

Barbara Blue Scenario

Facilitator's Guide

Abuse and Neglect Prevention Training

Community-Based Residential Facility Domestic Abuse

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The primary goal of the training is to reduce the incidence of abuse, neglect, and misappropriation. The training is designed for direct caregivers and managers in nursing homes, long-term care hospitals, facilities serving people with developmental disabilities, hospices, home health agencies, community-based residential facilities, and personal care worker agencies.

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Facilitator Notes – Opening the Scenario

Opening Section: 10 minutes

Facilitator says¹:

Welcome to the Barbara Blue Scenario. Each of you has chosen a life to lead in this session. Please read through the starter descriptions in your binder. In a few minutes, I will ask you to briefly introduce your life to everyone, describing your values and relationships to others.

[Give participants approximately 3 minutes to read through their life starter information.]

Before each of you introduces yourselves, let me provide a brief description of the scenario and walk you through the Learning Points we'll focus on.

[Read the Summary of the Scenario to the group. Review learning points for the scenario. Refer to Learning Points poster.]

Summary of the Scenario

This case occurs in Blue Hills Assisted Living Facility. Barbara Blue is a 72-year-old resident who is in a single room. She has been here for a few days following surgery for ovarian cancer. She has been married to Steven Blue for 48 years. She needs assistance with bathing, dressing changes, transferring, toileting, and medication. The facility staff, family, and friends are concerned that Mr. Blue is being verbally abusive to his wife. He tells her that she should come home NOW to take care of his needs. The doctor believes Barbara must remain in the facility for at least a few weeks before she will be healthy enough to go home; and only then if she will have someone who can care for her and not expect her to be doing housework or cooking.

¹ Please note that we do not expect you to read these sections verbatim. This is only a guide to what you'll tell the group.

Scenario Learning Points

As a result of this session, participants will:	Participants will demonstrate this by:
1. Recognize the signs and symptoms of domestic violence in later life.	<ul style="list-style-type: none"> • Identifying signs of verbal, physical, and sexual domestic violence. • Demonstrating awareness of the “cycle of violence” process that occurs in domestic violence. • Identifying the possibility that domestic violence could occur and is harmful to residents even if there is no evident physical harm.
2. Understand how and where to report abuse by resident’s family member.	<ul style="list-style-type: none"> • Naming the staff member who should receive the report and state the need to report even if one is not sure domestic violence is occurring. • Discussing situations in which an Adult Protective Service report would be made even when the resident does not agree to filing a report.
3. Understand how to protect victim from continuing abuse.	<ul style="list-style-type: none"> • Developing a list of possible actions and procedures that can be implemented by direct care staff in the facility to prevent abuse. • Practicing what to say to the resident when she talks about the situation.
4. Respect resident’s right to make her own decisions.	<ul style="list-style-type: none"> • Acknowledging the resident’s right to make decisions that may not be the decision staff would want her to make. • Reviewing the rules related to confidentiality. • Developing a plan on how to address safety concerns when advocating for residents.

[Ask participants to go around the group and introduce themselves, in character, using their starter page. Start with the resident.]

Facilitator says:

Here's how we'll go about conducting the session:

- You can identify the scenes you will be in by looking at the bottom of your starter page.
- You don't have to memorize your lines. Before each scene, you'll be given a few minutes to look over your lines.
- I'll call for each scene by number and color, so you'll know when it's your turn to participate. I'll also give you some stage direction so you'll know where to stand or sit as you have your conversations. When you are not in a scene, simply relax and follow along.
- You'll be given an opportunity to get into the life you are leading during the warm-up.

Time Check: 70 minutes remaining

Facilitator Notes – Warm-Up

Warm up: 3 minutes

Facilitator says:

Let's get into our lives with a brief warm-up exercise. This is meant to give you an opportunity to get comfortable in your new lives.

Remember, these are casual chit chats – not about the situation. Everyone will be interacting in a warm-up exercise at the same time.

[Point out warm-up handout to each participant. Give them general stage direction. You may need to encourage them to start.]

Warm-Up

Barbara, Jamie, and Kelly

- Barbara is in her room reading her get well card from her son and looking at the picture of her cat, Marble.
- Jamie and Kelly are in her room and they talk about the weather, the cat, and the nice card.

Sonia and Reverend Mitchell

- Sonia is in her office going over her case record of Mrs. Blue.
- Marvin Mitchell, the minister, stops by to call on Mrs. Blue. Talk about the weather and general topics.

Dennis, Lucy, and Ron

- Dennis recalls fond memories of his mother's holiday molasses cookies with Lucy, the Facilitator, and Ron, the documentation specialist.

Facilitator Notes – Scene One (Blue)

Time check: 67 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

It is early evening on Monday. Reverend Mitchell has come to visit Barbara. After a bit of discussion between Barbara and Reverend Mitchell, Jamie will enter the room bringing Barbara her dinner tray.

Reverend Mitchell, please go to Barbara's room. Jamie, you'll be entering the scene in a moment.

Scene One: Blue

Time: Monday at dinner time

Participants: Barbara, Reverend Mitchell, and Jamie

Reverend Mitchell: Hello, Barbara! I hope you're feeling better. How're they treating you here?

Barbara: It's very nice. It's so restful here—nice and quiet. And the food is pretty good! Not home-cooked like mine, but you know...

Reverend Mitchell: Well, if it's half as good as the food you bring to church potlucks, then you're eating very well!

Barbara: That's sweet of you to say Reverend, but I don't do anything fancy. Steven sure must be missing it. He is so mad at me. I'm being a very bad wife.

Jamie knocks on the door.

Jamie: Hello, Barbara. May I come in? I've brought you dinner.

Barbara: Yes. Hello Jamie, come on in.

Jamie: I see your husband was here again, regular time. Did you have a nice visit?

Barbara: He was in an awful mood and it's my fault. I feel terrible about being such a bad wife. I am really letting him down.

Jamie: What do you mean?

Barbara: Well, he's always been the one who brought home the bacon and of course I fried it up. He just doesn't know much about homemaking and he really depends on me. He said there's nothing to eat.

Jamie: But it's so easy now. You can buy food already made right in the grocery store.

Barbara: Grocery shopping is my job too. He can't handle it on his own. He needs me. He really wants me home.

Reverend Mitchell: Well, it's good that you take your wifely duties so seriously, Barbara. I'm sure you and Steven will work things out.

Barbara: I feel guilty. Steven must be starving. I feel like I'm really not meeting my responsibilities as a wife. He said he might have to get rid of my cat, Marble, if I don't come home soon.

Jamie: Gee, it seems like Mr. Blue would be more concerned about his wife than his own comfort at a time like this.

Reverend Mitchell: Barbara and Steven have been married for many years, Jamie. We must respect their relationship and their privacy.

