

Safety Planning with Guardians

Presented by DC SAFE, Office of the
Attorney General

Room Survey

Get your clickers ready!

Did you have breakfast this morning?

- A. Yes, I ate at home. I didn't expect any food at this conference.
- B. Yes, I picked up food on the way. It's still in my bag.
- C. No, all conferences should provide food. I expected coffee and donuts.
- D. Wait, did I miss the free food?!

Do you believe that your ward has experienced abuse/neglect recently?

- A. Yes, I know that they have experienced abuse/neglect
- B. Yes, I suspect that they have experienced abuse/neglect
- C. No, they have not experienced abuse/neglect
- D. I am unsure

If your ward was experiencing abuse/neglect, would you know what resources to access?

- A. Yes
- B. No

Have you ever engaged in conversation about safety within a relationship with your ward?

- A. Yes
- B. No

What is Elder Abuse?

Elder abuse is generally defined to include abuse (physical, sexual, or emotional), financial exploitation, neglect, abandonment, and self-neglect. The District of Columbia Protective Services law provides definitions of abuse. D.C. Code § 7-1901.

What is Abuse

Abuse [D.C. Code § 7-1901(1)(A)]

- The intentional or reckless infliction of serious physical pain or injury
- The use or threatened use of violence to force participation in “sexual conduct,” defined in D.C. Code § 22-3101(5)
- The repeated, intentional imposition of unreasonable confinement or threats to impose unreasonable confinement, resulting in severe mental distress
- The repeated use of threats or violence, resulting in shock or an intense, expressed fear for one’s life or of serious physical injury;

OR

- The intentional or deliberately indifferent deprivation of essential food, shelter, or health care in violation of a caregiver’s responsibilities when that deprivation constitutes a serious threat to one’s life or physical health.

What is Neglect

Neglect [D.C. Code § 7-1901(1)(B)]

- The repeated, careless infliction of serious physical pain or injury
- The repeated failure of a caregiver to take reasonable steps, within the purview of his or her responsibilities, to protect against acts of abuse.
- The repeated careless imposition of unreasonable confinement, resulting in severe mental distress; or
- The careless deprivation of essential food, shelter, or health care in violation of a caregiver's responsibilities, when that deprivation constitutes a serious threat to one's life or physical health

Link between Elder Abuse and Domestic Violence

Intrafamily Offenses Statute

Related by:

- Blood
- Marriage
- Partner in common
- Sexual/Dating history
- Residence (Roommates)

Other qualifying relationships

- Sexual Assault
- Stalking

Elder Abuse Perpetrators

90% of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member.*

Two-thirds of the perpetrators are adult children or spouses.*

*Source: Administration on Aging, National Center on Elder Abuse; MetLife Mature Market Institute, Broken Trust, Elders, Families and Finances, March 2009. OWL, Elder Abuse: A Woman's Issue, March 2009.

Possible Indicators of Elder Abuse

Physical/Sexual Abuse - Slap marks, unexplained fractures, bruises, welts, cuts, sores, burns, nonconsensual sexual contact

Emotional Abuse - Withdrawal from normal activities, unexplained changes in alertness, or other unusual behavioral changes; aggressive or controlling caregiver

Possible Indicators of Elder Abuse

Financial Abuse/Exploitation - Sudden change in finances and accounts, altered wills and trusts, unusual bank withdrawals, checks written as “loans” or “gifts,” loss of property, improper use of power of attorney

Neglect – Lack of basic hygiene, lack of medical aids (glasses, walker, hearing aid, medications, etc.), hoarding, incapacitated person left without care, pressure ulcers, malnutrition, or dehydration

Is Elder Abuse a Crime?

In the District of Columbia, acts constituting elder abuse may violate the ***Criminal Abuse and Neglect of Vulnerable Adults Act*** when the person whom against whom those acts were committed has a physical or mental condition which substantially impairs that person from adequately providing for his or her own care or protection. D.C. Code § 22-932.

What is a safety plan?

A safety plan is a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, or after you leave.

Adapted from the National Domestic Violence Hotline

Risks of Staying vs. Leaving

Risk of Staying

- Death
- Injury
- Loss of Job/Financial Stability
- Fear of Losing Children
- Child Abuse
- Drugs/Alcohol
- Further abuse
- Increased Isolation
- Stalking

Risk of Leaving

- Stalking
- Death
- Homelessness
- Increased Isolation
- Loss of Job/Financial Stability
- Fear of retaliation
- Fear of Failure, Shame
- Losing Children
- Drugs/Alcohol

Foundations of Advocacy



Understanding the survivor's risks.

