

Domestic Violence in Later Life: A Guide to the Aging Network for Domestic Violence and Victim Service Programs

AS THE “BABY BOOM” GENERATION born between 1946 and 1964 ages, it is likely more victims of late life violence and abuse will seek out or be referred to the specialized services provided by domestic violence programs. This potential calls for increased collaboration between aging and domestic violence networks to assure maximum support and safety for victims and survivors of abuse in later life.

The national aging network of State Units on Aging, Area Agencies on Aging, Tribal and Native organizations, and direct service providers – especially long term care ombudsman programs, adult protective services, legal services, and information and referral/assistance – has a key role to play in speaking out for older victims.

With this *Issue Brief* we hope to encourage expanded dialogue and connections with allied partners.

The Common Issue: Domestic Violence in Later Life

Domestic violence in later life occurs when older individuals are physically, sexually, or emotionally abused, exploited, or neglected by someone [with whom] they have an ongoing relationship. . . . Abusers intentionally use coercive tactics, such as isolation, threats, intimidation, manipulation, and violence to gain and maintain control over the victim.

– National Clearinghouse on Abuse in Later Life

No matter what the victim's age, abusers' tactics are remarkably similar. Abusers frequently look for someone they can dominate, people believed to be weak, people unlikely or unable to retaliate. With respect specifically to abuse in later life, the aggressors include spouses and former spouses, partners, adult children, extended family, and in some cases caregivers.

As victims' advocates know well, abusive behaviors such as punishing, isolating, or depriving are at root about a desire for *power and control*. Power is used to control *where* the victim goes, *who* the victim sees, *what* the victim can or cannot

do; decision-making is curtailed; property and financial resources are exploited. A *sense of entitlement* often underlies the abusive behavior.

The problem of abuse in later life occurs in all communities and affects people of all ethnic, cultural, racial, economic, and religious backgrounds. Although most victims are female, older men can be harmed, too.

Domestic abuse in later life and elder abuse often go hand in hand, and the consequences on lives are very similar. Elder abuse, broadly speaking, includes physical, emotional, sexual abuse, financial exploitation, neglect, self-neglect, and abandonment of older persons – terms defined by law in state adult protective services (APS) statutes.

APS laws in most states address the needs of *vulnerable adults over the age of 18* who are living alone or with family and who are at risk of abuse, neglect, or exploitation. The network on aging is charged with the responsibility under federal law to serve as a visible advocate for *older Americans age 60 and over*.

About the Aging Network

The national aging network, established by Congress under the Older Americans Act (OAA), is composed of 56 State Units on Aging, over 600 Area Agencies on Aging, and thousands of public and private local service providers across the country. The U.S. Administration on Aging, an office within the Department of Health and Human Services, administers most OAA programs at the federal level.

The aging network serves as a *main gateway* to OAA programs and to the many services supported by other federal, state and private sources. As a focal point, the network coordinates access, community long-term care, and supportive services for older Americans and their families. The array of services offered through the aging network varies from state to state and county to county; however, the basic structure of the aging service system is consistent throughout the country.

- **State Units on Aging (SUAs)** are agencies of state and territorial governments designated by governors and state legislatures to administer, manage, design and advocate for benefits, programs, and services for the elderly and their families and, in many states, for adults with physical disabilities.

In addition to overseeing Older Americans Act-funded programs, SUAs have significant policy, planning and advocacy roles in leveraging other federal, state, local, public, and private funds to support programs on aging. Two-thirds of the SUAs administer their state's Medicaid waiver program (often called a home and community-based service waiver), a program which aims to help people in need of

significant daily activity support and health services to receive care at home. In over half the states, the SUA administers adult protective services.

Some SUAs are members of state domestic violence councils. Some convene or participate in intergovernmental working groups focused on older victims. Each SUA has a staff member who has been designated the elder abuse contact at the state level. State elder abuse contacts can provide consultation on the development of aging network partnerships and collaborations. To locate the SUA in your state, visit www.nasua.org/SUA_members.cfm.

Area Agencies on Aging (AAAs) play a pivotal role in communities across the country in planning and developing services to respond to local needs. The AAAs support a range of services in the community including legal assistance, in-home services, information and referral/assistance, client assessment and care management, senior centers, adult day care services, transportation, caregiver support, congregate meals, meals on wheels, chore and homemaker services, telephone reassurance, and friendly visiting.