Barbara: Steven thinks I'm being lazy and selfish. He even said so today. I was sitting with some of the other ladies. He just yelled at me and said, "If you're feeling good enough to start up a hen party, then you're good enough to get your butt home and back to work."

Jamie: I'm sure he didn't mean it that way, Barbara.

Barbara: He said that he might sell my sewing machine if I stay here much longer. I think I need to go home in the next couple of days.

Reverend Mitchell: Oh, I'm sure this will all blow over, Barbara.

Jamie: Barbara, you must remember that you're recovering from some serious surgery. It's not lazy or selfish to try to get better. I hope you will rest more. In your Care Plan, the doctors say that you should stay for another two or three weeks!

Reverend Mitchell: I'm sure that Barbara knows what's best for her and her husband, Jamie.

Jamie: I guess you're right, Reverend Mitchell.

Facilitator Notes – Scene Two (Green)

Time check: 67 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

It is Tuesday evening, the day after Reverend Mitchell visited Barbara. Dennis Blue and his wife Lucy call Reverend Mitchell to check on Barbara.

Reverend Mitchell and Dennis, please remain in your seats but pick up your phones to talk to each other. If Lucy is being played, she can be listening in on an extension.

Scene Two: Green

Time: Tuesday evening

Participants: Dennis, Reverend Mitchell, and Lucy

Dennis calls Reverend Mitchell to discuss how his mother is doing.

Dennis: Hello Reverend Mitchell. It's Dennis Blue calling.
Have you been to visit my mother lately?

Reverend Mitchell: Yes, Dennis, I just visited yesterday. She said she felt like she needed to get home and take care of your father as soon as she can.

Dennis: What!?! He's so self-centered. I just got off the phone with him. He was mad, talking about how my mother is "faking it, as always."

Lucy: (on an extension phone) I'm really worried about Barbara.

Reverend Mitchell: Perhaps your father is just very stressed out. It's hard work taking care of someone with cancer. I'm sure your dad loves your mother very much.

Dennis: Baloney! He has never done any "caregiving" in his life. And if he loves her so much, he has a funny way of showing it. He was just yelling at me about how my mother needs to get home now!

Reverend Mitchell: I'll ask some of the church ladies to bring over some food for Steven. That should help.

Lucy: Maybe we need to go to Wisconsin, Dennis.

Dennis: I think I need to come to Wisconsin and see for myself how Mother is coming along. But first, I'm going to call Blue Hills and talk to someone in charge. He shouldn't be bullying her there!

Reverend Mitchell: We'll do the best we can to support Steven and Barbara, Dennis.

Dennis: Thank you for that, Reverend Mitchell. I'll talk to you again soon. Goodbye.

Facilitator Notes – Scene Three (Yellow)

Time check: 67 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

It's Wednesday afternoon. Sonia has received a phone call from Dennis Blue in Ohio, worrying about his mother and relating his conversation with Reverend Mitchell. Sonia discusses the situation with the RN Supervisor, Kelly. They both decide it's a good idea to talk to the direct caregiver about the situation, so Sonia invites Jamie and Kelly to meet in her office.

Jamie and Kelly, please have a seat in Sonia's office.

Scene Three: Yellow

Time: Wednesday afternoon

Participants: Sonia, Jamie, and Kelly

Sonia: Thanks for coming in, Jamie and Kelly. Can you tell me what you've been observing about Barbara Blue, Jamie?

Jamie: She's such a sweetie... but I think she's afraid of her husband. She seems to kind of cower when he's around.

Sonia: Yes, it sounds like Barbara may be afraid of her husband. Tell me more of what you have seen.

Jamie: She's just always trying to be calm, telling him how bad she feels about leaving him to fend for himself. It's sure a different generation. She said she's thinking of going home within the next few days to take care of him.

Kelly: Gee, this is the first I've heard of any of this.

Jamie: Well, I don't think he treats her right, but Reverend Mitchell told me that we have to respect their marriage and their privacy.

Kelly: I understand that you would like to respect Reverend Mitchell's point of view, Jamie, but we must make sure Barbara is safe.

Jamie: Her husband threatened to get rid of her cat and sell her sewing machine if she doesn't come home. What can we do?

Sonia: Well, Barbara is able to make her own decisions, but there are a number of steps we can take, Jamie.

Kelly: Right, we don't expect you to step in if there's an argument between Barbara and Steven.

Sonia: I'm concerned that Barbara doesn't have enough support or resources at home. Her son is very willing to help but he lives in Ohio.

Jamie: It's too soon for Barbara to leave the facility. She still needs help with changing her bandages, toileting, bathing, and walking. I doubt that her husband will be able to help her.

Sonia: Thank you for your input, Jamie. Since you deal directly with residents, we want you to know that you can come to Kelly or me and report anything that doesn't seem right to you.

Facilitator Notes – Debrief Scenes 1, 2, 3

Time Check: 50 minutes remaining

Debrief: 30 minutes

Participant Observation Time

Facilitator says:

Let's take a break from the action to give you time to reflect for a few minutes.

[Hand out Participant Observation Sheet to each person.]

On your **Participant Observation Sheet**, take about 3 minutes to reflect and document your reaction, feelings, and thoughts.

You should work independently on this. We won't be asking you to hand this in. It is only for you to write down some of your thoughts about the situation. Your observations should be made from your *character's* point of view.

[After they've each written, begin the discussion.]

Participant Observation Sheet

Name of Character: _____

Please answer the following questions from the perspective of your character in the scenario:

How do you feel about what has happened so far?

What are some of the **red flags** that things aren't right?

What do you wish would have happened?

Facilitator says:

Let's discuss the scenario starting first with how each of you is feeling about what is happening, then we'll move on to what could have happened differently in this situation. Please use your **Participant Observation Sheet** [hold up sheet] during this discussion and stay in your life.

[Always start by asking the patient how she feels first – we are here to serve the patient! Next, ask others about their feelings. After everyone shares feelings, move to Promising Practices discussion]

Facilitator asks:

[Only allow about a minute per person to explain their feelings]

- **Barbara**, what are your feelings about this situation? What did you need?
- **Jamie**, what were your feelings?
- How did the situation feel to you **Dennis? Lucy?**
- **Reverend Mitchell**, what were your feelings as Barbara's minister?
- **Sonia**, how do you feel about the situation from a Social Worker's point of view?
- What about your feelings, **Kelly?**
- **Ron**, as the **recorder**, do you have any feelings or reactions to the situation?

