of the total population).<sup>31</sup> Advocates need to respond to older victims from diverse backgrounds since racial and ethnic minority populations increased from 5.7 million in 2000 to 8.5 million in 2011.<sup>32</sup>

### *Ageism and the Connection to Abuse in Later Life*

Ageism is “a tendency to regard older persons as debilitated, unworthy of attention, or unsuitable for employment.”<sup>33</sup> Most older adults are mentally and physically active and have a great deal to contribute to society and to those who love them. However, ageist perceptions contribute to older adults feeling invisible and unwelcome.<sup>34</sup> For example, birthday cards, commercials, and comedians often joke about older adults having memory loss, or being slow or out of date. In addition, professionals working with older adults often talk to younger family members as if the older individual weren’t in the room. Societal norms devaluing older individuals “rob seniors of choice, independence, and dignity”<sup>35</sup> and create a culture where abuse, neglect, and exploitation are allowed to occur and thrive.



## Guiding Principles, Minimum Standards, and Practice Strategies

***RESPECT*** is the cornerstone to enhancing the safety and quality of life of older survivors of abuse. ***RESPECT*** means recognizing and “admiring the abilities, qualities, and achievements”<sup>36</sup> of those who seek our services. With ***RESPECT*** as the overarching theme of this toolkit, advocates are called upon to ignore stereotypes about older adults by honoring and building on their strengths, resiliency, and wealth of life experience.

The guiding principles, minimum guidelines, and practice strategies described in this toolkit embrace treating older survivors with respect and dignity. To provide DV and SA programs with a framework to help them achieve an effective response to abuse in later life, this document will explore these seven categories:

- **Responsive Victim-Defined Advocacy**
- **Elder-Informed**
- **Services, Safety Planning, and Outreach**
- **Policies**
- **Equity and Access**
- **Collaboration**
- **Training and Awareness**

In this report, there is a guiding principle for each of the categories listed below. *A guiding principle* “guides an organization throughout its life in all circumstances, irrespective of changes in its goals, strategies, type of work, or the top management.”<sup>37</sup> For each guiding principle, one or more *minimum guidelines* “recommend practices that allow some discretion or leeway in interpretation, implementation, or use.”<sup>38</sup> *Practice strategies* are practical suggestions for how to implement the guiding principles and minimum guidelines. The chart on the next page summarizes the guidelines discussed in this document. In the sections following the chart, practice strategies are described to implement the minimum guidelines under each guiding principle.

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# Guiding Principles for Advocates Working with Older Survivors of Abuse

Category	Guiding Principle	Minimum Guidelines
	<i>To enhance the safety and quality of life of abuse in later life victims, advocates can:</i>	
<b>Responsive, Victim-Defined Advocacy</b>	Promote responsive victim-defined advocacy that respects the values, life experience, and culture of an older survivor	<ul style="list-style-type: none"> <li>• Practice victim-defined advocacy and respectful communication</li> <li>• Utilize remedies that address the impact of multiple traumatic events including historical trauma</li> <li>• Ensure that an older victim's privacy and confidentiality are protected within legal limits</li> </ul>
<b>Elder-Informed</b>	Engage older adults from diverse backgrounds in program planning and policy work	<ul style="list-style-type: none"> <li>• Involve older adults from diverse backgrounds in a meaningful way in creating, reviewing, and implementing programs and policies</li> </ul>
<b>Services, Safety, Planning and Outreach</b>	Ensure services, safety planning strategies, and outreach plans meet the needs of older victims	<ul style="list-style-type: none"> <li>• Tailor services to address the unique needs of older victims from various backgrounds</li> <li>• Utilize age-relevant safety planning strategies</li> <li>• Disseminate outreach materials that depict older adults and include abuse across the lifespan</li> </ul>
<b>Policies</b>	Create new or enhance existing policies to address violence and harm across the lifespan	<ul style="list-style-type: none"> <li>• Implement policies that reflect abuse across the lifespan</li> <li>• Adopt eligibility guidelines that include older victims who have been or are being abused by someone they trust or love</li> <li>• Ensure that existing policies respect the confidentiality, privacy, and autonomy of older victims while addressing mandatory reporting</li> </ul>
<b>Equity and Access</b>	Provide equitable services that are welcoming and accessible	<ul style="list-style-type: none"> <li>• Create a welcoming and inclusive atmosphere for older victims from diverse backgrounds</li> <li>• Ensure that barriers that limit access for persons with mobility and communication issues are addressed</li> </ul>
<b>Collaboration</b>	Work with allies and other organizations to improve responses to older victims	<ul style="list-style-type: none"> <li>• Learn more about options for older victims and organizations that might provide assistance</li> <li>• Work collaboratively with other professionals to improve the responses of various systems</li> </ul>
<b>Training and Awareness</b>	Raise awareness through education and social justice activities	<ul style="list-style-type: none"> <li>• Provide ongoing training using various teaching methods to staff, board members, and volunteers</li> <li>• Conduct interactive training on ALL for other professionals and volunteers</li> <li>• Increase public awareness of ALL and resources</li> <li>• Confront ageism and social norms that support ALL by promoting dignity and respect for people of all ages</li> </ul>



## 1. RESPONSIVE, VICTIM-DEFINED ADVOCACY

Older victims may be reluctant to seek services because of generational, cultural, and/or religious/spiritual values that stress commitment to family, particularly to spouses or partners<sup>39</sup> and adult children. These victims may feel guilt, self-blame, or embarrassment. An older victim may want the abuse to end but worry about a spouse, partner, adult child, or grandchild going to prison or becoming homeless.<sup>40</sup>

Older victims may decide to maintain an ongoing relationship with the person who is harming them. Older survivors who are sick or dying may want the abuser as a caregiver or supportive person in their life. If the abuser is sick or dying, the older survivor may choose to stay or return to a relationship in the role of caregiver. In some cases, family or friends are not willing or able to be actively involved in the older adult's life, so the relationship with the abuser continues. Victims of intimate partner violence may choose to stay with an abuser to jointly support an adult child or grandchild who has developmental disabilities, mental health concerns, or addiction issues. Ensuring the safety of pets may also be a primary concern.