In some states, AAAs are responsible for the delivery of adult protective services. These services include receiving and investigating reports of elder abuse. Most AAAs conduct elder abuse prevention activities such as public education campaigns, training for mandated reporters and educational conferences. Guardianship and money management programs, supported by AAAs in some areas, are examples of services intended to protect those most at risk of abuse.

The AAA is the *principal contact point* for domestic violence programs interested in local collaboration. Visit www.n4a.org/aboutaaas.cfm to learn more. Use the National Eldercare Locator 1 800-677-1116 or visit www.eldercare.gov to identify the AAA for your area. The Locator is a national, toll-free telephone referral service connecting callers with state and local agencies on aging and community services.

Aging Network Services at a Glance

The services available through the aging network offering support to victims of late life domestic violence and elder abuse fall under four broad categories:

1. *Access services*
2. *Elder rights*
3. *Services in the community*
4. *In-home services*

Access services

- **Information and Referral Assistance (I&R/A).** Millions of older people and their families around the country receive assistance each year from a network of more than 3,000 aging I&R/A programs and services. Many state agencies on aging have toll-free 800 aging I&R help lines – and in some areas state and local Long Term Care Ombudsman programs share a common intake line with the aging I&R/A. Individuals can also call the AAA for information on services and resources available locally.

Most aging I&R/A databases provide information on a wide variety of critical health and human services. Increasingly, these databases are readily available to the public online. Find out if the aging I&R/A in your area has information about domestic violence services. If not, request to have local contact information included.

- **State Health Insurance Counseling and Assistance Programs.** The State Health Insurance Counseling and Assistance Program, or SHIP, has trained volunteer counselors in every state and several territories who are available to provide free one-on-one help with Medicare questions or problems. To locate a program in your area, visit www.medicare.gov/contacts/static/allStateContacts.asp

SHIP services can be especially helpful for late life domestic violence victims –in particular adults with disabilities under age 60 who have experienced problems with Medicare, and those not yet enrolled.

Elder rights

- **Legal Assistance.** Legal services help those who could not otherwise afford an attorney to obtain advice, information, and limited representation in civil law matters such as financial abuse and exploitation, consumer problems, advanced directives, and guardianship. These services are primarily provided by local legal services entities in the community funded by AAAs.

At the state level, every SUA has a State Legal Service Developer on staff to coordinate the provision of legal assistance. State and area agencies on aging work to expand legal service availability through coordination with state/local bar committees, the development of pro bono or reduced-fee panels and through coordination with grantees of the Legal Services Corporation. Many states also operate statewide legal hotlines.

Older Americans Act-funded legal services are free; however, the demand for services far exceeds the dollars available. To meet the needs in the community, many

programs establish case intake priorities. The AAA can provide more information about legal resources for older persons in the area.

The following are examples of possible legal remedies for victims of late life violence or elder abuse:

- Assisting a victim to enter into a new power of attorney arrangement and/or revoke authority of an existing attorney in fact (the individual who holds a power of attorney).
- Terminating the powers of a guardian who has abused his or her role.
- Providing defense for a proposed ward in a guardianship proceeding if an abuser is attempting to gain control without looking out for the ward's best interests.
- Returning title to a victim's name for property, vehicles, certificates of deposit, or bank accounts that were taken by a perpetrator.
- Filing an action to recover property or money wrongfully taken.
- Obtaining a restraining order or injunction to stop a perpetrator.
- Establishing a trust to protect the resources of a victim.
- Changing a will back to a testator's/victim's wishes from the changes made by a perpetrator.
- Appealing a denial of public benefits, Social Security, or disability decision.
- Filing for a name change.
- Filing an order for removal of a perpetrator from a victim's property.

The American Bar Association's *Law & Aging Guide* can help you find a senior legal services program in your area. You can search by state online at www.abanet.org/aging/statemap.html For a listing of State Legal Services Developers see www.tcsg.org/lsd_01.pdf

SOURCE: Deanna Clingan-Fisher, "Elder Abuse and the Legal Services Connection," *National Center on Elder Abuse Newsletter*, Vol. 7, No. 7, May 2005.