Facilitator says:

Before we discuss the *red flags* that occurred in this situation, let's take a look at these documents [give handouts to all participants]:

- "Abuse in Later Life Wheel"
- "Safety Plan for Adult Victims of Abuse"
- "Research on Abuse in Later Life"
- "Domestic Abuse in Later Life: *Tips on Working with Victims*"

Abuse in Later Life Wheel



Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV)

307 S. Paterson St., Suite 1, Madison, WI 53703 608-255-0539
www.ncall.us/www.wcadv.org

This diagram adapted from the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN

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Abuse in Later Life Wheel Development

In early 1980, the Duluth Domestic Abuse Intervention Project asked women attending domestic violence educational groups to describe their experiences of being battered by their male partners. The Duluth Power and Control and Equity wheels were created using the most commonly repeated tactics. There are many additional abusive behaviors experienced by women that are not on the wheel due to the small space available.

In 1995, NCALL staff asked facilitators of older abused women's support groups to have participants review the Duluth wheel. These older women were asked if their experiences of abuse in later life were different or similar to younger victims/survivors. Participants from a handful of groups in Wisconsin, Minnesota and Illinois generously provided feedback. The older women's suggestions were used to create the Family Abuse in Later Life wheel by NCALL.

In 2005, NCALL took the Family Abuse in Later Life wheel back to older survivors, and asked them to review the wheel once again. Over 50 victims from eight states responded, many telling us that the wheel reflected the abuse in their lives, however, it did not adequately represent the ongoing psychological & emotional abuse they experienced throughout their relationships. The attached wheel illustrates this reality.

The outer rim of the wheel defines violence or the threat of violence that is evident in the relationship. The violence may be frequent or very limited, but fear and threats are present. The abuser uses threats to maintain power and control. Each of the pie pieces represent the different tactics abusers may use in a relationship. Abusers may not necessarily use all of the tactics or they may use one tactic more often. Any combination of tactics can be used to maintain power and control.


This wheel makes a distinction between emotional and psychological abuse. Emotional abuse is specific tactics, such as name-calling, put-downs, yelling and verbal attacks, used to demean the victim. Psychological abuse is the ongoing, manipulative, crazy making behavior that becomes an overriding factor/tactic in abusive relationships. Sometimes it can be very subtle, sometimes it is very intense and invasive.

The center represents the goal or the outcome of all of these behaviors...power and control.

Tactics Used by Abusers

<p>PHYSICAL ABUSE</p> <ul style="list-style-type: none"> Slaps, hits, punches Throws things Burns Chokes Breaks bones Creates Hazards Bumps and/or trips Forces unwanted physical activity Pinches, pulls hair & twists limbs Restrains <p>SEXUAL ABUSE</p> <ul style="list-style-type: none"> Makes demeaning remarks about intimate body parts Is rough with intimate body parts during care giving Takes advantage of physical or mental illness to engage in sex Forces sex acts that make victim feel uncomfortable and/or against victim's wishes Forces victim to watch pornography on television and/or computer <p>PSYCHOLOGICAL ABUSE</p> <ul style="list-style-type: none"> Withholds affection Engages in crazy-making behavior Publicly humiliates or behaves in a condescending manner <p>EMOTIONAL ABUSE</p> <ul style="list-style-type: none"> Humiliates, demeans, ridicules Yells, insults, calls names Degrades, blames Uses silence or profanity 	<p>THREATENING</p> <ul style="list-style-type: none"> Threatens to leave and never see elder again Threatens to divorce or not divorce Threatens to commit suicide Threatens to institutionalize Abuses or kills pet or prized livestock Destroys or takes property Displays or threatens with weapons <p>TARGETING VULNERABILITIES</p> <ul style="list-style-type: none"> Takes or moves walker, wheelchair, glasses, dentures Takes advantage of confusion Makes victim miss medical appointments <p>DENIES ACCESS TO SPIRITUAL TRADITIONS/EVENTS</p> <ul style="list-style-type: none"> Denies access to ceremonial traditions or church Ignores religious traditions Prevents from practicing traditional ceremonies/events <p>NEGLECTING</p> <ul style="list-style-type: none"> 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 Refuses to dress or dresses inappropriately
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Tactics Used by Abusers (continued)

<p>USING FAMILY MEMBERS</p> <ul style="list-style-type: none"> Magnifies disagreements Misleads family members about extent and nature of illnesses/conditions Excludes or denies access to family Forces family to keep secrets Threatens and denies access to grandchildren Leaves grandchildren with grandparent without honoring grandparents needs and wishes <p>RIDICULES PERSONAL & CULTURAL VALUES</p> <ul style="list-style-type: none"> Ridicules personal/cultural values Makes fun of a person's racial background, sexual preference or ethnic background Entices or forces to lie, commit a crime or do other acts that go against the victim's value system <p>ISOLATION</p> <ul style="list-style-type: none"> Controls what victim does, whom they see, and where they go Limits time with friends and family Denies access to phone or mail Fails to visit or make contact 	<p>USING PRIVILEGE</p> <ul style="list-style-type: none"> Treats victim like a servant Makes all major decisions Ignores needs, wants, desires Undervalues victim's life experience Takes advantage of community status, i.e. racial, sexual orientation, gender, economic <p>FINANCIAL EXPLOITATION</p> <ul style="list-style-type: none"> Steals money, titles, or possessions Takes over accounts and bills and spending without permission Abuses a power of attorney Tells elder money is needed to repay drug dealer to stay safe <div style="text-align: center; margin-top: 20px;">  </div>
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Safety Plan for Adult Victims of Abuse

Safety during a violent incident:

- A. If I need to leave my home, I will go _____.
- B. I can tell _____ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.
- C. During an argument, I will go to a room or area that has access to an exit and not in a bathroom (near hard surfaces), a kitchen (knives), or anywhere near weapons.
- D. I can teach my children how to use the telephone to contact the police.
- E. I will use my code word and share it with people I trust so that someone can call for help if I need it.
- F. I can keep my purse/car keys ready at _____ (place), in order to leave quickly.
- G. I will use my judgment and intuition. If the situation is very serious, I may choose to give my partner what he/she wants for the time to calm him/her down. I have to protect myself until I/we are out of danger.

Safety when preparing to leave:

- A. I will keep copies of important documents, keys, clothes and money at _____ (location).
- B. I will open an independent savings account by _____ (date), to increase my independence.
- C. Other things I can do to increase my independence include:
- D. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the telephone bill will show my partner those numbers that I called after I leave.
- E. I will check with _____ to see who would be able to let me stay with them or lend me some money.
- F. If I plan to leave, I won't tell my abuser in advance face-to-face, but I will call or leave a note from a safe place.

Safety in my own residence:

- A. I can change the locks on my doors and windows as soon as possible.
- B. I can replace wooden doors with steel/metal doors.
- C. I can install additional locks, window bars, poles to wedge against doors, as well as electronic systems and other devices.
- D. I can install motion lights outside.
- E. I will teach my children how to make a collect call if my partner takes the children.
- F. I will tell people who take care of my children that my partner is not permitted to pick up my children.
- G. I can inform _____ (neighbor) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Safety with a protection order:

- A. If I have a protection (restraining) order, I will always carry a certified copy with me and keep a photocopy.
- B. I will give my protection order to police departments in the community where I work and live.
- C. I can get my protection order to specify and describe all guns my partner may own and authorize a search for removal.

