



Tips on Working with Victims of Abuse in Later Life

Ask About Abuse

Lead into questions about abuse with a statement such as: “Because many of the people I work with are hurt by family members or caregivers, I ask questions about relationships and abuse.”

The questions may include:

- How are things going with your spouse (or adult child or caregiver)?
- Are you getting out with your friends?
- Are you afraid of your spouse (or other family member or caregiver)?
- Have you ever been hit, kicked, or hurt in anyway by a family member? Does anyone threaten you or force you to do things you do not want to do?
- Have you ever been forced to do sexual acts you did not wish to do? Is this going on now?

IF YES, ask for more information and ask questions such as “how are you staying safe?”

IF NO, if a family member ever does hurt you or you know someone who is being hurt, there are people who can help. Feel free to contact me for information if you ever need it.

Red Flags (Things to listen and watch for)

From a potential victim

- Has repeated “accidental” injuries
- Appears isolated
- Says or hints at being afraid
- Considers or attempts suicide
- Has history of substance (including prescription drug) abuse

National Clearinghouse on Abuse in Later Life (NCALL)

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- Presents as a “difficult” patient or client
- Has vague, chronic complaints
- Is unable to follow through on treatment plans or medical care. May miss appointments.
- Exhibits severe depression

From a potential abuser:

- Is verbally abusive to staff in public or is charming and friendly to service providers
- Says things like “he’s difficult,” “she’s stubborn,” “he’s so stupid,” or “she’s clumsy”
- Attempts to convince others that the person is incompetent, stupid, or crazy
- Is “overly attentive” to the person
- Controls the person’s activities
- Refuses to allow interview or exam to take place without being present
- Talks about the person as if he or she is not a person

Interventions: Do No Harm

DO everything possible to give a victim a sense of hope by:

- Believing the account of the abuse
- Sharing that abuse can happen to anyone and the victim is not alone
- Affirming that the victim is not to blame for the abuse
- Planning for safety or finding someone who can
- Offering options and giving information about resources or finding someone who can
- Allowing the victim to make decisions about next steps (returning power to the victim)
- Keeping information shared by the victim confidential
- Documenting the abuse with photographs, body maps, and victim statements

DO NOT do anything that further isolates, blames, or discourages victims, such as:

- Telling the victim what to do (e.g., “you should leave immediately”)
- Judging a victim who returns to an abusive relationship
- Threatening to or ending services if a victim does not do what you want

- Breaking confidentiality by sharing information with the abuser or other family members
- Blaming the victim for the abuse (“if only you had tried harder or done this, the abuse might not have happened”)
- Reporting abuse to the authorities without permission from the victim (unless mandated by law). If you are a mandated reporter, tell the victim what you are doing and why. Help the victim with safety planning or find someone who can.
- Documenting opinions (“he’s drunk and obnoxious” or “she’s hysterical and overreacting”). These statements are opinions and may not be accurate. However, they can be used against a victim in court.
- DO NOT collude with the abuser and give him/her more power and control by:
 - Accepting excuses from the abuser and supporting the violence (“I can understand how much pressure you are under. These things happen.”)
 - Blaming drugs/alcohol, stress, anger, or mental illness for the abuse. Abusers must be held accountable for their actions before they will change their behavior.
 - Minimizing the potential danger to the victim or yourself if you offer help. Arrange for appropriate security for the victim and your staff when working with a potentially lethal batterer (e.g., has made homicidal/suicidal threats or plans, owns weapons, is fixated on victim).

Work Collaboratively

- To learn more about potential interventions, contact local domestic abuse and/or sexual assault, victim/witness, or adult protective services/elder abuse agencies.
- With the victim’s permission, refer to appropriate agencies for assistance.
- Use experts in a variety of fields as case consultants on difficult cases. Bring challenging cases to a multi disciplinary teams for review. Ensure client confidentiality.