- **Long Term Care Ombudsman Program.** Long term care ombudsmen at both the state and local levels advocate for and protect the rights of residents in nursing and care homes. Ombudsmen investigate and work toward resolution of complaints about care voiced by residents or their family members. Federal law requires all states to have a Long Term Care Ombudsman Program. A contact directory of state ombudsman offices is available on the National Long Term Care Ombudsman Resource Center Web site www.ltombudsman.org

Domestic violence doesn't necessarily stop when a victim enters a nursing, assisted living, or care home. In many instances, the ombudsman can identify and respond to these situations. The ombudsman can also be a resource to a victim of domestic violence who has a family member in a nursing home.

Similar to domestic violence intervention, the ombudsman focus is to clarify and carry out the *wishes of the resident*. All communications between the resident and the Ombudsman are *confidential*. Ombudsmen and domestic violence programs will likely benefit from joint training to promote greater understanding and collaboration.

- **Elder Abuse Prevention and Coalitions.** Community and state advocates all around the country are working to educate the public and increase understanding about elder abuse. In addition to offering various resources on elder abuse such as brochures, wallet cards with reporting numbers, posters, and service directories, state and area agencies on aging help sponsor and organize multidisciplinary conferences, training, and outreach presentations for community leaders, advocates, allied professionals, and concerned citizens.

Aging network agencies also lead, coordinate, and participate in state and local elder abuse coalitions. Membership in these coalitions includes law enforcement; prosecutors; adult protective services; representatives from the health care sector; emergency medical services; and other key partners. Often the coalitions develop community projects to increase understanding and outreach to elder abuse victims.

Elder abuse prevention activities are mandated by the Older Americans Act. Domestic violence programs, if not already involved in a state or local elder abuse coalition, are encouraged to inquire about becoming a member. Similarly, to promote collaboration and exchange, invite participation of elder abuse partners in state and local domestic violence task forces and coordinating councils.

- **Adult Protective Services.** Adult protective services are authorized under state law. Support is provided to both older and at-risk vulnerable adults who are in danger of being abused or neglected, or who are unable to protect themselves and have no one to assist them. Services include but are not limited to receiving and investigating reports of abuse, neglect or exploitation, legal advocacy, and providing or arranging for community services such as emergency shelter. Service plans are developed for victims who agree to receive help. If the victim is unable to make decisions because of mental illness or dementia and is at risk of continuing harm, adult protective

services may provide emergency services and/or petition the court for the appointment of a guardian advocate.

The AAA in some areas of the country is the local provider of adult protective services; in most states, however, the county social service agency is assigned responsibility. Domestic violence programs seeking to improve services for victims of late life violence and abuse are encouraged to coordinate with both sectors.

Ideally, opportunities would be offered for advocates in the aging, domestic violence, and adult protective services sectors to participate in joint training so that each better understands the other's mandates, philosophies, challenges, and professional cultures. To learn more, visit the National Center on Elder Abuse Web site www.elderabusecenter.org.

Services in the community

- **Senior Employment and Volunteer Opportunities.** Senior employment services are designed to link mature job seekers 55 and over with job opportunities. Income-eligible persons are recruited, trained, and referred to job openings with local employers. Funding for the Senior Community Service Employment Program, or SCSEP, comes from the U.S. Department of Labor. SCSEP is operated by national, state, and local agency sponsors. The ultimate goal is to place mature and older workers in permanent, non-subsidized employment.

Volunteer opportunities abound in the aging network. Examples include friendly visiting to shut-ins, volunteer ombudsmen service, home meal delivery, benefits counseling, and senior companion services for developmentally disabled children and adults.

SCSEP may be a source of help for older domestic violence victims who need job coaching and a gradual, supportive entry into the world of work. According to AARP, more than one quarter of SCSEP positions are filled by job seekers 55-59.

Volunteer opportunities in service to older persons may be particularly important for domestic violence victims who feel isolated and for whom such experience would enhance a sense of independence and self-worth. Volunteer opportunities can be explored through contact with the AAA information and referral/assistance service.