If you are currently being abused:

Is someone hitting or threatening you—a spouse, boyfriend, lover, relative, or someone you know? Have you been sexually abused by someone you know? As you read this, you may be feeling confused, frightened, sad, angry or ashamed.

You are not alone!

Unfortunately, what happened to you is very common. Domestic violence does not go away on its own. It tends to get worse and more frequent with time. There are people who can help you. If you want to begin talking about the problem, need a safe place to stay, or want legal advice, call one of the agencies listed on the back of this instruction sheet today.

While still at the clinic:

- Think about whether it is safe to return home. If not, call one of the resources listed on the back of this instruction sheet or stay with a friend or relative.
- You have received instructions on caring for your injuries and taking medications prescribed for you. Remember, if you have received tranquilizers they may help you rest, but they won't solve the problem of battering.
- Battering is a crime and you have the right to legal intervention. You should consider calling the police for assistance (see information on back of this sheet). You may also obtain a court order prohibiting your partner from contacting you in any way (including in person or by phone). Contact a local DV program or an attorney for more information.
- Ask the doctor or nurse to take photos of your injuries to become part of your medical record.

When you get home

- Develop an "exit plan" in advance for you and your children. Know exactly where you could go even in the middle of the night—and how to get there.
- Pack an "overnight bag" in case you have to leave home in a hurry. Either hide it yourself or give it to a friend to keep for you.
- Pack toilet articles, medications, an extra set of keys to the house and car, an extra set of clothing for you and your children, and a toy for each child.
- Have extra cash, loose change for phone calls, checkbook, or savings account book hidden or with a friend.
- Pack important papers and financial records (the originals or copies), such as social security cards, birth certificates, green cards, passports, work authorization and any other immigration documents, voter registration cards, medical cards and records, drivers license, rent receipts, title to the car and proof of insurance, etc.
- Notify your neighbors if you think it is safe.

Adapted from *Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health* Available at:
<http://www.endabuse.org/programs/healthcare/files/Pediatric.pdf>

[Please add violence prevention resources specific to *your* county here and distribute a list to all participants]

Here is an example of Dane County resources:

Dane County Resources – Abuse and Neglect

Domestic Abuse Intervention Services

24-hour crisis line

(608) 251-4445

1-800-747-4045

<http://www.abuseintervention.org>

Evenings and weekends, call [KHDS](#), Adult Crisis

(262) 657-7188 or 1-800-236-7188

Office of Quality Assurance (OQA)

For reporting allegations of abuse or neglect by facility staff.

Assisted Living - (608) 243-2370

Nursing Homes- (608) 243-2370

All Provider types - (608) 243-2019

<http://dhfs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>

Family Services

Specialized DV Counseling, Madison

Business Phone: 608-252-1320

Hmong American Women Association

Refugee Family Strengthening Project, Madison

Business Phone: 608-256-7808

Dane County Dept of Human Services

Elder Abuse Services

Business Phone: 608-224-3666

Long Term Care Ombudsman

For complaints, questions and/or concerns regarding the care and rights of residents in nursing homes and group homes.

1-800-815-0015

Research on Abuse in Later Life

Wisconsin Aging & Disabilities Program
National Clearinghouse on Abuse in Later Life

AMERICANS ARE GETTING OLDER

- By 2030, more persons will be over 65 than under age 18.
- By 2030, the number of elders is expected to have doubled since 1990 to 70 million.
- 52% of elderly live in nine states (CA, NY, FL, PA, TX, IL, MI, OH, NJ).
- Minority elderly will represent 25% of elderly in 2030.
- Between 1990 and 2030 Hispanic (elderly) will increase by 570%.
- American Indians, Eskimos, and Aleuts (elderly) will increase by 294%.
- Asians and Pacific Islanders (elderly) will increase by 643%

REPORTED CASES OF ELDER ABUSE ARE INCREASING

- In 1999, 470,702 cases of abuse and neglect were reported to adult protective services throughout the United States. This is 62% increase since 1996 (NCEA, 2001).
- In 1999, 114,861 complaints of abuse, neglect and gross exploitation in nursing facilities were reported to ombudsmen throughout the United States (NCEA, 2001).
- 3,406 cases of abuse and neglect in board and care facilities were reported to ombudsmen in 1999 (NCEA, 2001).

DOMESTIC ELDER ABUSE IS PRIMARILY FAMILY ABUSE

- The National Elder Abuse Incidence Study found in almost 90% of cases, the perpetrator was a family member. (NCEA, 1998).

A SIGNIFICANT PORTION OF ELDER ABUSE IS SPOUSE/PARTNER VIOLENCE

- Random sample studies of seniors living in the community found more spouse/partner abuse than abuse by adult children (Podnieks, 1992; Pillemer, 1988).
- However, in cases reported to adult protective services, the abuser was an adult child more often than spouse in every study (Brownell, 1999; Vladescu, 1999; NCEA, 1998; Lachs, 1997; Wolf, 1997) except one (Lithwick, 1999).
- A study of 257 older women ages 50 – 79 study found that 32% had experienced physical abuse or threat at some point in their lives (Mouton, 1999).
- A study of 5,168 couples found that 5.8% of couples aged 60+- experienced physical violence in their relationship within the past year (Harris, 1996).



SEXUAL ABUSE OCCURS IN LATER LIFE

A study of 28 women ages 65- 101 who had been sexually abused found:

- 71% of victims were described as dependent for physical care or functioning poorly.
- 29% of suspected perpetrators were spouses/partners; 39% were sons, 7% were brothers. The total of 81% perpetrators were caregivers; 78% were family members.
- In almost 1/3 of cases, others witnessed sexually abusive acts; in 71% of cases other service providers suspected sexual abuse (Ramsey-Klawnsnik, 1991).

A 1999 study also found that many victims had difficulty taking care of themselves and that family members were the primary perpetrators of sexual abuse (Teaster, 2000).

VICTIMS COME FROM A VARIETY OF BACKGROUNDS

- No profile of an elder abuse victim has been identified (Seaver, 1996; Pillemer, 1989).
- A significant percentage of victims live with their abusers (Vladescu, 1999; Lachs (1997a/b), 1997; Seaver, 1996; Greenberg, 1990; Pillemer and Finklehor, 1988).
- Depression or other illnesses were common for victims (Reis, 1998; OWN, 1998; NEAIS, 1998; Le 1997; Pillemer, 1988). Some victims were unhappy and isolated and felt guilt, shame or fear (OWN; 1998; Reis 1998 and 1997; Podnieks, 1992). Some victims see abuse as normal behavior (Phillips, 2000). In addition, some victims minimize the abuse or believe it is their fault (Griffin, 1994; Podnieks, 1992).

