

**DOMESTIC VIOLENCE LEGAL NETWORK OF MONTGOMERY COUNTY (D.V.L.N.)**  
**THE EDUCATION & AWARENESS COMMITTEE**  
**THE EDUCATION/ AWARENESS/COMMUNICATION/HEALTH (T.E.A.C.H) NEWSLETTER**  
**VOLUME II: ISSUE 1: Winter 2015**

**OUR HISTORY:** *The Domestic Violence Legal Network of Montgomery County (DVLN) was formed in 1986 by professionals from law enforcement, the court system, and agencies working with victims of domestic violence (DV), for the purpose of sharing resources and expertise to serve victims more effectively.*

**OUR GOALS AND OBJECTIVES:** *DVLN strives to eliminate Domestic Violence (DV) in the community by whatever means available including, enhanced communications between victim of (DV) and county services in an effort to secure safety and relief; to work with DV victims to remove stumbling blocks in their path to a more secure future; to keep the community informed by providing a clear profile of available services; to take action on behalf of DV victims through policy reform.*

**SERIES OF ARTICLES:** *So that we may reach more victims of DV, DVLN 's Education and Awareness Committee (TEACH) have created a series of articles to offer a better understanding of DV; which impacts the lives of 1 in 4 woman and 1 in 7 men. For previous articles go to: [www.montcopa.org/dvln](http://www.montcopa.org/dvln)*

### **Elder Abuse: by Jan Biresch**

***In previous issues we discussed abuse in adults and children but need to discuss the impact on older citizens. When we speak of the elderly we are focused on those over 59 years of age.***

Today, in some instances, behavior we define as abusive, was at one time a traditional standard of life; a Patriarchal model where men rule the family.

Prior to the women's movement in the 1970's, men were considered the "king of his castle" and wives and children took their orders from him. The man of the family was the primary "bread winner" and he ran the family. This sent a subliminal message to the wife that said "since you are just a woman" (incapable of making important decisions, of limited capability), I will make all decisions, while you raise the children.

When women receive daily subliminal messages that they are less capable, that is what they become. These women were told: what, how, why, and when they could do most things. They were stuck; as were their children who would pick up on this pattern of behavior, and the cycle of male dominance would continue through generations in the family.

The problem in many instances is that, as the patriarchal head of the family begins to age, one of two things occur; he will either become more docile, or more aggressive. As he sees himself losing his mental and physical capabilities, he can no longer maintain "Power and Control" over the family.

This situation can cause a traditional man to become more irritable, spiteful, and aggressive with others; especially with the family and/or caretakers. In a traditional family, what we consider abusive behavior by today's standards, may ratchet-up.

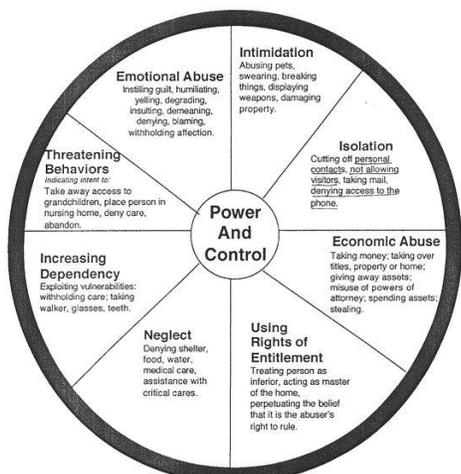
Many of the frustrations in an older woman not only comes from feelings of inadequacy to maintain the family; but from the impact of illness in her husband or partner; the person she has come to lean on. Feelings of inadequacy, helplessness, and possible future loss, can create anxiety, frustration and even anger. She may act out her frustrations on her husbands via emotional abuse, financial abuse and neglect. Or, she may feel paralyzed with fear. Either way, families need to be aware of all possibilities.

As advocates we would like to see a young women with children find her way to freedom, to have a quality life and send a positive message to her children.