- **In-Home Supportive and Personal Care Services.** A wide range of supporting in-home, homemaker, and chore services are available to assist older adults who need help with everyday activities. These services are non-medical and may include such things as light housekeeping, laundry, personal care, shopping and cooking,

transportation, friendly visiting and telephone reassurance, respite, repair or yard work, and case management. The AAA provides information and assistance in accessing these services.

In-home supportive services help prevent social isolation and may help to reduce the likelihood of elder abuse, neglect, and exploitation by family members.

- **Senior Centers.** There are now thousands of senior community centers around the country. These community gathering places serve a variety of purposes, including functioning as meal sites, screening clinics, recreational centers, social service agency branch offices, mental health counseling clinics, older worker employment agencies, volunteer coordinating centers, and community meeting halls.

Senior centers are key locations for reaching victims, or potential victims, of late life domestic violence. They offer a convenient meeting place for community education and discussion/support groups on domestic violence/elder abuse. They can also be a resource for finding community volunteers. Local senior centers offer different types of programs and services based on population needs and resource availability. For more information, contact your local AAA.

Working with the Aging Network

As with other human service systems, the national aging network is diverse. At the same time, however, members of the network share a common set of values and a single vision: to protect the inherent dignity, security, and equal rights of all older Americans. The key unifying values are these:

- **Self-determination.** The value of self-determination is based on a belief that all older Americans, including residents of nursing and care homes, are entitled to plan and manage their own daily lives: where they live, how they spend their money, what services they receive, and other important daily decisions. Respect, active listening, and open communication are essential tools for empowering choice and independence. If a person loses decision-making capacity due to dementia or other mental health need, a legal guardian or surrogate decision-maker may be appointed (by the individual or court) to make decisions in his or her behalf.
- **Advocacy.** Uniquely in federal law, Older Americans Act authorizing legislation requires state and area agencies on aging to be "visible and active advocates" for older persons. In their role as "*systems advocates*" they speak out on policy issues; testify at federal/state/local hearings; and identify unmet needs and gaps in services. In parallel step, elder rights programs such as long-term care ombudsman and legal assistance serve an *individual advocacy* role, speaking out for those who are

without voice. There may be distinctions in how the aging network and the domestic violence programs view their advocacy roles. This may be a fruitful place to start identifying similarities and distinctions.

- **Elder rights.** The term “elder rights” reflects the aging network’s belief that older people have a right to the many benefits, services, and protections promised in law – not just aging statutes, but statutes covering the population at large. Older persons’ needs are often ignored and access to important services denied. By providing stepped-up information about benefits to help cut through red tape, legal representation to solve problems, and protective services for those who are most vulnerable, the aging network plays a key role in promoting elder rights. Typically, the states’ elder rights systems focus on the coordination of adult protective, long term care ombudsman, legal assistance services.
- **Community-based long term care.** This term encompasses the effort within the aging network to offer elders with long term care needs health and supportive services in their own homes and community. Homemaker, home-health aide, day care, and personal attendant care are among the services provided. Medicaid waivers fund a large proportion of these services. Caregiver support services (such as respite care) are provided to help families maintain the elder in non-institutional settings.
- **Eligibility and fees.** Other than age, there are no eligibility criteria restricting services under the Older Americans Act. Other senior services, especially those funded by special state appropriations and federal Medicaid waivers, may have financial criteria for eligibility, require cost sharing, or be offered on a sliding fee schedule. For many in-home services (home-delivered meals, homemaker and chore services, for example) individual needs assessments establish service priorities. There are waiting lists for many services. Under the Older Americans Act, priority in home and community service delivery is given to those who are determined to be in *greatest need*.

About the Older Victim: Common Indicators of Domestic Violence in Later Life

New collaborations benefit from dialogue and common understanding. Not surprisingly, the behavioral indicators of late life domestic violence parallel victim/abuser scenarios found in other forms of domestic violence and are likely well known by domestic violence staff. The chart on the next page, developed by experts in elder abuse, is included here to underline the importance of recognizing potential victim and abuser actions.