ABUSERS ARE OFTEN DEPENDENT ON THEIR VICTIMS

- A significant number of abusers suffer some form of impairment (Brownell, 1999; Cohen, 1998; Reis, 1998 and 1997; Seaver, 1996; Greenberg, 1990; Lachs, 1997; Pillemer and Finklehor, 1989). These researchers defined impairments as including substance abuse, mental illness and depression, or cognitive impairments.
- Many abusers are dependent on their victims for housing, transportation and sometimes care (Brownell, 1999; Reis, 1998 and 1997; Otiniano, 1998; Wolf and Pillemer, 1997; Seaver, 1996; Pillemer and Finklehor, 1989). Financial dependency of adult children also seems to be a key factor (Otiniano, 1998; Lachs, 1997; Greenberg, 1990).

GENDER OF VICTIMS AND ABUSERS

- According to most research, the majority of older victims are women (Dunlop, 2000; Crichton, 1999; Lithwick, 1999; Vladescu, 1999; Lachs (b), 1997; Greenberg, 1990).
- The majority of perpetrators are male (Brownell, 1999; Crichton, 1999; Lithwick, 1999). Sexual abusers were almost exclusively male (Teaster, 2000; Ramsey- Klawnsnik, 1991). Of the cases reviewed, only men perpetrated homicide-suicide in later life (Cohen, 1998).



Domestic Abuse in Later Life: Tips on Working with Victims

Wisconsin Aging & Disabilities Program
National Clearinghouse on 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, I ask questions about relationships and abuse."

The questions may include:

- How are things going with your spouse (or adult child)?
- Are you getting out with your friends?
- Are you afraid of your spouse (or other family member)?
- Have you ever been hit, kicked, or hurt in any way 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 questions such as "how are you staying safe?"

IF NO, state that 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 alcohol or drug abuse (including prescription drug)
- 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 family member is incompetent or crazy
- Is "overly attentive" to the family member
- Controls the family member's activities
- Refuses to allow interview or exam to take place without being present
- Talks about the family member as if he or she is not a person

INTERVENTIONS: AT LEAST DO NO HARM

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

- Believing the account of the abuse
- Saying that abuse can happen to anyone and the victim is not to blame
- 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 alcohol/drug use, 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)

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.



Promising Practices Discussion

Facilitator says:

[Facilitator can document key Promising Practices on tear sheets or white board during the discussion. If the recorder or documentation specialist is present, he/she may document as well.]

Let's take a look at the Power and Control Wheel. Do you suspect that there may be some form of domestic violence apparent here?

What are some of the *red flags*?

Sample answers:

- Threatened to harm Barbara's cat
- Yells and swears at wife and others
- Degrades, makes her feel guilty, and blames her for his problems
- Treats Barbara like a servant
- Puts his needs ahead of hers even when they may harm her

Facilitator says:

Are there really signs of domestic violence here? Why or why not?

Sample answers:

- Point out that all forms of domestic violence should be reported to agency supervisor, social workers, or administrator. Note that some forms of domestic violence may be clear but most will be subtle and/or not done in the presence of staff.

Facilitator says:

If you were Jamie, who would you report to in your facility about this type of concern or incident?

Sample answers:

- If a participant does not know who to report to in their facility or agency ask the participant to add to their "Action Plan" a step to go back and find out who they should report to. The Learning Point is to have each participant make a commitment to make the report. Even if they are a supervisor or social worker they should report this to someone else and work together to address the issue in the resident's Care Plan.

Facilitator says:

Even if Mrs. Blue does not see herself as a victim of domestic violence, what could the facility staff do to ensure her safety and the safety of others?

Sample answers:

- Have a social worker or therapist talk to Mrs. Blue about the situation. Staff who are not trained to provide counseling services to Barbara should be kind and supportive, but should inform their supervisors about this situation and not provide counseling services on their own.
- Caregiving staff can be ready to listen to Mrs. Blue, but should not give her advice, blame, or talk negatively about Mr. Blue. Caregiving staff should report any conversations to a supervisor or social worker. They can encourage Mrs. Blue to talk to the social worker.

Facilitator says:

What can the facility do to take care of residents like Barbara?

Sample answers:

- Facility provides domestic violence training
- Facility screens all new residents for this issue and immediately develops a safety plan
- Staff is trained on the resident's safety plan
- Staff shares concerns with supervisors – no secrets. This is the best way to get support and to promote safety

Facilitator says:

How might we help Barbara to ensure her safety?

Sample answers:

- The facility can develop a safety plan. Refer to handout: "Safety Plan for Adult Victims of Abuse"

A Safety Plan for Barbara might include:

- Mr. Blue is given limited visiting hours.
- Mr. Blue is told by someone in authority (doctor, administrator or minister) that his wife **MUST** stay in the facility to ensure that she is healthy enough to return home and that any early return home may lead to re-hospitalization.
- Focus on Barbara's right to make her own decisions. Provider her with the best resources and options available to her.
- Provide Barbara with written information or counsel her on taking care of herself physically (why it is critical that she stay at the facility until the doctor releases her) and about domestic violence.
- **If Barbara approves**, have someone else (staff or minister) in the room during the visits.
- **If Barbara agrees**, have two staff members or a male staff member nearby to handle safety issues and enforce the visitation rules, to ensure Barbara's safety when her husband is visiting.
- Have clear rules about what can and cannot occur during a visit (such as, no yelling or name calling).
- Administrator or social worker, **with Barbara's permission**, may talk with family and community members to gather information to determine the seriousness of the situation, and decide if any reports should be made.
- Enlist facility staff to work with family and community members to develop and implement a safety plan for Barbara's stay in the facility and for her return home.

Facilitator says:

If you were the direct caregiver of Mrs. Blue and she began to talk to you about her situation what might you say or do?

Sample answers:

- Remind her that it is important that she rest and stay in the facility until she is ready to leave.
- Offer her support, and tell her that there are staff who can help her with the situation.

Sample things to say:

- “It sounds like you are concerned or confused about what to do.”
- “It is difficult to decide what to do, can I get the social worker here to talk to you about that?”
- “I know this is hard. I would like to provide as much support as I can. There are people who work here who are very well trained and very supportive for people in situations similar to yours. I would like to ask one of them to talk to you.”
- “Can I help by getting someone else who can help you make that decision?”

Sample things *not* to say:

- “Everything is going to be OK”
- “You really should get rid of that husband of yours.”
- “Can’t you see he’s a horrible person?”
- Do not place blame or agree with negative statements about spouse or judgmental statements.
- Do not ignore or belittle the issue.

