**ISOLATION AS A DOMESTIC VIOLENCE TACTIC IN LATER LIFE CASES: WHAT ATTORNEYS NEED TO KNOW**

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I. INTRODUCTION

Many older adults lead active lives and have frequent interactions with friends, neighbors and family. However, some older adults who lack a strong social network become isolated. Of course, not all isolation results from aging issues. Older individuals can become isolated because they live far from neighbors or are non-English speaking immigrants in this country. But for many elderly, increased isolation is directly related to aging—through the loss of friends and family or due to poor health or mobility limitations.

Isolation is also a standard tactic used by perpetrators of domestic violence. Abusers use their power and control to isolate victims and, by so doing, make it easier to engage in physical, emotional and sexual abuse and financial exploitation. Abusers isolate their victims for essentially two reasons. First, they want the victim to be focused entirely on the abuser's needs. Other social contacts allow victims less time for their abusers, which is a right of victims that abusers do not accept. Second, abusers do not want their victims to develop sources of strength that could ultimately enable her to escape the abuser's control. Consequently, abusers commonly attempt to keep their victims completely dependent on them to increase their power. [FN1] Depictions of the different tactics that abusers use in situations of domestic violence in later life can be found in the Appendix.

This article will explore isolation tactics used in abuse in later life and potential interventions to promote victim safety through the provision of services as well as use of legal remedies. Abuse in later life for the purposes of this article is defined as abuse, neglect and exploitation of a person age 50 or older by someone the person knows, trusts or loves and with whom she has an ongoing relationship. Abusers are generally spouse/partners, adult children or other family members, and caregivers. This article will not discuss self-neglect or harm by strangers.

In cases of abuse in later life, generally an abuser uses a pattern of coercive tactics to gain and maintain power and control in the relationship or financial resources. For example, a husband may feel entitled to tell his wife when dinner is served, where she can go, and whom she can talk to on the telephone. He may put her on an allowance to control her spending and check the odometer to be sure she does not go anywhere without his permission. If the victim does not comply with his wishes, he may threaten her or be emotionally abusive to her or he may physically assault her. Adult children may feel that because they are younger and healthier, they can also use power and control tactics to their financial benefit. They may use intimidation, psychological manipulation and physical violence so their mother will turn over her Social Security check or change her will to reflect that child as the sole beneficiary.
For coercive tactics to be successful, isolating the older victim is crucial. Abusers recognize that victims who have access to information may not believe their lies and manipulation. Therefore, abusers often limit or do not allow victims access to their mail or the media, because victims could learn about abuse and services from these venues. In addition, abusers often restrict or limit access to family, friends or neighbors who may question the abuser's tactics and motives and offer to help the victim.

II. ISOLATION TACTICS IN CASES OF DOMESTIC VIOLENCE GROWN OLD

The following case examples, [FN4] gathered by the National Clearinghouse on Abuse in Later Life, a project of the Wisconsin Coalition Against Domestic Violence, [FN5] demonstrate the use of isolation as a method for maintaining power and control.

A. Isolation for Purposes of Power and Control

The husband of Laura (age 67) insisted they move to Montana, largely to get Laura away from her family in Wisconsin. Once there, he destroyed photos of her family and told her she “didn't need anyone but me.” Often when she tried to go out with a woman friend he went to the car to disable it (e.g., disconnect the starter) so that she could not leave. Then, when the time for her to leave had passed, he would correct the problem, pretending that nothing was ever wrong with the car and ask her why she had not left.

The husband of Andrea (age 81) moved her from the Midwest to Arizona for one year to try to limit her contact with her mother. He would not let her have a phone in the home so that she had to walk to the corner store to contact anyone from the outside. He never let her learn to drive and always selected apartments far away from public transportation lines to make it more difficult for her to go anywhere except work.

The husband of Angie (age 67) mocked her faith and prohibited her from attending church so that she was not in contact with many of her friends.

*50 The husband of Pam (age 85) did not let her have any friends and would not let her go out. He totally alienated their son so that Pam did not see him or his family (including her grandchildren) for years at a time. When she was hospitalized after surgery for a life-threatening illness, he blocked all visitors, including her son.

The husband of Louise (age 83) unplugged the phone and took it with him every time he left the home so that she could not contact the outside world. A friend of hers from church gave her a small phone that she plugged in and used when he was gone, being very careful to remove it before he returned each day.

In all of the above cases, domestic violence continued as the parties grew older. This is known as “domestic violence grown old.” The victims said that throughout their decades of marriage, their husbands did not allow them to have any friends. Most of the husbands also limited their access to money by putting them on an “allowance,” or not permitting them to handle money at all. This made it nearly impossible for them to go out or spend time with anyone else because they had no money for transportation, dining at a restaurant or other social activity. As a result, they said that they never had friends over to the house, never went anywhere with friends and never socialized with other individuals or couples. Thus, they had no one with whom to discuss their situation or from whom they could seek support or assistance.