Victim and Abuser Behaviors⁶

A Victim May . . .	An Abuser May . . .
<ul style="list-style-type: none"> ▪ Have <i>injuries that do not match the explanation</i> of how they occurred 	<ul style="list-style-type: none"> ▪ <i>Minimize or deny</i> the victim's injuries or complaints ▪ <i>Attempt to convince others</i> that the victim is <i>incompetent or crazy</i>
<ul style="list-style-type: none"> ▪ Have repeated "<i>accidental injuries</i>" 	<ul style="list-style-type: none"> ▪ <i>Blame</i> the victim for being clumsy or difficult
<ul style="list-style-type: none"> ▪ Appear to be <i>isolated</i> 	<ul style="list-style-type: none"> ▪ <i>Physically assault or threaten violence</i> against the victim or victim's family, friends, pets, in home provider(s) or social worker ▪ <i>Forbid the victim from contacting</i> family, friends, or service providers ▪ <i>Threaten or harass</i> the victim ▪ <i>Stalk</i> the victim
<ul style="list-style-type: none"> ▪ Say or hint that she is <i>afraid</i> ▪ Give <i>coded communications</i> about what is occurring 	<ul style="list-style-type: none"> ▪ <i>Act overly attentive</i> towards the victim ▪ <i>Act loving, kind, and compassionate</i> to the victim, especially in presence of others
<ul style="list-style-type: none"> ▪ Consider or attempt <i>suicide</i> 	<ul style="list-style-type: none"> ▪ Consider or attempt <i>suicide</i>
<ul style="list-style-type: none"> ▪ Have a history of <i>alcohol or drug abuse</i> (including prescription drugs) 	<ul style="list-style-type: none"> ▪ Have a history of <i>alcohol or drug abuse</i>
<ul style="list-style-type: none"> ▪ Be "<i>difficult</i>" or hard to get along with 	<ul style="list-style-type: none"> ▪ Refuse to allow an interview with the victim to take place without being present ▪ Speak on behalf of the victim, not allow the victim to participate in the interview
<ul style="list-style-type: none"> ▪ Have vague, chronic, <i>non-specific complaints</i> 	<ul style="list-style-type: none"> ▪ Say victim is <i>incompetent, unhealthy or crazy</i>
<ul style="list-style-type: none"> ▪ Be emotionally and/or financially <i>dependent on the abuser</i> 	<ul style="list-style-type: none"> ▪ Be emotionally and/or financially <i>dependent on the victim</i>
<ul style="list-style-type: none"> ▪ Miss <i>appointments</i> 	<ul style="list-style-type: none"> ▪ <i>Cancel the victim's appointments</i> or refuse to provide transportation
<ul style="list-style-type: none"> ▪ Delay seeking <i>medical help</i> 	<ul style="list-style-type: none"> ▪ <i>Cover up the abuse</i> by taking the victim to different doctors, hospitals, or pharmacies ▪ <i>Refuse to purchase</i> needed prescriptions, medical supplies, and/or assistive devices
<ul style="list-style-type: none"> ▪ Show signs of <i>depression</i> (mild or severe), stress, or trauma 	<ul style="list-style-type: none"> ▪ Turn <i>family members against</i> the victim ▪ Talk about the victim as if he or she is not there or not a person (<i>dehumanize victim</i>)

Excerpted and adapted with permission from *Elder Abuse: A Multidisciplinary Approach* (in press), by Bonnie Brandl, Carmel Dyer, Candice Heisler, Joanne Otto, Lori Stiegel, and Randy Thomas. New York: Springer

Responding to and Working with Older Victims

Ending a relationship is always difficult, particularly when it is a loved one. Most victims of abuse in later life prefer to maintain some type of relationship with their spouse/partner, family member, or caregiver – they simply want the abuse to end.

Some older victims will choose to stay with an abuser, often for religious, cultural, generational, or financial reasons. These victims can benefit from support, information, safety planning and strategies to break isolation.

Personal values formed by an individual's background, experience, and beliefs also play a role. It is important to respect the victim's values, decisions, and cultural heritage. Some cultural groups may be more willing to report abuse or talk to professionals about family problems than others. Race, culture, or ethnicity may influence body language, eye contact, and expressions of emotion.

Generational values are also involved. Many older persons may be uncomfortable talking about personal, private matters with strangers. They may fear younger professionals imposing their own generational values about divorce or women's roles onto them and judging their decisions.

