

Barriers to and Promising Practices for Collaboration Between Adult Protective Services And Domestic Violence Programs

A Report for the National Center on Elder Abuse

**Written for the National Adult Protective Services Association
by Joanne Marlatt Otto and Kathleen Quinn**

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The National Center on Elder Abuse

The Source for Information and Assistance on Elder Abuse

The National Center on Elder Abuse (NCEA) provides elder abuse information to professionals and the public; offers technical assistance and training to elder abuse agencies and related professionals; identifies promising practices; conducts short-term elder abuse research; and assists with elder abuse program and policy development. NCEA's website and clearinghouse contain many resources and publications to help achieve these goals.

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PARTNER ORGANIZATIONS

Sara Aravanis, Director
National Center on Elder Abuse
National Assn. of State Units on Aging
1201 15th Street, NW, Suite 350
Washington, DC 20005-2800
(202) 898-2586 / Fax: (202) 898-2583
NCEA@nasua.org

Nancy Alterio, President
MA Disabled Persons Protection
Commission
50 Ross Way
Quincy, MA 02169
617-727-6465 / Fax: 617-727-6469
nancy.alterio@state.ma.us

Kathleen Quinn, Executive Director
National Adult Protective Services Assn
920 Spring Street Suite 1200
Springfield, Illinois 62704
(217)523-4431/ Fax: (217) 522-6650
kathleen.quinn@apsnetwork.org

Karen Stein, Director
Clearinghouse on Abuse and
Neglect of the Elderly (CANE)
Department of Consumer Studies
University of Delaware
Newark, DE 19716
(302) 831-3525 / Fax: (302) 831-6081
kstein@udel.edu

Lori Stiegel, Associate Staff Director
Commission on Law and Aging
American Bar Association
740 15th Street, N.W.
Washington, DC 20005-1022
(202) 662-8692 / Fax: (202) 662-8698
lstiegel@staff.abanet.org

Randy Thomas, President
National Committee for the
Prevention of Elder Abuse
c/o Matz, Blancato & Associates
1612 K. Street, N.W., Suite 400
Washington, DC 20006
(202)682-4140 / Fax: (202) 223-2099
rthomas149@aol.com

National Center on Elder Abuse

1201 15th Street, NW, Suite 350 - Washington, DC. - 20005-2482
(202) 898-2586 – Fax: (202) 898-2583 – NCEA@nasua.org – www.elderabusecenter.org

I. INTRODUCTION

Are older victims of family violence elder abuse victims, domestic violence victims, or both?

The answer to this question may well determine the services provided, the philosophy and world views upon which those services are based, and, ultimately, the very safety and protection afforded to older victims of abuse by family members.

There are two service networks in place to provide services to older victims of family violence: state and local Adult Protective Services (APS) Programs, and community based domestic violence (DV) programs.

Adult protective services were developed by state human services systems using a social services model which often focused primarily on protection. While elder abuse victims make up the majority of APS cases, APS programs typically serve abused, neglected or exploited adults with disabilities aged 18 and over.

Domestic violence services, which evolved out of the women's movement, are very grass roots and political in nature, and are based on a feminist, empowerment world view. In many states, domestic violence is defined as intimate partner violence only, and while shelter and other domestic violence services are not age limited, in practice they are often limited to battered women of child bearing age and their children.

It is not surprising that, given these origins, the relationship between domestic violence and adult protective services has sometimes been marked by misunderstanding, misinformation, and missed opportunities.

Over the past few years there has been increasing dialogue between the APS and domestic violence networks. Toward this end, and as part of its responsibilities as a partner in the National Center on Elder Abuse (NCEA), in 2004 the National Adult Protective Services Association (NAPSA) initiated a number of regional meetings involving state APS administrators and representatives from state and local DV programs.

The purpose of the meetings was to gain a better understanding of the current state of collaboration between the two programs by having the participants discuss the following questions:

- What collaborations between DV and APS have occurred in your state in the past year?
- What barriers have prevented you from collaborating?
- Has your state/community identified a need for emergency housing options for older DV victims in your area?
- Can you identify possible projects for future collaboration?

Using funding from the Administration on Aging for the NCEA, NAPSA convened three regional meetings that were held in New York, NY, Kansas City, MO, and Portsmouth, NH. A total of 31 people representing 17 states attended the regional meetings. NAPSA also sent out an email copy of the questions in order to gain additional information from state APS administrators who were unable to travel due to budget constraints.

By combining the information from the on-site meetings with email responses, NAPSA identified the following barriers to collaboration and found a number of examples of how programs have positively addressed these barriers.

The elder abuse/adult protective services system and the domestic violence service network, which have evolved independently of one another over the past three decades, each began with fundamentally different understandings of, and approaches to, the problem of family violence. The two networks historically have served different types of clients, with APS in most states limited by law to persons with significant disabilities, and domestic violence programs traditionally focusing on younger women without significant impairments.

In recent years, however, two developments are creating more crossover between the two systems: first, the population is rapidly aging, so that domestic violence programs are increasingly being faced with older victims, and second, research more and more points to elder abuse as resulting from abusers using power and control tactics to meet their own needs, rather than resulting from “caregiver stress” as originally theorized.

This paper provides a background description of how the APS and domestic violence systems have developed until today, the barriers to collaboration between the two systems identified by the participants at the regional meetings and in the survey described above, and it also provides examples of successful collaborative initiatives which shared by participants.

II. BACKGROUND

As noted above, historically, domestic violence (DV) and Adult Protective Services (APS) programs have functioned separately in their responses to elder victims of domestic violence. According to Bonnie Brandl, with the Wisconsin Coalition Against Domestic Violence (WCADV), *Similar to direct services agencies, most statewide domestic violence coalitions have not paid attention to the needs of older survivors of family violence. . . The images of victims depicted in our stories and pictures are of younger women.... Policy initiatives also often have focused on younger women’s agendas, including welfare reform, reproductive rights, and child custody.*¹

Similarly, in an email to the national elder abuse listserv, Meg London observed, *Nationally, domestic violence agencies have been slow to recognize that elder abuse IS*

¹ Brandl, B. 1997. *Safety, Services and Support for Older Survivors of Family Violence: A Call for Action from Statewide Domestic Violence Coalitions*, Wisconsin Coalition Against Domestic Violence, Madison, WI p.1.

family violence. Not including elder abuse in every outreach training and all media materials excludes a whole population and continues the notion that DV is a younger woman's issue... I'm sitting here in my office looking at a poster about domestic violence and the older woman in the photograph is in the background holding a baby. That's a message...even when it's not deliberate. (London, M. May 13, 2004, communication to NCEA Elder Abuse Listserve).

This is not to say that domestic violence programs never serve older victims or recognize elder abuse. Many shelters and other services throughout the country have served older victims for many years. One state coalition in particular has worked to include victims of all ages and abilities. WCADV, which houses the National Clearinghouse on Abuse in Later Life (NCALL), has been the national leader in developing policies, services guidelines, research, outreach materials and training for domestic violence programs to use in meeting the needs of older victims and victims with disabilities.² In addition, the Pennsylvania Coalition Against Rape (PCAR), has developed informational and outreach materials on elder sexual abuse, another crime to which many older victims of domestic violence are subjected.³

APS Programs, on the other hand, serve a wider range of victims, of both genders usually from 18 years on throughout adulthood, who are abused, neglected or exploited and are unable to protect themselves. The victims' health and disability concerns, aging issues and access to public benefit programs are all essential components in both identifying abuse and arranging for appropriate services. Victims served by APS may be living either in their own homes in the community or residing in long-term care facilities, depending upon each state's law.

For many years, based on the research available at the time, APS professionals approached domestic elder abuse with the understanding that it was caused by caregiver stress. The underlying assumption was that providing personal care to a physically or cognitively impaired adult is inherently stressful, and abuse results when the caregiver becomes overwhelmed by the physical and emotional responsibilities such caregiving entails. The perceived solution based on this understanding was either to move the victim into a long-term care facility, or to provide additional in-home services to assist the overburdened caregiver.⁴ Victims were often seen as vulnerable and dependent, unable to voluntarily separate from their abusers, while the caregivers were regarded as sympathetic figures in need of help.⁵

² Wisconsin Coalition Against Domestic Violence (NCADV), Madison, WI. www.wcadv.org. National Clearinghouse on Abuse in Later Life (NCALL). www.ncall.us.

³ Pennsylvania Coalition Against Rape (PCAR). <http://pcar.org/>.