Domestic violence in later life occurs not only between intimate partners, but also in other relationships. And as some of the following examples demonstrate, isolation is one of the first tactics abusers use. It does not take much time to isolate a victim; an abuser can swiftly and effectively isolate an older victim from sources of assistance and support.
B. Other Isolation Tactics More Unique to Domestic Violence in Later Life

Jackie (age 67) permitted Linda, his unemployed, divorced 40-year-old daughter to move in with her and live in her home without paying rent. The daughter became very physically, financially and emotionally abusive. Jackie's health declined, and she had a stroke. Jackie had significant medical needs and communication disabilities (receptive and expressive aphasia), which Linda neglected and mocked. Linda later gave birth to a child to whom Jackie became extremely attached. Linda made it clear to her mother that if she contacted law enforcement about the abuse she would make sure Jackie never saw any family members (i.e., she would further isolate her), including her baby granddaughter. Despite the threats, Jackie did seek a restraining order against Linda, who then made good on her threat--she stayed away and isolated Jackie from her granddaughter and other family members.

The husband of Katy (age 83) forced her into a van to ride from the Midwest to Florida, despite a recent hip surgery and stroke. He did this because he wanted her to be away from their adult children, from whom she could have received assistance during her recuperation. He did not want any attention taken from him. Once in Florida, he also refused to hire any caregivers or get any other assistance for her, insisting that she was “fine” and just “faking it.” He prohibited anyone from coming into their Florida residence.

*51 In a case involving reverse caregiving roles from Katy, above, the husband of Marjorie (age 79) had extensive long-term care needs but would not permit any paid or volunteer caregivers into the home. He insisted that only his wife was to provide for his care, isolating her from the outside world and exhausting her in the process. Despite his declining physical ability, he continues to abuse her.

Alice (age 76) lived with her abusive husband for years. After several decades of emotional abuse and later physical abuse, she left and started planning her divorce. Her husband then suddenly developed an “illness,” and, according to Alice, pressured their daughter to let him move in with her daughter and her daughter's husband. He then convinced their daughter that his alleged illnesses needed a great deal of her attention and that their daughter should be on “his side,” convincing her to cut off all contact with her mother, thereby further isolating Alice.

Carl, a caregiver/attendant, would not assist Rose (age 82), an elderly woman, to the bathroom until she agreed to sign over one of her benefit checks. The caregiver/attendant would also leave Rose on the toilet all night--sometimes for up to 10 hours--if she did not do what Carl wanted. This caregiver preyed on the built-in isolation that resulted from Rose's disabilities to further abuse and exploit her.

Bill and John, lawn-care workers, worked their way into the life and home of Muriel (age 85). Using classic predator/grooming tactics, they soon became Muriel's personal caregivers. They isolated her from her adult daughter 100 miles away by answering every phone call and telling her daughter that her mother was sleeping, did not feel well, or just did not want to talk to her. When Muriel told the “caregivers” that she could not understand why her daughter was no longer calling, they told Muriel that her daughter obviously did not care about her and had abandoned her. They talked Muriel into completing new powers of attorney, appointing them as agents in place of her daughter; and they insisted that the doctor had instructed them to have Muriel take her medications with alcohol. They then blocked access to Muriel by the local elder abuse agency, which had to file a guardianship to revoke the powers of attorney.

The adult son of Beverly (age 78) isolated her from the rest of her family and stopped her from attending many social events because of his constant harassment of her for money. Afraid to talk to her other adult children anymore, she ultimately gave her son her entire life's savings before securing a restraining order against him, thus enabling her to again go out in public and be with other members of her family without fear of his harassment.

The above examples demonstrate both classic domestic violence isolation techniques as well as isolation tactics that are more uniquely used against older people. They also demonstrate the inter-relationship of isolation and other tactics. Abusers use power and control tactics against older individuals to increase their isolation, leading to further diminution of any support
or other connections.

Physical abuse particularly isolates the victim. When the victim is physically harmed, it may be harder for her to leave the home; or the perpetrator may keep her at home to avoid having her bruises seen in public. Or, the bruised victim may isolate herself for the same reasons that a victim does not report abuse:

*52  • fear of further retaliation,

• embarrassment,

• shame of having “let” herself be abused,

• shame of having a family member who abuses her,

• fear that by disclosing the abuse it will cause the family member to “get in trouble,” or

• fear she may be forced to move to a nursing home.

