

Golden Voices: Support Groups for Older Abused Women

National Clearinghouse on Abuse in Later Life,
A project of the
Wisconsin Coalition Against Domestic Violence

By Deb Spangler and Bonnie Brandl

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Acknowledgements from Deb Spangler and Bonnie Brandl (authors)

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The National Clearinghouse on Abuse in Later Life (NCALL)

is a project of the Wisconsin Coalition Against Domestic Violence. NCALL's mission is to eliminate abuse of older adults and people with disabilities by family members and caregivers by challenging beliefs, policies, practices and systems that allow abuse to occur, and to improve safety, services and support to victims through advocacy and education. As a national resource center, our services include:

- Technical assistance and consultation on domestic abuse in later life
- NCALL trainers who provide training to many audiences including domestic violence and sexual assault programs, aging bureaus, adult protective services, criminal justice entities, health care providers, and legal personnel
- Product development

The Wisconsin Coalition Against Domestic Violence (WCADV)

is a statewide membership organization of domestic abuse programs, formerly battered women, and other individuals who have joined together to speak with one voice against domestic abuse. As a statewide resource center on domestic violence, our services include:

- Training and technical assistance to domestic abuse programs;
- A quarterly educational journal;
- Forums for the involvement of battered women;
- Networking/support for domestic abuse programs and professionals in related fields;
- Training for professionals in legal, medical/health care, social service, child welfare, housing, education, and mental health fields and for employers throughout Wisconsin;
- Technical legal assistance for attorneys, legal advocates, prosecutors, and public defenders and limited funds for victims to acquire direct legal assistance.

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INTRODUCTION

“My parents brought me into this world to be a good person. Over the past 47 years, my husband has used abuse to systematically shatter my soul.

For me, this support group is where I come to restore my shattered soul. Each week I put little pieces back together – recreating the person my parents brought into this world. When I get enough pieces back together, when I am strong enough as a result of the help of everyone in this group, then I will be ready to think about leaving him.”

--Older woman in WI who had been married for more than 45 years to her abuser

Throughout American history, women of all ages, races and ethnicities have come together to share their experiences. Decades ago, women gathered with family or friends to talk around the kitchen table or in coffee klatches. Today, women may meet at “stay-at-home mom groups,” book clubs, craft and church groups or other support groups. Often, women share deeply personal and intimate details of their lives and receive support at these gatherings.

Batterers use isolation as a primary tactic to keep their victims from seeking help and escaping controlling or violent relationships. An abuser may keep the victim from friends and family members in a variety of ways. As a result, the victim comes to depend exclusively on the abuser for companionship and information.

Support groups for victims and survivors of abuse can: 1) break through the isolation; 2) offer an opportunity to share experiences; 3) provide information about the dynamics of abuse; and 4) furnish a forum to problem solve with others in similar situations. Groups for domestic abuse victims of any age exist across the country. However, too often an older victim finds herself the only woman of her generation in a group. Younger group members often focus on child custody, job training and job placement and parenting – issues that are important to them, but not relevant to many older women’s current lives.

In Wisconsin, support groups for older women have existed for more than a decade with great success. Because of these programs, the National Clearinghouse on Abuse in Later Life (NCALL) has received numerous technical assistance requests about how to begin a group or jumpstart a group that is stuck. This manual was written to help address those questions.

History

In 1992, the American Association of Retired Persons (AARP) contracted with the Wisconsin Coalition Against Domestic Violence to conduct a national survey to identify programming tailored specifically for older abused women. From the 240 surveys distributed, 120 agencies in 48 states and 2 territories responded. Only 16 specialized programs for older battered women in 4 states/territories were reported (AARP, 1994). Vinton's (1998) national survey of domestic violence programming for older women found that of 428 respondents, 9% had support groups for older women.

Recognizing the need for information on creating services, in 1997 the Wisconsin Coalition Against Domestic Violence (WCADV) published a manual titled Developing Services for Older Abused Women (Brandl, 1997). Developing Services describes how to create services for older victims of abuse based on the real life historical and cultural experiences of participants and facilitators of several programs in Wisconsin.

Process

To write "Golden Voices" NCALL staff again went to the experts and materials: victims, advocates running support groups for older abused women, and existing manuals on support groups for domestic violence survivors. To find support groups for older abused women, we conducted a national survey using e-mail and conventional mail. Follow-up calls were made to every domestic violence coalition in the United States. The results of this survey have been compiled in the NCALL National Domestic Abuse in Later Life Resource Directory, available by contacting NCALL at (608) 255-0539 or ncall@wcadv.org.

Once the survey identified support groups, NCALL staff interviewed facilitators of 34 support groups for older battered women throughout the United States. All groups identified were called. The telephone survey process was informal, using a standard list of questions. Most interviews turned into a discussion with the facilitator(s). Not all questions were applicable or answered by all 34 groups. Following the phone surveys, NCALL staff used a group e-mail to ask facilitators additional questions.

Our interviews revealed a wide range of experiences. Some groups were relatively new and had small numbers. Other groups had been operating for more than a decade and had served hundreds of older women. Most groups started in the

past three years.

Year group started	Number of groups started during this year
1985 – 1990	4
1991 – 1995	5
1996 – 2000	12
2001 – 2002	13

Often the facilitators we spoke with started the program. Many of the facilitators were older women themselves; several are more than 80 years old. NCALL staff are inspired by the facilitator’s enthusiasm, energy, commitment to the women they serve and passion for ending abuse.

The facilitators also asked older women attending their groups to share their experiences with us. The comments of older women are sprinkled throughout the manual, included in italics at the end of each section.

Purpose

Professionals in fields such as domestic violence, victim services, social work, adult protective services, aging, counseling and mental health may be interested in starting a support group. The purpose of this manual is to help professionals create or enhance a support group for older abused women. This manual will:

- Briefly define the dynamics of abuse in later life and describe ways to collaborate.
- Offer guidelines and recommended strategies to begin and continue a group for older abused women.
- Suggest questions to consider when creating a group, along with a variety of answers that have worked for others.
- Share suggestions for exercises on a variety of topics that may be of interest to older abused women.
- List resources.

This manual will NOT (and is not intended to) teach a novice facilitator how to run a support group. Other manuals (listed in Appendix ____ on page ____) give excellent information on the mechanics of running a group. If you have never run a support group before, please check with these resources.

This manual will NOT (and is not intended to) provide enough information on the dynamics of domestic abuse, sexual assault and elder abuse to run a group. Facilitators must understand these dynamics, why victims stay, safety planning, the aging process, crisis intervention, group process and legal advocacy to effectively run a group. Co-facilitation can be a useful method of ensuring that these skills are covered.

This manual will NOT (and is not intended to) prescribe the only method for creating a group. Projects must be designed based on the needs in the community

This manual will NOT (and is not intended to) provide all necessary information to provide culturally appropriate services to diverse older populations and individuals with disabilities. However, it does offer guidelines and strategies that can be enhanced to be applied to diverse populations.

How to Use this Manual

This manual was designed so that busy professionals can quickly locate needed information. Often tips are listed by bullet points for easy identification. Major sections and sub-sections can be found in the table of contents.

SECTION 1

THE BENEFITS OF A SUPPORT GROUP FOR OLDER ABUSED WOMEN

While a support group is not appropriate for all women, hundreds of older women have increased their safety and received comfort and encouragement from a support group. These women have been abused by a spouse/partner, adult child or other family member. The oldest woman reported to have attended a group is 88 years old. Several women have been married (and abused) for 60 years. Several communities (e.g., Milwaukee, Phoenix, and San Francisco) run more than one group for older women.

What are the benefits of an older women's support group? Why should other communities consider organizing a group? This section will describe the benefits of a group based on thoughts from older women attending group, facilitators who run groups, and research.

From Older Abused Women

Listed below are reasons a support group can be helpful and quotes from older women throughout the country.

Learning I Am Not The Only One

- "Knowing that I am not alone. The memory of the courage of all these ladies helps me to be strong."
- "When I hear the stories, I think we were all married to the same man."
- "I thought I was the only one living like this."
- "It's nice to know I'm not alone."

Breaking Isolation/Place To Make New Friends

- "I love the support and encouragement of this great group of women, and friendship."

- “I feel the group has made me stronger and I feel less alone.”
- “I was so isolated before. Now I have true friends.”

Listening, Supporting and Encouraging Me

- “We have all been through similar experiences and can relate to each other in an open, nonjudgmental way.”
- “Being able to share happenings and being taken at face value.”
- “The sharing about what is going on in your life.”

New Survival Strategies

- “Everyone is accepting of each other. We really care about the other group members and offer helpful advice.”
- “When someone talks about something you have been through yourself, you can kind of help them and doing that helps you too.”
- “I learn a lot in this group. I learn about the law, my rights, and what my options are.”

Group Saved My Life

- “At WEAVE, I heard women describing what was happening to them, and finally realized that my life was as bad or worse and yet no one else had told me what was ABUSE. I thought our marital problems were all my fault and if I only got my head screwed on straight, like my abuser kept telling me, our marriage would be good. He had me so totally brainwashed and convinced that I was crazy, lazy, stupid, and worthless, that I was a walking zombie. I spent every waking hour trying to be a better wife and mother but the harder I tried, the worse I became. These women literally saved my mental and physical life. They believed me, listened, were empathetic, and empowered me with resources to cope, heal and eventually leave my 24-year abusive marriage. I can never begin to thank them for giving me the strength and courage to take back my life.”

- "I don't know what I would do without this group. I look forward to it each week. I live for the group, it's kind of like a lifeline."
- "It feels like I've been reborn."
- "I'm an old lady. I'll be eighty-four in June. I've had a lot of experiences...but there's nothing like this group. This group saved my life, really. Now I'm glad I'm alive and I feel good about myself. My self-esteem is way up high."

Improved My Health and Self Image

- "The group gave me a voice."
- "The group has helped me get in touch with my feelings again."
- "I keep the weekly affirmations and go over them again and again."
- "It's nice to be respected for who I am."
- "Knowing there's a safe place you can meet with older abused women and share what's been going on in your life and receiving and getting positive support from those women has helped me realize I'm not going crazy (like my abuser would like me to think). It has also helped me retain my self-esteem at a time when mental and verbal abuse was trying to rob me of my self-esteem."
- "It's amazing how much my health has improved since I left him."

A Place to Laugh

- "We're all honest here. We all say what we think. We kid and we joke, it isn't all just serious you know."
- "He wouldn't even let me speak; it made me mad. After 16 years I felt I had a right to talk. Now I am in my own apartment, so independent, and it feels good. I can do whatever I want, go have coffee and I can even tell dirty jokes if I want. We laugh more than we cry. It's good."

- "I found my laughter again."

Offered Me Hope and Peace

- "Now I've got peace and nobody's going to take it away from me."
- "It helped me with my relationship with my son. I learned to let go when I needed to."

Helped Me Find Strength

- "It's like I said to the group not too long ago, this group has a great big box in the center of the room and it's full of strength and all we have to do is reach out and grab some."
- This group has helped me immensely. When I was on the ground unable to think for myself, this group gave me the confidence to leave him for the last time, and I promise never to take him back. Now I am safe and very, very, happy."
- I've gotten stronger, and I'm getting a little feisty...."

From the Support Group Facilitators

Support group facilitators throughout the country described the excitement and joy their group brings them. These facilitators are remarkable, creative individuals. They expressed compassion for victims and gratitude for the opportunity to meet and work with these women. Below are some quotes from facilitators of groups.

- "The women say that group is the best thing that ever happened to them. They exchange phone numbers, go to lunch together after morning meetings, and call each other 'Honey' and 'Sweetie.' There is so much laughter in the room that I sometimes have to close the door so we don't disturb anyone. We had a potluck last month and now one woman nominated herself as Social Committee Chairman and is planning a potluck once a month. We are having a Halloween Party with everyone coming in costume."
- "I'm glad there is a place for women of my age to come together."

- “Several of the women in our program have said that their husbands and sons are treating them better knowing they are coming to the support group every week. One sends candy along. Another sends jokes. One (who wants his wife back) offered to come to the group and apologize in front of all of us for his past abuse. They sense we have some power together – even though they also can blame us for putting wrong ideas in their women’s heads. This is what we used to hear in Mississippi in the civil rights battle, all would be OK if it weren’t for ‘outside agitators’.”
- “I have women call to join the group that aren’t abused. They have heard so many wonderful things about group that they want to participate.”
- “The group bonds well. There is a wisdom about these gals. They are introspective; a joy to work with. I look forward to group every week. I learn from them and they learn from each other. This group is some of the most meaningful work I’ve done in 8 years in the domestic violence field.”
- “One of the reasons given by many of the women for attending support group is just that: support. So many of the women have been isolated either physically or psychologically – through embarrassment. Sometimes they have not talked about the abuse outside the family, or even there. Especially when the abuser is a son or daughter, it seems to them it would be less believable. Of course, they cherish the stories from the other women as that tells them the situation is not odd, unusual or unique to them. It gives them a sense of community – of belonging somewhere. Nothing takes the place of stories.”
- “I’ve run groups before but never seen one bond so quickly. These women could run group with me.”
- “These women are so grateful that someone wants to hear them and cares about them.”
- “The women who make it to the program have been able to get past the barriers of fear, shame, and isolation that keep many women captive. Despite facing a Bermuda triangle of bad choices: staying, leaving, or fighting back, many abused older women make major change when respectful support is available.”

- “Programs like our older abused women’s support group are long overdue. I hope society wakes up and stops putting older individuals on the back burner. There needs to be more programming like this and more funding to support it.”

From the Research

Few studies have looked at the benefits of support groups for any age. However, the limited research looking at ongoing support matches what older women have told us. Tan, Basta, Sullivan and Davidson (1995) examined the benefits of having an advocate provide ongoing support after a woman leaves shelter. One hundred forty six (146) women participated in the study. One half had an advocate provide support after they left shelter; the remaining women were a control group. “The results of the study substantiated the strong relationship between social support and psychological well-being of battered women. Women who were satisfied with their social support were also more likely to be satisfied with their quality of life and to be less depressed. Women who had more close friends also reported being more pleased with quality of life.” Research on a support group for women with breast cancer found, “The majority of women (n = 51, 72.9%) indicated that their attitude had improved and they felt better” (Samarel, 1998).