For the older woman, who has been in a committed relationship for many years, we don't see her leaving her husband but if she joined a support group of others in similar circumstances she might find some relief from her frustrations and fears by listening to and sharing with others.

With that said, it is not all that unusual for an older woman to say, "I don't want to spend my final years living like this" and they make a decision to leave the relationship.

## Power & Control Wheel for Older Abuse Persons



Each section of the wheel represents methods used to maintain power and control over the victim. Compliance of these tactics is reinforced by physical or sexual violence.

Prepared by the Iowa Elder Abuse Committee  
Modeled Upon the Power and Control Wheel, Duluth Domestic Abuse Intervention Project

## ELDER ABUSE BY FAMILY/CARETAKER

By: Stacy Sweinhart

***For anyone who has ever have had to take care of an aging loved one, you know the stress and daily exhaustion that comes with the job.***

Caretakers can suffer from depression, anxiety, and the feeling of being totally overwhelmed by responsibility. While some manage these issues by going to support groups or speaking with a counselor, others are unable to find healthy ways to cope. As a result, more than half of all elder abuse cases result from caretaker abuse. Many have theorized why abuse by caretakers is so prevalent with the elderly. Some say that it's because some caretakers lack adequate problem-solving skills, support from family and friends, or simply because they lack financial support. Whatever the case may be, elder abuse is never okay. Whether the caregiver is a family member, nursing home staff, or in home nurse, elder abuse can never be tolerated. Family members, friends, doctors, neighbors, and other medical personnel are urged to look out for signs of caretaker abuse in the elderly. Signs of caretaker abuse include:

- Unusual weight loss and malnutrition
- Bed sores
- Unsanitary living conditions
- Poor personal hygiene
- Unsuitable clothing
- Hazardous living conditions
- Isolation
- Bruises or broken bones
- Increased confusion
- Signing over one's home or giving large amounts of money to another

Caretaker abuse in the elderly can be stopped. If you believe that an elderly person in your life is the victim of abuse, you can call the Pennsylvania Elder Abuse Hotline that is operated 24 hours a day, 7 days a week. That number is 1-800-490-8505. This hotline allows people to anonymously report elder abuse. There are also countless support groups offered to caregivers throughout the state. The abuse and neglect of the elderly is a real and ever increasing problem in our society. It is important for communities as a whole to help prevent elder abuse. Proper services must be provided for the elderly, as well as their caregivers, in order to effectively reduce the rate of abuse.

## MENTAL HEALTH ISSUES IN THE AGING

By: Lillian G Sulliman

***There are a variety of mental health issues that seem to be centered in the aging population; those most often found fall into the categories of Depression and Dementia.***

If there have been other diagnosed mental issues for which an individual has received treatment, these self-same issues may become exaggerated as the individual ages. Why is this, you may ask; the answer lies within the individual's life pattern. What would cause these to show their prominence within this population?

As each of us approaches the senior years, we are thinking of retirement and the many concerns associated with this monumental change in life style. Concerns as to possible downsizing now that the offspring have left the nest; concerns that the finances will not stretch "forever"; growing health issues and the appropriate insurance coverage; possibility of assisted living in the near future; the growing cost of living, taxes, taxes and more taxes, not to mention utility bills, repair bills, home insurance, auto insurance; the list is forever ongoing; we lie awake at night pondering all these changes and what they will mean; this in and of itself causes undue "stress" within our daily lives as we attempt to maintain the status quo of living.

So what is Depression? How is it defined? What are its symptoms? How do we recognize it? Where do we search for treatment?

**MAKE THE CALL TO STOP  
DOMESTIC VIOLENCE AND ABUSE  
OF THE ELDERLY!**

## MENTAL HEALTH (cont.)

**DEPRESSION** – is an illness that shows itself predominantly as feeling “blue” for extended periods of time. It is a surprisingly common form of illness in upwards of 10% of all adults no matter their age, gender or current circumstances; genetics may or may not play a role in its occurrence. Unfortunately it is not easy to know of its existence within any given individual, or even to recognize its overall symptoms; its treatment levels will need to be determined by a medical professional and treated in the best way possible for the individual experiencing it.