⁴ Stiegel, L. Heisler, C., Brandl, B. and Judy, A. *Developing Services for Older Women Who are Victims of Domestic Violence or Sexual Assault*. *Victimization of the Elderly and Disabled*, Vol. 3 No.2, July/August 2000 p.26.

⁵ Hightower, J., MA, Smith, M.J., Ward-Hall, C.A., Hightower, H.C., PhD. *Meeting the Needs of Abused Older Women: A British Columbia and Yukon Transition House Survey* *Journal of Elder Abuse and Neglect*, Vol. 11 No. 4, 1999 p.43.

Because of this social service/caregiver stress understanding of elder abuse, APS professionals often failed to identify abusive situations as domestic violence, and thus failed to address the very real safety needs of their clients.

Over time, research began to show that caregiver stress was *not* the primary cause of elder and vulnerable adult abuse, calling into question the foundational framework for many APS interventions.⁶ APS practitioners began to realize that many, although not all, cases of elder and vulnerable adult abuse were in fact domestic violence. Unlike the intimate partner abuse traditionally thought of as domestic violence, however, many of the abusers in these cases were the victim's adult children, often sons but sometimes daughters. In addition, a higher percentage of victims were men, although women still represent the majority of victims (roughly three out of four).⁷

In many of these cases, the appropriate response would have been to access the newly available legal protections for domestic violence victims and accountability measures for abusers, not to provide stress or caregiving relief for the abuser/caregiver. But APS workers generally lacked training on the domestic violence field's understanding of what causes family violence, which is the abuser's use of power and control tactics to dominate the victim. APS also lacked information on safety planning for these victims, particularly those with cognitive impairments.

Because APS programs were often housed in social service agencies that also provide child protective services, the legal counsel available to them usually had extensive experience with child welfare laws but were often unfamiliar with elder law issues. Counsel were by and large not trained, for example, to assist with filing protective orders, probate actions or appeals for denials of benefits on behalf of older persons and adults with disabilities. Even APS programs administered by aging services often lacked legal counsel trained in these areas of elder law.

Over time, both APS and domestic violence staff have become increasingly aware that they need information from each other: APS on the dynamics of domestic violence, and DV staff on aging issues. Both also need the client resources available through each other's programs. APS thus began to turn to professionals in the domestic violence field for information and assistance for older victims and victims with disabilities.

In many locations, however, domestic violence programs were unprepared to deal with frail elders and younger victims with physical or cognitive disabilities. Very little domestic violence literature addressed the special needs of older persons and adults with disabilities.⁸ These victims often had health problems that precluded their staying in traditional shelters, which are designed for short term, emergency housing for women

⁶ Wolf, R.S. 2000. Elders as victims of crime, abuse, neglect, and exploitation. In M. B. Rothman, B. D. Dunlop, & P. Entzel (Eds.). *Elders, crime, and the criminal justice system: Myth, perceptions, and reality in the 21st Century* New York: Springer Publishing Company. pp.19-42.

⁷ Seaver, C. *Muted Lives: Older Battered Women*. Journal of Elder Abuse and Neglect, Vol. 8 No. 2 1996 p.14.

⁸ Schaffer, J.1999 *Older and Isolated Women and Domestic Violence Project*. Journal of Elder Abuse and Neglect. Vol.11 No.1, p.61.

who can carry out all the activities of daily living and in addition are usually expected to help with shelter chores.

In addition, many older victims had outlived friends and family who could provide emotional and financial support. And in contrast to younger victims, they were very unlikely to find jobs and begin to establish their financial independence from their abusers. Even when they were able to do so, they often needed a much longer time to reestablish themselves than is permitted under short term shelter policies. For these reasons and others, such as dependence on their abuser's health insurance, older victims were often much less able to separate from or divorce a partner, no matter how abusive the relationship might be.⁹ According to Brandl, . . . *those older victims who want to separate or leave their abusers... may find themselves less able to live free from the abuse.* (Brandl, B. August 27, 2004 personal communication).

Because the domestic violence movement grew out of the needs for safety and shelter for younger battered women, and its programs were often created by those same women, the services that evolved were understandably tailored for that population. Most of the shelters are child centered, with limited accessibility for victims with disabilities. Most shelters are staffed by younger women with little understanding of the complex physical, emotional and financial needs of older victims or those with disabilities. As a result, over the years victims of abuse in later life seldom presented themselves at shelters or asked for DV related services.

Brandl explains, *While many victims of abuse do not identify themselves as battered women, generally older women are even more unlikely to see themselves as victims or recognize that services are available for them.*¹⁰

In addition, a number of these victims do not fit the statutory definitions of domestic violence in many states, since the perpetrators are often their adult children or caregivers whose relationship with the victim was not defined as "intimate," i.e., involving a sexual relationship.

For all of these reasons, APS workers have often felt frustrated when they turned to domestic violence professionals for information and help. In turn, domestic violence staff have felt that they were being asked to provide precious resources to a population they knew little about, and which fell within another service system's jurisdiction, when they were already stretched to the limit and turning away younger victims desperate for safe haven.

Fortunately, as awareness of the overlap between younger and older domestic violence victims has increased, some of these differences and conflicts have begun to be resolved, thanks in part to efforts on the part of the U.S. Administration on Aging (AoA), the U.S. Department of Justice (DOJ), AARP, the American Bar Association (ABA) Commission

⁹ Stiegel, L. J.D. Power Point Presentation, July 2003, *Domestic Violence and Sexual Abuse in Later Life*. American Bar Association Commission on Law and Aging.

¹⁰ Ibid.

on Law and Aging, WCADV, and NAPSA, as well as local APS and DV advocates. Training, information and increased linkages among aging services, adult protective services and DV and sexual assault programs are starting to have an impact on the services available for older victims of elder domestic abuse and violence.¹¹

One early innovative approach was a grant to the ABA Commission on Law and Aging funded by the DOJ Violence Against Women Office, through which ABA held a joint teleconference, with WCADV, on serving older victims for state Violence Against Women Act (VAWA) grant program administrators and domestic violence advocates on developing services for older victims of domestic violence and sexual assault. Participants on the call were given information about the challenges of serving these older victims, as well as suggestions for enhancing systems responses on their behalf. Cross-training for domestic violence and adult protective and aging services professionals was strongly encouraged.¹²

Subsequently, in 2003, the ABA developed an excellent resource packet on domestic violence and sexual abuse in later life and sent it to all state VAWA administrators, domestic violence coalitions, sexual assault coalitions, and adult protective services administrators, as well as to selected other VAWA grantees and programs interested in these issues.¹³

III. BARRIERS TO COLLABORATION BETWEEN APS AND DOMESTIC VIOLENCE PROGRAMS

Meeting and survey participants identified a number of obstacles that hamper the ability of domestic violence programs and APS to work together, including the use of different terms and definitions; dissimilar approaches to providing services; the challenges of traditional domestic violence programs serving male victims, victims who live in long term care facilities, and older sexual assault victims; the issues of mandatory reporting vs. client confidentiality and trust; the problems posed by pets and service animals, and the challenges in meeting the special needs of older victims or victims with disabilities, including those involving housing, financial stability and increased health problems. These barriers, and the ways in which some communities have addressed them, are described below.

A. Barrier: Language and Definitions

I think the major barrier is getting APS staff educated to recognize that much of the abuse and neglect we encounter in APS actually meets the definition of domestic

¹¹ Hightower, J., MA, Smith, M.J., Ward-Hall, C.A., Hightower, H.C., PhD. *Meeting the Needs of Abused Older Women: A British Columbia and Yukon Transition House Survey*. Journal of Elder Abuse and Neglect, Vol. 11 No. 4, 1999, p.55-56.

¹² Stiegel, L. Heisler, C., Brandl, B., and Judy, A. *Developing Services for Older Women Who are Victims of Domestic Violence or Sexual Assault (Part One)*. Victimization of the Elderly and Disabled Vol. 3 No. 2 July/August 2000 pp.17-28.

¹³ Stiegel, L.A. J.D. 2003. *Domestic Violence and Sexual Abuse in Later Life*. American Bar Association Commission on Law and Aging, Washington, D.C.

violence; and educating DV staff that with the population aging, more and more DV situations are going to involve older adults who may need assistance in some ways current DV programs do not offer. (Kidder, B. July 29, 2004 personal communication)

The words used by APS and DV professionals to identify the people they serve give important insights into their different understandings of the problem of abuse within the family, and as a result different approaches to the services designed to help family violence victims.