NCALL staff found only two studies on support groups for older abused women. Wolf (1998) interviewed 30 facilitators of support groups for older abused women in the United States and Canada. Some program strengths described by facilitators include: 1) improved self esteem; 2) improved abuse awareness; 3) fostered feelings of personal growth; 4) enhanced coping ability; 5) developed a safety plan; 6) decreased isolation; and 7) participated in problem solving.

A qualitative exploration of the support group run by the Interagency Older Battered Women’s Program in Lynn, Massachusetts found that most of the group members interviewed described the group as a life altering experience. Group members described feeling empowered to change their lives. “They attributed the group experience to increased feelings of well-being and happiness, lessened fears and worries, higher self-esteem, feeling stronger, finding a voice and general sense of rebirth or rejuvenation” (Coleman-Hardy, unpublished work).

SECTION 2

WHY A GROUP EXCLUSIVELY FOR OLDER WOMEN?

What About Groups for Older Men or Mixed Gender Groups?

The NCALL national survey found several support groups for older men or for both older men and women. The support groups for older men were often discussion groups about a variety of issues including abuse. The older men benefited by becoming less isolated and sharing experiences. This was especially true for veterans of war. A group for older men in New Hampshire has been running for 16 years. Since 1990, Self Help for the Elderly in San Francisco has run a group for abused older Chinese men and women. The group sees victims who are abused by spouse/partners and adult children or other family members. Most of the clients are women, however, male victims have participated and enjoyed the group.

The NCALL national survey found 33 groups exclusively for older battered women. (The 34th group included was “Self Help for the Elderly,” that serves primarily women, but also serves men.) Groups exclusively for older women were started because the majority of victims in later life are female. Most facilitators felt that women are more likely to come together and talk with other women about abuse. Since the abuser is often male, women may be uncomfortable sharing intimate details of abuse, especially about sexual abuse, if a male is present. Most of these programs offer other services, such as individual support and counseling and legal advocacy, to older men. Several facilitators said their agencies would be willing to run groups for older men if enough men were interested.

Since NCALL staff wrote this manual based on experience in the field, we decided to focus only on groups for older abused women.

Why Not Have a Group for Women of All Ages?

Most domestic violence programs run support groups for women of any age. Many programs can only staff or fund one group or believe in the benefits of a multi-generational group. Many older women enjoy the company of younger women. Younger women have said they learn from the older women that abusive relationships may not improve over time. Other younger women talk about learning the disadvantages of staying for the sake of the children by listening to experiences of older women.

However, some older women told us their needs were not met in a multi-age group. If an older woman is the only one of her generation, she may feel isolated and alone. Younger women talk about child custody, job training and placement, childcare, and parenting. For most older women, these issues are not relevant to their current lives. Some older women may want to focus on health, grieving, long-term relationships and the dynamics of being abused by an adult child.

Some older women also talked about feeling uncomfortable because of the difference in generational values. Some women were uneasy with the language used by younger women or their values. They felt their ideas and choices seem “old fashioned” and out of place with younger women. Women of a similar generation can share memories of music, movies, culture and values that influenced the decisions they made.

What about culturally specific groups?

Most of the groups identified for this project were open to women of any race, ethnic or religious background and several were multi-racial. A few facilitators discussed the challenges of recruiting participants from a variety of diverse communities. The programs identified were not specifically asked about the facilitator’s ethnic backgrounds but in at least one group, an African American and a Caucasian facilitator work closely together to facilitate the group.

Several groups were designed specifically to meet the needs of a particular ethnic community. Table Talk in St. Louis is an African American support group. The Hmong American Friendship Association in Milwaukee runs a women’s sewing circle. Self Help is a Chinese American group in San Francisco. Several advantages to culturally specific groups include the ability of participants to speak in their native language and communicate about issues of relevance to their culture. Some participants may share immigration experiences and want to discuss the challenges of living in a new country. Sharing common values, music, history and experiences can make these groups especially valuable for participants.

“I like meeting with other older women because we seem to relate much better as a group. I truly think that age and group size are very helpful.”

“The group helped me realize just because I’m older doesn’t mean I have to stop growing.”

SECTION 3

AN OVERVIEW OF THE DYNAMICS OF DOMESTIC ABUSE IN LATER LIFE

Understanding the unique dynamics of abuse in later life is crucial prior to determining whether to organize a group. Group facilitators must have a strong background in domestic violence, sexual assault, aging issues including elder abuse, prior to working with women. This section is meant as a brief overview to define abuse in later life; describe why abuse in later life occurs; and list some barriers victims face to living free from abuse. For more information on abuse in later life, see the resource list on page ____.

What Is Later Life?

While different communities have used a variety of ages to determine eligibility for participation in older abused women's groups (see page), age 50 and older is most commonly used because:

1. Most domestic violence/sexual assault agencies do not see large numbers of women age 50 and older accessing their services.
2. Women ages 50 – 62 are generally not eligible for Temporary Assistance to Needy Families (TANF)/welfare type programs or Social Security. They face significant financial barriers to living free from abuse that need to be addressed.
3. Persons living in poverty or without access to quality health care often have a shortened lifespan and may only live into their 50's or 60's.

What Is Domestic Abuse In Later Life?

Victims and perpetrators of abuse in later life come from any racial, ethnic, economic or religious background. According to most research: the majority of older victims are women (Dunlop, 2000; Crichton, 1999; Lithwick, 1999; Vladescu, 1999; Lachs, 1997); the majority of perpetrators are male, although some are female (Brownell, 1999; Crichton, 1999; Lithwick, 1999); and sexual abusers were almost exclusively male (Teaster, 2000; Ramsey-Klawnsnik, 1991).

Of the cases reviewed, only men perpetrated homicide-suicide in later life (Cohen, 1998).

Domestic abuse in later life is generally defined more broadly than intimate partner violence. Most often the victim is in an ongoing trusted relationship with the abuser. In the vast majority of cases, family members are the abusers of elders. In the National Elder Abuse Incidence Study, the abusers were family members in 90 percent of cases (NCEA, 1998). This is contrary to the image that elder abuse and late life domestic violence are caused primarily by paid caregivers or strangers.

Relationships (including same-sex relationships) can include:

“Domestic Violence grown old”

Relationships/marriages lasting decades where the abuse has occurred throughout the relationship. Some relationships are 60 or more years long.

New relationship

A new marriage/life partnership that begins in later life (perhaps following a death or divorce of a previous partner). Abuse may occur while dating or begin shortly after being married or moving in together.

Late onset

An older person who has **NOT** been abusive in the past becomes abusive.

- Health problems: One explanation may be physical or mental health issues that are manifesting themselves in challenging behaviors. For example, some Alzheimer’s patients become violent as the disease progresses. Getting a physical and mental health exam is an important first step in these cases.
- Truly DV grown old: While there may not have been physical abuse in the past, questioning of the victim may reveal that controlling behavior (e.g., putting her on an allowance, screening her phone calls, isolating her) has been present throughout the relationship. In reality, this is a case of domestic abuse grown old – not late onset.
- “Reverse domestic abuse”: Some practitioners have witnessed women who have been victims of domestic violence for many years becoming abusive to their husbands when they become frail and are no longer a physical threat to the women. No research has been done to determine the prevalence of this

problem. Interventions should include ending the abusive behavior and offering services to deal with past victimization and trauma.

Adult child, grandchild or other family member

Adult children or other family members may become physically, sexually or emotionally abusive. Financial exploitation is also a common form of abuse. Adult children may remain in the home or move back home. Some have substance abuse problems, mental illness, or cognitive limitations. Most often, they are emotionally and financially dependent on the older person.

Caregivers

Caregivers, whether paid or informal, may take advantage of their position of power over the care receiver to hurt or neglect them.

The forms of abuse include physical, sexual and emotional abuse. Neglect and financial exploitation also occur. The next page shows a power and control wheel created by older victims of abuse listing tactics commonly used by abusers. Most often multiple tactics or forms of abuse are used in combination. The back page of the power and control wheel lists examples of specific tactics and forms of abuse.

Family Violence in Later Life P/C wheel

Wheel side 2

Why Does Domestic Abuse Occur In Later Life?

There is no single cause for abuse in later life. The range of explanations requires different interventions to effectively stop abuse. One significant challenge for professionals is sorting through information from abusers, victims, and other collateral contacts to determine what is happening and what remedies might be useful.

For many years, caregiver stress was considered a primary cause of elder abuse. This theory suggests that overwhelmed or stressed caregivers sometimes physically or emotionally abuse the frail elderly in their care. The caregiver is seen as unable to control stress and unintentionally hurts the older person. One remedy to caregiver stress has been to have social service workers work with families to reduce stress and improve communication.

Studies conducted throughout the past decade have found that caregiver stress is most likely NOT a primary cause of elder abuse (Wolf, 2000; Reis and Nahmiash, 1998; Harris, 1996; Pillemer and Finklehor, 1989, 1988). Rather, many older abused women, like younger women, experience a pattern of coercive tactics to gain and maintain power and control over them. Often abusers will give excuses about why they batter, such as being stressed or overburdened.

Believing that caregiver stress is the primary cause of elder abuse can lead to problems. If the origin of the abuse is power and control, reducing the stress and improving the communication patterns of the abuser will not make the victim safer. When social service remedies are the only options considered, interventions from domestic violence, sexual assault and the justice system may not be considered, even if they would increase victim safety and hold the abuser accountable.

Caregiver stress theory implies that if victims were not so difficult to care for and did not create stress for care providers, abuse would not occur. Batterers' beliefs that they are not responsible for their actions if they are stressed are supported. This is especially troubling since most "stressed abusers" do not lash out at their bosses or people on the street, only the victim. Sadly, too often the caregiver stress model is used to blame victims and collude with batterers.

In addition to power and control and caregiver stress, some abuse may be caused by physical or mental health conditions that manifest in violent or sexually inappropriate behavior. Alzheimer's disease, some forms of mental illness,

inappropriate combination of medications or other conditions may cause violent behavior.

Working with health care professionals and safety planning with the victim are crucial to finding potential remedies. Keep in mind that abusers may use health issues as an excuse to escape being held accountable for their behavior. A medical exam is essential to determine the validity of these claims.

Recognizing Barriers to Living Free From Abuse

Victims of abuse in later life face many difficult choices when deciding whether to leave or stay with an abusive family member, partner, or caregiver. For each victim, the issues may be a different, unique blend of complicating factors that the victim must consider as she makes decisions. Issues such as fear, finances, health concerns, housing, reaction of other family members and safety of pets may be factors. Generational, religious, cultural and personal values about what it means to be a spouse/partner or parent influence the options a victim may see as available. Systemic barriers such as shelter that are not accessible, waiting lists for services, lack of financial assistance programs or jobs for women of this age add to the complexity of being able to live separately from an abuser. Unfortunately, service providers often can offer very few options, so victims are left with difficult decisions to make.

“I had been looking for a support group with older women in my age bracket thinking the life experiences are along the same lines as mine. I think I’ve finally found it. Looking forward to continuing.”

“I am surprised at times at the things I say at group. I just feel so comfortable saying what really hurts and what’s really on my mind. Thank you for this group. I’m really beginning to feel how I feel.”

“It really helped to realize I am not alone in being a battered spouse. After hearing some of the others speak, I found I could use some of the suggestions to help me.”

SECTION 4

DECIDING IF THE COMMUNITY NEEDS AN OLDER ABUSED WOMEN'S SUPPORT GROUP

Methods for determining if a community needs an older abused women's support group vary. Some communities started a support group successfully without a formalized process to determine need. Professionals or older women may see the need and simply start a group. For example, one advocate overheard her mother's friends talking about how they had been abused and never told anyone before. She recognized how hidden the problem was and started a group for older women. Survivor action groups or task forces might be used to determine if a group is needed. In Wisconsin, WEAVE is a volunteer effort run by older formerly battered women. A program in Michigan was started when an older woman, who had attended monthly brown bag education sessions for several years, left money in her will to start a program for older women. Other communities responded to a Request for Proposals or other funding opportunities to start a group.

Some communities used a more formalized process that included: 1) defining the problem; 2) gathering data; and 3) evaluating data and deciding whether to start a group. This section describes a process for determining whether to start a group with examples from some communities that gathered data.

Defining the Problem

Some questions to consider when defining the problem can include:

1. Is there already a place in the community for older abused women to share experiences of abuse, break isolation, and focus on safety and healing?
2. Are there older abused women looking for this type of programming?
3. Do older abused women in your community want an opportunity to meet with other older victims of abuse?

Gathering Data

To answer the questions identified when defining the problem, data will need to be gathered from a number of sources. Asking older women, professionals, advocates and community members about services and gaps can be useful. Contacting programs throughout the country may also generate ideas.

Often a multi-disciplinary work group is convened to gather data and review the results. Representatives from the aging network, adult protective services, domestic violence and sexual assault programs, disability services, justice, health care, the faith community, mental health, substance abuse and victim services may all be useful participants. Including older women, former victims and community members often strengthens the work group.

Ask Older Women

In some communities, older women were asked through surveys and focus groups to identify needs and recommend services. For example,

- In 1990, the Milwaukee Foundation contracted with the Wisconsin Coalition Against Domestic Violence to interview 21 older abused women in Milwaukee to identify needs and service gaps.
- The Older Women's Network (OWN) interviewed 106 older women in Ontario, Canada. Sixty-nine percent (69%) of the sample were under age 75; 31% were over age 75. The interviews were carried out in 15 different languages. Twenty percent (20%) of the older women had used Ontario's shelters. Fifty-eight percent (58%) disclosed abuse (OWN, 1998).
- In 1999, REACH in Portland, Maine interviewed 100 women between the ages of 50 and 90. The older women participated in focus groups and completed a survey. REACH found that just under 50% of the 74 questionnaire respondents had experienced violence in their homes, most often by their spouse. (REACH report, 2002).
- In 2001, the Longmont Senior Center in Longmont, Colorado organized a task force to examine gaps in services for older victims of abuse in their community. The Longmont project adapted the REACH survey tool and also interviewed over 100 older women using focus groups and the

survey tool. Twenty-two women participated in focus groups conducted in Spanish.