Financial exploitation isolates an elder by reducing her ability to engage in community activities, including shopping, attending cultural events or participating in church services (embarrassment over the inability to make a financial contribution). Isolation is also a key ingredient in undue influence cases involving financial exploitation. [FN6] Exploiters use undue influence to manipulate an older person to agree to turn over financial assets to them. The judgment of the victim is supplanted by the desires of the exploiter. To succeed, the exploiter isolates the victim from information and caring individuals while creating an environment of fear and dependency. Often the tactics that are used are similar to those used by cult leaders or hostage takers. [FN7]

Similarly, abusers who ridicule their victims' spiritual beliefs or their victims' direct involvement in religious-based activities cause their victims to stop attending their house of worship for fear of further harassment and ridicule by the abuser. For many elders, religion is a major source of comfort as well as a social connection. [FN8] Discontinuation of their involvement in religious activities often breaks connections to a very important circle of long-time friends and support. [FN9]

Emotional abuse, including “crazy-making,” also isolates victims. Many victims of domestic violence report that physical violence was preceded by emotional abuse, and that they consider the emotional abuse more difficult to heal from than the physical. [FN10] Abusers' emotional abuse of their victims systematically destroys their self-esteem and belief that they have any options or personal skills to make themselves safer. The emotional abuse of constant yelling, screaming, belittling, mocking of disabilities and harassing so wears victims down that it is incredibly difficult to live from day-to-day, and makes it seem impossible to seek out a support group, see a *53 counselor, consider options other than remaining with the abuser, or develop and implement a safety plan.

Abusers use “crazy-making” tactics against older victims to cause them to question their competence. For example, “Laura's” husband (see above case example) regularly disabled her car when she had plans to go out with a friend. She would go out to the car and find it would not start, so she would give up her plans. But a few hours later, when it was too late for her to pursue her planned outing, her husband would reassemble the car, start it up, come back into the house, ask her why she did not go out and mock her for not being able to start the “perfectly working” car. Other abusers move furniture, medication, kitchen equipment, pictures and other home objects, and then deny having done so, to confuse victims into thinking that they are “losing it.” Many intercept mail or phone calls (or send strange letters or phone calls) also resulting in victims' questioning whether they have impaired hearing or vision, whether they are “hearing voices,” or losing their memories and minds. The constant barrage of insults and “crazy-making” chips away at a victim's confidence to manage her life and decisions and handle her affairs, often leading to depression and self-isolation. [FN11] In addition, the perpetrator's wild temper and nastiness often causes a victim such embarrassment and discomfort that she discontinues having guests (if she ever had them),
including her own family members, into her own home. The victim does not want her family or friends to experience the same discomfort she does around the abuser or observe her being a target. [FN12] Even if the victim attempts to maintain contact, family members and friends typically drift away or stay away for the same reasons.

C. Impact of Isolation Can Be Both Worse and Different for Older Victims

Isolation is a potent tactic used against victims of all ages, but it can be particularly devastating to older victims. An older victim, who has been systematically and purposefully isolated for decades, finds that the sheer length of time that she has been without contact with others makes it that much harder for her to find assistance. Decades of isolation destroy the victim's natural support system of friends and family from childhood or early adulthood. Over the years, all of the victim's contacts, friendships and support have been lost. Being alone with the abuser for years with no outside contacts makes the abuser's mind games both easier to conduct and that much more effective. Family and friends, even if not prevented by the abuser from seeing the victim, often do not want to spend any time with her as they find it stressful to be around the omnipresent abuser and the situation tremendously uncomfortable and unpleasant. The older the victim is, the harder it is to make any *54 new friends, particularly if the victim is experiencing depression, grief or health issues that make it difficult to reach out to others.

Isolation compounds itself and has numerous negative ripple effects. The longer the victim is isolated, the more her self-esteem is damaged, so that seeking safety is much more difficult. Unmitigated isolation prevents the victim from knowing that there is any assistance available from individuals, organizations or government entities, so she does not even consider reaching out. At the same time, the outside world often does not offer assistance to the victim. Well meaning friends and family, as well as professionals, can misinterpret a victim's lack of involvement in activities as being due to mild depression, illness or “just getting older.” They do not consider the possibility that the victim is not seeking help or even socializing because of a well-honed pattern of isolation by the abuser. Rather than continuing to invite the victim out or ask the victim if she needs any assistance, they “mind their own business,” “just give her time” and “leave her alone.” Thus, she is alone ... with the abuser. [FN13]

When either the victim or perpetrator has long-term care needs, isolation can be even more insidious and dangerous. As the “Marjorie” case, above, demonstrates, if the abuser has care needs, but refuses to let anyone else in the home, insisting that only his long-time spouse can care for him, the victim often wears herself out as caregiver. After years of isolation and other power and control tactics, the abuser makes it clear that no one else is permitted in the home and that it continues to be her responsibility to attend to all of his needs. He often berates her for not attending to his needs “fast enough” and minimizes what his needs are to others who may be willing to assist (e.g., adult children), insisting that his needs are minor and perfectly manageable by his victim. The victim, who is accustomed to not having others in the home and who has a destroyed sense of self-esteem, compounded by constantly being told that she is “lazy” or self-absorbed, believes it is her own inadequacy that makes caregiving a challenge. She continues to try to create peace in the home and perform her responsibilities, as demanded by the abuser. [FN14]

In the converse caregiving situation, e.g., “Katy” or “Jackie,” above, in which the victim needs care, the long-time isolating abuser will rarely permit any outside assistance, including even adult children. As the “Katy” situation demonstrates, abusers will go so far as to moving ill, fragile victims out-of-state, rather than permitting family or others into the home to assist. They minimize their victims' needs and refuse offers of assistance. Abusers mock their victims' needs and disabilities and simultaneously berate their victims by telling them that they are “faking it” or just being lazy while insisting that their victims continue to be responsible for other ongoing household tasks such as cleaning and cooking, despite the victims' illness, disability or care needs.