Some older victims may want to live independently but economic and health issues may complicate the available options. Some older adults may lack the job skills necessary for finding employment or they may encounter ageism when they look for a job. Other older adults may be unable to work due to health conditions or disability. Further, some older adults may need medical care or long-term support services and may not have the means necessary to cover these expenses. Affordable housing may be difficult to find and Section 8 housing waiting lists can be years long in some communities.

For some older victims, the patterns of trauma, abuse, and victimization have likely been well established, making change seem virtually unimaginable for the victim.<sup>41</sup> Trauma refers to “experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being.”<sup>42</sup> Older victims may have experienced



significant trauma by a single abuser over decades or been harmed by multiple offenders throughout their lifetime. For example, they may be victims of child abuse, incest, or sexual abuse and are carrying lifelong secrecy and shame. They may also have experienced other traumatic events unrelated to their victimization such as car accidents, health crises, or the loss of family and friends. The cumulative effect of these traumas over a lifetime is significant and may impact the physical and emotional well-being of the older adult.

Some older victims may also experience **historical trauma**, which is the cumulative emotional and psychological damage that extends across generations. Traumatic experiences caused by a dominant culture can result in suffering that is transferred to subsequent generations.<sup>43</sup> A few examples of historical trauma include the Holocaust for Jewish individuals; Indian Boarding Schools for Native Americans, Alaskan Natives, and other indigenous people; Japanese internment camps during World War II; criminalization of gay, lesbian, bisexual, and transgender behavior; and police violence, segregation, and the lynching of African Americans. Historical trauma may impact messaging and perceptions across generations about trust and the role of law enforcement and helping professionals.

Furthermore, victims may be reluctant to reach out if their prior help seeking experience wasn't positive.<sup>44</sup> In some cases, professionals may have been overly protective, perceiving them as frail and vulnerable. Advocates or other professionals may have made decisions for the victim rather than asking questions, listening, and building a plan based on the older adult's goals.<sup>45</sup> Ageist biases can lead to a paternalistic approach that can impede the process of listening and providing victim-defined advocacy.

**Guiding Principle:** *Promote responsive victim-defined advocacy that respects the values, life experience, and culture of an older survivor*

**Minimum Guidelines:** To enhance the safety and quality of life of abuse in later life victims, advocates can:

- 1A. Practice **victim-defined advocacy** and respectful communication
- 1B. Utilize remedies that address the impact of multiple traumatic events including historical trauma
- 1C. Ensure that an older victim's privacy and confidentiality are protected within legal limits

## Practice Strategies to Achieve the Minimum Guidelines

### 1A. Practice victim-defined advocacy and respectful communication

Victim-defined advocacy is an effective framework for working with victims of domestic violence, sexual abuse, and stalking of any age.

*“Victim-defined advocacy begins with an understanding of the needs, resources, perspectives, and culture of each victim. As part of that process, a working relationship or partnership is built in which the victim’s perspective and the advocate’s information, resources, and assistance are combined to enhance the victim’s safety strategies. The advocate and the victim will then work together to implement those strategies, modifying them as the victim’s life and circumstances change. Victim-defined advocacy is not simply listening and doing what a victim wants. Rather, it requires the advocate to participate in an active, dynamic, and culturally responsive information and resource sharing process that creates and improves options for each victim.”<sup>46</sup>*

Victims who actively participate in decision-making have improved life outcomes.<sup>47</sup> Using this framework, advocates recognize and support the strengths and resiliency of each victim. Successful outcomes are defined by victims—whether they choose to leave or remain in contact with the person who is harming them. Often abuse is only one of an array of issues that an older victim may want to explore and resolve. An intentional, collaborative, and holistic approach that recognizes and responds to the various concerns identified by the victim is often most effective.

DV and SA advocates can:

- Ask older victims what they need and what works for them. **Listen.** Work together to determine methods of communication that are most comfortable and effective for the older victim. Allow more time for older victims to tell their stories and process information about next steps.
- **Meet victims where they are at.** Ask older victims what worries them and what goals they would like to accomplish. Provide support and information to address immediate safety concerns, especially for victims who plan to maintain contact with the person who is harming them.

- Respect cultural differences and practices and support older victims who gain strength and clarity through the practice of spiritual, faith-based, or other cultural or tribal rituals or customs.
- Focus on the victim's **strengths and resiliency**. What has the victim done to survive thus far? What has worked? Who are natural allies, such as friends and family?
- Recognize that older victims may have generational experiences and values that differ from younger advocates. Provide training and information for staff about potential different generational values and communication styles.
- To summarize, set aside what you think is best and follow the older survivor's lead while providing information and support.

**1B. Utilize remedies that address the impact of multiple traumatic events including historical trauma**

A **trauma-aware approach** assumes victims and older adults have experienced trauma that they may or may not discuss. Recognizing common trauma reactions, including possible self-medication, substance abuse, or challenges tracking information or following plans, can enhance an advocate's ability to work with an older victim.

DV and SA advocates can:

- Provide staff and volunteers basic and advanced training and resources on trauma across the lifespan, including historical trauma.
- Engage in trauma-aware interactions with victims and anyone who contacts the organization. For older victims who seem confused or overwhelmed, start by offering food, rest, and an opportunity to talk about the harm they have experienced. Consider the possibility that they may be under or overmedicated and may need to contact a health care provider. Do not automatically assume that an older adult has dementia. If you have concerns about cognitive capacity, work with other professionals to determine next steps while maintaining victim confidentiality.

## **1C. Ensure that an older victim's privacy and confidentiality are protected within legal limits**

Victim-defined advocacy often requires confidentiality and privacy. Almost all states have some laws [mandating reporting elder abuse or abuse of vulnerable adults](#). Some DV/SA program staff may be mandated to report elder abuse or abuse of a vulnerable adult to adult protective services or law enforcement. Victim-defined advocacy ensures confidentiality within legal limits, while supporting victims if a mandated report needs to be made.