Asking Professionals

In Ontario, Canada; Portland, Maine; and Longmont, Colorado; professionals from a variety of disciplines were also asked about services in their community. Professionals were asked about how many older victims of abuse they see each year, what services they have to offer and to whom they refer older victims. They were asked about the possible benefits of a support group for older victims.

In Minnesota and Ohio, professionals participated in forums to discuss the needs of older abused women. In 1995, four regional forums were held throughout Minnesota organized by Minnesota Coalition for Battered Women (Allen, 1995). In 1997, the Greater Cleveland Elder Abuse/Domestic Violence Roundtable invited more than 50 people to attend dialogue sessions (Cleveland Roundtable, 1997).

Research Other Communities

To determine what needs to be in place to start an older women's support group, consider talking with facilitators of support groups throughout the country. (To find other facilitators, contact NCALL for a copy of the National Domestic Abuse in Later Life Resource Directory or go to the website at www.wcadv.org.)

Evaluating the Data and Deciding Whether to Start a Support Group

After talking with older women and professionals, review the data gathered to determine if a support group or other services are needed. For example, all four projects that interviewed older women found that these women wanted other women to talk to and services tailored to their specific needs.

SECTION 5

A COORDINATED COMMUNITY RESPONSE

Whether a formal or informal process is used to decide whether to organize a group, coordination among agencies will be critical to the success of an older abused women's support group. To better meet victims' needs, collaborative efforts and an exchange of information must occur to create services that enhance victim safety and break isolation.

Certainly, working with persons from a different system creates challenges. However, victims benefit from the variety of services available from various systems. When professionals work together, victims can choose from a wider array of options. For example, a victim could get a protection order by working with the domestic violence program and transportation from aging services. Since the goal is the same, victim safety and ending abuse, workers save time and resources recognizing how they can learn from each rather than working in isolation.

A support group on its own may not meet the needs of many older abused women. Often additional services and remedies may be required. Having established a community safety net prior to starting group will assist victims who need additional services. A list of some, but not all, services to consider are listed below.

Additional Services to Consider

Emergency Shelter

Some victims will require a safe place to stay in emergency situations. This can be a challenge for many communities. Many domestic violence programs are accessible and willing to serve older women. Some are not. Some domestic abuse programs only serve victims of intimate partner violence, refusing to serve women abused by adult children or caregivers.

In a few communities, elder shelters have been started. Most of these programs serve frail and medically needy victims. In other communities, adult care facilities or nursing homes have agreed to use open beds for emergency shelter when needed. In Tucson, using adult care facilities has been extremely successful. More than 50 adult care facilities have enrolled. About 1/3 of the

victims choose to stay in the facility and not return home to the abuser.

Transitional Housing/Permanent Housing

Affordable housing can be a barrier to leaving an abusive relationship. Some victims also benefit from having support services for 3 – 24 months after leaving an abusive relationship. Phoenix is an example of a community that offers transitional housing specifically for older abused women.

Financial Assistance

While many older people work, some elder victims are unable to find jobs. Knowing the community resources that can help understand financial benefits such as Social Security and pension plans is necessary.

Legal Advocacy

Some older victims will benefit from an array of legal options including having the abuser arrested, restraining/protective orders, wills, and advanced directives including powers of attorney. Immigration issues may also require legal intervention.

Health Advocacy

Many older victims may have health needs. Health advocacy can include accompaniment to doctor's appointments and assistance in asking questions about the victim's health, the abuser's health, medications and payment. Many victims stay with abusers because they do not have health insurance unless they stay married. Assisting victims in finding health insurance may be beneficial.

Plan for Care for Children, Dependent Others, Pets, Livestock

Some victims are unable to leave an abuser unless other people or animals receive care. Women with children or grandchildren living with them need to plan for childcare. Other women live with dependent adults (e.g., adult children with disabilities or frail/ill elderly parents, spouses/partners or siblings) and may need to make arrangements for these individuals as they do safety planning and consider options.

Substance Abuse Services

A significant number of abusers also use drugs or alcohol. While substance abuse counseling may provide some help to the family situation, the sobriety of the abuser may not end the abuse. Violence and chemical dependency are two different issues that need to be treated separately.

Older victims may also have chemical dependency concerns. Victims may have become addicted to pain pills or mood-enhancing drugs prescribed by health care providers to alleviate symptoms of abuse. Some victims may self-medicate with alcohol or other drugs as a way to deal with the abuse. Women with substance abuse problems may still be appropriate for a support group.

Mental Health Services

Victims of abuse who have also been diagnosed with a psychiatric disability (e.g., depression, anxiety, post traumatic stress disorder) are often not believed or are viewed as not credible when they report the abuse. In many instances, the psychiatric disability is the result of trauma. Because of age or disability, many abusers are not considered appropriate for existing abuser treatment programs. In these situations, being aware of mental health services for both victims and abusers in the community is beneficial.

Sexual Assault Services

Many factors increase the chance of an older adult being a victim/survivor of sexual abuse including the perception that they are weak or incompetent, and the reality of physical or sensory disabilities. Some may be survivors of childhood sexual abuse. Older adults can be targets of sexual abuse whether they are healthy and live in the community, have a disability and live in the community, or live in facility settings. Services provided by sexual assault programs may be beneficial to these victims/survivors.

Batterer Intervention or Abuser Treatment Programs

Investigate programming for abusers in your community. Most programs serve primarily younger men who have abused a spouse or partner. Only a few programs in the country have been designed for older abusers or adult children who abuse elder parents.

Faith Community

Many older women will turn to their faith community for guidance and support. Ensure that religious and spiritual leaders in your community have training to identify and respond to domestic violence and elder abuse. Some faith communities provide services such as support, recreational activities, and other programming that may help older abused women.

Each community may have other organizations that can provide help and support to older victims. These other organizations should be contacted about the support group.

Models or Methods of a Coordinated Response

Creating a strong collaboration requires building relationships with professionals in a variety of disciplines. Like a successful marriage or friendship, professional relationships take time to nurture. Getting to know both the person and the roles, responsibilities and limitations of their job can prevent future misunderstandings. Some methods for building relationships are listed below:

- Multidisciplinary/Interdisciplinary teams
- Family violence councils/Coordinated community response teams
- Departmental meetings within government
- Task forces/committees of statewide coalitions focusing on older victims
- Membership on the board of a local nonprofit organization focusing on elders or abuse
- Joint conference/training on domestic abuse in later life
- Joint policy initiatives
- Joint facilitation of support groups for older victims
- Joint proposals for funding

“Since I've been in the group and we've talked about a lot of stuff, I think that maybe we (older women) might have had it worse. Well, because it was covered up in those days and you didn't tell anyone, you didn't tell your neighbors, you didn't tell your mother. You told no one. And just hoped that nobody knew. You were too ashamed...and years ago you didn't get divorced because it was a sin to get divorced.”

“Often women our age won't admit to being abused unless they see other women our age experiencing the same thing. ”

SECTION 6

PLANNING AN OLDER ABUSED WOMEN’S SUPPORT GROUP

Planning a support group may seem overwhelming. Concerns can include where to start and who to contact. However, several facilitators of support groups felt that starting a group was remarkably challenge-free. Good planning can make all the difference. This section will outline some of the key issues to consider when developing a support group for older women.

Why? Purpose of the Group

Before organizing a group, determine what the purpose(s) of the group will be. There are several types of groups. This list is not all-inclusive but a sample of the types of groups currently being run. Most support groups are not strictly one type of group. Many are a combination of an education group and ongoing support group or an ongoing support group and a recreation group. After determining the purpose(s) of the group, determine which format best helps achieve the support group’s goals.

Type of Group	Purpose of Group	Length of time	An example
Single Session Information Meetings (Often held to determine interest in or need for an on-going support group)	To give older women information about abuse and resources	Single sessions	A senior center in CO runs a 2-hour session four times a year on abuse in later life.
Focus groups (Often held to determine interest in or need for an on-going support group)	To gather information from participants about gaps in services and needs	Single sessions	ME and CO (see page _____)
Education group (can benefit current victims or women who have been abused in the past)	To provide women with information about abuse and resources, often using a structured agenda and guest speakers	Time limited (six, eight, 10 weeks)	A group in CA runs a 7-week group and the members graduate.
Emotional support group	To breaking isolation and help the healing process. Issues covered can include	Ongoing. New members join at any time.	A program facilitator in Missouri created a group after seeing her grandmother and her

(can benefit current victims or women who have been abused in the past)	self-esteem, assertiveness, boundaries, as well as discussing other topics of interest like parenting, roles of women, grief etc. The concept is to break isolation and provide ongoing support.		friends gather around the kitchen table to talk about their lives. The group is called Table Talk and is an opportunity for sharing life stories.
Recreation group (may also be part of another one of the groups)	To break isolation and provide social activities and fun for older women.	Can be ongoing or time limited	A group in Virginia goes bowling and plans parties together. In Wisconsin, one group has monthly potlucks.
Social action group (described in “In Our Best Interest” by Minnesota Program Development, Inc. in Duluth, MN.)	To link personal, institutional and cultural responses to victims and often take action to promote change in the community.	Can be ongoing or time limited	One Wisconsin program’s older women’s group staffs booths on domestic violence, gives educational presentations to the community, and participates in a court watch program.
Therapy group	To provide psychotherapy to group members to help them deal with boundaries, assertiveness and other internal issues to help them better cope with their situation.	Time limited or ongoing	One group in CA has had 14 members attending group for more than two years. These participants have already gone through an education group and have been providing ongoing support for a long period of time. The group is now moving to include therapy exercises.

Who Will Sponsor The Group?

Co-sponsorship of a support group by an agency that is respected and trusted by both older women and those who will refer to the group can be helpful in starting and maintaining the group. Ideally, co-sponsors would be from both domestic abuse and aging/adult protective services. A co-sponsor may be able to provide a co-facilitator, meeting location, or assistance with printing materials or providing snacks for the group. Collaborating with agencies in the community (such as the local senior center) that older women trust will increase interest in the group.

Having a community agency other than the domestic abuse program as the contact for registration or additional information will increase the likelihood that older women will make the initial call. It may also be safer if Caller Id or *69 is used by an abuser. (*69 automatically redials the most recent incoming telephone number, even if it was shown as private on a caller id, giving an abuser the ability to discover who has called.)

When seeking an agency co-sponsor, determine which agencies in your community have credibility with both aging agency staff and with potential group members. Be certain that responsibilities of each agency are clear. A written Memorandum of Understanding between agencies might be negotiated to clarify roles and responsibilities.

Who Will Attend? (Target Population)

Determining the target population will significantly affect who joins the group and who is excluded. For example, a domestic violence program that chose 40+ as their target population sees few women over age 60. An aging agency that chose 65+ as their target population consists of women ranging in age from 71 – 84. When deciding on target population the following criteria should be considered: age, gender, relationship to abuser, level of current danger, health status, and cultural issues.

Age

Of the groups interviewed, most groups had an age they used as a guideline but also welcomed younger women without children who were interested in the group. Age 50 and older was the most common definition.

Age guideline	# of facilitators who chose this answer
40+	2
Beyond childbearing	1
50+	22
55+	5
60+	3
65+ and possibly vulnerable adults	1

Gender

Most existing groups are exclusively for women (see discussion on page ____).

Relationship to Abuser

The majority of groups served women abused by someone in an ongoing, trusted relationship, such as intimate partners, family members, and caregivers. However, at least one program served only older women abused by an intimate partner/spouse.

Health Status

Consider how the group will accommodate women with health issues.

- Are the only women invited to the group those who can get to the meeting facility?
- Is the facility accessible for people with disabilities?
- Is staff prepared to deal with medical concerns that may come up during group?

Current Level of Danger

- Will the group be designed only for women in current danger or abusive situations?
- Will the group be open to women who are no longer in abusive relationships (e.g., the spouse/partner has died) but are still experiencing the effects of the abuse?

Cultural Considerations

When designing a support group, the cultural diversity of the community should be considered. Keep in mind that some people face multiple levels of oppression, for example, a woman that is African American, lesbian, and low income.

Will groups be designed for specific cultural groups? For example, several groups are primarily for African-American older women. Services in Spanish are being organized in several communities. The Hmong American Friendship Association in Milwaukee runs a group for older Hmong women. The Self-Help Center in San Francisco serves Chinese individuals.

If the group is open to individuals from any racial, ethnic or religious group, how will the group be advertised to reach members of different communities? What accommodations need to be made so all members feel comfortable and welcome? Will translators be available for non-English speaking women?

Will the group be designed for women with disabilities? How will the group be advertised to reach members of different communities, including persons who are deaf or hard of hearing, visually impaired and persons with limited mobility or those with cognitive disabilities? What accommodations will need to be made so all members feel comfortable and welcome? Will interpreters be available for deaf and hard of hearing members? Several communities (Texas and Arizona for example) have started groups for people with disabilities.

Rural

If the program will serve a primarily rural community, consider issues such as the following:

- How will transportation be dealt with?
- How will confidentiality be assured in a community where everyone knows everyone else's business?
- How can women working on farms or in small family businesses get away to attend the group?

Sexual Assault/Abuse

Even if the group is designed to serve older victims of domestic abuse, occurrences of incest, sexual assault and sexual abuse will be disclosed. Facilitators need to be prepared to deal with stories from women about sexual

assault by a stranger, incest, marital rape, and sexual abuse by an adult child, grandchild, family member or caregiver. Sadly, some adult sons force their mothers to watch pornography or sexually assault them vaginally, orally or anally.

Sometime a woman may have been recently sexually assaulted and will require medical services and possible legal remedies (if she wants legal help). Other forms of sexual abuse may have occurred 40 – 80 years prior to attending the group. Keep in mind that there was no language describing “rape,” “sexual assault,” “incest” or “marital rape” in those days. Sexual assault programs have only been in existence since the 1970’s. The victim may have had no one to turn to when the sexual assault/abuse happened. Yet, she may continue to experience guilt, shame, regret and post traumatic stress reactions to this day.