**III. INTERVENTIONS**

Elderly victims of abuse require assistance if they are to break down their isolation. They need personal and emotional support and even legal assistance. At some point, they may need accessible emergency and transitional housing. During a
transition period, older victims need safe homes or motel rooms, and transportation to attend support groups and take care of other business. They also need adequate time (generally more than younger women) to sort out their affairs and rebuild their lives, to break through the isolation, to learn how to remake friends and to get assistance with financial planning, to apply for public benefits and insurances and, in many cases, to obtain permanent housing. [FN15]

A. Social Services and Community Resources

To break down isolation, older victims need a variety of supportive social services. Some activities that may be attractive to older women are purely social in nature, such as sewing groups, book clubs, card games and cooking groups. Other activities may be a “back door” way to encourage older victims to participate in a support group for older victims of domestic violence. “Angie,” described above, now is a regular attendee at her local senior center where she joyfully visits, eats meals and plays cards with new friends. She has discovered that several of the other women there are, like herself, survivors of long-term domestic violence and while they do not have a per se support group, “Angie” reports taking great comfort in being with women she knows “have been through the same thing I have.”

For some older victims, finding employment can both break the isolation and provide additional funds that give her more options. Groups such as Displaced Homemakers, or employment agencies specifically designed for older people, can assist in finding jobs. In addition, for low-income women, the Title V worker program [FN16] can be an excellent re-entry into the work world. For example, “Louise,” described above, works at the Boys & Girls Club in her community. She loves being around young people, feels of value and appreciates the income. “Pam,” see above, works in a craft store helping customers select materials for creative projects. She enjoys the interactions and relies on the income.

For others, volunteer work provides a safe opportunity to leave the home, increase contacts with other individuals and build self-esteem through the development of skills and an appreciation of their efforts by others. Almost every community has organizations that help match potential volunteers with appropriate and interesting volunteer opportunities, whether for one afternoon or on an ongoing basis. Possibilities include the United Way, a local Community Chest or Retired Senior Volunteer Programs.

Many elderly continue to have a close connection with a religious community. Faith communities provide plentiful opportunities for socialization through weekly services, activities, educational programs and various service projects. In addition, congregations are increasingly recognizing the need to reach out and provide assistance to victims of domestic violence. [FN17] Some communities have parish nurses, who check in on homebound individuals and help break the isolation for both self-neglecting elders and those being abused by others. For example, “Angie's” husband, described above, totally cut her off from her religious community. Had the congregation reached out to her, providing rides to church events and checking in with her, she would not have been as isolated and may have discovered that there were additional support and safety resources for her.

Some services are valuable simply because it brings another individual into the home setting. These may include books on tape delivered by a library volunteer, a cleaning service, a hair stylist who will come to an individual's home, a volunteer reader, or a volunteer who brings movies, groceries or meals-on-wheels.

B. Home Care

For victims with care needs, or whose abusers have care needs, home care assistance can begin to break down the isolation as well as provide much-needed help. For example, “Marjorie,” “Kathleen” and “Jackie,” described above, would all benefit from home care assistance. “Marjorie,” whose abusive husband has high care needs and insists that she be the only one to provide them, seriously risks her own health from the burden of around-the-clock caregiving responsibilities to her unappreciative and demanding spouse. Home care programs that assist with meals and housekeeping would provide “Marjorie” with respite so that she could leave the home and spend time with other family or friends, would help break her isolation and maintain her own health.

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“Katy’s” health was significantly endangered by her husband's refusal to permit any outside caregivers to provide assistance to her in the Florida home to which he had dragged her, while she was recuperating from surgery. Her abusive husband did not have caregiving skills, minimized her needs and increased his emotional abuse (“you're just making up phony excuses” ... “stop being so lazy and get up and make me dinner.”) Despite her need for an extensive range of home health nursing and social services, her husband permitted none. Only when an old friend from out-of-state stopped by for a visit did the isolation stop. That friend called “Katy’s” children, who immediately flew to Florida. They helped their mother relocate to the Midwest where, now divorced, she lives in her own apartment and receives support from local aging and health care programs.

“Jackie's” daughter lived with her both before and after Jackie's stroke. The daughter denied her needed care and mocked Jackie's stroke-related disabilities. A home care agency could have assisted Jackie with various therapies (e.g., speech, occupational, physical) and assisted in the homemaking chores that her daughter neglected and that Jackie was not capable of performing.

Home care programs therefore serve two very important functions in situations of domestic violence in later life when either the abuser or the victim has care needs. First, by bringing in outside individuals, such services break down the isolation of the victim. Second, the provision of care service reduces the caregiving responsibilities and provides time and space apart.