DV and SA advocates can:

- Research and understand what mandatory reporting laws actually require and disclose the minimum information necessary to meet the requirements of the law.
- Create and follow confidentiality and privacy policies that address mandatory reporting of elder abuse and abuse of vulnerable adults that include talking to the older victim before a report is made and offering support and safety planning throughout the process.
- For tribal communities, recognize the unique challenges of whether or not APS is tribal or state/county-based. Victims may be receiving assistance from Indian Health Services and tribal social service programs, so confidentiality may require creativity and problem-solving.



## 2. ELDER-INFORMED

In our youth-oriented society, persons age 50 and older are often invisible. The social marginalization of older adults affects their capacity to access resources and exercise autonomy in their lives. In the context of abuse, older victims are often excluded from many support structures and resources. Often older victims are expected to utilize services and programs designed for and by younger people. Older victims are not asked by service providers and policymakers about what resources and supports would work for them. This institutionalized form of ageism can have a negative impact on the safety and quality of life of older victims.

Engage older victims in meaningful ways to discuss what services and supports they may need to improve their overall well-being and reduce barriers to effective service provision. Inviting older adults from diverse backgrounds into your process of program and policy development will help center the lived experiences of older victims in the policymaking process. Including input from older adults will also enhance your capacity to offer authentic and elder-informed support.

**Guiding Principle:** *Engage older adults from diverse backgrounds in program planning and policy work.*

**Minimum Guideline:** To enhance the safety and quality of life of abuse in later life victims, advocates can involve older adults from diverse backgrounds in a meaningful way in creating, reviewing, and implementing programs and policies.

### Practice Strategies to Achieve the Minimum Guidelines

#### 2A. **Involve older adults from diverse backgrounds in a meaningful way in creating, reviewing, and implementing programs and policies.**

DV and SA advocates can:

- Recruit older adults from various backgrounds to be board members, committee members, staff, and volunteers. Provide support to help them be included and engaged in the life of the program.

- Invite older adults from a variety of backgrounds to review existing programming and policies and recommend ways to better meet the needs of older victims.
- Ask older adults to tour shelters and offices to make recommendations so the space is more welcoming and accessible.
- Conduct needs assessments to hear recommendations from older adults.
- Facilitate focus groups to hear from older adults from diverse populations about their needs and perspectives.
- Organize or support a senior advisory group or gathering of elders to provide ongoing recommendations to your program or community to address the needs of older survivors.



### 3. SERVICES, SAFETY PLANNING, AND OUTREACH

Unfortunately, most DV/SA programs serve small numbers of older adults each year. This may be in part because most DV/SA programs' services were designed for and focus primarily on able-bodied young and middle-aged women. For example, many shelters serve only victims of intimate partner violence and will not serve older adults who are being harmed by other family members or caregivers. In some cases, the communal living arrangement with multiple families, most with young children, may be too chaotic for many older victims. Some older victims may need more time to heal physically and emotionally than the typical 30, 60 or 90 days allowed by shelter programs. In addition, older victims may also feel that some programming at the shelter does not meet their needs (i.e., support groups that focus discussions on finding a job or child custody may not seem relevant for older victims). Within mainstream programs, the lack of services that are culturally appropriate can further impede service provision and increase vulnerability to abuse for some older adults.<sup>48</sup>

Some older victims fear being killed or seriously injured if they try to leave or report sexual abuse or physical violence. They may also fear being alone or losing independence (e.g., being placed in a residential care facility, such as a nursing home, or having decisions made for them by family members) if they reach out for help. Traditional safety planning tools may not address some unique needs of older adults. An example of an age-specific safety planning strategy is discussing whether or not the survivor needs to pack prescriptions and assistive devices along with Medicaid, Medicare, and Social Security information.

Finally, many older victims may not be aware of or have access to services.<sup>49</sup> Often DV and SA programs' outreach materials do not have images of older individuals. Dissemination strategies may not include having materials or giving presentations at locations where older people gather. Yet, many older victims would benefit from working with advocates who are trauma aware and who engage in victim-defined advocacy. Tailoring services, safety planning strategies, and outreach can make a significant difference.



**Guiding Principle:** *Ensure services, safety planning strategies, and outreach plans meet the needs of older victims*

**Minimum Guidelines:** To enhance the safety and quality of life of abuse in later life victims, advocates can:

- 3A. **Tailor services** to address the unique needs of older victims from various backgrounds
- 3B. Utilize age-relevant **safety planning strategies**
- 3C. Disseminate **outreach** materials that depict older adults and include abuse across the lifespan

### **Practice Strategies to Achieve the Minimum Guidelines**

Our experience in the field has demonstrated that DV/SA programs that have been intentional about reaching out to older adults and addressing abuse across the lifespan have seen higher numbers of older victims accessing services. Many of these older victims who have received services from DV/SA programs have described their experience working with advocates as life changing and lifesaving.

#### **3A. Tailor services to address the unique needs of older victims from various backgrounds**

DV and SA advocates can:

- Design services based on input from older adults from various backgrounds.
- Recruit older adults from diverse backgrounds to provide individual peer counseling and support for older victims.
- Offer support or education groups tailored for older survivors that address age-specific issues such as health concerns, grief, loss, aging, and family roles. For programs that prefer an intergenerational group, include content that is relevant for multiple generations.
- Provide legal advocacy that includes information on obtaining wills, powers of attorney, guardianships, and health care directives.
- Train staff and volunteers of all ages to be sensitive to the unique needs of older victims and to provide information about the aging services network and adult protective services, if appropriate.



- Offer economic advocacy that includes providing resources on Social Security, Medicare, Medicaid, credit card debt reduction and other programs for older adults.
- **For DV shelters**, create accessible sleeping rooms and bathrooms. Provide older victims with quiet space away from younger families. Adjust chore schedules for older adults who may find it difficult to participate.

### **3B. Utilize age-relevant safety planning strategies**

DV/SA advocates can:

- Focus on harm reduction and reducing isolation with victims who want to maintain contact with their abuser.
- Review safety planning tools to ensure that they are inclusive of older adults. For example, address situations where the abuser is a family member or caregiver; physical or cognitive limitations may impact safety planning; or financial exploitation and neglect have occurred. Have a safety planning process in place for victims who need support if a mandatory report of abuse, neglect or exploitation has been made to law enforcement or adult protective services.
- Listen for issues that matter to the older adult and follow-up on cues, even if those issues are not on the typical safety planning checklist such as ensuring the safety of pets, spending time with grandchildren, participating in faith-based or spiritual activities, or dealing with grief.
- Work with older victims to regularly update their safety plan since life changes, such as the death of a trusted support person or changes in the health status of the victim, may impact strategies.