Where to Hold the Group

When deciding on location, the most important consideration is confidentiality. For example, several facilitators said that senior centers were not good locations in their community because some women sat by the door and gossiped about where everyone in the building went. A program held at a health care setting found that concerned nursing staff would ask the women if they had new health problems. As is true for many women of that generation, the women felt compelled to answer the questions and tell the truth – that they were attending a support group. The facilitator moved the group to a different location where the women would not be asked why they were in the building.

Transportation is another consideration. Is the location easy to get to by car, cab, bus and other transportation? Is parking easy to find and close to the building so participants don’t have a long way to walk? Is the neighborhood a comfortable place for all participants?

The facility must be accessible for persons with a variety of disabilities since group members may come with visual, hearing or mobility limitations. See Appendix 5, page _____ for more accessibility considerations.

Current groups are being held in a variety of locations. Some domestic abuse agencies successfully house many support groups. However, some facilitators choose other locations in the community because the women in their groups feel uncomfortable going to a domestic abuse agency.

Where group is held	# of facilitators who chose this answer
Senior center/aging services	9
City/agency office	4
Domestic abuse program	10
Hospital/health care setting	6
Faith-based agency	4
Library	1

When to Hold The Group

Determining a good time of day for the group to meet can be a challenge. Some victims may have difficulty getting going in the morning and prefer an afternoon group. Persons with sundowning may have more clarity in the morning and fade as the day progresses. A morning group may be best for them. Victims who work, provide childcare for grandchildren, or volunteer may need an evening time. Do not assume that older people are not working. In Maine, the focus group meeting time needed to be switched to the evening since so many of their participants (in their 70's) were working during the day.

Most group meetings last 1.5 – 2 hours. Several projects have more than one group and hold one session in the day and one session in the evening.

Size of The Group

Deciding whether or not to limit group size will depend on a number of factors. Experience of the facilitators, space issues, available resources (printing costs, refreshment budget, etc.), will impact this decision. One group in California limits participation to 8. Their feeling is that more than 8 participants makes the group resemble a class and minimizes the amount of attention that can be given to individuals attending the group.

The Milwaukee Women's Center in Wisconsin found that women in their combined group wanted to separate into two groups. A group for intimate partner abuse and another group specifically for women abused by adult children are now running with great success. Yet another group is held in the evenings to accommodate women with jobs.

The staff at the Milwaukee Women's Center find that the quieter women come more often now and speak more often. The women feel their issues are

validated, where before only the most extreme case or most assertive person collared the energy of the group. The evening group for working women tends to be younger and their attitudes are noticeably different than the wives on Thursday and mothers on Friday.

Funding

Funding can be a significant challenge to starting or maintaining an older abused women's support group. Existing groups were receiving funding from the following sources:

- Human services, county or state government
- Catholic Charities
- YWCA or other domestic violence program using general funds
- Grants
- Private donations/fundraising
- Office of Victim Assistance, crime board or VOCA
- Aging resource center
- Supported by general funds of domestic violence program
- Woman left money in her will
- Corporate sponsor like US Cellular or Phillip Morris (now Altria)
- United Way
- Community foundations
- No funding – an all volunteer effort

“That’s why I like this group, we can say whatever is on our minds.”

“It’s heartbreaking to hear some of the other women’s stories in group. But it’s wonderful that we have this place to share our sadness and pain. It helps me keep my own life in perspective.”

“I always leave group with something important to think about. I enjoy and appreciate the educational piece the staff bring in to group.”

SECTION 7

STAFFING THE GROUP

Prior to starting an older abused women's support group, determine how the program will be staffed. Will one facilitator or two be used? What background or training is necessary? Will the facilitator(s) be female? Is the age of the facilitator(s) important?

One or Two Facilitators

NCALL staff interviews with facilitators found that seventeen projects use one facilitator and ten used two facilitators. Several programs had three facilitators available to rotate in or to run more than one group.

Advantages to two facilitators include bringing a wider range of skills, resources and experiences to the group and providing support for each other. With two facilitators, diversity of race, religion, experience and professional background enhances the group. However, for many groups, having two facilitators is not possible because of staff availability or funding.

Background

Facilitators should have a strong background in the following areas:

- Dynamics of domestic abuse, sexual assault and elder abuse
- Safety planning
- Crisis intervention
- Legal advocacy
- Aging issues and resources
- Group dynamics and facilitation
- Culturally appropriate services

To run a peer support group, training in social work or mental health is not necessary, although it may be beneficial. Some facilitators were art therapists or worked with art therapists in the community to generate ideas for group. A therapy group facilitator would need to have training in group therapy and might be required to have a license.

Age of Facilitators

With this population, the age of the facilitator can be a factor. NCALL interviews found that seventeen programs had facilitators under age 50 and twenty-five had older facilitators. Many of the groups are run by two facilitators, so often they used one older facilitator and a younger facilitator or two older facilitators.

Potential participants have told young staff members “they sound too young to understand a person my age.” Older women may feel initially uncomfortable talking to someone the age of their daughter, granddaughter or great-granddaughter.

However, young women interested in this work can be effective. It can be helpful for young women to have knowledge of history and recognize the music, movies and people that older women might discuss. They must understand the discomfort older women may feel and put them at ease. Using older volunteers and staff as much as possible may be helpful. One young advocate is upfront with older women who express concerns about her age. She acknowledges that she is young, but asks them to give her a chance by coming in for a face-to-face meeting. She tells the women that if after the meeting, they decide not to attend group, she will not be offended and will help them find other services. So far, all of the women she has met have gone on to join the group.

Gender of Facilitators

All but one of the groups had female facilitators. Most facilitators felt that having women run the groups made the older women feel most comfortable and likely to disclose intimate details.

Diversity of Race, Ethnicity and Religion

A significant benefit to having two facilitators is the opportunity to choose individuals from different racial, ethnic and religious backgrounds. Differing life experience can enhance the group. Participants from a variety of communities may feel more comfortable expressing viewpoints when the facilitators model openness and diversity.

Survivors as Facilitators

Across the country, there are different views about whether former victims

or survivors of abuse should facilitate a support group. A group leader who has lived with abuse brings empathy and a commonality of experience that enriches the group.

However, there are certain potential disadvantages that should also be considered. If a leader has only recently escaped a violent relationship, the group experience may reactivate her fears or distort her view of the other women's problems. A leader who's been abused may also tend to think other women's situations are more like her own than is actually the case and may give advice based on her own experience, rather than helping each woman make her own decisions (NiCarthy, 1984).

If a former victim/survivor is a group leader, ensure she does not expect her own feelings and emotional needs to be met by the group. While some sharing of personal experiences is acceptable, the facilitator's story must not dominate the discussion.

Boundaries

All group facilitators must set and be clear about personal boundaries with group members. Although some group participants may want to become "friends" with facilitators and socialize outside of the group setting, it is important to maintain a professional relationship. Many programs ask all agency staff (paid and volunteer) to agree to a Code of Ethics that limits the potential for the crossing of this boundary. It is also possible that women will see the facilitator as their only source of support and increasingly make requests that are inappropriate. Although it may be difficult to refuse these requests, it is important to refer the woman to an alternate resource.

Responsibilities

The responsibility of a group facilitator is to ensure that each group participant's needs are being met, encourage all members to participate and help the group identify and deal with problems as they arise. Facilitators must assure that the group environment is supportive, non-judgmental and respectful. Facilitators should also recognize their professional power in a group setting. Facilitation must not be a tool to control the group or its members. Care must be taken to ensure the facilitator's own feelings and viewpoints are not the only ones being discussed by the group.

Burnout

Working with older women can involve more time commitment than with some younger victims. Often women will want to tell their stories. The story of a 50-year or 60-year relationship will take longer to tell than the story of a relationship that has only lasted a few years. There are simply more life experiences to share. Due to natural aging or health concerns, more time may be required for some older women to complete tasks. Some women may tire easily and need to rest often.

Staff may also find they need to do more outreach to engage and maintain relationships with older women. Home visits (when safe), meetings at coffee shops, or trips to nursing homes may require more time from staff. Some facilitators found follow-up weekly calls (when safe) are a beneficial way to keep women engaged.

Agencies need to ensure that staff working with older victims get the support they need. Several facilitators spoke about becoming the “point person” or the “expert” on working with elder victims. This often meant that all calls from older women went to them and other staff in the agency did not take responsibility for working with this population. Facilitators described feeling isolated and alone in their agency, particularly in a domestic violence program where other staff were working with younger victims and children. To avoid this problem, work with older women must be institutionalized into all the programming of the agency. While having a specialist on staff often ensures that work with older women is not lost in the agency, all staff must be trained to be comfortable working with older victims and people with disabilities.

Accommodations and considerations may be needed for older staff. While some older staff have twice as much energy as their younger counterparts, others will tire more easily. Ensure that older staff have any accommodations they need to effectively do the job, especially if they have vision, hearing or mobility limitations. Keep in mind that some older people may need extra time learning to use and become comfortable with modern technology. Respect beliefs around communication style (e.g., their view that a handwritten thank you note is better than an e-mail). Consider ways to make meetings and other activities most comfortable for older staff members.

“I really enjoy the fellowship in the group. There’s nothing we can’t talk about with each other. The trust level is very high. I like the feedback I get from others and I know that the facilitators will help me with specific needs if I ask them.”

“I have somewhere to go to express my fears and hopefully to gain strength to make the changes in my life I need to make.”

“I’ve really learned how to care more about myself and also, I feel I have friends I can call and who call me. I’m less lonely than I used to be. These are women who understand because we’re all in the same boat.”

“This group is a real lifesaver for us and I’m happy to be part of it.”

SECTION 8

FINDING PARTICIPANTS

Some older abused women's support group facilitators do not advertise their group to the public and have little trouble finding women for the group. Most of these facilitators work individually with a population of older victims and invite some of these women to attend the group. In other communities, referrals create and maintain the group or participants invite their friends to attend.

However, most facilitators of support groups across the country note that it can be a challenge to find women to attend their group. Some talk about how isolated older victims can become. Other facilitators describe generational, religious or cultural values that affect women's participation in the group. They recognize that many women share the belief that problems should remain in the family or community and should not be talked about with strangers.

Several groups run sporadically based on interest. If too few women are interested, the group takes a break and starts up as needed. However, one facilitator notes that she never cancels her group. She feels that even bringing together three or four women can be a powerful experience. Also, she noted the importance of continuity and the community being able to rely on the services being available.

For facilitators who do not have a pool of older women from which to draw, several strategies have been used throughout the country to attract women to the group. Prior to distributing written materials, giving presentations or talking to the media, determine the wording used to advertise the group. Also, consider how to present the group to agencies or businesses that have regular contact with the elderly and may be a source of referrals.

Thinking About Wording

When describing the support group on posters and in presentations to older women or agencies, the wording used is crucial. Older women may not identify with language that has been successful in attracting younger women to support groups. Many older women will not identify with terms such as "battered or abused women" or "victims of domestic violence, elder abuse or sexual assault." These are terms that are commonly used by professionals. Most older women have never attended a support group and would not consider themselves in need of

“support.” Avoid using language that may be confusing or unfamiliar to an older victim, such as advocacy, empowerment, self-esteem, validate, or entitlement. They may also not see themselves as “in crisis” and may never call a “crisis line.” One program created a “Senior to Senior” line. During designated times each week, the domestic abuse hotline is staffed by older women. This provides older women a time when they can call and be guaranteed that they can speak to someone of their generation.

Several groups advertise and provide information beyond issues relating to abuse, such as safety or aging issues. Domestic violence or elder abuse is one of the sessions in the series.

Naming the Group

The name of the group should draw women to the group and increase their sense of trust in the program. Some support groups got input from participants to help name their group. If the group is targeting a particular cultural group, the name and marketing materials should reflect aspects of that cultural group. Potential participants should be able to identify that this group will consider their cultural realities. Some of the names being used across the country include:

- Feeling Safe/ Feeling Strong
- Table Talk Gathering
- Older BW support group
- Women’s Meeting
- Elder Abuse Support Group
- Safety for Seniors
- Bridge to Hope
- Safe and Healthy
- WEAVE (Women Ending Abuse Via Empowerment)
- Pathways of Courage
- Senior Strengths Group
- Thrivers’ Group
- Group for Women in Controlling Relationships
- Circle of Hope
- Prime Time
- Project Reach
- Engaging the heArt (this is an art therapy model)
- Connections: A Support Network for Women

Advertising the Group

On posters and written materials, consider describing the group using behaviors or common abuser tactics. Some examples include:

- Does someone close to you (your spouse/partner, child, grandchild, or trusted caregiver) withhold your medication, use your money without permission, limit your phone calls, tell you when or where you can go, limit visits by friends or family?
- Does someone close to you call you names or constantly criticize what you do?
- Do you feel that nothing you ever do or say is “right?”
- Does someone close to you ever threaten you, your family or friends with harm if you do not agree to their demands?
- Has someone close to you ever pushed, slapped or hit you?
- Have you ever had money or belongings taken by a family member?
- Do you live in fear of doing something wrong?
- Have you ever been kept away from family and friends?

Other language that can help describe the group includes:

- Age is self defined, however this group is designed to meet the needs of mature women.
- This group will address issues important to older women
- We will listen to your story and believe you.
- We can help you feel better about yourself.

- We can help you with housing, health care and financial issues.
- Are you interested in meeting others who feel like you do?

You may also want to include the following information:

- All services are free and confidential.
- This group is co-sponsored by...
- For additional information contact...

Tips on Public Awareness Activities & Outreach to Older People

Presentations

- Include information on abuse in later life at every community public awareness event, speaking engagement, speakers' bureau presentation and in every training given by your agency. With little effort, the abuse of older victims can be incorporated into each of these efforts.
- Presentations should include stories about older victims and survivor panels should include older survivors willing to share their stories
- Use an existing video or make one of your own. In Arizona, a video titled "The Dance" was created for presentations to older people and professionals using an actress describing an abusive relationship. "The Dance" is also available in Spanish. In Maine, an older woman shared her story on video for training purposes.
- Consider creative methods of presenting material. In North Carolina, a senior drama group "The Rocking Chair Players" does presentations followed by discussion on elder abuse and abuse in later life.
- Consider co-presenting the information to different ethnic groups. When necessary, utilize agency staff you trust as translators.