- *Age*

Age is one of many factors used in determining the target populations that are eligible for both APS and DV services. As noted above, the majority of APS programs serve adults with disabilities age eighteen and older who are abused, exploited and/or neglected, including elderly victims, although “elderly” may be defined variously by state laws as starting at age 60 or age 65.

In contrast, DV programs primarily serve women well under the age of 60. As Brandl and Raymond note, however, *at age 60 or 65, victims do not magically move from being victims of domestic violence to being victims of elder abuse.*¹⁴

- *Clients, Victims or Survivors?*

APS workers speak of “victims” or “clients,” terms which imply passivity on the part of the consumers. But in reality many of the people APS serves are either extremely physically frail, have one or more physical disabilities, or are cognitively impaired. These people usually do not, indeed often *cannot*, self-report,¹⁵ do not seek services, and often have difficulty in understanding that they are at risk of further harm. Few of them, even if cognitively and physically intact, identify themselves as being domestic violence victims, and therefore they do not seek assistance from DV programs.

DV professionals, on the other hand, speak of “survivors,” a term that paints a picture of more active and assertive consumers. These survivors are expected to initiate requests for help by calling a DV hotline or seeking admission to a shelter. While DV professionals make every effort to assist domestic violence victims, survivors ultimately are responsible for, and assumed capable of, making and carrying out decisions relating to their own personal safety.

- *Abuse, Mistreatment and Exploitation or Crime, Violence and Theft?*

APS uses terms such as “mistreatment” and “exploitation,” terms which imply a softer approach that may minimize the abusive situation. In contrast, according to DV expert Brandl, *I use the word ‘abuse’ because older women have told me that they identify with that word more than ‘battered woman,’ because so much of their experience includes*

¹⁴ Brandl, B., Raymond, J. *Abuse in Later Life: Name It! Claim It!*. Victimization of the Elderly and Disabled, Vol. 7, No. 4, p.61.

¹⁵ Teaster, P., PhD. 2003. *A Response to the Abuse of Vulnerable Adults: the 2000 Survey of State Adult Protective Services*. National Center on Elder Abuse, Washington, DC. p.22.

emotional abuse – which they don't hear in the word 'battered,' which implies physical violence. (Brandl, B. August 27, 2004 personal communication).

In other examples, “theft,” a word taken from the criminal statutes, is the term used by DV staff, while APS workers generally say “financial exploitation.” Behaviors APS labels as “neglect,” DV may call “refusal to provide essential care,” “manipulation of medications,” or “withholding or destruction of equipment.”

According to disability advocate Mary Ochwald, *These forms of abuse can be life threatening by causing health deterioration or leaving women unable to get away or call for help. Remedies that may be effective in cases of self-neglect may prove to be dangerous in cases of domestic violence.*¹⁶

Bonnie Brandl and Jane Raymond concur, noting, *Home visits are useful and appropriate in most cases involving self-neglecting individuals, but may prove to be dangerous to both the victim and worker in some domestic violence situations.*¹⁷

- *Does “Intimate” Necessarily Mean Sexual?*

“Intimate relationship,” as used by DV, implies an ongoing relationship that includes sexual intimacy. While most APS perpetrators are family members, not all are spouses or romantic partners. Many are adult children with whom the victim does not have a sexual relationship. (Although, it should be noted, according to Ramsey-Klawnsnik, mother-son incest is not an uncommon form of elder abuse where the mother is unable give informed consent for, or is coerced into, sexual activities.)¹⁸

If ‘intimate’ or ‘sexual relationship’ were the defining criteria as to whether abuse is considered domestic violence, a son who rapes his mother would be described as having an intimate relationship with her, state Brandl and Raymond.¹⁹ Due to the type of personal care many of these victims require, the relationship could certainly be defined as “intimate” if it involves toileting and washing of the breasts and genital area. Again, Brandl and Raymond: *The connection does not need to be romantic or sexual – but rather based on the love and caring the victim expresses during the course of the relationship.*²⁰

- *Elder abuse or domestic violence – is there a difference?*

The definitional terms used by APS and DV perpetuate the assumption that each program is intended to serve a separate population. As an example, the NCEA defines **elder**

¹⁶ Ochwald, M., Ph.D. *Fact Sheet Prepared for Family Violence Prevention Fund.* National Health Resource Center on Domestic Violence, p.1.

¹⁷ Brandl, B., Raymond, J. *Abuse in Later Life: Name It! Claim It!* Victimization of the Elderly and Disabled, Vol. 7, No. 4, p. 62.

¹⁸ Ramsey-Klawnsnik, H., Ph.D. *Elder Sexual Abuse: Preliminary Findings.* Journal of Elder Abuse and Neglect, Vol. 3 No. 3 p. 81.

¹⁹ Brandl, B., Raymond, J. *Abuse in Later Life: Name It! Claim It!* Victimization of the Elderly and Disabled, Vol. 7, No. 4, p.61.

²⁰ *Ibid.* p.61.

abuse as:

physical, sexual, and psychological abuse, financial exploitation, neglect, self-neglect and abandonment of an older person. Often the abuser is a family member or caregiver of the victim.²¹

DV advocates, on the other hand, often use Schechter's definition of **domestic violence**: a pattern of coercive control that one person exercises over another. Abusers use physical and sexual violence, threats, emotional insults and economic deprivation as a way to dominate their partners and get their way. Batterers are exercising control over their partners that they and the society historically have defined as legitimate.²²

Such linguistic differences in definitions create opportunities for miscommunication at the very beginning. DV professionals may assume APS workers are soft on crime, while APS workers can view DV staff as unsympathetic to the needs of victims who may be dependent on their abusers for direct care.

In an article in *Victimization of the Elderly and Disabled*, Brandl and Raymond suggest adopting the use of a broader term, **abuse in later life**, to cover both elder abuse and domestic violence, *Being able to see abuse in later life as domestic violence AND a distinct subset of elder abuse is crucial. . . . Depending on their professional background, training and personal experience, professionals may look at the same case and see completely different situations. Is it elder abuse, domestic violence or abuse in later life? How the problem is perceived and defined naturally leads to the potential interventions that are considered and pursued.*²³

Brandl and Raymond define **abuse in later life** as:

Female and male victims age 50 and older who have been harmed by a known abuser. The perpetrator is someone with an ongoing, trusting relationship with the victim such as a spouse/partner, an adult child, a grandchild, another family member or a paid or unpaid caregiver. Physical abuse, sexual assault, stalking, isolation, harassment, financial exploitation and neglect are often used in combination against the victim. Most often the abuse occurs in the victim's home, whether it's a private dwelling in the community or a residential care facility, such as a nursing home.²⁴

Rather than using the characteristics of the victims—age, sex, living arrangement—to define the problem, Brandl and Raymond focus on the situational components:

- 1) Is there a pattern of coercive control?
- 2) Is there a sense of entitlement on the part of the perpetrator?
- 3) Is there an ongoing, trusting relationship?

²¹ National Center on Elder Abuse Website (www.elderabusecenter.org).

²² Cited in Brandl, B., Raymond, J. *Abuse in Later Life: Name It! Claim It!* Victimization of the Elderly and Disabled, Vol. 7, No. 4, p.60.

²³ Ibid. p.60.

²⁴ Ibid. p.60; also www.ncall.us.

- 4) Does the domestic violence program have services and information to offer that would be useful for the victim?²⁵

Using these questions to determine which reports to APS might benefit from a referral to the local DV program can be an effective way to assure that victims receive the most appropriate services.

While definitional issues can be divisive, there are programs that have taken the initiative to address these issues as described in the examples below.

? Collaborative Responses to Definitional Differences:

- In 2003, Wisconsin enacted changes to their domestic violence order of protection statute, including adding “caregiver” to the definition of a domestic relationship, regardless of whether the caregiver lives with the victim.²⁶ Illinois has had similar legislation since the 1990’s.
- In Contra Costa County, California, APS participates in a county-wide initiative called *Zero Tolerance for Domestic Violence*, a multi-jurisdictional partnership designed to reduce domestic violence, including elder abuse, in the county. The Zero Tolerance initiative involves law enforcement, legal agencies, and public and private entities.²⁷

B. Barrier: Providing Services to Sexual Assault Victims Who Are Elderly or Who Have Disabilities (Underserved Population)

Another area of miscommunication between APS and DV programs is in the area of sexual assault. While only 1.0% of the reports made to APS involve sexual assault, the actual incidence is thought to be much higher.²⁸ A study of older sexual assault victims in Virginia found that 70.7% were sexually assaulted in nursing homes, 14.6% were assaulted in the home of a perpetrator, and 12.2% were in their own homes at the time of the assault.²⁹ Information from another source showed that 18% of the women who are raped each year were sixty years of age or older.³⁰ A small, non-random study by Ramsey-Klawnsnik found that although 29% of the cases of elder sexual abuse were

²⁵ Ibid. p.61.