Facilitator says:

[Optional questions - only if there is enough time]

Should the facility report this situation to a County Adult at Risk Agency or a Domestic Hotline? What role does the direct caregiver have in reporting?

Sample answers:

- The direct caregiver, in this case, Jamie, should always inform her supervisor of anything that doesn't look or feel right. This includes interactions between the resident and visitors.
- If Mrs. Blue asks Jamie, Sonia, Kelly, or any other staff members to make a report to the Office of Caregiver Quality or a County Adult at Risk (AAR) Agency, they are required by law to do so.
- Mrs. Blue is able to make an informed judgment about whether to report the risk herself. As a result, staff at the Blue Hills CBRF should not make a report for her.
- Mrs. Blue also has the right to make a call to a domestic violence hotline or other resource. The facility staff cannot make her do this or do it without her permission. Refer to "Domestic Abuse in Later Life: Tips on Working with Victims" for guidance on what is good practice.

If Mrs. Blue was unable to make an informed judgment...

- Kelly and Sonia, as professionals, are required by law to make a report to the Office of Caregiver Quality or a County AAR Agency if they feel that Mrs. Blue or other residents are in "imminent danger."
- However, if making the report would not be in the best interest of Mrs. Blue, no reporting is required but the professional must document the reason.

- Verbal abuse is a very difficult type of abuse to prove. As such, it's best in this instance for Jamie to discuss the situation with her supervisor, Kelly, and the social worker, Sonia. They are in the best position to determine whether reporting is necessary.

Information on Adult at Risk Reporting Requirements (Wisconsin Act 388)

- Wisconsin Act 388, which went into effect December 1, 2006, requires any employee of any entity to report an adult at risk to the Office of Quality Assurance, Office of Caregiver Quality if:
 - The adult at risk has requested the person to do so.
 - There is reasonable cause to believe that the adult at risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss **and** is unable to make an informed judgment about whether to report the risk.
 - Other adults at risk are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.
- No reporting is required in two instances:
 - If the professional believes that filing the report would not be in the best interest of the adult at risk, and the professional documents the reasons for this belief in the suspected victim's case file;

OR

 - If a health care provider provides treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his or her religious tradition, and his or her communications with patients are required by his or her religious denomination to be held confidential.

Facilitator says:

If you are unfamiliar with the Adult at Risk Reporting Requirements, talk to your supervisor when you return to work. Find out what the protocol is at your facility.

Facilitator says:

Before we move onto the last scene, let's compare the Learning Points to the questions and answers we just discussed.

Facilitator Notes – Scene Four (Pink)

Time check: 20 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

Now let's roll back time, giving the staff an opportunity to respond differently to the situation.

It's Monday evening and Jamie has a chance to deal with the situation differently. This time Jamie has the facts about domestic violence and recognizes some warning signs. Armed with these facts, she is better able to stand up to the authority figure, Reverend Mitchell.

In this scene, Reverend Mitchell still doesn't quite get Barbara's situation. We know that the person playing Reverend Mitchell today is more sensitive than this scene portrays. We also know that not all clergy members are as out of touch as our Reverend Mitchell. But sometimes caregivers like Jamie have to stand up to people in authority to ensure the best care for their residents.

Jamie and Reverend Mitchell, please go to Barbara's room to bring in her dinner.

Scene Four: Pink

Time: Monday, early evening

Participants: Barbara, Jamie, Reverend Mitchell, and Sonia

Jamie: (*Knocks*) Hi, Barbara, may I come in? I've brought your dinner tray. Hello, Reverend Mitchell.

Barbara: Yes. Hello, Jamie, come on in.

Jamie: I see your husband was here again, regular time. Did you have a nice visit?

Barbara: He was in a bad mood and it's my fault. I feel like I'm really letting him down.

Jamie: What do you mean?

Reverend Mitchell: Oh, I'm sure it will all work out, Barbara.

Barbara: You know he just doesn't know much about cooking and he really depends on me. He said there's nothing to eat.

Jamie: It sounds like you are concerned about your husband.

Barbara: He just can't handle it on his own. He needs me. He really wants me home.

Jamie: Yes, but do you remember what the doctors told you?

Barbara: Yes, I am to stay here until I'm well enough to be able to go home. But that may take too long.

Jamie: I want to support you, Barbara. Can I call Sonia to come in and discuss this situation with you?

Reverend Mitchell: Jamie, the Blues have been married a very long time. I don't think this is any of our business. We should respect their privacy.

Jamie: You're right, Reverend Mitchell, but it's also my job to make sure Barbara's safe while she's in our care.

Barbara: Thank you, Jamie. I do feel safe here, but Steven was saying he might as well get rid of my cat, and throw out my sewing machine if I stay here much longer. I'm thinking of going home within the next couple of days.

Jamie: Barbara, there are wonderful people here who have lots of experience in helping in situations like yours.

Barbara: I trust you, Jamie. I want you to help me make this decision about returning home. What would you do?

Jamie: It is difficult to decide what to do. Can I get the social worker here to talk to you about that?

Barbara: Well, all right. I really need to make my decision soon.

Jamie: Let me get Sonia Solomon. I know she would like to help you with this.

Jamie calls Sonia's office and a moment later, Sonia walks in.

Sonia: Hello, Barbara. Jamie thought I might be able to help.

Jamie: Mrs. Blue has some questions or concerns about her care plan and when she can go home. I will leave the two of you to discuss this.

Jamie leaves Barbara's room and returns to her seat.

Reverend Mitchell: I need to be running along also.
Take care, Barbara.

Reverend Mitchell leaves the room also.

Sonia: Hello Mrs. Blue, what is your concern?

Barbara: I'm worried that Steven will not get enough to eat if I stay here too long. I know we talked about why I need to stay but I really do think I am well enough to go home.

Sonia: It's so important that you stay here as long as the doctor recommends, Mrs. Blue. Do you want me to set up a meeting with the doctor to review your progress and see when you can go home?

Barbara: I know I need to rest, but couldn't I do that at home?

Sonia: Why do you feel so strongly that you must go home? Are you afraid of anyone? Does anyone threaten you?

Barbara: Steven is very mad at me. I am afraid of what he might do. He threatened to get rid of the things that are important to me.

Sonia: You are free to make your own decisions, Mrs. Blue. But I would really like to give you some information before you make the decision. Does that sound reasonable?

Barbara: Well, I guess so.

Facilitator Notes – Debrief Scene Four and Scenario Wrap-Up

Time Check: 15 minutes remaining

Facilitator says:

In the second version of the story:

- How did that second version of the scenario feel, **Barbara**?
- **Jamie and Kelly**, did that work better for you? How did that feel?
- **Sonia and Reverend Mitchell**, how did that feel?
- **Dennis and Lucy**, are you feeling better about your mother?
- **Ron**, what did you observe in this second version?
- Which version resulted in the greatest safety, dignity, and respect for all concerned?