- Have items available to give away that have agency phone numbers on them. Possible items include magnets, key chains, magnifying glasses for reading small print, plastic jar openers, etc. A program in New York gives away seed packets of Forget-me-nots with the logo “Planting Seeds of Hope and Change.”

Written Materials

- Materials created by your agency should include pictures and graphics that reflect diverse images of women across the lifespan, including older women and people with disabilities.
- When preparing resource lists for use by consumers, community members or help lines, include phone numbers for services for older adults, elder abuse agencies and adult protective services.
- Many older people appreciate larger print and easy to read fonts.
- Consider having audio taped information available.
- Using contrasting colors is helpful. Pastels (yellow, blue, green) with black print are easier to read than materials on darker or very bright paper. Use of colored ink (blue, green, red) is not recommended, as it is also difficult to read, even on white paper.
- Several programs have printed information about abuse on placemats that go to meal sites for the elderly, home delivered meals or are used in hospitals or restaurants.
- Distribute materials in different languages, assuring that a diverse range of elderly will be reached. If it is not possible to print materials in a variety of languages, take time to connect with bi-lingual staff at cultural centers who can share the information.
- Flyers, posters and brochures can be placed in locations frequented by older persons such as, senior centers, meal sites, beauty parlors, pharmacies, clinics, or hospitals. Hanging posters in bathroom stalls and using phone number tear-offs will make it possible for victims to take information privately. Be sure the tear-offs do not include your agency name. Prior to

posting flyers, tear off one or two of the phone numbers, knowing someone else has taken the number may increase the likelihood that others will take them.

Media

- Take advantage of local media including newspapers, network and cable television stations and radio. Most journalists and reporters look for new angles for their stories. Focusing on older victims' experiences may attract media interest and give domestic abuse programs an opportunity to get airtime or an article printed.
- Especially take advantage of Domestic Violence Awareness Month (October), Sexual Assault Awareness Month (April) and Older American's Month (May). San Francisco uses the weeks between Mother's Day and Father's day as "elder abuse month."
- Most senior centers print a monthly newsletter and many areas publish a periodical for seniors. These are valuable tools for disseminating information.

Getting Referrals

Working collaboratively with other professionals who come in contact with older victims of abuse is key to generating referrals to a group. Professionals from aging units/adult protective services (APS), health care, justice system, and faith communities are important allies. Victim witness staff, district attorney's office staff and law enforcement are also potential referral sources. Senior center staff, outreach workers, case managers, beauticians, utility workers, and anyone who comes in contact with older people can be good referral sources. These are all individuals that older persons are likely to trust. Many will be more likely to come to the group if it is suggested by any of these individuals.

Connections can be made with these agencies and individuals through participation on Interdisciplinary Teams and Coordinated Community Response Task Forces (CCR's), attending or presenting at aging network conferences and frequenting social functions attended by older people. Presentations given at agency staff meetings identifying the problem and describing services offered will encourage staff to refer their clients to the group. Follow-up phone calls to agency individuals, building relationships and trust, and creating a presence within the other systems will increase referrals. Referrals can also come from the criminal

justice system after an abuser is arrested.

It is helpful to build a relationship with an individual within these agencies. You will then have a contact person that you can keep updated about your program and someone that you can rely on to keep you informed of upcoming events and opportunities for networking. This individual may have more success in referring people to the group if they can state that they personally know and trust you.

If your agency or staff are required to make a report under your state's mandatory reporting laws, it is important that a victim or potential group participant is aware of this requirement.

“I thought I had been imagining things. Now I know my pain is real.”

“I think this group is wonderful to speak to and I always feel better when I leave.”

“I enjoy our group and it plays a most important part in my recovery. I look forward to coming each week. This group provides a great outlet for me.”

“I wish we had this group more than once a week. Right now I really need a lot of support and strength to get through the next couple of weeks.”

SECTION 9

BARRIERS TO PARTICIPATION

There is no perfect day of the week, time or location that will work for everyone. Each community must do its best to accommodate as many women as possible. If the logistics of the group do not work for some women, perhaps another group should be organized or individual services could be offered.

Once you've found women interested in attending group, you still may encounter some significant barriers to getting them to participate.

Transportation

Almost all the facilitators across the United States mentioned transportation as a past or current problem. Many facilitators said they had women interested in group who had no way to get there and could not attend. An urban program described paying for taxi service, only to have women who use wheelchairs sitting outside on the curb for more than an hour waiting for a cab. Some of these women showed up as the group was ending, extremely upset. In rural communities, taxis do not exist or are cost prohibitive.

How have other programs gotten women to group? Here are some examples:

- Women who can drive pick up other women (if this is safe).
- Staff pick up women (if this is safe). One agency was able to purchase a car for this purpose.
- Taxi vouchers can be used where service is reliable.
- Aging network volunteers pick up women.
- Red Cross brings women to the group.
- A police escort service that drives elderly people to medical appointments and shopping trips picks up participants.
- Groups held at locations where transportation is provided such as a senior center, community meal site, hospital, health clinic, or faith based facility.

The Abuser is Home at All Times

Some women who are interested in a group live with an abuser who is home 24 hours a day, seven days a week. Some abusers are retired and stay at home every day. Other abusers may be family members who are unemployed or keep erratic schedules so the victim does not know when she can leave safely. One group has a health care provider write a prescription saying the victim needs to be at the hospital for rehabilitation or stress management class every week at a certain time. Since the group is held at the hospital, the women could go to the hospital (even have the abusers drive them to their appointment) without raising suspicion.

Providing Care

Some victims are providing care for an elderly parent, sibling or spouse/partner. They may not feel they are able to leave home to attend a group because of their caregiving responsibilities. Work with the aging network to learn about respite care services that might give the victim time away to attend group. Recognize that an abusive care recipient may sabotage the victim's time away by being abusive to the respite care provider.

Others have children or are responsible for grandchildren. They may need help with childcare to be able to attend a group.

Health Issues

Health issues can be a deterrent for some women. Often facilitators work individually with women who are no longer able to attend a group because of health problems. One facilitator said that a woman in her group had a stroke so now she visits her at the nursing home individually. Another program had a woman who was diagnosed with breast cancer and was terrified that her abusive husband would end up being her primary caregiver. The domestic abuse program found volunteers to provide care for her during her treatment and until her death.

“It’s good not to be told what to do all the time. It feels great!”

“Bernice (co-facilitator) has missed her calling. She should be a pastor. Her words are always so kind, soothing and inspirational. What would we do without her?”

SECTION 10

GUIDING PRINCIPLES FOR WORKING WITH OLDER ABUSED WOMEN

- Believe the victim. Even if the victim says other things that seem unlikely, begin by assuming the older woman has been harmed or experienced trauma at some point. If you have concerns about dementia, depression, delirium, contact a health care provider.
- Do not assume that stress or poor family communication or poor caregiving techniques are causing the problem. Assume it is power and control unless/until proven otherwise. Focus on victim safety and avoid colluding with the abuser.
- Identify the victim's strengths and skills and build upon them.
- The victim should have an opportunity to talk about her personal beliefs and values and how these beliefs impact her decisions and ultimately her safety.
- Offer hope. Focus on offering strategies that promote victim safety; break isolation; support the victim's decisions; and provide additional information.
- Recognize and respect cultural and religious differences. Language barriers and value differences may create challenges. Understand and acknowledge the importance of holidays and rituals from a variety of traditions.
- Recognize the victim may want to maintain the relationship and help the abuser.
- The victim may have tried to get help before without success. Some victims may not trust workers or their suggestions initially. Take time to build a relationship with the victim.
- Offer as many options as possible, without overwhelming the victim. Give accurate information about services (e.g., waiting lists, eligibility

requirements). Do not promise more than you can deliver.

- Support any decision the victim makes: staying, leaving, or leaving and returning to an abusive relationship.
- Understand that some proposed interventions may make things worse (temporarily or permanently) and could compromise the victim's safety (e.g., calling law enforcement if abuser works for the police; talking to faith-community if spouse/partner is pastor/rabbi or other spiritual leader; involving the legal system if victim is an undocumented worker).
- Do not make statements that blame the victim or imply the victim is partially responsible for the abuse or for stopping it (e.g., "What did you do to cause him to get angry?" or "Don't you know that pushes her buttons") Whenever possible, use language such as "we," "us," or "our" to build a bond between facilitators and participants.
- Avoid labeling the victim as co-dependent, uncooperative, weak or helpless. These labels do not promote victim safety or empowerment.
- When domestic abuse is present, couples/family counseling and anger management are not recommended by experts in the domestic violence field until the perpetrator has successfully completed a batterers intervention program. Definitions of successful completion vary, although many older women consider increased safety and improved quality of life as indicators of success. If couples/family counseling is considered, a therapist/counselor highly knowledgeable about domestic violence should be sought out.
- Treat older victims as adults, with respect and kindness. Do not treat them as children by doing too much for them, talking to others about them while they are present or making decisions for them.
- Acknowledge how difficult it is when women are abused by an adult child.
- Acknowledge how difficult it must be to consider ending a 40, 50 or 60-year relationship.

- Be creative.
- Humor and laughter can relieve stress and lighten the spirit.

SECTION 11

PRE-GROUP INTERVIEWS AND ASSESSMENTS

While most programs around the country do some type of pre-group interview or assessment of victims prior to their attending a group, many do not. The decision of whether or not to screen a victim is many times dictated by agency policy and procedures. Often programs that do not do an assessment have two facilitators, one that presents or monitors the group content, while the other monitors the group process. The participation of the two facilitators provides the opportunity for the process monitor to leave the room with a victim who disruptive or problematic to the group.

Why Conduct Pre-Group Interviews?

The pre-group interview is a tool used by the facilitator of the group to assess the appropriateness of the victim for the group. The facilitator has the opportunity to listen to the victim's story and provide individual support or advocacy if necessary. The benefit of a pre-group interview for a woman considering attending a support group is that it gives her the opportunity to meet and begin forming a relationship with the facilitator. It also provides an opportunity for the victim to ask any questions she might have about the group.

Not Everyone is Appropriate for a Group

Support groups are not for everyone. Some people are shy or introverted. Others, especially of this age, may find the notion of meeting to share private matters a foreign concept. Cultural differences affect a person's view about talking about problems outside the family or community. Some victims in the midst of a crisis need individualized support rather than a group. Others may have mental health needs that would be disruptive to the group process. Some people with cognitive limitations or other disabilities find it difficult to participate and benefit from a group. Participants who do not speak the same language as the group may not be able to join the discussion, even with a translator.

Finally, some people are not good group members. Some participants may talk too much, be judgmental or refuse to follow confidentiality policies. Rather than work on their own issues, they may always want to give advice or criticize others.

Though some of these women will not benefit from a support group, they may benefit from individual support or other tailored services available in your community.

The Interview

Tips for Beginning the Interview

- Be sure that the location provides a private, comfortable and safe setting. Consider home visits or meeting at a coffee shop. Older women may be less likely or able to come to you.
- Introduce yourself to the new prospective group member and ask her to join you in the designated area. Offer coffee or water if possible and lead the way to the room. When you arrive at the door, allow her to enter first and ask her to sit wherever it looks comfortable.
- Begin the session with what feels comfortable to you. You might ask if she had any trouble finding the location, if she would like to remove her coat or comment on the weather. If you have a business card, give her one with the group start date and time written on the back. Ask if it is safe for her to take this home with her or if there is a safer way to record the information.
- Check glare, noise and comfort so both of you are able to concentrate. Turn off your cell phone if possible.
- Address her as “Mrs. or Miss _____” unless she indicates otherwise. Ask her how she prefers to be addressed.
- If you are mandatory reporter, tell her the limitations of confidentiality before she discloses any information. Briefly explain your state law and what types of information you will report.

During the Interview

- Tell her you will be asking her a series of questions. Let her know she does not have to answer any question she does not want to.
- If you use intake forms, explain that the information gathered will help you

decide what topics to discuss in group. Some programs use a group intake form that is standard for women of any age attending agency support groups. If there is the option for a victim to complete her own intake forms, always offer assistance. Some older women may not be able to read small print or may have trouble with writing. Make sure forms are jargon free, using simple language, feature large print and are easy to fill out.

- Victims who are in crisis at the time of the interview may wish to talk at length about the abuse. Decide how to handle this situation. One option would be to abandon the interview and treat the meeting as an individual session. Another option would be to tell the woman at the beginning of the interview that you need to complete the paperwork first and that there will be time afterwards for her to tell you her story in more detail. Ensure the woman does not feel that the paperwork is more important than her story.

Information that should be discussed during the initial interview should include:

- Overview of agency services
- Type of group
- Length of group
- Starting date of group
- Day and time
- Location
- Cost of group (if any)
- Transportation
- Confidentiality policy

Important Questions to Ask

Questions that are asked during the pre-group interview will vary depending on your agency's reporting requirements and policy. Most interviews will include the following:

- Date
- Name
- How she prefers to be addressed
- Address
- Date of birth
- Home phone

- Work phone
- Who to contact in an emergency
- Is there anyone at home for whom she provides care
- Best time of day to contact the interviewee
- Whether it is safe to contact her by phone
- How she heard about the group
- If transportation is needed
- If childcare is needed
- If dependent person care is needed
- Name of abusive person
- Relationship to abuser (if any)
- Abuse history
- Whether there been alcohol or drug abuse by the interviewee or the abuser
- What the victim's goals are and what she expects to get from the group
- Other concerns the interviewee has

When considering what questions to ask in a pre-group interview or assessment with an older victim, the following should be kept in mind:

- Never assume what the relationship between the victim and abuser has been. There are many lesbian/gay elders. The abuser may be an adult child, grandchild or other family member or it may be a caregiver who is abusive. Follow her language if possible.
- Older victims may not have the words to describe the abuse they have suffered. Asking about sexual abuse or marital rape may not result in a positive response, while asking if they have ever been forced to have sex or have been forced to perform sexual acts that they are not comfortable with may result in a positive response from the victim.
- During the interview, follow the conversation to see if she is tracking information. If you are concerned about her short or long term memory or her competency, you can contact an elder services agency or a health care professional.
- Many abuse victims turn to alcohol or other drugs to help them escape or deal with the abuse. While it must be made clear that attending group while under the influence is not acceptable, it may not be necessary to exclude a victim who discloses substance abuse from attending group.