C. Advocacy and Housing (Emergency and Transitional)

Many older victims can benefit from advocacy services. Given the power differential between the abuser and victim, most advocacy organizations use an empowerment model of service delivery. Advocates listen to the victim's needs and assist by providing information and referrals, support and services. The approach is victim centered. The advocate works with the victim to identify needs and help the older person choose an appropriate remedy.

Domestic violence and sexual assault programs that use this empowerment model can provide many useful services for isolated older victims. A 24-hour help line offers victims an opportunity to reach out for help at any hour of the day or night. Support groups provide women time to meet with other victims with similar experiences where they offer each other help, encouragement and strategies. Legal advocacy programs provide victims with information about mandatory arrest, restraining or protection orders, divorce and legal separation and other potential legal options available to the victim. Safety planning is another critical tool for victims.

Most domestic violence and sexual assault programs offer services to adults of any age. Few programs across the country offer services tailored to meet the needs of older victims. While many older women have benefited from services offered by domestic violence or sexual assault programs, some older women may not be comfortable exploring this option. In addition, some programs may have only limited experience working with older individuals and so need to collaborate with other professionals to provide effective services.

For victims who want to leave the abuser, either temporarily or permanently, where to stay is often an issue. For older women, even during a life-threatening crisis, it is emotionally difficult to leave home and its familiar surroundings and to consider living alone when they have never previously done so. In many communities, domestic violence programs have emergency shelters or can make arrangements for temporary housing of a victim of abuse. Adult protective services may also be able to assist victims locate shelter.

Recognizing that traditional domestic violence shelters may not meet the needs of later-life victims of domestic violence, advocates around the country are developing innovative methods of meeting older victims' emergency housing needs. Some examples include traditional domestic violence shelters with accommodations for older people, elder shelters as part of a multi-service programming for elders, and use of donated assisted living or nursing home beds for emergency housing followed by assistance with transitional housing.
Support groups for older victims of domestic violence can be very valuable, but how they are titled can be important. Many communities have reported little success when advertising support groups for “older battered women” or “elder domestic violence victims.” Older victims in the community often state that they do not identify themselves as victims of domestic violence. In other situations, the victims believe it would be dangerous for them to attend, e.g., they do not drive and the abuser is the only source of transportation and controls all of their activities. Many communities have found much greater success in organizing groups of older women with more innocuous, ambiguous or appealing titles such as: “Self-Help for the Elderly,” “Safe Options for Seniors,” “Healthy Women Over 55,” and “Golden Circle.” They also often hold the support group at a location other than a domestic violence shelter, such as at a hospital or clinic, senior center or library, both to reduce stigma and make it safer for victims to attend.

D. Adult Protective Services (APS) [FN18]

Each state has created its own Adult Protective Services (APS) system to respond to cases of elder abuse or abuse against vulnerable adults, although definitions and statutes vary from state to state. In most states, in addition to responding to elder abuse, APS programs also serve vulnerable adults, age 18 to 59, who are reported to be victims of abuse, exploitation, neglect and self-neglect. In some states, APS workers investigate abuse that occurs in regulated facilities (such as nursing homes and assisted living centers) in addition to the investigations conducted by regulatory agencies.

1. APS Guiding Ethical Principles

A competent older adult has the right to refuse services that have been offered or recommended. An APS worker can only use an intervention, such as the legal system, to protect the older adult if efforts for voluntary cooperation have failed, and the older adult remains at risk of substantial physical, sexual, emotional or financial harm. Because adults are presumed to be competent, they have the right to make their own decisions about their safety and living conditions. Any effort to provide services against the older adult's wishes must be based on the belief that the situation is so hazardous or harmful to the adult or others that it overrides the person's right to live life as she chooses. Although this may be frustrating, it is important to respect competent older adults' right to make their own decisions. APS workers also operate on the ethical belief that older persons who are victims of abuse, exploitation or neglect should be treated with honesty, care and respect. [FN19]

2. APS Reports and Case Management

APS programs receive reports of alleged elder abuse from victims, neighbors, professionals and interested others. Most APS programs receive reports; conduct investigations; evaluate client risk and capacity to make informed decisions; develop and implement a case plan; and offer services. APS is designed to work primarily with crisis situations, providing case management by identifying needs and working with victims to link them with needed services.

In general, APS workers conduct investigations by visiting alleged victims in their homes or other place of residence (e.g., long-term care facility). Investigations generally are opened within 24 hours in emergency situations and within 72 hours (depending on state statutes) for non-emergencies. The worker typically goes alone to the home, although in some situations APS may send two workers or the worker may request law enforcement accompaniment. The worker will meet with the victim to assess the situation, determine if the allegation of abuse can be substantiated and decide if there is an immediate risk of further harm to the victim. APS evaluates the older individual's living environment, ability to function and perform daily living tasks and process and understand information. Generally interviewers conduct these interviews in private, away from the suspected perpetrator. Depending on the case allegations, the worker may also interview the suspected offender and conduct other collateral interviews with friends, family, physicians and neighbors. In some areas, if the worker makes several visits and does not find the victim home, the worker may send a letter with information about abuse and services to the victim.