Facilitator says:

Working with victims of domestic violence can be difficult. For some people it brings up memories of personal experiences with domestic violence. Others can become frustrated when the resident chooses to stay in an abusive situation. What can caregivers do if they have trouble dealing with a situation like Barbara's?

Sample Answers:

- Talk to your employee assistance program
- Create a personal Care Plan for yourself when situations are stressful
- Ask to be reassigned if the situation is too difficult to handle

Wrap-up discussion

Time check: 3 minutes remaining

[Review the Learning Points, thank participants for their participation, and tell them what they will be doing next]

If you have an extra 10 minutes, Facilitator says prior to wrap-up:

What were some effective strategies and responses to this situation?
What if Barbara refuses to participate in safety planning?

Sample Answers:

- Barbara has the right to accept or deny any services that are offered. The provider is responsible for responding to concerns of domestic violence, but the resident has the right to choose not to accept any services that are offered.
- Barbara may not feel comfortable with the idea of making a plan to leave her husband. However, providing her with options, letting her know that she is not alone and that there are services available to her, may help her make decisions to take actions in the future.

Summary of the Scenario

This case occurs in Blue Hills Assisted Living Facility. Barbara Blue is a 72-year-old resident who is in a single room. She has been here for a few days following surgery for ovarian cancer. She has been married to Steven Blue for 48 years. She needs assistance with bathing, dressing changes, transferring, toileting, and medication. The facility staff, family, and friends are concerned that Mr. Blue is being verbally abusive to his wife. He tells her that she should come home NOW to take care of his needs. The doctor believes Barbara must remain in the facility for at least a few weeks before she will be healthy enough to go home; and only then if she will have someone who can care for her and not expect her to be doing housework or cooking.

Lives

Lives depicted:

- **Barbara Blue**, a CBRF resident
- **Reverend Marvin Mitchell**, Minister
- **Jamie O'Connor**, CNA in CBRF
- **Dennis Blue**, Barbara and Steven's son
- **Sonia Solomon**, CBRF social worker
- **Kelly Anderson**, CBRF supervisor

Optional lives:

- **Lucy Blue**, Dennis's wife
- **Ron Records**, Documentation Specialist

Life not depicted:

- **Steven Blue**, Barbara's husband

Who is in each scene:

- **Scene One** (on Blue paper): Barbara, Reverend Mitchell, Jamie
- **Scene Two** (Green): Dennis, Reverend Mitchell, Lucy
- **Scene Three** (Yellow): Sonia, Jamie, Kelly
- **Scene Four** (Pink): Jamie, Barbara, Reverend Mitchell, Sonia

Color of the Scenario: Blue

Materials needed

Props:

- Picture of Marble, Barbara's cat
- Get well card from son to Barbara
- Dinner tray
- Office supplies/ sign for Sonia
- Office supplies/sign for Kelly
- Phones for Reverend Mitchell and Dennis

Theme posters:

- Station poster
- Learning Points
- Prevent, Protect, Promote
- Scenario settings

Handouts:

- "Abuse in Later Life Wheel"
- "Safety Plan for Adult Victims of Abuse"
- "Research on Abuse in Later Life"
- "Domestic Abuse in Later Life: *Tips on Working with Victims*"
- Recorder Forms
- Participant Observation Sheet

Handouts in Experiential Training Handbook:

These handouts are optional, but are recommended for the best possible outcome to experiential training. They can be found in the Appendix of the Experiential Training Handbook at <http://dhfs.wisconsin.gov/caregiver/training/trglIndex.HTM>. The Handbook has important information and tips on how to conduct the training.

- "Caregiver Misconduct: *Definitions and Examples*"
- "What You Should Know About Reporting"
- Professional Action Plan
- Participant Evaluation

Barbara Blue – Individualized Care Plan

(excerpted)

Diagnosis:

- 72-year-old woman
- Admitted after 5 days at Washington Memorial hospital
- Ovarian cancer surgery
- Anticipate radiation to begin next month
- Married
- Grown child

Special Note: Husband is around a lot and seems lost without her.
Patient seems eager to improve and go home to husband.

Personal interests:

- Her cat, Marble
- Sewing
- Church activities
- Her son, Dennis

Needs Assistance:

- Bathing
- Toileting
- Transferring
- Incision care
- Medication management
- Range-of-motion exercises with arms and legs

Special Note: Needs significant rest. Avoid visits in PM. Should remain in care for two to three weeks after discharge from hospital.

Nutrition:

- Normal diet

Safety:

- No issues

Barbara Blue, age 72

Starter page

- You have been married to your husband, Steven, for 48 years. You have a son named Dennis who lives in Ohio with his family.
- You have been a homemaker throughout your entire marriage. You take pride in your homemaking skills and cooking ability. You love to sew and spoil your cat, Marble.
- Several weeks ago, you were diagnosed with ovarian cancer. Your surgery went well. You have been moved to a CBRF from the hospital to allow you to regain your strength, take your medications, and receive assistance with personal care.
- You are enjoying the peaceful surroundings at the CBRF, but you are anxious to get home. Your husband, Steven, comes to visit, and he seems lost without you at home.

You value:

- Your church activities and friends
- Fulfilling your role as a wife and mother
- Talking with your children and grandchildren

Props: Picture of Marble the cat, get well card from Dennis

Scenes you are in: One (Blue) and Four (Pink)

Reverend Marvin Mitchell, age 61

Starter page

- You have been minister of Bethany Lutheran for 17 years.
- You have known Mrs. Blue as an active “regular” all those years, but you haven’t had much interaction with Mr. Blue, though he’s seems like a pleasant fellow.
- You work hard at keeping track of the members of your church and have visited Mrs. Blue twice while she was in the hospital and twice since she has been at Blue Hills.

You value:

- Supporting your church members and their families, especially in times of crisis and life changes
- Visiting people in nursing facilities, because it is key to their mental and emotional health and recovery

Props: Bible, phone

Scenes you are in: One (Blue), Two (Green), and Four (Pink)

Jamie O'Conner, age 19

Starter page

- You just finished the CNA certification course 4 months ago and this is your first job as a CNA.
- You work 2:00 p.m.-10:00 p.m. You help feed residents the evening meal and help others with an evening bath.
- You like working here and visiting with the older folks and their families. You try to listen to them and do what they want without prying into their lives.
- You give families plenty of privacy when they come to visit.