### **3C. Disseminate outreach materials that depict older adults and include abuse across the lifespan**

DV and SA advocates can:

- Create outreach materials that include images of older adults and are accessible to individuals with low or impaired vision (e.g., large print type, no decorative fonts, high contrast between text and background, white space).

- Use language in public awareness and outreach materials designed to reach older victims. Consider using the phrase “across the lifespan” whenever possible. Avoid acronyms and words, such as sexual assault and elder abuse. Instead, describe specific behaviors, such as “threatens or says things to hurt your feelings” and language such as “person causing you harm” instead of abuser. Include examples of financial exploitation and neglect.
- Describe abuse in later life to include other relationships, such as adult children and caregivers, as potential abusers. When mentioning children, also say grandchildren.
- Distribute outreach materials and facilitate presentations at places older adults might be, such as senior centers, faith communities, Area Agencies on Aging, senior fairs, meal sites, tribal elder programs, etc. When possible, arrive early and stay after to be available to talk to older adults who may want to talk privately.



## 4. POLICIES

Since few older victims reached out for assistance in the years when DV/SA services were being created, policies were crafted without their input. Therefore, some existing policies have unintended ageist consequences and unintentionally deny or limit services for some older victims from various backgrounds.

An example of a policy that limits access is that some domestic violence programs are funded only to serve victims of intimate partner violence. Older women harmed by adult children, other family members, or caregivers cannot receive services. This is especially problematic in states where Adult Protective Services (APS) only assists persons who meet the definition of vulnerable adults. In these communities, older women who have capacity and are abused by family members or caregivers may not be eligible for APS or domestic violence program services. Remedies such as safety planning, emergency housing, legal and economic advocacy, hotlines, and support groups can be effective for victims whose abuser is a family member or caregiver.

Another example of a policy that may unintentionally limit services for older victims is working only with victims who initiate contact with the program. Some programs prohibit staff and volunteers from working with caring family members or victims who do not come to them for services. For older victims with mobility concerns or health issues, contacting the program may be difficult or impossible, thus limiting their access to services. They may be willing to talk to an advocate who would call them during a safe time to talk, or would meet them off-site. Other policies, such as serving only victims in immediate crisis, not allowing caregiving services to be brought into shelter, and mandatory reporting protocols may also need to be reviewed and revised.

**Guiding Principle:** *Create new or enhance existing policies to address violence and harm across the lifespan*

**Minimum Guidelines:** To enhance the safety and quality of life of abuse in later life victims, advocates can:

- 4A. **Implement policies** that reflect abuse across the lifespan
- 4B. **Adopt eligibility guidelines** that include older victims who have been or are being abused by someone they trust or love
- 4C. Ensure that existing policies respect the confidentiality, privacy, and autonomy of older victims while addressing **mandatory reporting**

### **Practice Strategies to Achieve the Minimum Guidelines**

Policies can institutionalize best practices. Victim-defined policies enhance the ability of an entire organization to respond respectfully and compassionately to victims across the lifespan by following agreed upon guidelines about interactions and services.

#### **4A. Implement policies that reflect abuse across the lifespan**

DV and SA programs can:

- Consider potential unintended consequences for older victims from various backgrounds and genders in all policies, not only in age-specific policies.
- Use the phrase “across the lifespan” where appropriate as a reminder that services are available for victims of all generations.
- Collect data by age categories such as 50 – 65; 66 – 79; 80+ and regularly analyze that data to identify trends.
- Conduct a regular agency-wide assessment of agency disability accessibility policies and practices. Designate a staff person responsible for keeping the agency in compliance with the Americans with Disabilities Act (ADA) accessibility standards. Create and follow policies and processes for asking all victims if they need any accommodations, including sheltering service animals.
- Engage in **mobile advocacy**, meaning have flexible policies about where to meet older victims (e.g., in their homes, public places) and how to follow-up with them (e.g., accepting initial calls from family and friends; or calling them back during safe times to follow-up rather than expecting them to initiate all contact). Prioritize victim and worker safety.
- Implement hiring policies and practices that actively recruit and employ older adults from various backgrounds, and persons who are comfortable interacting with older adults.

- Proactively budget for items to address unique needs of older adults and persons with disabilities, such as raised toilet seats and grab bars in bath tubs.

For shelters:

- Encourage flexible guidelines for residents living together (e.g., chore schedule, sharing rooms with other residents, noise policies for older residents who turn up music or television).

**4B. Adopt eligibility guidelines that include older victims who have been or are being abused by someone who they trust or love\***

If policies do not already exist, DV and SA programs can:

- Create eligibility definitions that include serving older individuals being abused by their adult child, grandchild, other family members, or caregivers.
- Adopt a policy to provide services to older survivors who are not in imminent danger. For example, consider how to support older victims who reach out for services to deal with child abuse, incest, domestic violence, or sexual abuse that may have occurred decades earlier.

**4C. Ensure that existing policies respect the confidentiality, privacy and autonomy of older victims while addressing mandatory reporting**

DV and SA programs can:

- Create and implement policies that address state or tribal statutes on mandatory reporting. Start by reviewing statutes, talking to local adult protective service workers, and possibly consulting with a lawyer to learn about mandatory reporting requirements. Policies may include:
  - Informing older adults of any mandatory reporting requirements before they talk with staff or volunteers about their situation
  - Listing who is responsible for reporting elder abuse, and describing who makes the report and when
  - Inviting older victims to be involved in the reporting process if they are interested

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\* For some programs adopting these policies will mean a mission shift or may require finding other funding sources. DV programs that serve only victims of intimate partner violence should advocate for other organizations in their community to serve older victims abused by family members or caregivers.