There are a number of symptoms within major depression beyond the overall “blues”, including feelings of worthlessness or guilt; changes in sleep patterns; weight gain/loss; irritability and restlessness; loss of interest in everyday activities; difficulty in routine decision-making; lack of concentration; possible suicidal thoughts or ideation, which may involve detailed plans.

So what does one who is experiencing these feelings do about it? Question yourself; talk to someone whom you trust who hopefully will listen and perhaps offer guidance; talk to your General Practitioner; make an appointment with a counselor/therapist. There may be medication needed or simply behavior modification practices including natural foods, relaxation exercises, expanded health regimen, changes in thinking process to alleviate the “dark side”. If these treatments do not seem to bring you to a better place within, talk with a professional skilled in Depression therapy; hopefully together you can reach a new and happier life style; it takes time, motivation and a strong personal work ethic, but it is well worth the effort in the overall scheme of things.

Another commonly found illness within the elderly population is Dementia. Just what is it? How is it defined? How is it addressed? What are its symptoms? What treatment is involved?

**DEMENTIA** is defined as a degenerative disorder that affects gradual memory loss; may involve the loss of routine motor skills as well. Many of its symptoms are similar to severe depression, so there may be difficulty at first in designating its presence; in addition to memory loss, there exists irritability, frustration, untoward anger, distress, lack of concentration, lack of comprehension, delayed or inappropriate reaction to others; possibility of

new idiosyncrasies or fears. It may or may not be associated as an after effect of a stroke. An MRI or CATSCAN may be necessary to properly diagnose its presence. With the onset of full-scale dementia, symptoms become more exaggerated and less easily treatable. Other symptoms may show themselves throughout the progression of the disease, namely, lack of balance, escalated anger, visibility problems, spatial perception, personality changes and mood swings. Dementia occurs in 1 in 10 seniors, even though it may take years to be appropriately recognized or diagnosed by a medical professional.

**ALZHEIMER’S DISEASE** – a form of dementia known in the medical profession as Alzheimer’s Disease is considered to be the most common cause of dementia, usually occurring in “old age”, most likely in the 80’s; however there also exists a form of early-onset, otherwise known as “familial Alzheimer’s”, where genes play an unkind role bearing devastating effects as early as the 40’s and 50’s; as this form of Alzheimer’s is carried in the genes by at least one primary first-line relative who has been so diagnosed, its presence may have developed much earlier than the “standard issue”. Its symptoms are initially seen in memory loss of recent events or facts; as it advances, losses include names, dates, motor skills; one of the early signals is associated with not remembering directions, whereby the individual becomes lost while driving or even walking within his/her own neighborhood. As time evolves, mental capacity lessens whereby even the simplest personal tasks become more difficult to maneuver; the involvement of 24/7 home care facilities may be necessary; unfortunately, the ultimate result of Alzheimer’s is fatal, often within a ten year time frame of diagnosis; during this later stage, hospice can be an appropriate answer. Successful research regarding this disease has only recently been recorded; as a result, undue stress may fall into the hands of assigned care-givers as to decision-making.

With the knowledge of one or more of these mental issues arising in the later years, it is no wonder that concerns grow as we age. The answer to all of this, however, is to play by the “rules” as to caring for oneself: eating properly, exercising routinely, acquiring rest as needed; regular doctor visits; continued activities from tennis to hiking to bridge games to lunch with friends;

## MENTAL HEALTH (cont.)

Even taking a few mentally challenging classes specifically scaled to seniors; staying busy physically and mentally is crucial.