²⁶ Raymond, J. 2004. *Wisconsin Joint Efforts with State Domestic Violence & APS/EA Agencies*, Wisconsin Dept of Health and Family Services, Division of Disability and Elder Services, Bureau of Aging and Long Term Care Resources, p.1.

²⁷ See: <http://www.co.contra-costa.ca.us/depart/cao/DomViol/ztdv%20overview%20for%20website%202%2002.htm>

²⁸ Teaster, P. Ph.D. 2003. *A Response to the Abuse of Vulnerable Adults: The 2000 Survey of State Adult Protective Services*. National Center on Elder Abuse, p.21.

²⁹ Teaster, P., Ph.D. 2001 *Sexual Abuse of Older Adults: Preliminary Findings of Cases in Virginia*. Journal of Elder Abuse and Neglect Vol. 12 (3-4) p.4.

³⁰ Wisconsin Coalition Against Sexual Assault, 2003. Information sheet on Sexual Assault and Older Adults.

marital rape, the largest category of sexual offenders was sons abusing their elderly mothers.³¹

Many older victims are reluctant to report sexual abuse even if able to do so. According to Tietelman and O'Neill, in an article in the *Journal of Elder Abuse and Neglect*, *The current cohort of older adults has been socialized to believe that anything related to sexuality is personal, perhaps even shameful. Discussion of even normative, consensual sexuality may be considered inappropriate, rendering the disclosure of abuse situations even more taboo and inconceivable.*³²

Ramsey-Klawnsnik goes on to explain that because of the enormous taboos against revealing situations of sexual abuse, older victims often use subtle, coded disclosures which may be easy to ignore or misinterpret on the part of the interviewer.³³ *Most of those responsible for investigating cases of elder abuse have not received training specific to sexual abuse. Lack of training frequently results in failure to recognize, substantiate, and intervene in cases. Workers who have dealt with cases of elder sexual abuse report frustration with the lack of literature and training.*³⁴

Tietelman and O'Neill also state, *...sexual abuse may be the most difficult of all types of abuse for social workers to discuss. Their reluctance, combined with the shame, denial, and ambivalence often experienced by those who have been abused, make allegations of sexual abuse the most difficult to substantiate...It is equally clear that even the most compassionate and experienced of services providers in aging, including those most directly involved in abuse issues, typically lack specific training in this area.*³⁵

In addition, while a number of articles have been written for social service/APS professionals on sexual abuse of the elderly, none of the material reviewed referred to either sexual assault programs or sexual assault nurse examiners (SANE) as potential resources for working with elderly victims of sexual abuse. Similarly, an excellent booklet published by the National Sexual Violence Resource Center, *Unspoken Crimes: Sexual Assault in Rural America*, shows a picture of an older woman, presumably a victim of sexual assault, on the front cover, but the text itself then never mentions elderly victims.³⁶ Both of these examples illustrate the disconnect that often exists between APS and domestic violence/sexual assault programs.

³¹ Ramsey-Klawnsnik, H., Ph.D. 1991 *Elder Sexual Abuse: Preliminary Findings*. *Journal of Elder Abuse and Neglect*, Vol.3 No. 3, pp.84-86.

³² Tietelman, J.L., Ph.D., and O'Neill, P., MSW, 2000. *Elder and Adult Sexual Abuse: A Model Curriculum for Adult Services/Adult Protective Services Workers*. *Journal of Elder Abuse and Neglect*, Vol. 11 No. 3, p.93.

³³ Ramsey-Klawnsnik, R, Ph.D. 1999, *Interviewing Elders for Suspected Sexual Abuse: Guidelines and Techniques*. *Journal of Elder Abuse and Neglect*. Vol.5 No.1, p.8.

³⁴ Ibid. pp.6-8

³⁵ Tietelman, J.L., Ph.D., and O'Neill, P. MSW, 2000. *Elder and Adult Sexual Abuse: a Model Curriculum for Adult Services/Adult Protective Services Workers*, *Journal of Elder Abuse and Neglect*, Vol. 11 No. 3, p.92.

³⁶ Lewis, S.H. Ph.D. 2004, *Unspoken Crimes: Sexual Assault in Rural America*. National Sexual Violence Resource Center, Enola, PA.

According to Brandl and Raymond, *In most cases of elder abuse (excluding self-neglect), the perpetrator and victim have an ongoing, trusting relationship. Services reflecting insights and expertise from both domestic violence and elder abuse fields should be offered to the victim. In cases where sexual abuse is present, sexual assault (SA) laws and services should be considered as well.*³⁷

The Wisconsin Coalition Against Sexual Assault and the Pennsylvania Coalition Against Rape both attempted to bridge this disconnect in the following positive practice examples:

? Positive Practices Addressing Sexual Assault Victims who are Older or who have Disabilities

- The Wisconsin Coalition Against Sexual Assault, Inc. hosted the very first national conference on legal and policy issues related to sexual assault in Madison, Wisconsin in 2002. According to a review posted on their website, “the event was a huge success,” involving sexual assault advocates from across the country. Participants included a range of professionals, and the topics addressed included sexual assaults of people with disabilities and the elderly.³⁸
- In Pennsylvania, the Pennsylvania Coalition Against Rape teamed up with the state’s Department of Aging in 2004 to train sexual assault advocates, aging network professionals, and APS workers in six locations throughout the state on coordinating their efforts to recognize and combat elder sexual abuse, and to better serve older victims.³⁹

C. Barrier: Providing Services to Victims Living in Long-Term Care Facilities (Underserved Population)

A recent study conducted by *A Perfect Cause*, an Oklahoma based nursing home resident advocacy group,⁴⁰ found 380 registered sex offenders living in 289 nursing facilities in 37 states, almost half of whom (44.5%) were under age 60.⁴¹

According to Holly Ramsey-Klawnsnik, *To date, no professional literature has been published on the topic of elder sexual abuse perpetrated by residents in care settings.*⁴² She points out that the majority of victims in these situations are female, and most of the perpetrators are male,⁴³ a finding that fits with the classic domestic violence pattern of males abusing females. The fact that the victims are older or that they live in long-term

³⁷ Brandl, B., Raymond, J. *Abuse in Later Life: Name It! Claim It!* Victimization of the Elderly and Disabled, Vol. 7, No. 4, p.61.

³⁸ Raymond, J. 8-5-2004, *Wisconsin Joint Efforts with State DV & APS/EA Agencies.* p.1.

³⁹ *Addressing Elder Sexual Abuse.* PCAR Pinnacle. Spring 2004. p.12.

⁴⁰ See www.aperfectcause.com for more information.

⁴¹ Carlson, E. 2004, National Senior Citizens Law Center 2004 p.10.

⁴² Ramsey-Klawnsnik, H. Ph.D. 2004, *Elder Sexual Abuse Perpetrated by Residents in Care Settings.* Victimization of the Elderly and Disabled, Vol.6 N. 6. p.81.

⁴³ *Ibid.* p. 93.

care facilities should not prevent them from receiving DV or sexual assault services, in addition to those provided by APS and the Long-Term Care Ombudsman.

Again, Wisconsin advocates have taken the lead in addressing the needs of victims who live in nursing homes and other facilities as discussed below. In addition, a local ombudsman in Kentucky, working with her local rape crisis center, produced a well received facility training curriculum, also described below.