## 5. EQUITY AND ACCESS

Older adults from various cultural, racial, ethnic, and religious backgrounds may encounter unique challenges when considering how to address abuse. Older persons are celebrated and revered in many cultures, but this does not protect them from abuse. The lack of services that are culturally appropriate can increase vulnerability to abuse for some older adults.<sup>50</sup> For example:

- Native American women experience domestic and sexual violence at significantly higher rates than other populations in the United States; similarly, research shows that Native women elders are at greater risk of abuse and neglect than older Native men. In Native, tribal, and indigenous communities, violence and abuse against older adults can manifest in unique cultural contexts, such as denying an elder a sacred role in the community by barring access to significant spiritual sites or burial grounds.<sup>51</sup>
- Many older adults live in rural and frontier communities. Census Bureau data from 2011 indicates that 17% of rural populations were persons age 65 and older, as compared to 13% living in urban areas.<sup>52</sup> Older victims in rural and frontier areas may experience a lack of privacy because everyone knows everyone else. Lack of locally available services and transportation may pose additional barriers.
- Older victims who are faithful or spiritual may believe abuse is due to their own sin, insufficient prayer, failure to follow customs/traditions, or condemnation by God/a higher power. These beliefs may limit the options some older victims perceive as available to them. Some older victims may have also received messages from faith/spiritual leaders or their faith community that they are to blame for the abuse or that it would go against their belief system to leave an abuser. For some victims, ending a relationship with an abuser may mean being forced to leave their faith community, which is too great a loss to contemplate.

- Some immigrants considerably underreport mistreatment due to the family’s preference to seek resolution on their own.<sup>53</sup> Immigrants and refugees may not report or seek services due to fear of deportation for themselves or a loved one.
- Many lesbian, gay, bisexual, and transgender (LGBT) older adults are at high risk for elder abuse, neglect, and various forms of exploitation. They may live in isolation and fear of discrimination. They may be reluctant to report due to fear of repercussions from family or employers if they have not disclosed their sexual orientation or gender identity.

Some programs may not have been designed to address the needs of persons with mobility issues. Programs must be prepared and are required by law to serve persons with mobility issues that require them to use a cane, walker, or wheelchair or have breathing or stamina issues. Consider employing a universal design approach, which involves making space accessible for everyone.

In addition to enhancing access for mobility, programs will need to assess their readiness and prepare to serve persons with various communication issues. Some older victims may have difficulty seeing what is written on intake and release forms. They may have difficulty hearing or be Deaf. Some older victims may have challenges speaking or are limited English proficient. Some older adults did not have the resources or were not allowed to finish school so they may have limited literacy and writing skills. Persons with limited or diminished **capacity** or **dementia** and individuals experiencing trauma may have difficulty processing and retaining information. Programs must pro-actively determine how to prepare for and serve all victims.

**Guiding Principle:** *Provide equitable services that are welcoming and accessible*

**Minimum Guidelines:** To enhance the safety and quality of life of abuse in later life victims, advocates can:

- 5A. **Create a welcoming and inclusive atmosphere** for older victims from diverse backgrounds
- 5B. Ensure that barriers that limit access for persons with **mobility** and **communication** issues are addressed



## Practice Strategies to Achieve the Minimum Guidelines

### 5A. Create a welcoming and inclusive atmosphere for older victims from diverse backgrounds

DV and SA advocates can:

- Engage with individuals who work in and with the aging services network, disability rights field, and culturally diverse communities to learn how to create and support a welcoming environment for older survivors from various backgrounds.
- Ask every older adult if they require or would like any accommodations.
- Ask about issues, (e.g., sexual orientation, gender identity, physical, and mental health conditions, disabilities, gambling, or substance abuse) in a safe and confidential manner without requiring anyone to answer. Carefully consider what information needs to be documented and how to keep this information confidential.
- Ask victims if they are involved with a faith or spiritual community. Respect the values and traditions of faithful or spiritual victims. Where possible, provide accommodations such as access to sacred texts and traditional practices; kosher, halal, or vegetarian foods; or quiet space for meditation or prayer.
- Create a welcoming and inclusive environment for older victims by displaying pictures and posters that include images of older adults from various backgrounds, and by offering books, movies, and social activities of interest to individuals of all ages and generations.
- For DV shelters, offer hair products, toiletries, food, and clothing that could meet the needs of female and male older victims from various racial, ethnic, and religious backgrounds.



## **5B. Ensure that barriers that limit access for persons with mobility and communication issues are addressed**

DV and SA programs must be aware of and follow ADA accessibility requirements for people with disabilities, and Title VI of the Civil Rights Act language access requirements for individuals with limited English proficiency. For example, programs must budget for and provide interpreter services (i.e., American Sign Language, Spanish) or assistive listening devices for persons who have sensory or speaking impairments or limited understanding of English.

DV and SA advocates can:

- Conduct an accessibility audit to ensure that persons using canes, walkers, or wheelchairs can move freely through the facility and ensure that bathrooms are accessible.
- Have equipment onsite for persons who need assistance getting in and out of bathtubs (for shelters) or who need help standing. If equipment is not onsite, know where to borrow or purchase assistive devices.
- Consider additional accessibility issues such as whether or not older victims are expected to walk long distances, climb stairs, or sleep in top bunks.
- Have a plan and equipment to evacuate persons with mobility concerns in an emergency.
- Have a 24-hour helpline that is accessible or a plan for callers who need assistance because they are Deaf, have hearing challenges or have limited English proficiency.
- Have a working relationship with interpreters who agree to follow confidentiality policies and understand trauma and the context of DV and SA.
- Create quiet space for conversations with persons who are hard of hearing, who are visibly upset or who are trauma-affected.
- Provide written materials in large print forms or use audio or video describing forms and materials for those with limited vision or low literacy.
- Depending on the community demographics, have vital materials readily available in multiple languages.



## 6. COLLABORATION

Abuse in later life cases are often complex. Older victims of abuse may be working with a variety of professionals from different organizations. In many cases, no one system possesses the expertise and resources needed to offer the most effective options to older victims.