Life is a journey; as with all journeys, the road is not always smooth; we must ever be prepared for that which awaits us beyond the bend; so it is that we need to allot energy, strength & perseverance to ready ourselves for changing gears or even pumping the brake on occasion.

### WHAT IS THE RELATIONSHIP BETWEEN ELDER ABUSE AND DOMESTIC VIOLENCE?

Some experts view late life domestic violence as a sub-set of the larger elder abuse problem.

*Elder abuse*, broadly defined, includes physical, sexual and emotional abuse, financial exploitation, neglect and self-neglect, and abandonment. The distinctive context of *domestic abuse in later life* is the abusive use of *power and control* by a spouse/partner or other person known to the victim.

Domestic violence programs are likely to have skills and procedures in place to help many older victims of abuse. On the other hand, the elder abuse network/adult protective services systems have legal responsibility and authorities to protect vulnerable elders/adults. They have special skills for assisting victims with diminished decisional capacity or those who are unable to protect themselves from further abuse. They also have access to a number of supportive services for older victims. The aging network is encouraged not to try to draw fine lines between the two service systems, i.e., not to try to answer, Is this domestic violence? Or, is it elder abuse? Rather, efforts should be made to maximize the capacity of both systems by partnering to meet older victims' unique needs. ([www.ncea.aoa.gov](http://www.ncea.aoa.gov))

In the event that DV is present within a shared relationship where an individual is diagnosed with any of these Elder population mental issues, the incidents are in danger of being exacerbated due to the illness; this fact is true whether the victim is the person suffering from the illness, or the one who is the partner within the relationship. Why is this so? The answer to that question relates back to several factors, those being 1) one of the most "potent" side effects of each of these designated diseases is Anger Management itself or a lack of control of one's emotions; 2) the brain's waning memory; and 3) the inability to "fight back" or to understand the dangers of the manifested behavior, whether recipient or perpetrator.

FURTHER INFORMATION AVAILABLE through JOHNS HOPKINS MEDICAL – ongoing issues appear weekly; please see –[www.johnshopkinshealthalerts.com](http://www.johnshopkinshealthalerts.com)

## FINANCIAL ABUSE OF THE OLDER ADULT POPULATION by: Pauline McGibbon

Quite often, when we think about crimes against older adults and seniors, we envisage the stereotype of a frail person being robbed in the street or beaten by an intruder in their home. In these scenarios the perpetrators are strangers. However, the evidence shows that abuse of seniors is often closer to home.

Generally, persons over the age of 65 experience crime rates at significantly lower rates compared to individuals in younger age categories. In a recent national comparison of victimization rates between age categories, adults age 65 and older had a violent crime rate of 3.5 per 1000 persons compared to the next highest rate of 13.1 per 1000 for persons aged 50-64. Adults age 65 and older had a property crime rate of 70.3 per 1000 persons compared to the next highest rate of 139.5 per 1000 for persons aged 50-64.5. Older adults are more likely to be the victims of a property crime than violent crimes.

Approximately one in ten seniors over the age of 60 is abused each year. The majority are older women who live in the community rather than in nursing homes or senior living facilities.

Elder abuse is underreported, with only about 1 of every 23 cases of elder abuse reported to protective services agencies.

Seniors who have been abused are more likely to be institutionalized in a nursing home or to be hospitalized, than those not abused.

Financial exploitation is one of the most frequently reported forms of elder abuse. Cognitive decline, and even minor incapacity, is a risk factor for financial capability and therefore a risk factor for financial exploitation. (Elder Justice Website).

In several studies with adult protective services, the "Poly-victimization" of older adults has been examined, where the victim suffers two or more types of abuse at the same time, estimating that 30% to 40% of older adults experience multiple forms of victimization by the same offender.

## **FINANCIAL ABUSE (CONT.)**

Financial abuse occurs with neglect and physical abuse, psychological abuse, neglect and self-neglect.