? *Positive Practices in Serving Sexual Abuse Victims in Long-Term Care Facilities*

- In July 2004, the Wisconsin Department of Health and Family Services issued an information memo titled, *Domestic Violence in Later Life and Sexual Assault Incidents Occurring in Facility Settings – A Resource Memo*, to educate long term care facility staffs on being aware of, identifying, responding to, and protecting resident victims of domestic violence and sexual assault. The manual relies heavily on information from both the WCADV/NCALL and the Wisconsin Coalition Against Sexual Assault (Raymond, J. personal communication 8-5-2004, *Wisconsin Joint Efforts with State DV & APS/EA Agencies*).⁴⁴
- In central Kentucky, a training curriculum, *The Prevention and Detection of Sexual Assault of Nursing Home Residents*, was developed collaboratively by the Nursing Home Ombudsman Agency of the Bluegrass, Inc. (NHOA) and the Bluegrass Rape Crisis Center (BRCC), led by the area's substate Long Term Care Ombudsman (LTCO), Sherry Culp, CSW. This comprehensive training package, written from the LTCO perspective, is designed for ombudsmen and rape crisis advocates to use together in educating *all* long term care facility staff to recognize, report, respond to, and ultimately to prevent resident sexual abuse and sexual assault. The training materials may be copied, adapted and used by long-term care ombudsmen programs and rape crisis programs throughout the country with credit to the creators.⁴⁵

D. *Barrier: Providing Services to Male Victims (Underserved Population)*

According to Jordan Kosberg, writing in a journal article, *Actually, very little attention has been paid to the vulnerability of elderly men to abuse and maltreatment. Yet, research has found that many elderly men are victims of abuse; they may be especially vulnerable in certain settings where the abuse is invisible.*⁴⁶

Traditionally, DV and sexual assault programs were largely created by the predominately female victims of these crimes, and were designed to be used primarily by women. DV programs do serve men, who can also be domestic violence and sexual assault victims, although usually not in the shelter itself. While there are no data available on violence

⁴⁴ To see the complete memo, go to:

http://dhfs.wisconsin.gov/dsl_info/InfoMemos/DDES/CY_2004/InfoMemo2004-03.htm.

⁴⁵ Culp, S., CSW. *The Prevention and Detection of Sexual Assault of Nursing Home Residents*. Nursing Home Ombudsman Agency of the Bluegrass, Inc. and Bluegrass Rape Crisis Center. Undated.

⁴⁶ Kosberg, J.I. Ph.D. ACSW. 1998 *The Abuse of Elderly Men*. Journal of Elder Abuse and Neglect, Vol. 9, No.3. p.70.

against men with disabilities,⁴⁷ Ramsey-Klawnsnik notes that not all elder sexual assault perpetrators are male, and not all elderly victims are female, adding, *It is important that professionals serving elders recognize this and consider allegations of suspected female offenses as seriously as those allegations involving male offenders.*⁴⁸

While both domestic violence and sexual assault programs serve male victims, the often more limited range of services available, the lack of outreach notifying men that such services are there for them, and the perceived stigma many men have about accessing such services, all hamper the degree to which men actually have meaningful access to these victim services.

Citing a study by Toshio Tatara, Kosberg and Nahmiash point out that as older men become more impaired, it is speculated they may become victims of “pay back” for their past behavior as their children or spouses gain more power in the relationship.⁴⁹ Culturally, men are socialized to appear emotionally strong, so it is particularly difficult for them to admit to being vulnerable.

All the above factors greatly limit the degree to which older men are served by domestic violence and sexual assault programs. When an older male victim needs emergency placement, APS workers trying to find shelter options have a real challenge in locating appropriate and available resources. Some efforts by local communities to address these challenges are identified below.

? Collaborative Responses in Serving Male Victims

- In Green Bay, Wisconsin, a group called the *Alzheimer’s Emergency Placement Committee* was convened, made up of professionals from the Aging Resource Center, a local Alzheimer’s Association chapter, the family violence center, adult protective services, the crisis intervention center, the community options program, the county mental health center, and law enforcement. Working together, the committee developed alternative solutions in situations in which Alzheimer’s was identified as the cause of domestic violence. The group used a variety of funding sources to amend the local mandatory arrest policy to take abusers with dementia into account, and developed placement alternatives for these abusers who would otherwise have gone to jail.⁵⁰
- In Austin, Texas, A SafePlace Domestic Violence and Sexual Assault Survival Center developed a unique program, *Disability Services ASAP* (A Safety Awareness Program) that provides accessible crisis intervention services for persons with disabilities—including men who are victims of sexual, domestic or caregiver abuse.

⁴⁷ Ochwald, M., Ph.D. *Fact Sheet Prepared for Family Violence Prevention Fund*. National Health Resource Center on Domestic Violence, p.1.

⁴⁸ Ramsey-Klawnsnik, H., Ph.D. 1999. *Interviewing Elders for Suspected Sexual Abuse: Guidelines and Techniques*. Journal of Elder Abuse and Neglect, Vol. 5 No.1, p.9.

⁴⁹ Kosberg, J.I., and Nahmiash, D. 1996 *Characteristics of Victims and Perpetrators and Milieus of Abuse and Neglect*. Abuse, Neglect, and Exploitation of Older Persons, p. 34.

⁵⁰ Langan, R. A Creative Approach to Alzheimer’s Disease and Mandatory Arrest Policies, *Victimization of the Elderly and Disabled*, Vol. 4 no 4 November/December 2001. pp.57-58.

The program provides peer support, safety planning and sexual abuse prevention education.⁵¹

E. Barrier: Providing Services to Persons with Different Cultural and Racial Backgrounds (Underserved Populations)

In addition to the barriers of age and disability, older and vulnerable victims of abuse from various racial and ethnic backgrounds face additional challenges. Even where special services may be available to older victims, non-English speaking victims may be unable to communicate with either APS or DV service providers without the assistance of an interpreter. Since qualified language interpreters are expensive and hard to come by, service staff tend to depend on the victim's friends and family members. This can be a very dangerous practice, as a relative acting as interpreter may either be the perpetrator or be related to that person. If the translator deliberately misinterprets the victim's statements and omits essential information, the victim could well be placed in greater danger. Moreover, non-professional translators often lack the language skills to capture subtle nuances in the victim's statements.

Cultural differences, including previous negative experiences with the criminal justice system;⁵² a strong emphasis on preserving the family;⁵³ and a high value placed on privacy and avoiding shame⁵⁴ may further complicate the victim's ability to seek and to get the help he or she needs. A study of Japanese-Americans, for example, found that, *While family harmony is important, deference and yielding to others out of respect becomes submission, and yielding to others out of fear invites domination. In a self-denying society, the potential for exploitation is great.*⁵⁵

There are many examples of cultural competence efforts in a wide variety of fields. Below is one initiative that specifically targeted minority domestic violence victims.

? A Collaborative Response to Cultural and Racial Barriers:

- In their 2003-2004 Strategic Plan, the Colorado Coalition Against Domestic Violence (CCADV) identified two cultural competency goals, and the actions needed to achieve them. The first goal was to increase participation from underserved and marginalized communities by identifying those clients who were not being served. The second was to create a vision to end violence against all women by recruiting women from underserved populations to serve on CCADV committees. CCADV also plans to expand its organizational network to address

⁵¹ Cameron, L.A, LSW, and Abramson, W. H., LMSW, *Unique Shelter Program Works to Reduce Violence Against and Exploitation of People with Disabilities*. *Victimization of the Elderly and Disabled*, Vol. 5 No 2 July/August 2002. pp.17-18, 31.

⁵² Center for Social Gerontology, *A Manual for Legal Advocates* p.24.

⁵³ *Ibid.* p. 25.

⁵⁴ *Ibid.* p. 25.

⁵⁵ Tomita, S.K., MSW, Ph.D. 1998. *The Consequences of Belonging: Conflict Management Techniques Among Japanese Americans*. *Journal of Elder Abuse and Neglect*, Vol. 9 No 3, p.64.

interconnected forms of violence (St. James, P. PhD. May 7, 2004 personal communication).

F. Barrier: Mandatory Reporting Laws

According to health educator Mary Kay Eagan, *I believe mandatory reporting for domestic violence when the victim is not dependent is entirely different than mandatory reporting for child abuse or dependent adult abuse, and indeed in our state it is not mandatory to report domestic violence unless the injuries are serious or life threatening, because of the repercussion of reporting when the victim is unwilling to report. This person can be encouraged to report, file charges, etc., but she/he is the only person who knows what will probably happen after the perpetrator faces charges.* (Egan, M.K. October 26, 2004 personal communication).

Mandatory reporting of elder/vulnerable adult abuse to APS continues to be a thorny issue for domestic violence professionals. According to Stiegel and Brandl, *Conflicts between state laws that mandate reporting of suspected elder abuse by various professionals or even laypersons, and state laws or program policies that mandate the maintenance of confidentiality for victims of domestic violence or sexual abuse may pose a real barrier to efforts to serve older women.*⁵⁶

In forty-four out of fifty states (88%), many professionals are required by state law to report elder abuse to APS. In some of these states, there are penalties for failure to report. However, according to Hugh Eley, a former APS administrator, *Domestic violence programs...express concern reporting may violate the trust relationship between the advocate and victim. Confidentiality is a cornerstone of domestic violence services.*⁵⁷ In Louisiana, the issue of mandatory reporting was discussed at a state-level DV/APS training event. *The DV network is very much against it, with good arguments as to why. They were very disturbed at the notion of having to report if the victim doesn't want you to,* said Eley (Eley, H. July 27, 2004 personal communication).