While some agencies have successfully included women with substance abuse issues in a support group, other agencies require treatment prior to attending.

- Many older women are either raising grandchildren or providing childcare for grandchildren. Ask if there is anyone at home for whom she provides care.
- Older women may be providing care for an elderly parent or spouse/partner. They may have a dependent adult child at home who needs supervision. Ask if there is anyone at home she provides care for.
- Transportation is the most common barrier for older victims who wish to attend a support group. Include problem solving around this issue during the assessment.
- Be aware of what is relevant to each woman at this particular time in her life. When asking about what women expect to get from group, each woman's response may be different but chances are you will find themes.

Some programs ask for very little personal information about their clients. Reasons for this practice include the victim's right to privacy, the information is not necessary in order to provide services to the individual, and there is less written information to relinquish if a subpoena is served by a court of law. Some assessments are verbal; some are written and kept in client files.

One program offered classes on the dynamics of domestic abuse and resources following the assessment. Two classes were run for two hours each to help women understand what abuse is, barriers victims face, safety planning and services. While women were not required to attend, they were encouraged to participate prior to starting a group so everyone had similar information. Using this method, the group could focus on providing emotional support rather than education.

“Although I don't offer a lot of input, it has been very helpful to me to listen to others – to know that I am not alone.”

“This group gave me the courage to move on for myself and to remember that I'm a person instead of just a mother.”

“I learn a lot from coming to this group. I see the improvement I am making in my every day life. I speak up more at Bible study class now because I feel more confident in myself.”

SECTION 12

ISSUES THAT MAY ARISE DURING THE GROUP

A number of issues may arise during the group. The more prepared facilitators are for the unexpected, the more smoothly group will run. Prior to starting the group, consider some of the following issues that other facilitators have encountered.

Mandatory Reporting

Let the victim know any limits of confidentiality. If you are a mandatory reporter or cannot keep absolute confidentiality, let the victim know what information you may need to report or share with others and under what circumstances. The victim has the right to know the potential ramifications of disclosing abuse and make decisions about what to discuss accordingly.

Crisis Intervention

Be prepared for a victim arriving in crisis following an incident of physical or sexual abuse. Determine if the victim needs medical attention. Discuss what the victim would like to do. Create a safety plan with the victim.

Provide information about available services outside your system which may include domestic abuse, sexual assault, and victim advocacy, aging network and adult protective services.

Medical Emergency

A client may have a medical emergency during a group. Staff should be trained to respond to medical emergencies. Discuss medical conditions or serious allergies during intake that staff may need to know about in case of an emergency. Have a plan for who to contact in an emergency if an incident happens during group so the victim's confidentiality is not breached and safety is not compromised.

Change in Health Status or Cognitive Abilities

Some victims may become ill and be unable to attend group. Or staff may notice a change in cognitive functioning, which makes participation in the group difficult or impossible. Consider drafting a policy for working with victims who are ill and how to respond if participant's health status changes over time.

Death of a Participant

Occasionally group members die. One group had an active participant pass away mysteriously on a trip with her abusive husband. Whether the death is caused by natural causes, an illness or suspicious circumstances, members may need time to grieve. Rituals and ceremonies can be helpful methods of honoring the participant's contribution to life and the group.

Lesbian, Gay, Bisexual or Transgendered Participants

Consider the implications of homophobia among staff or other group participants. Understand that gay, lesbian, bisexual, and transgendered participants may be less comfortable talking about their relationships with other participants. Recognize that these victims may face additional barriers around fear of authorities or legal barriers. They may not want adult children, family members or colleagues to know about their sexual preference. This may be a tool the abuser uses to keep her in place. For many victims, facilitators can be helpful by finding respectful service providers and connecting the elder to the community, if possible (Cook-Daniels, 1997).

Substance Abuse

Recognize that some victims may use drugs or alcohol to self-medicate. Prescription medications are often over prescribed for older women, especially those with chronic complaints. Consider drafting a policy for how to respond to a participant who arrives at group impaired.

Need for Psychotherapy

Women attending a support group react differently to talking about current or past abuse. Some may benefit from a referral to individual psychotherapy or counseling.

“I liked our “brag” opening today. It helps to give ourselves a pat on the back for the positive things we’re doing, even if they seem real small.”

“I felt very relieved after I had a chance to express my feelings.”

“I love getting out of the house and I have a lot of good friends here. That helps.”

“I feel more connected with my self. My life is a lot better now that I am out of my verbally abusive marriage. I can start thinking about myself and what I want my life to be.”

SECTION 13

GROUP PROCESS AND CONTENT

Regardless of the type of support group you decide to offer, a great deal of planning and preparation is required. Since content should meet the needs of the group, be flexible with your planned agenda.

Time Limited Versus Ongoing Groups

Time limited groups run for a limited number of weeks and then end. Often the agenda for each session is planned in advance. The plan can change based on the group's needs, but the groups generally run several times a year, following a similar format.

To create content for these groups, older women, aging network providers and others may be interviewed. A family violence council meeting or a multidisciplinary team meeting may be an ideal place to discuss potential topics for the group. Again, keep in mind that the most valuable information will come from group members themselves and an effort must be made to include these women in the planning process.

Ongoing groups generally use a mix of check-ins and educational material based on the group members' interests. For example, when a topic such as housing was discussed during a group, the facilitator brought in a guest speaker to answer questions a few weeks later. Create the content based on what the group members feel will be useful.

Starting a New Group

Introductions/Getting to Know Each Other

Generally a new group needs time to get to know each other. Using a warm up exercise can help participants learn about other group members in a fun way. When choosing a warm-up exercise, the abilities and limitations of group members and the size of the group are considerations. Exercises that require short-term memory may not work for some members or with large groups. Other activities that require moving around may challenge women with mobility limitations. Some suggested exercises include:

- **The Name Game:** Participants sit in a circle. One person starts by saying their name and something that they like that begins with the first letter of their name. (For example, “My name is Sara and I like swimming.) Participants must repeat all the names and activities of everyone who has answered previously before adding their name and activity.
- **Similarities/Differences:** (This is for a group where all participants are mobile). The leader makes a statement. All the participants for whom the statement is true go to one side of the room. The rest of the participants go to the other side of the room. (For example, everyone who likes swimming go to the left side of the room.)
- **True or False:** Every participant tells two things that are true and one thing that is false about herself. The rest of the group has to guess which thing is false.
- **Start the group by having everyone tell one thing that no one in the room knows about her.**

Ground Rules/Expectations

When starting a new group or if an existing group is struggling, setting ground rules can help participants recognize their responsibilities. Ground rules can be generated by the group or set by the facilitator. Examples of ground rules can include showing up on time, listening without interrupting, not judging other participants, maintaining confidentiality and ending on time.

Be sure to introduce yourself and let participants know what services are available outside of group. If you are a mandatory reporter, remind participants what must be reported.

Group Agenda

Each group session should start and end on time with group members feeling that their expectations for the day have been met. Sometimes creating a pattern or order of events can help participants feel more comfortable.

A flip chart may be a good method for listing potential discussion topics that are raised but are not planned for the week’s session. This list will provide topics that can be discussed at future meetings.

Most support groups are held for 1 ½ to 2 hours a week. The length of time necessary will depend on the number of group members. The group timeline might be structured in the following way.

Group sign-in	As entering
Review of group guidelines & Description of topic or activity for the week	10 minutes
Introductions and check-ins	30 minutes
Discussion of topic	30 minutes
Break	10 minutes
Activity	30 minutes
Closure	10 minutes

Total group time	2 hours

Check-Ins

Many groups use check-ins as a method to give each group member an opportunity to speak. How check-ins are used varies. Some groups expect all members to participate in check-ins, others will allow a member to pass. Other facilitators open the floor for check-ins, allowing those members with the most pressing needs an opportunity to speak. Sometimes check-ins are simply asking participants to describe how they are at the moment or how their week went. Other check-ins may focus on a specific topic. Check-ins may encourage participants to get in touch with their emotions. Humor can be used in check-ins, like asking participants to describe themselves as an animal, color or type of weather. Check-ins can go as long as participants need or may be time limited.

Main Topics To Consider

In the interviews conducted with existing support group facilitators, there were several common themes and topics that are included in support group agendas around the country. The following is a list of topics that might be considered:

- You Are Not Alone (domestic abuse dynamics)
- What is Abuse? (includes a discussion of sexual abuse)
- Building Self-Esteem or Positive Self-Image
- Coping With Stress
- Anger
- Depression
- Taking Care of Your Physical Health
- Spirituality
- Self-Advocacy Skills
- Setting Personal Boundaries
- Batterers Treatment, How Successful Is It?
- Resources – What Services Are Out There and How to Find Them
- Financial Options (includes private and public benefits)
- Legal Issues (community property and divorce law, etc)
- Restraining Orders/ Orders of Protection
- Safety Planning – Day to Day Feeling Safe
- Relationships and Communication
- Values and Traditions (for groups including immigrants abused by adult children or grandchildren)
- End of Life Issues (health directives and living wills)
- Money Management
- Understanding Social Security Benefits
- Family Law
- Substance Abuse and/or Living With a Substance Abuser
- Mental Illness and/or Living With a Person With Mental Illness
- Personal Barriers to Living Free From Abuse
- Systemic Obstacles to Living Free From Abuse
- What Makes You Feel Happy and Positive?
- Emotional Abuse
- Describe the First Time You Were Abused
- Describe the Most Hurtful Incident of Abuse
- Societal Images of Aging
- Societal Images of Women
- Stereotypes and Images of Women of Color
- Impact of Racism-Ethnicity/Classism/Homophobia on victims/batterers
- What It Means to Be an Older Woman
- Societal Messages About Being a Wife, Partner or Mother

- Women and Sexuality
- Dating and Safe Sex
- Shame and Guilt
- Grief and Loss
- Depression
- Evaluating New Relationships
- Self-defense

This list is not all-inclusive and is not in order of importance.

Methods of Delivery and Sample Activities

Facilitators use many methods to promote dialog, learning and support. Often an activity is followed by some thought provoking questions to facilitate discussion. Listed below are some ideas. When planning activities, consider using a mix of activities done by individuals, in pairs, in small groups or with the large group. Again, consider the abilities and limitations of participants. Recognize that memory loss, mobility limitations, speech difficulties and other issues may make some activities difficult or impossible for some group members. All exercises and materials used should give participants an opportunity to express aspects of cultural diversity whether or not the group appears to be diverse. Examples: magazines showing diverse populations, poetry from diverse authors, feathers, African cloth, triangles, and other popular cultural symbols with which various cultural groups identify.

Guest Speakers

Group leaders are not expected to be experts in all topic areas. Many groups invite local experts to speak at group sessions. For example, an attorney and a domestic abuse legal advocate might be invited to speak about restraining orders and family law while an aging agency benefit specialist would be invited to talk about resources available.

Group members' need for confidentiality should be considered when inviting guest speakers. Members should be aware of who will be attending. Remember, anyone you invite has the potential to be connected to the group member or to her abuser. Victim safety must be your primary concern. You might ask that any guest speaker read and sign a confidentiality agreement prior to coming to the group.

Interactive Exercises

Activities or exercises can help participants learn about abuse or explore feelings. Listed below are some examples used throughout the country. In many cases the activities have been created, adapted and revised. While NCALL staff would like to give credit to the creator of these exercises, in most cases, it is impossible to track the exercise back to the person who originated the idea.

Dynamics of Abuse

- Take the power and control wheel (power and control wheel can be found on page ____). Partner the women and give each a slice of the wheel with the heading. Have them name behaviors for the heading.
- Have participants list some warning signs of new abusive partners.
- For victims deciding whether to stay in, leave or change their relationships, list pro's and con's of staying and going.
- Talk about what a good partner, adult child or caregiver would be like. What characteristics are important to you?
- Clip articles from magazines and newspapers about abuse and discuss.

Positive Self Image

- Ask each group member to think about one thing she can do for herself before the next meeting. Tell the women to keep the goal simple, such as reading a book or having a haircut. Ask if anyone would like to share her goal for the week. At the following meeting, ask if anyone would like to talk about her goal from the previous session. If using this type of exercise it is important not to break the women's achievements into successes and failures.
- Do role plays of situations that involve assertiveness, effective communication or safety planning. Role plays could include how to talk to a health care provider, social worker or the abuser.

- Do an exercise focusing on self-care and strategies to be self nurturing.
- Clip articles and stories from magazines and newspapers on women and aging. Discuss.

Rituals and Seasons

- For fall, use dry leaves as a symbol of an abuse, crushing them, while mentioning the abuse, into a pot of dirt. Mix the dirt and use the leaf/abuse for 'compost' bringing forth a plant from seed or a small plant placed in the pot. (Group members bring the potted seed or plant home and watch the strength and new life/beginnings come from the withered old event of abuse.)
- Make Thanksgiving centerpieces that are emblems of Native American contributions--Indian corn, squashes, the carved emblem of a Corn Maiden etc. Talk about the stories around the Corn Maiden--how corn appeared on Earth, the Iroquois nation with whom the Pilgrims were in contact, and the Iroquois political/community arrangement and the position of women in their community/tribe/nation. Discuss what the group means, what they are appreciative of, and what they are grateful for in the past year, and a little about what "thankfulness" is all about.
- Use the theme of Winter Solstice--what was the "dark night of our soul" this past year, what was the glimmer (candle flame) of hope that they experienced, and what caused or was the basis of that hope.
- For the new year, do something around Janus (the old Roman god of facing forward and backward) that the month was named after.
- Many groups celebrate seasonal events with themed party such as a Valentines Day tea party, Halloween costume party, etc.

Art, Music and Writing

- Make magic wands and describe what the wand would do for them.