### **What is financial abuse?**

Generally stated it is the illegal or improper exploitation, taking, use or misuse, or concealment of funds, property, or assets of the older and vulnerable person - sixty-five years or older.

### **Where does this form of abuse occur?**

Generally at home, in our communities, as only around 4% of the 65 and over population reside in long term care. In such facilities, elders may be more vulnerable to exploitation, as they often suffer from cognitive impairment. Studies indicate around 9% of resident's experienced financial exploitation, but around 20 % reported theft.

### **Why are older adults vulnerable to financial abuse?**

They may find it difficult to keep up with the advances in technology that help us manage our finances, or have relied on another family member to manage the money, and when that person is unable to do so, or has passed away (such as a spouse) they are vulnerable. They may not realize the value of their assets—particularly homes that have appreciated greatly in value.

Older adults may feel unable to deny requests from their families for financial help. Younger family members may have the perception that their elderly relative no longer “needs” their money and it would come to them anyway, and are able to justify their actions in this way.

Older adults may be lonely or isolated, easy prey to a motivated offender. They may worry about their financial stability and make rash decisions about money making schemes. They can have predictable patterns that enable abusers to know when they have money at hand.

They may fear institutionalization, or suffer from dementia or depression, all interfering with their ability to make rational decisions on their own wellbeing.

### **What are the indicators of Financial Abuse?**

They can vary, but unexplained or sudden inability to pay bills; unexplained withdrawal from accounts; poor living conditions in relation to person's assets; caregiver refusal to consider institutional placement; lack of awareness of own financial situation; and sudden transfer of assets to a family member or caretaker

## **Who are the financial exploiters of older adults?**

They tend to be one or two generations younger than their victims, and they are more likely to reside with their victim or receive some financial assistance from them already.

They are both family and non-family members. Professional caretakers appear to be the offenders for many forms of financial exploitation, a matter of great concern, as personal and home care aides were the second fastest growing occupation in 2008-2009 and home health aides are the third fastest growing occupation.

Among family members, studies indicate adult children and grandchildren are the most frequent offenders, as opposed to intimate partners.

Many family abusers have financial problems, drug and alcohol abuse, gambling problems and chronic unemployment. The studies published through the Elder Justice Website also indicate that 46% were perpetrators of intimate partner violence, 33% had experienced childhood family violence, 13% had a serious mental illness, and 40% had a criminal record.

## **What are the consequences of Financial Exploitation?**

Research indicates that older victims annually lose \$2.9 billion to financial exploitation, leading to poverty, homelessness, loss of security and independence; poor credit score, reliance on social welfare agencies for assistance, and a decline in quality of life.

Victims can become fearful and depressed. Associated stress with this type of exploitation can lead to decreased mental and physical health and higher mortality. Victims may no longer be able to afford their basic necessities and medications needed to maintain their health, thus increasing the possibility of hospitalization. The secondary victims may be the family members who have to care for and be financially responsible for elderly relatives, and have lost their inheritance.

## **Who Reports Elder Financial Abuse?**

The National Center on Elder Abuse reported that the three most common reporters were family members, hospitals, and friends or neighbors, but it remains largely under reported.

## FINANCIAL ABUSE (CONT.)

Victims are reluctant to report because they have a family relationship with the offender and may feel it is a matter to be dealt with by the family; they fear they will not be believed or may be unsure that the behavior was exploitation or a crime; they don't want interventions by outside agencies and fear institutionalization; they are ashamed and embarrassed; they fear retaliation; they do not know who to contact or may feel that the current situation is still better than any alternatives.

Family members may not report because they don't recognize the problem as financial exploitation and do not know who to contact; they may not have an involved relationship with the victim; and they may have tried to intervene in the past and met resistance from both victim and authorities.

Professionals may not report for many of the same reasons, but also worry that they are violating patient confidentiality; and the general public may not report because they don't know what to do or who to contact and do not want to get involved.