Because APS laws vary from state to state, DV professionals may or may not be mandatory reporters. In Oklahoma, for example, DV shelter staffs are mandatory reporters to APS under state law, but APS actually receives very few reports from domestic violence programs (Kidder, B. July 29, 2004 personal communication). In Vermont and a number of other states, however, DV programs are not mandatory reporters.⁵⁸

Mandatory reporting is further complicated by both APS and DV programs' confidentiality requirements. At the time of this writing, no definitive protocols have been developed to address this topic, although NCALL has published a thorough report examining all the issues: *Mandatory Reporting of Elder Abuse: Implications for*

⁵⁶ Stiegel, L., Heisler, C., Judy, A., Brandl, B. *Developing Services for Older Women Who are Victims of Domestic Violence or Sexual Assault*. Victimization of the Elderly and Disabled. Vol. 3 no. 2, p.26.

⁵⁷ Brandl, B. 2004 unpublished paper.

⁵⁸ Koontz, L. June 3, 2004 minutes from NAPSA regional meeting, p.4.

*Domestic Violence Advocates.*⁵⁹

G. Barrier: Program Role Differences

While both APS and domestic violence programs have the victim's safety as their primary concern, each system approaches their professional responsibilities in different ways, several of which are delineated below.

1. Initiating Contact and Home Visits

A significant difference between APS and DV is that the APS worker, upon receiving an abuse report concerning an older person or an adult with disabilities, goes first to the home of the alleged victim in order to have a face to face contact and to assess the immediate level of risk. *In APS it is the APS worker who initiates contact with the victim.*

DV staff rarely make home visits, with the exception of a few working with older women in their own homes (Brandl, B. August 27, 2004 personal communication). DV professionals recognize that going to a domestic violence victim's home may increase the risk of harm both to the victim and to themselves. The victim is expected to contact the DV program and request information and/or services. *Thus, in the DV system it is the victim who initiates contact.*

An important component of APS is the worker's assessment of the victim's ability to understand his or her level of risk, and to give informed consent for the provision of any necessary services. In these activities, the APS worker is again the active initiator, and the victim is the recipient. Although APS staff try to involve victims in taking an active role in the development and implementation of the service plan, these attempts are not always successful due to the limited abilities of some victims.

2. Types of Services Provided

While some APS workers are trained social workers, and do provide occasional crisis intervention services, APS focuses on arranging for concrete victim services such as meals and medical treatment. APS programs do not provide formal individual or group counseling sessions for victims.

Many DV programs focus on facilitating peer support for victims in order to reduce isolation and to encourage mutual self help. According to Brandl, *Many DV programs do not do 'counseling' because it implies the battered woman is 'sick' rather than a woman who needs empowerment. So the word 'counseling' is a bit loaded in DV circles, and not an accurate service for many programs. These DV programs acknowledge that some/many women benefit from counseling as well as the services they offer, and generally make referrals.*⁶⁰ Much DV work involves empowering victims to make their own decisions, and to develop realistic safety plans if they decide to return to their abusers.

⁵⁹ Brandl, B. *Mandatory Reporting of Elder Abuse: Implications for Domestic Violence Advocates.* 2005. http://www.ncall.us/docs/Mandatory_Reporting_EA.pdf.

⁶⁰ Ibid. p.2.

4. Availability of Services 24/7

Typically, APS responds to situations of immediate victim risk within 24 hours of receiving the report. Many APS programs do not, however, have 24 hour hotlines to take reports, nor are APS staff everywhere available after business hours to respond to reports.

DV programs do generally provide 24 hour response seven days a week, 365 days a year, either through a hotline staffed by volunteers or through staff on duty at a shelter.

The lack of 24 hour capacity on the part of APS can be frustrating for reporters, especially where police officers, health care workers and others who work at night and on week-ends are mandated to report to APS. If the APS program is not even able to take a report during non business hours, the reporter must wait to call, often until they are off duty. Undoubtedly a number of elder abuse reports are never made due to these circumstances.

5. Understanding of Victims' Rights

A similarity between APS and DV programs is that victims in either system have the right to refuse services. Often it takes months to persuade a reluctant victim to take any action. Both AP and DV staff let victims know that help is available, if and when they choose to access it. However, when victims clearly lack the cognitive ability to recognize that they are in situations of imminent danger and possible death, APS may request the court to appoint a guardian for the incapacitated adult in order to facilitate emergency measures to protect the victim's safety. DV programs never make such requests, nor do they ever impose involuntary services on the victim.

Despite some of these major programmatic differences, however, Brandl and Raymond point out that *Recognizing abuse in later life is crucial when either an EA/APS or domestic violence worker encounters the situations Not acknowledging this subset of elder abuse means workers can claim that they don't 'do' elder abuse or don't 'do' domestic violence. In the worse case scenario, the victim may not receive assistance from either system. Or a victim may receive services from one system, but not profit from the shared knowledge and resources of both.*⁶¹ *Sharing assets and resources ensures a coordinated, community response to family violence and prevents fragmentation and the squandering of resources.*⁶²

In order to provide the highest quality services to all victims, including those who are older or who have disabilities, DV programs need to work collaboratively with APS staff. Below are some examples of how this collaborative work can occur.

⁶¹ Brandl, B. Raymond, J. *Abuse in Later Life: Name It! Claim It!* Victimization of the Elderly and Disabled, Vol. 7, No. 4, p. 60.

⁶² Ibid. p.62.

? *Positive Practices to Address Program Role Differences*

- In Mesa County, Colorado, the director of the DV program is a member of the adult protection review team. As a result, APS and DV staff have gone together to visit victims at the hospital. DV personnel have been helpful in assisting victims to get orders of protection, and have provided both shelter and counseling to some at-risk adults who were domestic violence victims (St. James, P. May 7, 2004 personal communication).
- In El Paso County, Colorado, the Domestic Violence Enhanced Response Team has called on APS to consult on some cases, and has provided consultation to APS when needed.⁶³
- In Wisconsin, in addition to demonstrating ongoing collaboration with domestic abuse programs to address the needs of older victims of domestic violence, county elder abuse agencies (72 counties) in 2003 met with the Department of Health and Family Services to develop elder abuse interdisciplinary teams (I-teams). An *I-Team* is a group of selected professionals from a variety of disciplines, including domestic violence, which meets regularly to discuss and provide consultation on specific cases of elder abuse, neglect or exploitation. Counties are now responding more effectively to older victims, bringing to the table key figures in education, prevention and intervention efforts, and discussing critical challenges facing all involved. DHFS, by promoting collaboration between law enforcement and other agencies responsible for adults at-risk, supports ongoing efforts to hold abusers accountable and to provide victim safety.⁶⁴
- In 1999 and 2000, the Texas Council on Family Violence (TCFV), the DHS Family Violence Program, DV staff and the Texas Department of Family and Protective Services, Child and Adult Protective Services, convened an interagency domestic violence workgroup that created subcommittees to address training, protocols and procedures, collaborative models and access to services (Bivens, C. August 10, 2004 personnel communication).
- In New Hampshire, APS representatives serve on the Governor's Commission on Domestic and Sexual Violence as well as on a number of other joint committees and sub-committees related to domestic and sexual violence. Collaboration included a survey of the DV crisis centers around the state to ascertain their awareness of adult and elder abuse, as well as their centers' abilities to serve these populations.⁶⁵

G. Barrier: Housing Options

Emergency placement options are limited for APS clients experiencing domestic violence. Since most victims prefer to remain in their own homes, APS has a responsibility to support their decision to do so. Staff may assist the victim in obtaining a no-contact or protective order to keep the perpetrator out of the victim's home, and may

⁶³ Ibid.

⁶⁴ Raymond J. 2004. *Wisconsin Joint Efforts with State Domestic Violence & APS/EA Agencies*, Wisconsin Dept of Health and Family Services, Division of Disability and Elder Services, Bureau of Aging and Long Term Care Resources, p.1.

⁶⁵ Koontz, L. June 3, 2004 Minutes from NE Regional NAPSA Meeting. p.3.

arrange for a number of in-home and supportive services to address the victim's health, personal care and nutritional needs. APS staff may sometimes be able to temporarily house a victim at a local motel, alternate living situation or long-term care facility. Unfortunately, however, most APS programs have little or no discretionary funds for emergency housing, making even these options hard to come by in many locations.