3. Services Available from APS
Once a case has been investigated, APS can offer a number of services, which a competent victim may accept or reject. In some communities, if criminal activity is suspected, the APS worker may file a report with law enforcement. In a few states, workers are required to notify the perpetrator of the outcome of the investigation.

If an allegation of abuse is substantiated and the victim is capable of giving informed consent, APS can arrange for a wide variety of services including, but not limited to, medical, social, economic, legal, housing, home health, protective, and other emergency or supportive services. In most communities, victims who have the capacity to give informed consent may refuse any or all of these services. If the victim lacks the capacity to consent, APS may seek the appointment of a temporary guardian who can agree to the services and oversee their provision. Depending on state laws and regulations, APS will monitor these services once they have been put in place and provide counseling or casework services until the victim's risk has been reduced or eliminated. Victims who lack the capacity to give informed consent and who are in imminent danger may have emergency services ordered by a court. If the court determines a victim is not competent, the court may appoint a guardian or APS to make decisions on behalf of the victim, including removing the person from the home.

*60 E. Legal Remedies - Civil

There are numerous legal remedies for later life victims of domestic violence, including those that help break the isolation. Civil remedies may be pursued by elder abuse or APS agencies, domestic violence programs, legal services program lawyers or private practice Elder Law attorneys.

1. Denial of Access

Many victims of later life domestic violence endure isolation that endangers both their psychological and physical safety. In many cases, abusers reject any offers of assistance or social connection and deny access to their victims by government authorities or other family members. Recognizing the problem of an abuser turning away adult protective service workers at the door, some states have responded with legislation that empowers elder abuse and adult protective service workers with intervention authority. Wisconsin, for example, permits adult-at-risk (APS) workers, upon receiving a report of alleged abuse, neglect, financial exploitation or self-neglect, to gain access to the victim notwithstanding an abuser's (or anyone else's) refusal. [FN20] In addition to workers being permitted to seek law enforcement assistance in gaining access, the workers have authority to interview alleged victims alone, with or without the consent of a guardian or agent under a power of attorney for health care. They also have authority to transport the alleged victim to a facility for a medical examination, again without the consent of a guardian or agent under a health care power if that individual is the suspected perpetrator or under a court order. [FN21]

In addition, in Wisconsin any interested person (including government adult-at-risk (APS) workers) may, when appropriate, initiate an action for mental commitment of an abuser with mental health issues or guardianship or protective services for the victim or abuser. For example, in the “Muriel” case above, the local elder abuse agency filed a petition for guardianship because the agents under her power of attorney were her abusers and were clearly not looking out for her best interests, especially by their tactic of deliberately isolating her. The victim herself, as well as any interested person, [FN22] can seek a restraining order when an abuser is engaging in tactics, including isolation, that are endangering the individual. For example, in the situations described above, “Beverly” sought a restraining order against her financially exploitive son and “Jackie” sought a restraining order against her daughter. “Muriel” would have greatly benefited from an interested party filing a restraining order on her behalf to prohibit her financial exploiters from continuing their tactics, including isolation.

*61 2. Physical Abuse

While generally only criminal remedies are appropriate in situations of physical abuse (see next section), civil remedies including restraining orders are available. Court orders for protective services may be used to provide needed services for a victim whose competence is in question when the perpetrator denies access to services. Protective services may also be of
assistance to involuntarily place a mentally incapacitated abuser for whom residential placement is appropriate. Similarly, a mental commitment may be an appropriate remedy for an abuser with a mental illness or disability.

3. Confinement

When the level of isolation constitutes confinement, the available civil remedies include restraining orders to keep the abuser away and tort actions for damages of intentional infliction of harm, negligent infliction of harm or false imprisonment. Depending on the facts, a guardianship petition might also help provide the victim with needed assistance.

4. Emotional Abuse

In cases of emotional abuse, when the victim is incompetent, restraining orders as well as guardianship may help break the isolation and stop other abusive behaviors. Alternatively, if the abuser has an active mental illness, a mental commitment would remove the abuser from the scene.

5. Neglect

In many cases, isolation contributes to serious neglect of the victim's needs. For example, “Jackie's” daughter isolated her from other family members and refused to seek assistance needed to help her recover from her stroke. “Katy's” husband moved her to Florida, so that he could further isolate her from caring relatives and deny access by any outside caregivers and in doing so neglect her need for rehabilitative services. “Muriel” paid individuals to assist with her care needs, but instead of honoring their commitment, they isolated and seriously neglected her. Such abuse could be addressed through civil actions for misrepresentation (a reliance on a claim to take care of the person), a suit for the violation of the duty to provide care under a power of attorney, or a suit for the violation of the duty to exercise the fiduciary responsibility by the guardian.