Nevertheless, financial exploitation is underreported because it is difficult to detect until it is too late. Financial loss may not be apparent until a bank statement arrives or depleted funds are revealed. Transactions may appear legitimate that are not, and there may not be enough evidence of wrongdoing for law enforcement to file charges.

But there are ways to identify and deal with financial exploitation, Public awareness campaigns can raise community awareness and focus attention on vulnerable populations. Public service workers who come in contact with older adults can be trained to identify signs of abuse. Financial institutions and faith based organizations can be trained to identify and report elder abuser abuse generally, and financial exploitation specifically.

Health care professionals interact with older adults regularly and can detect signs of abuse, and many screening tools have been developed to assist in this process.

Not all victims will be receptive to and appreciative of efforts to intervene in cases of suspected financial exploitation, and can refuse to participate in investigation and prosecution. Continuing to engage the victim and allow them to voice concerns is very

important to establishing a relationship of openness that allows professionals and advocates, as with any domestic abuse case, to discuss options and to safety plan, but the decision to leave, report and prosecute is not an easy one. Victims may have love and loyalty to their abusers, and when they are reliant on them for care and social support, they are fearful of a future without them. They may feel that the family relationship is more important than money. Many older adults were raised in a time when abusive behaviors were more tolerated, and hidden, and may not realize how much progress has been made in identifying and prosecuting abuse.

Modern society appears to be obsessed with youth, and tolerant of ageism and negative attitudes to older adults. As advocates we must continue to educate and raise awareness, to listen and assist, to safety plan and follow up. As aging adults ourselves, it is an investment in our own future.

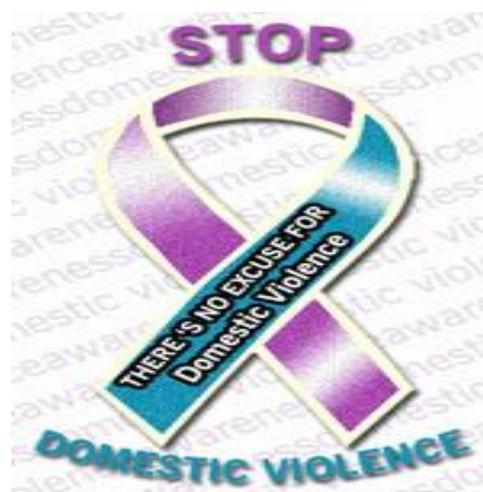
Sources:

*USDOJ: Elder Justice Website*

*Elder Justice Coalition*

*Met Life Study of Elder Financial Abuse 2011*

## MAKE THE CALL TO STOP DOMESTIC VIOLENCE AND ABUSE OF THE ELDERLY



## RESOURCES FOR THE ELDERLY

### **DOMESTIC VIOLENCE –**

- **WOMEN'S CENTER OF MONTGOMERY COUNTY**  
1-800-773-2424 [www.wcmontco.org](http://www.wcmontco.org) ; Email:  
[wcremail@dca.net](mailto:wcremail@dca.net)
- **LAUREL HOUSE – Montgomery County**  
1-800-642-3150  
[www.laurel-house.org](http://www.laurel-house.org)
- **AGING & ADULTS** 1430 DeKalb St.  
Norristown, PA 19401 610-278-3601  
[www.montcopa.org](http://www.montcopa.org)
- **NATIONAL CENTER ON ELDER ABUSE - Domestic Violence and the Elderly -** [www.ncea.aoa.gov](http://www.ncea.aoa.gov)
- **ABINGTON HOSPITAL DOMESTIC VIOLENCE SUPPORT GROUP** 215-481-2576

**SEXUAL ASSAULT – Victim Services Center –**  
610-277-5200 [www.victimservicescenter.org](http://www.victimservicescenter.org)