- Life-Generated Risks
 - Facts of a victim's life that increase their risk for assault and/or abuse
- Batterer-Generated Risks
 - Anything the abuser may do to control or punish the victim
- System-Generated Risks
 - Risks posed by the criminal and civil justice system and social service providers themselves.

Life Generated Risk

- Life generated risk factors are the facts of a victim's life that increase her risk for assault and/or abuse.
 - Poverty
 - Mental illness
 - Lack of education
 - Immigration Status
 - Drug addiction
 - Unstable housing
 - Medical condition/disability

Abuser Generated Risks

- Anything the abuser may do to control or punish the victim.
 - Physical abuse
 - Emotional abuse
 - Access to weapons
 - Criminality (the abuser and his associates)
 - Mental illness
 - Drug addiction
 - Citizenship status

System Generated Risks

- System generated risk factors are those posed by the criminal and civil justice systems and social service providers themselves.
 - Risk of arrest or accusations of criminal activity if she reports the abuse;
 - Missing work due to court cases;
 - Interference by child welfare agencies;
 - Court orders requiring contact with the abuser;
 - Public benefits requirements like work requirements, child support filing requirements, etc.

Creating a Safety Plan

- Understand the victim's past and current safety plans
 - What have they tried?
 - How did it work?
 - Would they try it again? If not, why?
 - What was their partner's reaction?

Creating a Safety Plan

- Identify staying, leaving, and protection (from physical injury) strategies
- Identify the time frame
- What personal and public resources have they identified?

Understanding a Survivor's Perspective

- **Listen**- start with concerns, questions
- **Validate**- show respect for their life, differences, and perspective
- **Understand** that their perspective will change based on the scenario

THE SURVIVOR KNOWS THEIR SITUATION THE BEST

Home Visit Best Practices: Using the Elevate AIDET Principle

- **A**cknowledge all family members. Knock, smile, make eye contact, and be pleasant.
- **I**ntroduce yourself and your role.
- **D**uration. At the start, state how long the overall visit will take, and during the visit you may want to state the length of particular tasks.
- **E**xplain all processes and procedures so they know what to expect.
- **T**hank the family for inviting you into their home and for their time. Ask if there are any other questions before ending.

Self-Care: Practical Tips Before You Go

- Keep dress simple - avoid jewelry, scarves, clothing that will attract unwanted attention.
- Wear safe footwear with closed toes.
- Take hand sanitizer.
- Avoid wearing scents as some people are sensitive.

Adapted from the Vanderbilt Kennedy Center For Excellence in Developmental Disabilities

Think Safety Before You Go

- Assess risks by phone before the visit (e.g., animals, other persons in home).
- Ask clients to secure unruly pets.
- Ask clients to turn on lights, meet you at the door.
- If visit presents significant safety hazards, consider an alternative site to meet and/or take a buddy.
- Be sure you have enough gas and a spare tire.
- Program the client's number into your phone.
- Identify safe routes within the neighborhood.
- Wear a name tag.
- Plan what you want to take into the home. Have items like laptops or backpacks locked away out of sight before arriving at your destination.
- Consider carrying clipboard, pepper spray, or a whistle.
- Carry important phone numbers with you.

Adapted from the Vanderbilt Kennedy Center For Excellence in Developmental Disabilities

If There Are Safety Concerns

If a family member becomes agitated or says things that make you uncomfortable:

- Respond calmly, using “I” statements.
- Acknowledge what they are saying.
- Redirect using matter of fact, simple, direct statements.
- Keep a physical distance of at least 3 feet.
- Do not reach out to touch the person, stand in front of the person, or turn your back to the person.
- Do not get up from a chair while the person is sitting.
- Do not try to leave too abruptly.
- Trust your instincts regarding impending danger.
- Do not reveal information about yourself or your family that could increase the risk of being harmed.
- If you feel threatened, remain calm but leave as quickly as possible.
- Report any incident to your supervisor.

Adapted from the Vanderbilt Kennedy Center For Excellence in Developmental Disabilities

Recognizing and Responding to Health and Home Safety Issues

Establish procedures for how to report home safety issues.

Examples of health/safety issues are:

- Neglect - unmet medical, dental, personal hygiene, or nutrition needs.
- Unsafe living conditions or injuries.
- Possible abuse – physical, sexual.
- Emotional abuse – name calling, making fun, putting the person down.
- Mental status – depression, anxiety, sleep deprivation.
- Financial abuse – taking money, not allowing the person to get or keep a job when one is desired.
- Caregivers - memory problems, confusion, inappropriate behaviors.
Inappropriate behaviors of paid staff. After you leave, be sure to make notes about any concerning observations or statements.