DV/SA advocates have expertise in the dynamics of abuse, trauma-aware responses, safety planning, and victim-advocacy. While these are important areas of expertise, advocates often benefit from working with other professionals. Advocates do not need to become experts in all areas but it is important to know who to contact with questions. The aging services network can provide home health care, home delivered meals, transportation, and social activities. Health care providers can provide information about normal aging versus potential injuries caused by abuse, or whether confusion is caused by trauma, dementia, or a physical condition such as a urinary tract infection. Criminal justice professionals can conduct wellness checks on older adults who live alone and hold offenders accountable. Faith leaders can provide early intervention, referrals, spiritual support, and guidance. [Adult protective service workers](#) can investigate allegations of abuse. Civil attorneys can draft powers of attorney and health care directives. Financial experts can assist with remedies to address financial exploitation, or planning for retirement or transitions later in life.

Collaboration is crucial because many older victims may not contact a DV or SA program. They may be getting their needs met through other service providers. In some cases, DV and SA programs may impact victims by providing training and information to other professionals who are working with potential victims.

Collaboration may involve informal partnerships or formalized, ongoing meetings such as multidisciplinary teams reviewing and responding to individual cases; coordinated community response teams focusing on systemic change; or topic specific teams such as financial teams or elder fatality review teams.

**Guiding Principle:** *Work with allies and other organizations to improve responses to older victims*

**Minimum Guidelines:** To enhance the safety and quality of life of abuse in later life victims, advocates can:

- 6A. Learn more about options for older victims and organizations that might provide assistance
- 6B. [Work collaboratively with other professionals](#) to improve the responses of various systems

### **Practice Strategies to Achieve the Minimum Guidelines**

#### **6A. Learn more about options for older victims and organizations that might provide assistance**

DV and SA advocates can:

- Work with local APS workers and understand how elder abuse/vulnerable adult investigations and cases are handled in their community recognizing that confidential information cannot be routinely or freely shared with APS.
- To learn more about serving older survivors from diverse backgrounds, work closely with individuals who work in and with the aging services network, disability rights field, and culturally diverse communities.
- To create a seamless, victim-defined response, collaborate and refer.

Consider engaging professionals who work in the aging services network, faith leaders from various denominations and backgrounds, culturally specific service groups, disability rights groups, elder law attorneys, economic support and benefit specialists, health care providers, and justice system professionals. Since many older victims may want help for spouses, partners and other family members, be aware of local programs that might be helpful.

**6B. Work collaboratively with other professionals to improve the responses of various systems**

DV and SA advocates can:

- Actively participate on or lead a coordinated community response team (CCR), council or task force focused on improving the system's response to older victims of abuse.
- Follow agency policies on privacy, confidentiality, and mandatory reporting laws when interacting with other professionals about specific cases involving older victims of abuse. Advocates can play an important role on multidisciplinary case review or case coordination teams but need to keep victim-defined advocacy, safety, and confidentiality in mind.



## 7. TRAINING AND AWARENESS

Abuse in later life is often a hidden and invisible topic. DV/SA program staff, volunteers, and board members may need to enhance their expertise on addressing the needs of older victims. Other professionals may also need training and education on abuse in later life.

Some older adults may think that only younger women experience domestic violence or sexual abuse, and that older adults, especially males, are not harmed. Others may not consider verbal and emotional harm as abuse, thus dismissing their own experiences. Some older adults may consider family sharing of resources common practice; others may see the same behavior as financial exploitation. Today's older women and men came of age long before the passage of laws (such as the Family Violence Prevention Services Act in 1984 and the Violence Against Women Act in 1994) that recognized domestic violence as a public health and law enforcement concern, rather than a private family matter.<sup>54</sup> They may not be aware of laws and resources that are available to assist them.

Beyond our work with individual survivors, as an advocate, you have the opportunity to challenge social norms around aging and victimization as well as other forms of oppression that deny dignity and respect for older adults. Our efforts to combat ageism can include confronting ageist statements and images as well as finding opportunities to be vocal about supporting positive images of older people and respect for everyone across the lifespan.

**Guiding Principle:** *Raise awareness through education and social justice activities*

**Minimum Guidelines:** To enhance the safety and quality of life of abuse in later life victims, advocates can:

- 7A. Provide ongoing **training** using various teaching methods to staff, board members, and volunteers
- 7B. Conduct interactive **training on abuse in later life** for other professionals and volunteers
- 7C. Increase public awareness of ALL and resources
- 7D. Confront ageism and social norms that support ALL by promoting dignity and respect for people of all ages

### **Practice Strategies to Achieve the Minimum Guidelines**

#### **7A. Provide ongoing training using various teaching methods to staff, board and volunteers**

DV and SA programs can:

- Offer interactive trainings on ALL for new staff, administrators and managers, volunteers, helpline workers, and board members at orientation and during ongoing internal educational opportunities. Use various teaching methods, such as small and large group work, videos, activities, and lecture.
- In internal educational materials and training, include content on the dynamics of DV and SA in later life; ageism; mandatory reporting; safety planning, advocacy, and working with older victims; and collaborating with professionals who work with older adults.

## **7B. Conduct interactive training on abuse in later life for other professionals and volunteers**

DV and SA advocates can:

- Facilitate interactive training on the dynamics of DV and SA in later life to allied professionals such as adult protective service workers, aging services network specialists, elder law civil attorneys, faith leaders, health care providers, justice system professionals, and others.
- Include images of older adults and examples of abuse in later life in general education materials and presentations.
- Consider [inviting older survivors](#) to speak about their experiences.

## **7C. Increase public awareness of ALL and resources**

DV and SA advocates can:

- Locate or develop materials on abuse in later life which describe signs of abuse and resources designed for older adults and those who care about them. Disseminate these materials at places where older people gather (e.g., health care facilities; adult day care; faith organizations, etc.)
- Promote information about ALL on organization's website and in social and print media.
- [Heighten recognition of abuse in later life](#) by using World Elder Abuse Awareness Day (June 15) and national stalking (January), sexual abuse (April), and domestic violence (October) awareness months.