### **GENERAL –**

- **MONTGOMERY COUNTY SENIORS GUIDE**  
[www.montgomerycountyalive.com/seniors/stateresources](http://www.montgomerycountyalive.com/seniors/stateresources)
- **Brochures from the Pa. Dept of Aging -**  
555 Walnut St. 5<sup>th</sup> floor Harrisburg PA 17111  
717-783-8975
- **AARP** [www.aarp.org](http://www.aarp.org)  
PO Box 130, Montgomeryville, PA  
18936 (215) 653-8418

### **GENERAL/ HEALTH & SERVICES –**

- **AGING & ADULTS** 1430 DeKalb St. Norristown, PA 19401 610-278-3601 [www.montcopa.org](http://www.montcopa.org)
- **NAMI, MONTG. CO.** 100 W. Main St Lansdale, 19446 215-361-7784  
[www.nami-montcopa.org](http://www.nami-montcopa.org)
- **SENIOR HEALTH - Hospital Elder Life Program**

(HELP) Call 215-481-2490

[www.abingtonhealth.org](http://www.abingtonhealth.org) - The **Hospital Elder Life Program (HELP)** is an innovative approach to protect older patients from declining physically and mentally while they are hospitalized.

### **ACTIVITIES –**

- **SAAC (SENIOR ADULT ACTIVITIES CENTER)**  
610-275-1960 [www.montcosaac.com](http://www.montcosaac.com)
- **\*\*\*County, Borough and Townships have discounted tickets for outings and activities via Parks and Recreation. (for example):**
- **Lower Providence Township: Contact: Karl A. Lukens, Director**  
100 Parklane Drive Eagleville, PA 19403  
P: 610-539-8020 F: 610-539-6347
- **Norristown Recreation Contact: Mr. William J. Plichta, Recreation Director**  
235 East Airy Street Norristown, PA 19401  
Phone: (610) 270-0467 Fax: 610-279-3603  
Email: [wplichta@norristown.org](mailto:wplichta@norristown.org)  
Website: <http://www.plichtakarate.com>

**\*\*\*Check with YOUR local Parks and Recreation for discounts, events, services and trips.**

### **FOOD – besides SAAC**

- **LOCAL CHURCHES AND COMMUNITY CENTERS**
- **MEALS ON WHEELS – Mainline** 235 Lancaster Ave Devon, PA 19333 610-688-8170  
[www.mowaa.org](http://www.mowaa.org)
- **KOSHER MEALS ON WHEELS** 250 Highland Ave Merion PA 19066 610-667-4265  
[www.pccares.org](http://www.pccares.org)

### **LIFE ENRICHMENT –**

- **RSVP - (Retired Senior Volunteer Program) -**  
610-834-1040, ext.22 email: [harriek@rsvpmc.org](mailto:harriek@rsvpmc.org)
- **OLLI (OSHER LIFE-LONG LEARNING INSTITUTE) - TEMPLE UNIVERSITY**  
M-F CLASSES FOR SENIORS –(Sept –June)  
Contact - 215-204-1505 for more info.
- **ABINGTON HOSP ELDER ACTIVITIES – (Low cost) – 215-481-2000**
- **PENN STATE OGONTZ CAMPUS & VILLANOVA UNIVERSITY – seniors can attend/audit courses for free. Contact the campuses for more information.**

# MAKE THE CALL TO STOP DOMESTIC VIOLENCE AND ABUSE OF THE ELDERLY



For confidential domestic violence, sexual assault, or child abuse help or resources:

*Laurel House Hotline: 800-642-3150*

*Women's Center Hotline: 800-773-2424*

*Victim Service Center: 888-521-0983*

*Office of Children and Youth: 610-278-5800*

*PA Child Abuse Hotline: 800-932-0313*

*Elder Abuse Hotline: 800-734-2020*

*Montgomery County Domestic Relations: 610-278-3646  
(Child support issues)*

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- *This article has been approved by Montgomery County Department of Aging and Adult Services*  
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*See newsletter at bottom of DVLN home page*