Adapted from the Vanderbilt Kennedy Center For Excellence in Developmental Disabilities

Resources

Adult Protective Services: [Report Abuse](#)

To report allegations of abuse, neglect, self-neglect, and/or exploitation, please call the APS Hotline at **(202) 541-3950 available 24 hours 7 days a week**; or

Visit the APS office at **64 New York Avenue, NE, 4th Floor, Washington, DC 20002** between the hours of 8:45 am. to 4:45 pm. Walk-ins are accepted.

DC SAFE: Seek Safety Services

Domestic Violence Intake Center, NW
DC Superior Court
500 Indiana Avenue, NW Room 4550
Washington, DC 20001
Phone: 202-879-0720
Fax: 202-879-1191
Hours: Mondays 8:00am-4:00pm,
Tuesday – Friday 8:30am-4:00pm

Domestic Violence Intake Center, SE
United Medical Center
1320 Southern Avenue, SE Room 311
Washington, DC 20019
Phone: 202-561-3000
Fax: 202-561-3093
Hours: Monday – Friday 8:30am-4:00pm

Legal Options for Protection

- Civil Protection Orders (TPOs, CPOs)
- Civil Restraining Orders (TROs, CROs)
- Other Civil Options

Case Examples

Susan is a 73 year-old woman. Susan has a physical disability which makes it difficult for her to leave her home. Susan has a 24-hour medical aide. Susan lives with her husband of 12 years, Ted. Ted withholds Susan's Social Security check. Ted, on multiple occasions, has threatened to kill Susan. Ted does not allow Susan to talk to her extended family who live in California. When you talk with Susan on the phone, she discloses that she is afraid for her safety.

What is your first step after Susan has disclosed her fear?

1. Assessing for Risk
2. Safety Planning
3. Assessing Needs
4. Resource Mapping

Answer: Assessing for Risk

Address immediate safety: Is it safe to talk at this time?

Does she feel safe in the home tonight?

Does she have any immediate medical concerns that need to be addressed?

What abusive behaviors has Ted exhibited in the past?

After you've assessed for risk, Susan tells you that she feels safe in the home tonight, but wants to separate from Ted. Susan states that she is afraid that Ted will try and kill her if she leaves. What is your next step?

1. Assessing for Risk
2. Safety Planning
3. Assessing Needs
4. Resource Mapping

Answer: Safety Planning

Discuss client goals:

What is Susan's ideal timeline for the separation?

What support networks does Susan have (friends, family, case managers, etc.)?

Does Susan want to remain in the home?

What additional goals does Susan have?

How can she stay safe at home until she can leave?

How can she leave safely?

After you've safety planned with Susan, you learn that she would like to remain in her home long term, but she wants to be somewhere unknown by Ted when she files for separation. You learn that Susan would like to file for separation in two weeks, after her next scheduled outpatient surgery. Susan has a niece in Bethesda that she can stay with for a few weeks. What is your next step?

1. Assessing for Risk
2. Safety Planning
3. Assessing Needs
4. Resource Mapping

Answer: Assessing Needs

Discuss client needs:

What legal information does she need regarding her separation?

Is she interested in either the criminal process or filing for a protection order?

Can her medical aide be transferred to Bethesda while she is staying with her niece?

Are there safety concerns with staying at her niece's home?

Does she have resources to support herself financially until the divorce is finalized?

Does she need a change of address with the Social Security Administration?

Susan tells you that she is afraid that Ted will show up to her niece's home. You discuss the civil and criminal remedies available. Susan is interested in a protection order. Susan's aide is not sure if she can be transferred to Bethesda. The aide is governed by Adult Protective Services. What is your next step?

1. Assessing for Risk
2. Safety Planning
3. Assessing Needs
4. Resource Mapping

Answer: Resource Mapping

Discuss resource brokerage:

Susan is interested in a protection order. Is she able to go to the courthouse herself?

Would she prefer you apply OBO since you are her guardian?

Contact APS to discuss options for transfer of aide.

Room Survey

Get your clickers ready!

If your ward was experiencing abuse/neglect, would you know what resources to access?

- A. Yes
- B. No

Do you feel comfortable in your ability to have a safety planning conversation with your ward?

- A. Yes
- B. No

Questions?

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