DV programs usually do have shelter options, but as noted elsewhere in this paper, many are not appropriate for victims with disabilities or for older victims. Some may not yet have been retrofitted to meet Americans with Disabilities Act (ADA) standards. Others may not have staff with health aide training or the authority to dispense medications. In addition, some older victims and those with disabilities find living in close proximity to younger women and small children exhausting. The need for shelters and other placement options was frequently identified by both APS and DV program specialists.

Since domestic violence shelter services are by design very time limited as well as expensive to create and to operate, Jane Raymond and Bonnie Brandl state, *APS programs should use caution when considering creating costly elder shelters without researching the strengths and weaknesses of this type of 'brick and mortar' programming.*⁶⁶

Susan Somers, former APS Administrator in New York notes, *Ideally, [emergency housing] programs would be fully accessible for persons with disabilities, would provide emergency funds to purchase medicines and assistive devices, transportation to medical appointments, oversight for dispensing medications, the capacity to meet special dietary needs, and the option of having a responsible caregiver housed with the victim in the facility. These requirements make the development of these facilities very expensive. For small communities, developing such facilities is not a realistic solution. Other creative housing and/or in home support services for victims with special needs are in short supply as well.*⁶⁷

Below are several ideas for addressing the emergency housing needs of older victims and adult victims with disabilities.

? Positive Practice Responses to Housing Issues

- New York City recently opened a new 45 bed domestic violence shelter facility for the elderly, and adults with disabilities, including mental illness. Services include case management and emergency intervention.⁶⁸
- In Louisiana, the DV program and the state protection and advocacy agency were awarded a grant to make domestic violence programs and shelters more accessible to women with disabilities. Training for domestic violence professionals on the needs of victims with disabilities was provided by APS staff. In addition, in pilot programs

⁶⁶ Brandl, B., Raymond, J. *Abuse in Later Life: Name It! Claim It!* Victimization of the Elderly and Disabled, Vol. 7, No. 4, p.62.

⁶⁷ Somers, S. April 23, 2004 minutes from New York regional meeting.

⁶⁸ Ibid.

around the state, APS is working with domestic violence programs to better respond to the needs of older persons and adults with disabilities who are victims of domestic violence (Eley, H. July 27, 2004 personal communication).

- Wisconsin aging advocates did not see a need for separate “elder” shelters. Instead, the state unit on aging provided grant funds and worked with the state protection and advocacy agency (Wisconsin Coalition for Advocacy (WCA)) to implement that organization’s recommendations regarding shelter accessibility. Together they developed a document titled *Accessibility Guide for DV and Sexual Assault Service Providers*, which they promoted across the state. In addition, three domestic violence programs agreed to have an accessibility audit conducted by WCA, and the state Domestic Abuse Program pledged funds to those programs to follow through with the audits’ recommendations.⁶⁹
- Wisconsin DHFS also offered technical assistance to individual shelter programs to develop a plan to expand and remodel a shelter to better meet the needs of older victims and people with disabilities. This involved identification of funding sources, including HUD, private foundations and state dollars specifically allocated for accessibility projects. For example, they helped the Milwaukee Women’s Center to add two private rooms and an accessible bathroom to their shelter. Another domestic violence program used a \$20,000 grant for accessibility improvements to install a wheelchair lift and to make both a first floor bedroom and bathroom accessible to all.⁷⁰
- In Denver, Colorado, a consortium of agencies, including APS, law enforcement and the visiting nurse program signed a written memorandum of understanding to cover situations in which the caregiver of an elderly or disabled victim of abuse suddenly becomes unavailable for any reason, including being arrested for domestic violence. In these situations, the visiting nurse program immediately sends staff to the victim’s home to provide 24 hour care for a limited time period until more permanent arrangements can be made. Funding for the VNA services is provided by the Denver Department of Human Services APS program.
- Sunbeam Family Services in Oklahoma City developed one of the nation’s first emergency shelters specifically for vulnerable older adults, funded with grants from Oklahoma City and County, United Way, the Oklahoma Department of Human Services and private foundations (Kidder, B. July 29, 2004 personal communication).
- In Texas, the Texas Department of Family and Protective Services (FPS), the Texas Council on Family Violence (TCFV), the Texas Department of Human Services (DHS) and family violence service providers developed a memorandum of understanding to facilitate coordination of activities between shelters and local FPS offices. Each shelter has a designated staff person to serve as the CPS/APS liaison, and FPS has appointed a regional domestic violence liaison for their CPS and APS programs (Bivens, C. August 10, 2004 personal communication).

⁶⁹ Raymond, J. 2004. *Wisconsin Joint Efforts with State Domestic Violence & APS/EA Agencies*, Wisconsin Dept of Health and Family Services, Division of Disability and Elder Services, Bureau of Aging and Long Term Care Resources, p.1.

⁷⁰ Raymond, J. 2004. *Wisconsin Joint Efforts with State Domestic Violence & APS/EA Agencies*, Wisconsin Dept of Health and Family Services, Division of Disability and Elder Services, Bureau of Aging and Long Term Care Resources, p.2.

H. Barrier: Victims' Financial Issues

As part of the abuse assessment process, APS workers are required to gather as much information as possible about the victim's financial situation. It is not unusual to find a victim of neglect or physical abuse also being financially exploited by the abuser. As part of the assessment of financial resources, APS staff may track down bank statements and unpaid bills, as well as assist victims in applying for public benefits and private pension funds. If financial exploitation is suspected, APS will often notify law enforcement for a follow-up investigation. Unfortunately, however, even in cases where criminal charges are filed and the perpetrator is convicted, recovery of the victim's lost assets is rare.

Since DV programs generally work with younger victims, the focus is on helping them to become financially self-sufficient as soon as possible. In addition to applying for public benefits, DV victims are encouraged to find work, an option not always realistic for older victims or some persons with disabilities. While DV specialists are very knowledgeable about the programs and financial options available for younger DV victims, they tend to be much less knowledgeable about essential resources for older victims, including aging network services, Social Security, and Medicare.

I. Barrier: Pets and Service Animals

Only rarely do older victims or those with disabilities have minor children for whom they are providing care, but many of these victims do have pets or service animals and their relationship with these animals is often extremely significant to them. It is not unusual for abusers to threaten or actually harm pets as a way of maintaining power and control over the victim. As a result, some victims will refuse to accept any services that separate them from their animal companions. For this reason, any plans for the victims must include planning for the animals involved as well.

APS professionals have a wealth of experience in dealing with animals in these cases. In situations of self-neglect, the animals are often as neglected as the clients themselves. The animals may be living in unsafe and unsanitary conditions, have multiple health problems and suffer from malnutrition.

Dealing with clients' animals is an area where APS can be of great assistance to the domestic violence system.

Here are some examples of animals being incorporated into successful victim services.

? Positive Practices Relating to Pets and Service Animals

- In most communities, APS works closely with animal control to find the most appropriate options for victims' pets and service animals. These options may range

from spay and neutering services to finding temporary housing that will allow victims to bring their animals along.

- While under the Americans with Disabilities Act it is illegal to refuse to allow service animals in shelters, ordinary pets are generally not permitted. According to Brandl, many programs have recently begun to work with their local animal protective agencies, and have created networks of pet foster homes so they can be cared for when victims need shelter. The issue of dealing with pets when a woman goes to a shelter seems to be less of an issue now than it was a few years ago, because many communities have come up with creative ideas such as this. (Brandl, B. August 27, 2004 personal communication).

J. Barrier: Victims' Medical Needs

Most of the elderly victims and victims with disabilities seen by APS have multiple health problems and a long list of medical needs. As part of the assessment process, APS workers routinely contact physicians, home health agencies and other health care providers to get more information on victims' health status. Much of the intervention provided by APS is assisting with health-related problems.

While younger victims appearing seeking help at a shelter may have abuse related injuries to cope with, chronic health problems and disabilities are not usually an issue, so DV staffs are not as familiar with accessing health information or providing health related services.

Several creative ways communities have attempted to respond to health issues of older victims and victims with disabilities are listed below.