Some tips for establishing rapport are:

- *The setting.* Establish comfort. Choose a quiet place and face the person directly. Pay attention to lighting; reduce glare from outside sources.
- *The conversation.* Use respectful and formal terms of address: Mrs., Mr., and so on. Introduce yourself clearly. To help reduce stress, start with a non-threatening topic. Speak calmly and clearly in a normal tone. Avoid jargon.
- *Active listening.* Show from the start that you accept the person and understand. Listen for meaning. *Restate*, "Let's see if I'm clear about this." *Reflect*, "This seems to be really difficult for you." *Validate*, "I appreciate your willingness to talk about such a difficult issue."
- *The plan.* Engage the victim in deciding what the next steps should be. "Let's explore the options." Reinforce steps that have been taken so far. Recognize that decisions may take time. Don't rush. Slow down to give the victim time to sort out what he or she has heard.

Domestic Violence/Aging Network Collaborations

The aging network and domestic violence programs are natural allies in the fight against violence in all its forms. Examples of collaboration include participation on

multidisciplinary teams, involvement in coalitions, joint training, joint referral protocols, public education, and policy development.

The National Center on Elder Abuse Promising Practices Database www.elderabusecenter.org/default.cfm?p=toolsresources.cfm contains a listing of several projects around the country that provide services in collaboration with domestic violence programs. These projects may serve as examples for aging network staff seeking to form new partnerships.

The Wisconsin Coalition Against Domestic Violence, National Clearinghouse on Abuse in Later Life also has compiled profiles of several elder specific services that are provided by domestic violence programs. A summary can be viewed at www.ncall.us/docs/NCALL_Directory.pdf

State and National Resources on Late Life Violence

- **National Domestic Violence Hotline** 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) www.ndvh.org/ Help is available to callers 24 hours a day, 365 days a year. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services.
- **Domestic Violence and Sexual Assault State Coalitions** work with statewide systems and agencies on behalf of the needs and interests of victims of abuse/assault. Coalitions are membership organizations comprised of local domestic violence and sexual assault agencies and other organizations and individuals dedicated to the elimination of abuse. Most do not provide direct services to victims of abuse.

Areas where they can help include: public awareness, professional training, community education, information and referral, resource and materials development, technical assistance, and consultation. Coalitions also monitor state and national legislation and lobby to support the creation of laws that increase victim safety and support and hold perpetrators accountable.

A contact directory of state domestic violence coalitions is available on the U.S. Department of Justice, Office of Violence Against Women Web site at www.usdoj.gov/ovw/state.htm. To locate your state sexual assault coalition, see www.usdoj.gov/ovw/saresources.htm

- **National Center on Elder Abuse**, funded by the U.S. Administration on Aging, is a gateway to a wealth of information on subjects ranging from elder abuse and neglect to financial exploitation, nursing home abuse, and domestic violence in later life. Examples of publications are *Domestic Violence: Older Women Can Be Victims Too* and

Multidisciplinary Elder Abuse Prevention Teams: A New Generation. For more information, call (202) 898-2578, e-mail ncea@nasua.org, or visit the NCEA Web site at www.elderabusecenter.org