## **7D. Confront ageism and social norms that support ALL by promoting dignity and respect for people of all ages**

- Partner with older adults and other organizations that promote dignity and respect for individuals from all ages. For example, celebrate Older American's Month (May) and Grandparents Day. Explore other opportunities to lift up positive examples and images of older adults.
- Challenge ageist comments, jokes, and policies by promoting dignity and respect for individuals across the lifespan.
- Confront ageist messages in the media by writing editorials or engaging in social media to encourage positive portrayals of older adults and visibility of persons of all ages.

## Conclusion

As an advocate, you have an opportunity to make a profound difference in the lives of older victims by using strategies and practices you already utilize when delivering victim-defined services. By considering how to tailor your services and policies, you can better address the unique issues of abuse in later life. Through collaboration, you can enhance the resources and options that are available to older victims. Through education and social justice activities, you can promote safety, dignity, and respect for persons of all ages.

**RESPECT**

**R**esponsive, Victim-Defined Advocacy

**E**lder-Informed

**S**ervices, Safety Planning, and Outreach

**P**olicies

**E**quity and Access

**C**ollaboration

**T**raining and Awareness



## Video Links



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Abuse in Later Life	7	<a href="https://youtu.be/b6GW5ReIUDk">https://youtu.be/b6GW5ReIUDk</a>
Victims Who Are Between Age 50 and 62	8	<a href="https://youtu.be/75yOoPhaFQk">https://youtu.be/75yOoPhaFQk</a>
Adult Child, Grandchild	8	<a href="https://youtu.be/ilFB2fuUTF4">https://youtu.be/ilFB2fuUTF4</a>
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# Endnotes and Acknowledgments



## Endnotes

1. Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health, 100*(2), 292-297.
2. Bernard, D. (2012). The Baby Boomer Number Game. Retrieved from <http://money.usnews.com/money/blogs/on-retirement/2012/03/23/the-baby-boomer-number-game>
3. Connolly, M. T., Brandl, B., & Brekman, R. (2014). Elder Justice Roadmap Report. *Washington, DC: US Department of Justice*, p. 3. Retrieved from [http://ncea.acl.gov/library/gov\\_report/docs/ejrp\\_roadmap.pdf](http://ncea.acl.gov/library/gov_report/docs/ejrp_roadmap.pdf)
4. Acierno et al. (2010).
5. Acierno et al. (2010).
6. Acierno et al. (2010).
7. Lachs, M., & Berman, J. (2011). Under the radar: New York State elder abuse prevalence study. *Prepared by Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and New York City Department for the Aging*. Retrieved from <http://ocfs.ny.gov/main/reports/Under%20the%20Radar%2005%2012%2011%20final%20report.pdf>
8. Acierno, R., Hernandez-Tejada, M., Muzzy, W., & Steve, K. (2009). Final report: The national elder mistreatment study. *Washington, DC: US Department of Justice*.
9. Connolly et al. (2014).
10. Teaster, P.B., & Colleagues (2006). The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older. Report to the National Center on Elder Abuse. *Washington, DC: Administration on Aging*.
11. Lachs et al. (2011).
12. Mouton, C. P., Rodabough, R. J., Rovi, S. L., Hunt, J. L., Talamantes, M. A., Brzyski, R. G., & Burge, S. K. (2004). Prevalence and 3-year incidence of abuse among postmenopausal women. *American Journal of Public Health, 94*(4), 605-612.
13. Connolly et al., (2014).
14. Dong, X., & Simon, M. A. (2013). Elder abuse as a risk factor for hospitalization in older persons. *JAMA Internal Medicine, 173*(10), 911-917; Dong, X., Simon, M., de Leon, C. M., Fulmer, T., Beck, T., Hebert, L., Dyer, C., Paveza, G., & Evans, D. (2009). Elder self-neglect and abuse and mortality risk in a community-dwelling population. *JAMA, 302*(5), 517-526.
15. Lachs et al. (2011).
16. Lachs, M. S., Williams, C. S., O'Brien, S., Pillemer, K. A., & Charlson, M. E. (1998). The mortality of elder mistreatment. *JAMA, 280*(5), 428-432.
17. Lachs et al. (2011).
18. Crockett, C., Brandl, B., & Dabby, F. C. (2015). Survivors in the margins: the invisibility of violence against older women. *Journal of Elder Abuse & Neglect, 27*(4-5), 291-302.
19. United Nations (2013). Neglect, Abuse, and Violence against Older Women. *United Nations, UN: Division for Social Policy and Development Department of Economic and Social Affairs*. Retrieved from <http://www.un.org/esa/socdev/documents/ageing/neglect-abuse-violence-older-women.pdf>
20. Acierno et al. (2010).