6. Financial Exploitation

As indicated, rarely does isolation occur without other additional forms of abuse. Financial exploitation often occurs when the abuser isolates the elder from other individuals. “Beverly's” son, described above, isolated her from the rest of her family to more easily intimidate her into giving him all of her life savings. “Jackie's” daughter, already living in her home without contributing financially to the household, exploited additional funds from her. “Muriel's” caregivers isolated her, neglected her medical condition and then pressured her to execute a new durable power of attorney that put them in charge of her funds, which they immediately began to steal. [FN23]

Possible civil actions in these cases include conversion, misrepresentation, fraud, breach of contract, and an action for accounting. Possible solutions include guardianship, conservatorship, [FN24] executing a new durable power of attorney, filing a petition to review the agent's performance, [FN25] seeking a restraining order, and filing for a legal separation or divorce.

F. Criminal Law Violations

Turning to the criminal side, Elder Law attorneys and other advocates for victims of domestic violence in later life should help to educate and encourage prosecutors to pursue criminal charges in appropriate cases. Criminal laws differ in every state. The following is a list of examples based on Wisconsin's criminal code: [FN26]

- Physical Abuse--Battery; aggravated battery; reckless injury; harassment; recklessly endangering safety; abuse of vulnerable adult; injury by negligent handling of dangerous weapon, explosives or fire.

- Denial of Access--Resisting or obstructing an officer, refusing to aid law enforcement officer.
• *Confinement*--False imprisonment, taking a hostage, kidnapping, intimidation of a victim or attempt to intimidate, criminal trespass to dwelling, abuse of vulnerable adult, disorderly conduct, damage or threat to property of witness.

• *Emotional Abuse*--Recklessly endangering safety, reckless injury, threats to injure or accuse of crime.

• *Neglect*--Abuse of vulnerable adult, reckless injury, recklessly endangering safety, administering dangerous or stupefying drugs, tampering with household products.

• *Financial Exploitation*--Theft or attempted theft, embezzlement, theft by fraud, computer crimes, fraudulent writings, forgery, failure to report income, securities fraud, threats to injure or accuse of a crime, robbery, misappropriation of personal identifying information or documents, identity theft.

**IV. THE ROLE OF AN ELDER LAW ATTORNEY**

First and foremost, as in all areas of practice, an attorney should provide the client with accurate information about legal options--both civil remedies as well as potential crimes. Clients need to know about (1) legal options to break the isolation and promote safety (including emergency and transitional housing); (2) how to increase their income by accessing public benefits or pension benefits; and (3) if necessary, how to file for an order of support, legal separation or divorce.

Elder Law attorneys should also have a comprehensive referral and resource directory with listings of community options in domestic violence (emergency housing, transitional housing, counseling, support groups and safety planning). These referral listings should identify various social service interventions including social activities, employment and volunteer opportunities and various home care programs.

It is worth the attorneys' time to conduct universal screening of all clients, to determine whether there are concerns about any elder abuse, including isolation or other domestic violence dynamics in later life occurring in the client's lives. [FN27] There are many helpful tools available for attorneys, both listings of “red flags” and “indicators,” as well as standard screening questions to pose. [FN28] Informing clients that the attorney engages in universal screening removes a stigma or concern by clients that their status as a victim of domestic violence is somehow “showing.” Victims of domestic violence often will not voluntarily disclose their situation, but will do so if sensitively and privately asked. To put the client at ease, the attorney can begin with a prefatory, “I always ask all of my clients these questions because I have found I cannot identify elder abuse on my own ...” or “I want all of my clients to know that I care and can help.” It also helps clients understand that even if they are not ready to take action at this moment, their attorney will be available later.

Attorneys must hone their listening skills to make sure they understand what older victims of isolation and other forms of elder abuse are expressing. Many clients who have endured isolation and other domestic violence tactics for years have “never told a soul.” It is especially important, therefore, that they experience sensitive and careful listening when they do choose to share their situation. Attorneys must learn to be one of the “anchor(s) in the storm” [FN29] to understand what barriers the victim faces and how they might best assist their clients in accessing resources. Attorneys should be mindful that, as in domestic violence situations of victims of all ages, they are often planting seeds. A victim may not be ready to take action at this time but she will be greatly assisted by knowing that a sensitive, caring attorney, with access to resources and legal skills is available if she later chooses to take action.

**V. CONCLUSION**

Isolation is an extremely potent tactic in an abuser's arsenal of power and control strategies. For many elderly, the isolation has been going on for decades. For others, it may begin as they age. Situations in which the client or the abuser has long-term care or other special needs may make the isolation even more dangerous. Sensitive attorneys, well versed in the many
legal and non-legal interventions available, recognize that breaking the isolation is a process, and they can assist their clients to break down the isolation, work towards safety and ultimately find an engaged and happier life.