- **National Clearinghouse on Abuse in Later Life**, a project of the Wisconsin Coalition Against Domestic Violence, has numerous publications and resources concerning older battered women and sexual assault including. Examples include *Golden Voices: Support Groups for Older Abused Women* and *A National Domestic Abuse in Later Life Resource Directory*. For more information, call (608) 255-0539, e-mail wcadv@wcadv.org, or visit the Clearinghouse's Web site at www.ncall.org
- **American Bar Association Commission on Law and Aging** has produced a *Resource Packet on Domestic Violence and Sexual Abuse in Later Life* with funding from the Office on Violence Against Women at the U.S. Department of Justice. For more information, call (202) 662- 8690 or e-mail abanet@abanet.org, or visit www.abanet.org/aging/resourcepack.pdf
- **Clearinghouse on Abuse and Neglect of the Elderly** is the nation's largest computerized collection of scholarly references and other resources relating to elder abuse, neglect, and exploitation. To search for literature, visit the CANE Web site at <http://db.rdms.udel.edu:8080/CANE/index.jsp>. To narrow the search, key in 'domestic violence' or 'older battered women.' For more information, call (302) 831-3525 or e-mail CANE-Ud@udel.edu
- **National Resource Center on Domestic Violence**, a project of the Pennsylvania Coalition Against Domestic Violence, provides technical assistance, training and information on domestic violence and related issues. For more information, call 1-800-537-2238, or visit the Center's Web site at www.vaawnet.org/index.php
- **National Coalition Against Domestic Violence** is a national organization of grassroots shelter and service programs for battered women. It serves as a national information and referral center on domestic violence. For information, technical support, or referral, call (303) 839-1852, e-mail mainoffice@ncadv.org, or visit the Coalition's Web site at www.ncadv.org/
- **Asian & Pacific Islander Institute on Domestic Violence** serves as a forum for, and clearinghouse on information, research, resources, and critical issues about violence against women in Asian and Pacific Islander communities. For more information, call (415) 954-9988, e-mail apidoinstitute@apiahf.org, or visit the Institute's Web site at www.apiahf.org/apidoinstitute/default.htm
- **Sacred Circle, National Resource Center to End Violence Against Native Women** provides training, consultation, and technical assistance to Indian Nations, tribal organizations, law enforcement agencies, prosecutors, and courts to address the

safety needs of Native women who are battered, raped and stalked. It is a project of Cangleska, Inc., which operates a shelter on the Pine Ridge reservation in southwestern South Dakota. For more information, call (605) 341-2050, e-mail sircle@sacred-circle.com, or visit the Sacred Circle Web site at www.sacred-circle.com/

- **Alianza - National Latino Alliance for the Elimination of Domestic Violence** is part of a national effort to address the domestic violence needs and concerns of under-served populations in Latino communities. For more information, call (800) 342-9908 or 1 -800-342-9908, e-mail inquiry@dvalianza.org, or visit the Alianza Web site at www.dvalianza.org
- **Institute on Domestic Violence in the African American Community** is focused on setting an agenda to reduce/eliminate domestic violence in the African American community. For more information, call (612) 624-5357, e-mail nidvaac@che.umn.edu, or visit the DV Institute Web site at www.dvinstitute.org
- **Institute on Aging, San Francisco Elder Abuse Prevention Program** has worked with local and national organizations to create several publications on late life domestic violence. Titles include: *Domestic Violence and the Elderly: A Cross-Training Curriculum in Elder Abuse and Domestic Violence*; *Serving the Older Battered Woman: A Conference Planning Guide*; and *Older Battered Women: Integrating Aging and Domestic Violence Services*. For more information, call (715) 750-4188, e-mail, elderabuseprevention@ioaging.org, or visit the IOA Web site at www.ioaging.org/programs/eap/eap.html
- **American College of Obstetricians and Gynecologists, Division of Women's Health Issues** has produced a variety of materials about domestic violence and older battered women. For more information, call (202) 863-2487, or visit the ACOG Web site at www.acog.org/departments/dept_web.cfm?recno=17
- **Area Agency on Aging, Region One, Phoenix** has produced an educational video, *The Dance*, available in English and Spanish (*Nuestro Baile*), depicting the life of an older battered woman. For more information or to order a copy of the video, call (602) 264-2255 or 1-888-783-7500. Or visit the agency's Web site at www.aaaphx.org/main/domesticViolence.asp
- **American Medical Association** has developed diagnostic and treatment guidelines for physicians on topics of domestic violence and elder abuse. For more information, call (312) 464-5066, or visit the AMA Web site at www.ama-assn.org/ama/pub/category/3242.html
- **Family Violence Prevention Fund** has a number of helpful publications on domestic violence. For more information, visit the FVPPF Web site at <http://endabuse.org/>

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The National Center on Elder Abuse (NCEA) serves as a national resource for elder rights advocates, adult protective services, law enforcement and legal professionals, medical and mental health providers, public policy leaders, educators, researchers, and concerned citizens. It is the mission of NCEA to promote understanding, knowledge sharing, and action on elder abuse, neglect, and exploitation.

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- American Bar Association Commission on Law and Aging
- Clearinghouse on Abuse and Neglect of the Elderly at the University of Delaware
- National Adult Protective Services Association
- National Committee for the Prevention of Elder Abuse

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