21. Mezey, N. J., Post, L. A., & Maxwell, C. D. (2002). Redefining intimate partner violence: Women's experiences with physical violence and non-physical abuse by age. *International Journal of Sociology and Social Policy*, 22(7/8), 122-15; Mouton, C. P. (2003). Intimate partner violence and health status among older women. *Violence Against Women*, 9(12), 1465-1477.
22. Fileborn, B. (2016). Sexual Assault and Justice for Older Women: A Critical Review of the Literature. *Trauma, Violence, & Abuse*, 1(12).
23. Ramsey- Klawnsnik, H. (2009). Sexual Violence in Later Life: A Technical Assistance Guide for Advocates. Retrieved from [http://www.nsvrc.org/sites/default/files/publications\\_SVlaterlife\\_Guide.pdf](http://www.nsvrc.org/sites/default/files/publications_SVlaterlife_Guide.pdf)
24. Acierno et al. (2010).
25. Ramsey-Klawnsnik, H., Teaster, P. B., Mendiondo, M. S., Marcum, J. L., & Abner, E. L. (2008). Sexual predators who target elders: Findings from the first national study of sexual abuse in care facilities. *Journal of Elder Abuse & Neglect*, 20(4), 353-376.
26. Poulos, C. A., & Sheridan, D. J. (2008). Genital injuries in postmenopausal women after sexual assault. *Journal of Elder Abuse & Neglect*, 20(4), 323-335.
27. Stein, M. B., & Barrett-Connor, E. (2000). Sexual assault and physical health: Findings from a population-based study of older adults. *Psychosomatic Medicine*, 62(6), 838-843.
28. Acierno et al. (2009).
29. Jasinski, J. L., & Dietz, T. L. (2004). Domestic violence and stalking among older adults: An assessment of risk markers. *Journal of Elder Abuse & Neglect*, 15(1), 3-18.
30. U.S. Department of Health and Human Services Administration on Aging (2011). A Profile of Older Americans: 2011.
31. U.S. Census Bureau (2011). The Older Population: 2010, Census Briefs. Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>
32. U.S. Department of Health and Human Services Administration on Aging (2011). A Profile of Older Americans: 2011.
33. Ageism (n.d.) In Dictionary.com online. Retrieved from <http://www.dictionary.com/browse/ageism>
34. What Is Ageism? Agentum (n.d.). *What is Ageism?* Retrieved from <http://www.alfa.org/alfa/Ageism.asp>
35. Agentum (n.d.)
36. Respect (n.d.). In dictionary.com online. Retrieved from <http://www.dictionary.com/browse/respect>
37. Guiding Principles (n.d.). In businessdictionary.com online. Retrieved from <http://www.businessdictionary.com/definition/guiding-principles.html>
38. Guideline (n.d.). In businessdictionary.com online. Retrieved from <http://www.businessdictionary.com/definition/guideline.html>
39. Brandl, B., Dyer, C. B., Heisler, C. J., Marlatt Otto, J., Stiegel L. A., & Thomas, R. W. (2006). *Elder abuse detection and intervention: A collaborative approach*. Springer Publishing Company.
40. Zink, T., Regan, S., Jacobson, C. J., & Pabst, S. (2003). Cohort, Period, and Aging Effects A Qualitative Study of Older Women's Reasons for Remaining in Abusive Relationships. *Violence Against Women*, 9(12), 1429-144.
41. Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2006). Internal barriers to help seeking for middle-aged and older women who experience intimate partner violence. *Journal of Elder Abuse & Neglect*, 17(3), 53-74.
42. SAMHSA News (2014). Key Terms: Definitions. Retrieved from [http://www.samhsa.gov/samhsaNewsLetter/Volume\\_22\\_Number\\_2/trauma\\_tip/key\\_terms.html](http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html)
43. Brown-Rice, K. (2013). Examining the theory of historical trauma among Native Americans. *The Professional Counselor*, 3(3), 117-130. Brave Heart, M. (1993). The historical trauma response among Natives and its relationship with substance abuse: a Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7-13.
44. Beaulaurier et al. (2012).
45. Fullframe Institute (2014). How Do Survivors Define Success? Retrieved from [http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/How\\_Do\\_Survivors\\_Define\\_Success\\_FFI\\_Oct\\_2014.pdf](http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/How_Do_Survivors_Define_Success_FFI_Oct_2014.pdf)
46. Davies, J. (2009). Advocacy Beyond Leaving: Helping Battered Women in Contact With Current or Former Partners. Retrieved from [https://www.futureswithoutviolence.org/userfiles/file/Children\\_and\\_Families/Advocates%20Guide\(1\).pdf](https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide(1).pdf)

47. Vahdat, S., Hamzehgardeshi, L., Hessam, S., & Hamzehgardeshi, Z. (2014). Patient involvement in health care decision making: a review. *Iranian Red Crescent Medical Journal*, 16(1).
48. Henderson, E. (2011). Responding to elder abuse in culturally and linguistically diverse communities: a resource for seniors' service providers in Canada. *Project Wisdom: Intercultural Awareness of Elder Abuse*. Retrieved from: [http://www.is-gw.ca/storage/project-wisdom/Tool% 20Kit](http://www.is-gw.ca/storage/project-wisdom/Tool%20Kit).
49. Wilke, D. J., & Vinton, L. (2005). The nature and impact of domestic violence across age cohorts. *Affilia*, 20(3), 316-328.
50. Henderson, E. (2011).
51. National Indian Council on Aging. (2004). Elder Abuse in Indian Country: Research, Policy, and Practice. Retrieved from <http://www.ncea.aoa.gov/Resources/Publication/docs/litreview040707.pdf>
52. U.S. Census Bureau (2011). The Older Population: 2010, Census Briefs. Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>
53. DeLiema, M., Gassoumis, Z. D., Homeier, D. C., & Wilber, K. H. (2012). Determining prevalence and correlates of elder abuse using promotores: Low-income immigrant latinos report high rates of abuse and neglect. *Journal of the American Geriatrics Society*, 60(7), 1333-1339.
54. Crockett et al. (2015).

## **With Overwhelming Gratitude – From Bonnie Brandl**

In March 1990, I started work at End Domestic Abuse Wisconsin (known as WCADV back then.) One of my first assignments was to review 21 interviews of older survivors of abuse and to draft a summary report. Based on those interviews, I recommended that the Milwaukee Foundation provide funding to the Milwaukee Women's Center to create tailored services for older victims. That program is still in place today. Since then I have talked to thousands of older survivors of abuse, domestic violence and sexual assault advocates, aging services network professionals, adult protective services workers, and others about how to effectively address abuse in later life. This report is a reflection of the insights and recommendations I have heard from local, state, and national experts as I have worked with programs across the country.

In addition, for this project, NCALL staff conducted a literature review; facilitated two national roundtables with subject matter experts; and invited key stakeholders to provide feedback on this report. I am also very grateful to the experts who were willing to be filmed for this toolkit. I am immensely appreciative to everyone listed below for contributing their time and expertise to this project.

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Graphic Artist: Sara Mayer, NCALL Project Coordinator

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Bonnie Brandl is the founder and director of the National Clearinghouse on Abuse in Later Life (NCALL), a project of the End Domestic Abuse Wisconsin. Brandl has worked in the battered women's movement for more than 29 years and at End Domestic Abuse Wisconsin for 25 years. She has written national curricula for law enforcement, prosecutors, and victim service providers on elder abuse, and facilitated trainings for thousands of professionals throughout the United States. She co-authored a book titled "Elder Abuse Detection and Intervention: A Collaborative Approach." Her numerous published articles and manuals on abuse in later life have been distributed throughout the country. Brandl has a Masters in Social Work from the University of Wisconsin – Madison.



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