*APPENDIX:

Power and Control Wheel
TABULAR OR GRAPHIC MATERIAL SET FORTH AT THIS POINT IS NOT DISPLAYABLE

*APPENDIX:

**66 TACTICS USED BY ABUSIVE FAMILY MEMBERS**

**PHYSICAL ABUSE**
- Slaps, hits, punches
- Throws things
- Burns
- Chokes
- Breaks bones

**SEXUAL ABUSE**
- Makes demeaning remarks about intimate body parts
- Is rough with intimate body parts during caregiving
- Takes advantage of physical or mental illness to engage in sex
- Forces you to perform sex acts that make your feel uncomfortable or against your wishes
- Forces you to watch pornographic movies

**ABUSING DEPENDENCIES/NEGLECT**
- Takes walker, wheelchair, glasses, dentures
- Takes advantage of confusion
- Denies or creates long waits for food, heat, care or medication
- Does not report medical problems
- Understands but fails to follow medical, therapy or safety recommendations
- Makes you miss medical appointments

**THREATS/INTIMIDATION**
- Threatens to leave, divorce, commit suicide or institutionalize

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• Abuses or kills pets or prized livestock

• Destroys property

• Displays or threatens with weapons

RIDICULING VALUES/SPIRITUALITY
• Denies access to church or clergy

• Makes fun of personal values

• Ignores or ridicules religious/cultural traditions

EMOTIONAL ABUSE
• Humiliates, demeans, ridicules

• Yells, insults, calls names

• Degrades, blames

• Withholds affection

• Engages in crazy-making behavior

• Uses silence or profanity

USING FAMILY MEMBERS
• Magnifies disagreements

• Misleads members about extent and nature of illnesses/conditions

• Excludes or denies access to family

• Forces family to keep secrets

ISOLATION
• Controls what you do, who you see, and where you go

• Limits time with friends and family

• Denies access to phone or mail

USING PRIVILEGE
• Treats you like a servant

• Makes all major decisions

FINANCIAL EXPLOITATION
• Steals money, titles, or possessions
• Takes over accounts and bills and spending without permission
• Abuses a power of attorney

[FNa1]. Betsy Abramson, J.D., Attorney and Elder Law Consultant, Madison, Wisconsin.

[FNaa1]. Bonnie Brandl, M.S.W., Director, National Clearinghouse on Abuse in Later Life, a project of the Wisconsin Coalition Against Domestic Violence.

[FNaaa1]. Tess Meuer, J.D., Legal Department Manager and Staff Attorney, Wisconsin Coalition Against Domestic Violence.


[FN1]. Since most victims are female, this article will focus on older abused women; however, some material may be relevant to older men who are victims of family violence.


[FN3]. Id.

[FN4]. All names are pseudonyms. Some of the ages are approximate.

[FN5]. See: www.wcadv.org and www.ncall.us for additional background and resources. Wisconsin Coalition Against Domestic Violence, 307 S. Paterson St., Suite 1, Madison, WI 53703, (608) 255-0539; E-mail: ncall@wcadv.org.


[FN8]. Supra n. 6, at 55. E-mail conversation with Rev. Dr. Marie M. Fortune, Founder and Senior Analyst, Faith Trust Institute, www.faittrustinstitute.org.

[FN9]. Id.


[FN14]. Id.

[FN15]. Jane A. Raymond, Housing and the Older Battered Woman, 2 Victimization of the Elderly and Disabled 65-67 (no. 5, Jan./ Feb. 2000). These findings are in significant contrast to the documented primary needs (i.e., child care and job training) of younger women.

[FN16]. The Senior Community Service Employment Program (SCSEP) was established under Title V of the Older Americans Act, as amended, 42 U.S.C. 3056, Section 501.


[FN18]. The following section first appeared in, and is adapted with permission from Bonnie Brandl, Mandatory Reporting of Elder Abuse: Implications for Domestic Violence Advocates (Wisc. Coalition Against Domestic Violence's Natl. Clearinghouse on Abuse in Later Life, APS).


[FN20]. Wis. Stats. Sec. 46.90(5)(br).

[FN21]. Wis. Stats. Sec. 46.90(5)(b).

[FN22]. In Wisconsin, individuals other than the victim may seek the restraining order on the victim's behalf. In such a situation, the court must appoint a guardian ad litem to investigate and report to the court whether the restraining order would be in the victim's best interests, and the petitioner must provide notice to the victim of the filing of the petition. Wis. Stats. Sec. 813.123.

[FN23]. See e.g, Bonnie Brandl et al., The Parallels Between Undue Influence, Domestic Violence, Stalking and Sexual Assault (ABA Commn. on Law and Aging). For an excellent curriculum on undue influence, see “UNDUE INFLUENCE: The Criminal Just. Response,” www.ywcaomaha.org, created with a grant from the Off. on Violence Against Women, Off. of Just. Programs, U.S. Dept. of Just.

[FN24]. Terminology differs in states. For example, in Wisconsin, a conservator is a voluntary request to the court for appointment of a specifically named individual to assist the petitioner with financial matters. No finding of incompetency is required. Court accountability is mandatory. “Guardianship” in Wisconsin is similar to the term “conservator” in California.

[FN25]. See e.g Wis. Stats. Sec. 243.07(6m).

[FN26]. The below-cited crimes and their statutory references are all from Wisconsin Statutes chs. 939-961.

[FN28]. Id.

[FN29]. Supra n. 13.

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