- Quilting projects. Several projects have made quilts while talking about their life stories. Some quilts have been donated.
- Sewing Circles: Plan sewing projects where women can talk and sew.
- Women in one group created their own ‘soul mates’. Cloth dolls were sewn by volunteers, stuffed and hand sewn to finish. They were then decorated by the women in group and affirmations were written and tucked into the doll’s pockets or purses.
- Using everyday materials, women came together to build miniature houses and then described why they had used the materials they had and what different choices symbolized about their lives.
- Journaling on a variety of topics
- Music therapy. Listen to or create music as a form of relaxation and therapy.
- Draft letter to abuser and share with group. Do not send the letters but do a ritual, like burning them.
- Draw pictures (or create collages using pictures and words from magazines) about the women’s lives, abuse, feelings about aging, role of women etc. Have women describe their artwork.
- Creative writing and poetry
- Bring in music or movie clips from when the women were teenagers. Talk about the roles and expectations of women and the family and how they have changed.

Visualizations

Guided imagery is a great way to help group members get in touch with feelings, relax or reduce stress. Visualization exercises can be written on specific topics. Or consider purchasing audiotapes with soothing music and exercises.

Videos

Clips of videos about abuse can be used to generate discussion, especially about the dynamics of abuse in later life. On page _____ are listed some videos with clips that might be used in the group. Clips from news shows and dramas such as Law and Order or ER often depict older victims in both positive and negative ways that may generate discussion. (Note: clips rather than the entire video are usually more effective for generating discussion.)

Closing the Group

When ending the group, be sure that everyone feels it is safe to return home. Let group members know that if they have concerns about their safety, they should discuss it with you before leaving.

“The recovery article we read together really helped. It was just what I needed to hear.”

“Since I’ve been coming here, I feel a lot better and less guilty. I was at home crying a lot myself before I came here. Now I have these nice women to talk to, I’m so happy.”

“I have learned how to say ‘no’ in this group. I was able to refuse to take my friend’s adult son into my home. I am a stronger person today because of the group.”

“As usual, the friendliness, comfort and support were so helpful. I’m learning so much and am gaining strength from this group.”

“What a great place to feel safe to let go.”

SECTION 14

EVALUATION

Evaluations can take several forms. Some groups do verbal check-ins at the end of the group to get feedback. Others have a written evaluation form at the end of each group or when the group is finished if it is time limited. Some groups use a weekly evaluation, others evaluate on a monthly, quarterly or final session schedule. Few groups have been evaluated by researchers. Participants in Massachusetts were interviewed by researchers to determine the usefulness of the group. A group in California is beginning research to examine changes in the lives of the women who participate in support groups.

To evaluate the success of a group, have established clear goals and expectations. These goals need to be flexible because once the group begins, the women's expectations may change the group focus. It might be useful to list group members' expectations during the first group session. This information can be used as a basis for future evaluation.

Evaluations should be voluntary and anonymous. Ask group members to answer all questions honestly as their answers will be used to make the group a more valuable experience for everyone.

The kinds of questions you ask will determine how useful the evaluation responses will be to you. Groups currently using an evaluation ask questions such as the following.

- Has the group been helpful to you?
- How could the group be improved?
- What other topics would be useful?
- Would you refer others to the group?
- Where any printed materials useful?
- Did you find the activity helpful?
- Were the activities/information relevant to your life experience?

While some evaluations use questions like these, others use a ranking system (circle a number between 1 to 5, 5 being most useful, 1 being least useful). Be clear in your instructions about how you would like the evaluation completed. However often you decide to ask for group input, remember that you cannot expect

everyone to agree on the value of the information presented. What you can look for are patterns of responses and use that information to improve content and revise material and exercises to better meet the needs of the group member.

“I really enjoy coming to this group. It has given me a whole new group of people to enjoy being with. This group kind of replaces my family and my former co-workers at McDonalds. I could not relax and talk about anything like I can here. With my family I feel I have to carefully pick my words when I talk to them. And I found that my work colleagues didn’t understand me and didn’t believe me. Here, I can be myself.”

“I liked the written exercise we did. It pushed me to think and to get more in touch with what I’m feeling. I felt it was very helpful.”

“Without the staff and this group, I would still be a prisoner, maybe even dead.”

SECTION 15

ATTRITION

With ongoing groups, some women may join a group and continue to participate for years. They may enjoy learning new things and making lasting friendships with the other women. After many years of abuse, these women may continue to find new issues to work on.

Other women will be active participants in the group, only to have their participation taper off over time. These women may have gotten their needs met and are ready to move on. Sometimes these women will return to an ongoing group from time to time to check in with the other women. Or they may return during challenging times, such as anniversaries of specific events.

Some women will start with a group and drop out after a few sessions. These women may not have been ready for a group. A support group is not for everyone. Some women may have tried a group and decided to get help in other ways.

At times, when numbers are low or women aren't attending the group, evaluation is important. Is there something about the group or the facilitator(s) that is keeping women away? Sometimes group members do not get along and tension builds. These issues should be addressed outside of the group. Other times changes in format or facilitator(s) means that some women will leave a group while new participants will join. Ongoing conversations with the past and present participants can help groups grow and change to continue to meet the needs of older women in the community.

SECTION 16

CONCLUSION

Groups for older women are springing up throughout the United States. Most have been started with limited resources and the strong commitment of several individuals and agencies.

Older women and facilitators have listed numerous benefits of support groups. This manual gives practical tips to start or enhance an existing support group. If you need more information or have further questions, feel free to contact NCALL staff at 608 255-0539 or ncall@wcadv.org.

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Cohen, D. et al. Homicide-Suicide in Older Persons. *The American Journal of Psychiatry*, 155:3, 390 – 396. (1998).

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APPENDIX 1

SUPPORT GROUPS FOR OLDER ABUSED WOMEN THAT PARTICIPATED IN NCALL/WCADV SURVEY

- ARIZONA **Administration of Resources and Choices (ARC)**
P.O. Box 86802
Tucson, Arizona 85754
(520) 882-9135
- ARIZONA **Maricopa Elder Abuse Prevention Alliance (MEAPA)**
Area Agency on Aging
1366 East Thomas Rd. Suite 108
Phoenix, Arizona 85014
(602) 264-2255 / (888) 783-7500
- CALIFORNIA **Institute on Aging**
3330 Greary Blvd.
San Francisco, California 94118
(415) 447-1989 / (415) 750-4180 Ext. 225
- CALIFORNIA **Self Help for the Elderly**
407 Samson Street
San Francisco, California 94141
(415) 438-4808
- COLORADO **Boulder County Safehouse**
835 North St.
Boulder, Colorado 80303
(303) 449-8623
www.bouldercountysafehouse.org
- COLORADO **Longmont Senior Center**
910 Longs Peak Ave.
Longmont, Colorado 80501
(303) 651-8411

FLORIDA **Quigley House, Inc.**
P.O. Box 142
Orange Park, Florida 32067
(904) 284-0340

ILLINOIS **Senior Strength**
1225 N. North Street, Suite 2
Peoria, Illinois 61606-3905
(309) 637-3905 / (800) 279-0400 24hr. Hotline

INDIANA **The Caring Place, Inc.**
511 Randle St
Valpraiso, IN 46383-3103
(219) 464-2128

MASSACHUSETTS **Greater Lynn Senior Services, Inc.**
8 Silsbee St.
Lynn, Massachusetts 01901
(781) 599-0110
www.glss.net

MICHIGAN **Prime Time**
SAFE House, 4100 Clark Road
Ypsilanti, Michigan
(734) 973-0242

MINNESOTA **Cornerstone**
9730 Irving Ave.
Bloomington, Minnesota 55431
1-952-884-0376

MINNESOTA **St. Paul Domestic Abuse Intervention Project**
1509 Marshall Ave.
St. Paul, Minnesota 55104
(651) 645-2824

MISSOURI **Life Source Consultants**
327 Northland Office Building
St. Louis, Missouri 63136
(314) 385-8588
www.lifesourceconsultants.org

MISSOURI	<p>WOMAN'S Place 2716 Sutton Ave. St. Louis, Missouri 63143-3036 (314) 645-4848 www.STLWOMANSplace.org</p>
NEW JERSEY	<p>Providence House of Catholic Charities P.O. Box 4344 Brick, New Jersey 08723 (732) 262-3143 / (800) 246-8910 Hotline in the (619) area code</p>
NEW YORK	<p>Community Agency for Senior Citizens (CASC) 56 Bay St. Staten Island, New York 10301 (718) 981-6226</p>
NEW YORK	<p>Domestic Violence Project 35 Broad St. Glens Falls, New York 12801 (518) 793-9496 www.ccrda.org (catholic charities)</p>
NEW YORK	<p>Victims Information Bureau of Suffolk-Elder Abuse Project P.O. Box 5483 Hauppauge, New York 11758 (631) 360-3730 www.vibs.org</p>
NORTH CAROLINA	<p>Family Violence Program. Inc. P.O. Box 8429 Greenville, North Carolina 27835-8429 (252) 758-4400 Ext. 226</p>
NORTH CAROLINA	<p>Help Inc., Center Against Violence P.O. Box 16 335 Country Home Road Wentworth, North Carolina 27375 (336) 342-3331</p>

- OHIO** **Catholic Charities/YWCA**
7800 Detroit Avenue
Cleveland, Ohio 44110
(216) 631-3499
- VIRGINIA** **Project Horizons**
120 Farner Lane
Lexington, Virginia 24450
(540) 463-7861
- WISCONSIN** **Bolton Refuge House, Inc**
P.O. Box 482
Eau Claire, Wisconsin 54702
(715) 834-0628
- WISCONSIN** **Domestic Violence Center**
P.O. Box 1142
Manitowoc, Wisconsin 54221-1142
(920) 684-4661
www.dvconline.org
- WISCONSIN** **Family Advocates**
P.O. Box 705
Platteville, Wisconsin 53818
(608) 348-5995
- WISCONSIN** **Family Violence Center**
1120 University Ave.
Green Bay, Wisconsin 54301
(920) 435-0100
www.familyshoebox.com
- WISCONSIN** **Hmong/American Friendship Assoc.**
3824 W. Vliet St.
Milwaukee, Wisconsin 53208
(414) 344-6575
- WISCONSIN** **Milwaukee Women's Center**
611 N Broadway
Milwaukee, Wisconsin 53202
(414) 272-6199
www.mwcinc.org

- WISCONSIN **New Horizons**
P.O. Box 2031
La Crosse, Wisconsin 54602
(608) 791-2620
- WISCONSIN **Pathways of Courage**
2720-23 Ave.
Kenosha, Wisconsin 53140
(262) 656-3500
- WISCONSIN **The Bridge to Hope**
P.O. Box 700
Menomonie, Wisconsin 54751
(715) 235-9074
www.thebridgetohope.com
- WISCONSIN **The Women's Community, Inc.**
2801 N 7th Steet, Suite 300
Wausau, Wisconsin 54403
(715) 842-5663
- WISCONSIN **WEAVE**
6909 N Cty M #39
Evansville, Wisconsin 53536
(608) 258-0077

APPENDIX 2

RESOURCES ON RUNNING SUPPORT GROUPS

Listed below are several resources with excellent exercises and discussion questions. Many of the examples listed were not created specifically for battered women's groups but most can be easily adapted.

A Window Between Worlds (AWBW). For more information on AWWB trainings and curriculums contact: A Window Between Worlds, 710 4th Ave. #4, Venice, CA 90291, (310) 396-0317.

AWBW is a non-profit organization dedicated to using art to help end domestic violence. Through creative expression, battered women and children recover a sense of renewal and power. Their images of hope, survival, and strength educate the public and become "a window between worlds" for survivors taking steps to change their lives.

Center for Conflict Resolution. *a manual for groups facilitators*. Madison, WI. (1978).

This manual focuses on basic skills needed to facilitate groups in general.

Fischer, Kay-Laurel and McGrane, Michael. *Journey Beyond Abuse*. Amherst H. Wilder Foundation, St. Paul, Minn. (1997)

A guidebook for persons who work with or plan to work with abused women. Includes sample group sessions.

Fischer, Kay-Laurel and McGrane, Michael. *Moving Beyond: Stories and Questions for Women Who have Lived with Abuse*. Amherst H. Wilder Foundation, St. Paul, Minn. (1997)

Support group participants journal and companion workbook to *Journey Beyond Abuse*.

Hughes, Celia M. *Stop the Violence, Break the Silence: Resource Kit and Training Guide*. Disability Services ASAP of SafePlace, Austin, Texas. (2000)
Curriculum developed for a support group with people with disabilities but

many activities can be adapted.

Moussa, Helene. *Challenging Myths and Claiming Power Together: A Handbook to Set Up and Assess Support Groups for and with Immigrant and Refugee Women.* Education Wife Assault. (1994)

Comprehensive manual on creating evaluating support groups for immigrant and refugee women.

NiCarthy, Ginny et al . *Talking It Out, A Guide to Groups for Abused Women.* The Seal Press, Seattle, WA. (1984)

A book that describes step-by step, how to develop a support group for battered women including facilitation, topics and exercises.

Pence, Ellen et al. *In Our Best Interest: A Process for Personal and Social Change.* Minnesota Program Development Inc. (1987).

A manual discussing how to design support group sessions for abused women using education as a process of personal and social change. Session themes are outlined and other women's groups are described.

Schechter, Susan et al. *Violence Against Women: A Curriculum for Empowerment.* The Women's Educational Institute. New York. (1985).

Group curriculum for women focusing on empowerment after crisis.

APPENDIX 3 VIDEOS

Charting New Waters: Responding to Violence Against Women with Disabilities

This video combines interviews with criminal justice personnel and disability activists with three dramatic scenarios portraying women with disability who have experiences or are currently experiencing violence in their lives. A facilitators guide accompanies the video. Running time: 35 minutes. To order call, Justice Institute of B.C. at (604) 528-5637.

The Dance.

This video tells the story of an older battered woman remembering the years of abuse she suffered and her struggle to break free. Running time: 20 minutes. (To order call, (602) 264-2255.)

Domestic Violence: How to Ask and What to Say - For Health Care Providers.

This video developed by HealthPartners features several vignettes on how to address domestic violence in healthcare settings. The last vignette features an older woman victim of emotional abuse. Running time: 10 minutes. (To order call, (612) 883-6560.)

Elder Abuse in Arizona Indian Communities

This video has several re-enacted vignettes on abuse, including neglect, physical abuse, and financial exploitation. Running time: 15 minutes. (Available from Inter-Tribal Council of Arizona Inc., 4205 North 7th Avenue, Suite 200, Phoenix, AR, 85013, (602) 258-007.)