? Positive Practices in Responding to Victims' Health Issues

- In June 2004, Illinois Health Cares, a statewide multi-disciplinary effort to improve health care prevention and response efforts to violence, held a day and a half statewide conference with more than 100 victim advocates from the elder abuse, sexual assault and domestic violence fields. The purpose of the conference was to learn from national experts and each other how to advocate effectively for the health care needs of their clients of all ages and ability levels (Quinn, K. July 27, 2004 personal communication).
- In January 2004, the Missouri Violence Against Women program issued a draft of the *Missouri State Prevention Plan: Strategies for Action*. Funding for the plan was provided by the Centers for Disease Control and Prevention through VAWA. The Plan calls for, among other things, training all providers of short and long-term care for senior citizens and adults with disabilities in violence prevention competencies, including preventing violence against women. Care providers would be mandated to be certified with required training in self discipline, conflict resolution, anger

management, problem solving and violence prevention. The plan also calls for government funding to support adequate salaries and education for care providers.⁷¹

- The director of a North Carolina shelter, a former nurse, sent five of her staff to Certified Nursing Assistant (CNA) training. These were young women without degrees who had little experience with older women. Their practicum took place in a nursing home. The director, who did not intend to have them provide any care in the shelter, wanted them to feel more comfortable with older people and to know the basics in case of an emergency. One additional benefit was that the shelter workers earned CNA certification, which gave them greater pride in their work (Brandl, B. August 27, 2004 personal communication).

H. Barrier: Lack of Funding for Collaborative Cross Training

Both APS and DV programs identified a lack of funding as a significant barrier to collaboration, because it results in both programs being understaffed. In some places, for example, APS workers carry up to 180 cases each, despite the recommended APS caseload maximum of 25.⁷² Lack of time was a frequently identified issue, and it was pointed out that staff shortages mean little or no time for people to plan meetings or cross-training events. With limited travel funds, many APS and DV staff are unable to attend meetings or cross-training events that do occur.

According to Bonnie Brandl, Typically, domestic violence coalitions have provided training on welfare, child custody, and parenting without addressing Social Security, health concerns, and aging issues. Our efforts to educate professionals in the criminal justice, health care and religious fields have focused on the needs of younger battered women and their children.... Aging and APS workers frequently have not received training on the dynamics of domestic violence, protective orders, safety planning and other effective interventions.⁷³

In many areas, however, DV and APS programs have managed to provide cross training and to exchange information despite funding limitations.

? Positive Collaborative Training Practices

- The Colorado APS program has a library of materials, including videos on domestic and family violence in later life, available on loan, upon request, and free of charge (St. James, P. Ph.D. May 7, 2004 personal communication).
- The 2003 statewide conferences held by the WCADV and the Wisconsin Dept. of Health and Family Services each featured topics on domestic abuse in later life.⁷⁴

⁷¹ Violence Against Women. January 2004, *Missouri State Prevention Plan: Strategies for Action*.

⁷² Whalen, M. 1997. *Adult Protective Services Compilation of Workload Studies and Caseload Data*. p. 1.

⁷³ Brandl, B. September 1997. *Safety, Services and Support for Older Survivors of Family Violence: A Call for Action from Statewide Domestic Violence Coalitions*, Wisconsin Coalition Against Domestic Violence. p.1.

⁷⁴ Raymond, J. 2004. *Wisconsin Joint Efforts with State Domestic Violence & APS/EA Agencies*, Wisconsin Dept of Health and Family Services, Division of Disability and Elder Services, Bureau of Aging and Long Term Care Resources, p.1.

- DV staff in Kansas City, Missouri, provide training to cosmetologists and in-home workers. The purpose of the training is to provide someone for the victim to talk with, to help the victim define that what he/she is experiencing is abusive and to explain that there are options for help.⁷⁵
- Using funding from Minnesota-based foundations, a consortium of APS staff, domestic violence advocates, Area Agencies on Aging, county based senior services and Legal Aid providers formed a non-profit training coalition, the Minnesota Network on Abuse in Later Life (MNALL). Members of MNALL have been presenting half-day educational/networking sessions throughout the state for the past two years. As a result, they reported seeing better service coordination for individual clients, and a growing awareness of how different agencies can successfully work together (Doherty, B. July 27, 2004 personal communication).
- The Louisiana state DV Coalition partnered with APS, Elder Protective Services and the Sexual Assault Network and were successful in being awarded a VAWA grant to address violence and sexual assault against elderly women and women with disabilities. The grant made possible three training events on these topics for law enforcement, district attorneys and judges, in addition to a special presentation at the state judges' conference (Eley, H. July 27, 2004 personal communication). Also in Louisiana, the statewide DV conference has included workshops conducted by national experts on DV perpetrated against older victims and adults with disabilities.⁷⁶
- In Colorado, State APS staff serve on two committees related to domestic violence. The first is the Colorado Organization for Victim Assistance (COVA) that focuses on training and collaboration on domestic violence and violence against women. The annual COVA conference includes training on domestic violence in later life and other APS-related issues, such as financial exploitation of at-risk adults, safety planning and domestic abuse in later life. The second committee is the Domestic Violence Policy Advisory Group, which is developing a comprehensive resource and training kit for caseworkers and volunteers working in the areas of domestic violence, adult protection and human services (St. James, P. Ph.D. May 7, 2004 personal communication).
- In 2003, the Domestic Violence Network, Inc. in Kansas City, Missouri issued a *Domestic Violence Report Card*, using data gained from the eight-county Kansas City metropolitan area. The report card included a benchmark on elder abuse, with warning signs to be considered.⁷⁷

⁷⁵ Otto, J. June 13, 2004. Notes from NAPSA regional meeting, Kansas City, MO.

⁷⁶ Ibid.

⁷⁷ Domestic Violence Network, Inc. *How Are We Responding? Domestic Violence Report Card 2003*. Kansas City, MO. p.9.

IV. THE FUTURE: PROMISING IDEAS TO FOSTER COLLABORATION BETWEEN DOMESTIC VIOLENCE AND APS SYSTEMS

The regional NAPSA meetings, as well as the email survey of state APS programs, prompted a number of responses about activities the participants would like to see occur in the future.

- ? An APS administrator from Rhode Island is working with DV representatives to make positive changes. One effort they are focusing on is encouraging courts to schedule hearing dates for elderly victims based on the individual victim's needs. As an example, some elderly victims function more clearly in the morning, so their court appearances should be scheduled then.⁷⁸
- ? New Hampshire held a joint DV/APS presentation on elder abuse to the Domestic Violence Fatality Review Committee.⁷⁹
- ? A creative suggestion from the Northeast NAPSA regional meeting was to have DV advocates go into nursing homes to talk with residents who have been, or might be, victims of domestic violence, with the goal of starting support groups in long term care facilities. In addition, it was suggested that APS staff make regular visits to DV crisis centers and shelters to provide information on resources available to older victims.⁸⁰
- ? The Oklahoma APS Administrator suggested that a joint APS/DV national conference be held to consider the needs of both older adults and persons with disabilities who are victims of domestic violence and sexual assault (Kidder, B. July 29, 2004 personal communication).

V. CONCLUSION

Judging from the material gleaned from the NAPSA regional meetings and the email survey, there are many collaborative efforts underway between APS and DV programs, although some states are much further along in the process than are others. In general, however, there is still a long way to go. As with many new initiatives, it takes strong and committed leadership to address the many issues which have been identified. In states such as Wisconsin, where there has long been such leadership, we can expect to see the continued development of cutting-edge programs. But given the funding and staffing limitations identified by many of the participants in this survey, keeping the focus on older victims and persons with disabilities who are victims of domestic violence and sexual assault will be an ongoing struggle.

Nonetheless, there are still many areas in which collaboration between APS and DV professionals could result in more appropriate services for older victims and persons with disabilities. While many examples of positive practices were identified during the course of this project, the real challenge is, and will be, to design innovative programs that can be sustained and replicated throughout the country. It is clear that older men, persons with disabilities and persons of color who are victims of domestic violence and/or sexual

⁷⁸ Koontz, L. June 3, 2004; 2004 minutes from Northeast NAPSA regional meeting, Portsmouth, NH. p.4.

⁷⁹ Ibid, p.4.

⁸⁰ Ibid p. 4.

assault are still underserved. And although older women victims are beginning to be recognized, there is still much to be done in the area of program collaboration, especially for victims who live in long term care facilities.

Recently, the DOJ Violence Against Women Office has made available additional grant funding for underserved populations, including older victims, those with disabilities, and women of color. State and local APS and DV programs have a real opportunity to access this funding and to improve services if they work collaboratively to find creative solutions for these hard-to-serve victims.

The work of shaping and delivering services to the often overlooked family violence victims discussed in the paper is challenging, but the benefits are great, indeed, essential, even life preserving, for the victims. Older persons, adults with disabilities, male victims and residents of long term care deserve, and must get, the same level of advocacy, intervention, protection and services afforded other victims of domestic violence and sexual assault.