Elder Abuse - Five Case Studies.

This award winning video examines the issues of elder abuse from the point of view of five victims. Intervention efforts are illustrated throughout the video. Running time: 40 minutes, although each case studies can be shown on its own. (To order call, Terra Nova Films (800) 779-8491.)

The Golden Years.

This video features the stories of five older women who are survivors of elder abuse. Running time: 5 minutes. (Available from You Have the Power.. Know How to Use it, Inc.)

I'd Rather Be Home.

This case study is about Norman, an older victim of family violence, featured in the video "Elder Abuse: Five Case Studies." This video follows Norman, who has been repeatedly beaten by his adult sons who live with him and his wife, over the course of several years and ends with a guardianship recommendation. Running time: 30 minutes. (To order call, Terra Nova Films (800) 779-8491.)

Just to Have a Peaceful Life.

This is a case study about Pat, the older battered woman featured in the video "Elder Abuse: Five Cases Studies." Running time: 10 minutes. (To order call, Terra Nova Films (800) 779-8491.)

When Help Was There: Four Stories of Elder Abuse

This video introduces four elder abuse victims from diverse backgrounds. One vignette is about an older battered woman. Running Time: 18:52. (To order contact Goldman Institute on Aging, 3330 Geary Boulevard, San Francisco, CA, 94118 (415) 447-1989 x519.)

APPENDIX 4 RESOURCES AND WEBSITES

Domestic Abuse in Later Life Selected General Information

Articles

Allen, M. *Community Response to Problems Faced by Older Battered Women*. (Available from the Minnesota Coalition for Battered Women, (612) 646-6177.), 1 – 15. (1995)

Bergeron, R. An Elder Abuse Case Study: Caregiver Stress or Domestic Violence? You Decide? *Journal of Gerontological Social Work*, Vol. 34(4). (2001)

Brandl, B and D. Horan. Domestic Violence in Later Life: Implications for Healthcare Providers. *Women and Health*, Vol. 35 (2-3), 41 - 54. (2001)

Brandl, B. and T. Meuer. Domestic Abuse in Later Life. *Elder Law Journal*, Vol. 8, No. 2. (2000)

Brandl, B. Power and Control: Understanding Domestic Abuse in Later Life. *Generations*, Vol. XXIV, No. II. (2000)

Brandl, B. From Finland, with Love. *Victimization of the Elderly and Disabled*, Vol. 2, No. 6. (2000)

Brandl, B. and J. Raymond. Family Violence in Later, Situations of Elder Mistreatment Often Form of Domestic Violence and Require Interdisciplinary Solutions. *Victimization of the Elderly and Disabled*, Vol. 1, No. 1. (1998)

Brandl, B. and J. Raymond. Unrecognized Elder Abuse Victims: Older Abused Women. *Journal of Case Management*. Vol. 6, No. 2. (1997)

Brandl, B. The Time is Now: Domestic Abuse Services for Older Abused Women. *Voice: the Journal of the Battered Women's Movement*. Fall 1. (Available from the National Coalition Against Domestic Violence, P.O. Box 18749, Denver, CO, 80218.) (1997)

Brandl, B. and J. Raymond. Older Abused and Battered Women: An Invisible Population. *Wisconsin Medical Journal*. May. (1996)

Brandl, B. Serving Older Battered/Abused Women: It's Our Responsibility. *National Coalition Against Domestic Violence Conference Discussion Papers*. (1996)

Brandl, B. The Time is Now: Domestic Abuse Services for Older Abused Women. *Voice: the Journal of the Battered Women's Movement*. Fall 1. (Available from the National Coalition Against Domestic Violence, P.O. Box 18749, Denver, CO, 80218.) (1997)

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Harris, S. For Better or for Worse: Spouse Abuse Grown Old. *Journal of Elder Abuse & Neglect*. Vol. 8, No. 1, 1-33. (1996)

Heisler, C and B. Brandl . Agency Policy Considerations and Training Issues for Victim and Worker Safety, *Victimization of the Elderly and Disabled*, Vol. 5, No. 1, 1 – 16. (2002)

Heisler, C and B. Brandl. Safety Planning for Professionals Working with Elderly and Clients Who Are Victims of Abuse, *Victimization of the Elderly and Disabled*, Vol. 4, No. 5, 65 – 78. (2002)

Hightower, J. et al. Meeting the Needs of Abused Older Women? A British Columbia and Yukon Transition House Survey. *Journal of Elder Abuse & Neglect*. Vol 11, No. 4, 39-57. (1999)

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Nerenberg, L. *Serving the Older Battered Woman: A Conference Planning Guide*. (Available from the Goldman Institute on Aging, 3330 Geary Boulevard, San Francisco, CA, 94118, (415) 750-4188.) (1997)

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Websites

AARP

AARP is a membership organization providing a variety of services and benefits to persons over 50.

<http://www.aarp.org>

American Bar Association (ABA)

The ABA manages the national elder abuse list serve and participates in a variety of projects related to elder abuse and family violence in later life.

<http://www.abanet.org>

On line data base and resource center on violence against women.

<http://cavnet2.org>

Center Against Neglect and Abuse of the Elderly (CANE)

This site contains many resources to help you find the assistance, publications, data, information, and answers about elder abuse.

<http://www.elderabusecenter.org>

CAVNETCenter for the Prevention of Sexual and Domestic Violence

The Center is an inter religious educational resource addressing issues of sexual and domestic violence.

<http://www.cpsdv.org>

Family Violence Prevention Fund (FVPF)

National organization addressing domestic abuse issues relating to health, immigration, children, lgbt, and others.

<http://www.fvpf.org>

Great Lakes Disability and Business Technical Assistance Center

The purpose of the Center is to provide technical assistance, materials and training on the American Disabilities Act to businesses, people with disabilities, and their caregivers.

<http://www.gldbtac.org>

Minnesota Center Against Violence and Abuse

The Minnesota Center Against Violence & Abuse **Electronic Clearinghouse** provides a quick and user friendly access point to the extensive electronic resources on the topic of violence and abuse available online.

<http://www.mincava.umn.edu>

National Coalition Against DV (NCADV)

NCADV's work includes coalition building at the local, state, regional and national levels; support for the provision of community-based, non-violent alternatives for

battered women and their children; public education and technical assistance; policy development and innovative legislation; focus on the leadership of NCADV's caucuses and task forces developed to represent the concerns of organizationally under represented groups; and efforts to eradicate social conditions which contribute to violence against women and children.

<http://www.ncadv.org>

National Center on Elder Abuse (NCEA)

This site contains many resources to help you find the assistance, publications, data, information, and answers about elder abuse.

<http://www.elderabusecenter.org>

National Committee for the Prevention of Elder Abuse (NCPEA)

The National Committee for the Prevention of Elder Abuse (NCPEA) is an association of researchers, practitioners, educators, and advocates dedicated to protecting the safety, security, and dignity of America's most vulnerable citizens.

<http://www.elderabusecenter.org>

National Domestic Violence Hotline

NDVH provides a 24 hour hotline for victims of domestic abuse from throughout the country.

<http://www.ndvh.org>

National Network to End Domestic Violence (NNEDV)

The National Network to End Domestic Violence is a membership and advocacy organization of state domestic violence coalitions, allied organizations and supportive individuals.

<http://www.nnedv.org>

National Resource Center on Domestic Violence (NRC)

NRC is the only federally-funded National Resource Center on Domestic Violence and is a partner in the Battered Women's Justice Project, the first national special issue resource center on civil and criminal justice for women who are being abused.

<http://www.pcadv.org>

National Sexual Violence Resource Center (NSVRC)

The National Sexual Violence Resource Center serves as a central clearinghouse for resources and information on sexual assault. They provide information, help and support and work to influence public awareness, policy, practice and new research.

<http://www.nsvrc.org>

National Training Center on Domestic and Sexual Violence

The National Training Center on Domestic and Sexual Violence designs, provides, and customizes training and consultation; influences policy; promotes collaboration; and enhances diversity with the goal of ending domestic and sexual violence.

<http://www.ntcdsv.org>

National Association for Protection and Advocacy Systems, Inc.

The National Association for Protection and Advocacy Systems is an association which represents federally mandated programs that protect the rights of persons with disabilities.

<http://www.protectionandadvocacy.com>

APPENDIX 5

ACCESSIBILITY WITHIN DOMESTIC VIOLENCE AND SEXUAL ASSAULT AGENCIES

*Reprinted with permission from SafePlace, Austin Texas (512) 267- SAFE
(www.austin-safeplace.org)*

The ADA outlines four basic priority areas of physical access for existing buildings:

- Accessible entrance to the facility
- Access to restrooms
- Access to goods and services
- Any other measures necessary

The Americans with Disabilities Act (ADA) guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, government services, and telecommunications. The law requires agencies to make reasonable modifications as necessary to make the facilities, services, or programs accessible to people with disabilities.

A **reasonable accommodation** is defined as a modification or adjustment to structures, policies, programs and services that enable the right to equal benefits and privileges for individuals with and without disabilities. Although each person who has a disability may have unique needs in order to access services, crisis agencies should be prepared to reasonably accommodate individuals with disabilities, and make necessary modifications that do not require a fundamental alteration of the program. The same services should be available to all people regardless of physical, sensory, cognitive, psychiatric, multiple, or other disabilities. It is **not** acceptable to screen for a disability in order to deny services to a person with a disability or a parent who has a child with a disability. An agency must provide reasonable accommodations upon request unless it would be clearly be an “undue financial burden” on the agency to do so.

Community Development Block Grants (CDBG) and Home Investment Partnership Programs (HIPP) may have funds available for accessibility modification for existing shelters or new construction. For more information, contact the agency that administers CDBG or HIPP in your state or community or the nearest Housing and Urban Development (HUD) office. Information about HUD accessibility funding is available at www.hud.gov/disabled.html.

Crisis agencies should consider adopting an “**ADA Compliance Policy**” that describes their commitment to provide accessible services/accommodations for people with disabilities. To accommodate person with disabilities and comply with the law, it may be necessary to amend or create new agency policies, procedures, and practices. Creating guidelines for exceptions to standing rules may also be needed.

The following are recommendations for making DV and SA programs and services available and more accessible for individuals with disabilities:

Physical Accessibility

- The building’s entrance, doorways, hallways, restrooms, and areas where services are delivered (including residential services – at least one restroom, bath, sleeping area) are physically accessible (widened to at least 36”) and kept clear of objects or furniture that could pose barriers for persons who use a wheelchair, cane, or other mobility device. Tables, chairs, display racks, counters, and other furniture, etc. are rearranged if necessary to remove obstructions to accessibility.
- There are accessible parking spaces located closest to the accessible entrance. The building has a ramp or non-step entrance; curb cuts are available at sidewalks and entrances.
- Accessible handles or levers (operable with a closed fist) are installed on doors.
- Raised letters or Braille are included on signs within the building and elevator control buttons.

- Selections of high tables or counters are lowered for physical accessibility.
- At least one restroom is equipped with grab bars, a raised toilet, adequate space for a wheelchair, and access to the sink (including levers on the faucets).
- Alarms have flashing lights and audible sounds.
- Accessible play areas and counseling are available for children with disabilities if the agency offered children's services.

Counseling

- If accessible transportation is not available, a counselor should be allowed to visit a group home, state school/hospital, or other institution to provide individual or group counseling.
- Additional time or counseling sessions are allowed for clients with disabilities if needed.
- Offer flexibility/patience in goal planning with a person who has difficulty articulating/determining their goals and needs.

Communication

- Hire sign language interpreters or contract with an interpreter service to facilitate clear communication for intake and counseling sessions and as otherwise necessary for clients who use American Sign Language as a primary means of communication. Coordinate with a sign language interpreter training program to offer skilled and certified volunteers.
- Offer agency rules and other materials (including chore sheets where applicable) in alternate formats (Braille, large print, simplified language, audio cassette, video with interpretation in American Sign Language).
- Assist clients who need help with correspondence, filling out forms, and/or making telephone calls.

- Ensure that a telephone is equipped with a TTY (telecommunication device for the Deaf) and that staff/volunteers receive adequate training on using the TTY and are familiar with relay services (operator-assisted service allowing communication between a TTY user and non-user). Have a telephone amplifier for clients who are Hard of Hearing.

General

- Allow service animals within the agency. These animals are not pets, but are specifically trained to assist with mobility, tasks, or alerts. Agency directors, in consultation with the individual, should determine the best way to provide services for the individual and her/his animal in a manner that will be the least disruptive to the other agency clients.
- Community education and outreach services are targeted to people with and without disabilities.
- Staff and volunteer training and development opportunities include various aspects of disability and disability resources.
- Efforts are made to actively recruit staff and volunteers with disabilities.
- Volunteer opportunities are accessible for people with disabilities (i.e., training materials available in alternate formats, training sessions held in physically accessible locations).
- Accessible transportation is available for clients with disabilities needing to access agency services.
- Agency fundraising events are held in accessible locations.

Considerations within Shelter Settings

- Ask the individual to identify their needs as well as assistance they prefer.
- Include a line item in agency's budget to hire short-term personal care attendants and interpreters when needed. Develop a contract with a home health agency to assist clients with personal care needs if they will receive residential services.

- Adapt agency rules (i.e., extend personal phone time for persons who use a TTY; adapt cooperative living agreement for person who are unable to abide by a provision(s) due to disability, allow person who have current mental illness symptoms to have their own bedroom).
- Add non-physical tasks to the chores clients perform in exchange for services (i.e., meal planning, helping inventory).
- Modify list of physical chores to include less strenuous tasks that individuals with disabilities or with doctor's orders may perform (i.e., pick-up trash by dumpster area or in parking lot; open/close blinds; take empty boxes to dumpster).
- Clients who have a psychiatric diagnosis or who experience mental health episodes are not automatically referred to a psychiatric facility unless they are a danger to themselves or to others.
- Shelter clients who take prescribed medications may need to be reminded about following doctor's orders.

The ADA does require reasonable accommodations upon request but does not require program modification(s) that would fundamentally alter the nature of services. This document is not all-inclusive nor should it replace legal counsel.

For more detailed information regarding requirements of the ADA, contact (FIND NATIONAL CONTACT).

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