You value:

- Helping the residents and their families
- Making a difference in the lives of vulnerable people
- Respecting your elders

Props: Dinner Tray

Scenes you are in: One (Blue), Three (Yellow), and Four (Pink)

Dennis Blue, age 45

Starter page

- You are the son of Steven and Barbara Blue. You live in Toledo, Ohio, and your parents live in Wisconsin.
- You have been married to your wife, Lucy, for 20 years and have two teenagers.
- Your mother just had cancer surgery.
- You came to Wisconsin for a week during your mother's hospitalization and her discharge to the CBRF, but you couldn't stay any longer because of work obligations.
- You call the CBRF regularly to check on your mother.
- You believe your dad is probably pressuring your mother to get back home. Last time you talked to him on the phone he was complaining about her being gone.

You value:

- Taking care of your family
- Being responsible for your mother especially during this time of illness
- Treating people with respect and love

Props: Phone

Scenes you are in: Two (Green)

Lucy Blue, age 49

Starter page

- You are married to Dennis, son of Steven and Barbara Blue. You live in Toledo, Ohio, and your in-laws live in Wisconsin.
- Although you are fond of your mother-in-law, Barbara, you can't say the same for your father-in-law, Steven. He always seems to be in a bad mood and is always bossing Barbara around.
- You're glad that your husband doesn't treat you that way. Dennis has always been a respectful and loving husband and father.
- You have 2 teenagers and a very busy job so you weren't able to go with Dennis to Wisconsin last time. You are very supportive of your husband.

You value:

- Your husband and kids. Raising 2 teenagers presents a new challenge almost every day
- Your job at the bank
- Balancing the demands of a job and family and finding a little time for yourself

Props: Phone

Scenes you are in: Two (Green)

Sonia Solomon, age 31

Starter page

- You have been a social worker at Blue Hills for 3 years. The CBRF has about 40 residents.
- You have also worked as a social worker in both hospital and nursing home settings. You help residents and their families adjust to changes in their health.
- You have just met Barbara Blue. She has only been at the facility a few days. She is going to be here for another 2 or 3 weeks.

You value:

- Ensuring that each resident is given excellent care
- Helping patients be discharged home successfully
- Supporting each resident's family while in your facility

Props: Office supplies

Scenes you are in: Three (Yellow) and Four (Pink)

Kelly Anderson, age 37

Starter page

- You are a Registered Nurse (RN). You directly supervise many of the CNAs, including Jamie O'Connor.
- You have worked at Blue Hills for the past 7 years.
- You started as a CNA yourself but you earned your RN degree several years ago while working part time.
- You have recently started to take a few extra courses at the local technical college. You have become very interested in the topic of domestic violence.
- You try to have contact with all the residents and have just had the opportunity of meeting Barbara Blue.

You value:

- Providing leadership and support to your staff
- Continuing your education
- All kinds of music—you have played the piano since you were a child

Props: Office supplies

Scenes you are in: Three (Yellow)

Ron Records, Documentation Specialist

You are the documentation specialist. You will need to pay close attention to the activity in this scenario. Your job is to observe all the scenes and report on the following topics:

General observations worth noting and reporting:

Identify potential *red flags* of harm to the resident:

What could staff have done to prevent the situation from happening?

Evidence of efforts to protect Barbara:

Evidence of ways to promote Barbara's dignity and respect:

Evidence of ways to promote staff members' dignity and respect:

Materials Checklist

The documents on the following pages will be printed full-scale for this Scenario.

Barbara Blue Scenario Suggested Materials Checklist

Scenario Props:

- ___ 3 blue tablecloths
- ___ 2 telephones for the Reverend and Dennis
- ___ Picture of Marble, Barbara's cat
- ___ Office supplies for Sonia
- ___ Get well card from Dennis to his mother
- ___ Dinner tray

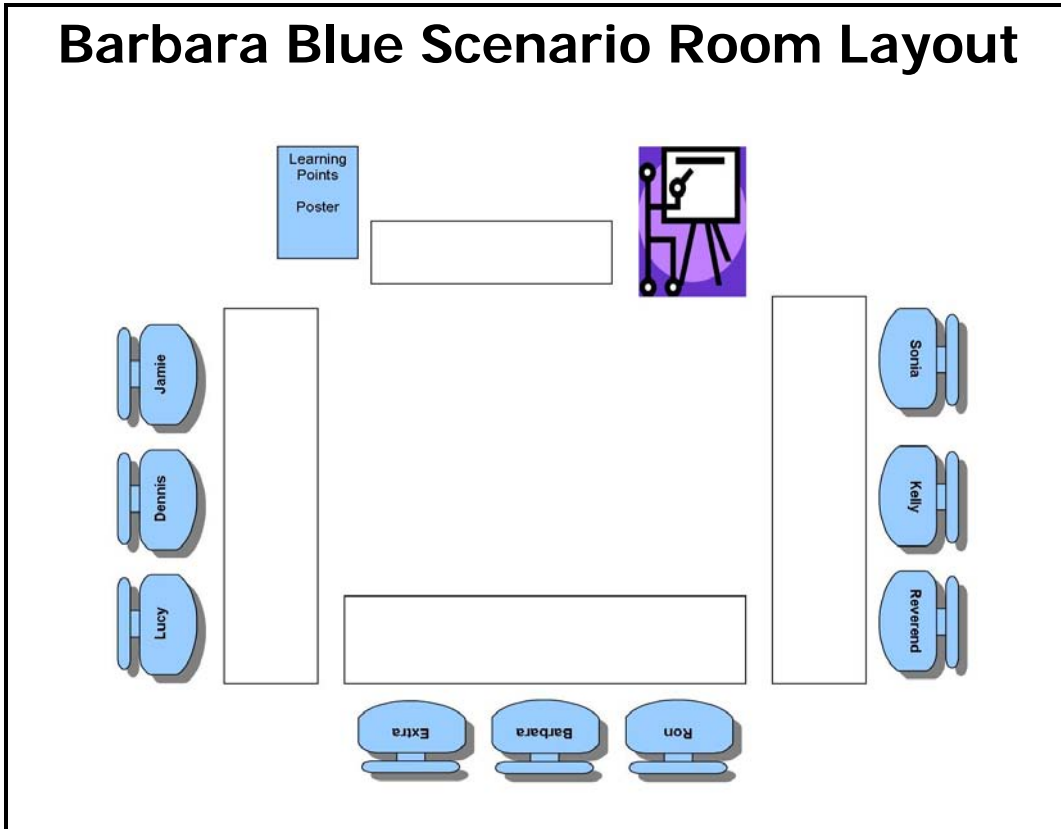
Handouts:

- ___ "Family Violence in Later Life: *Power & Control Wheel*"
- ___ "Safety Plan for Adult Victims of Abuse"
- ___ "Research on Abuse in Later Life"
- ___ "Domestic Abuse in Later Life:
Tips on Working with Victims"
- ___ Participant Observation Sheet
- ___ Recorder forms

Facilitator Supplies:

- ___ 1 Facilitator's Guide
- ___ 8 Life Binders
- ___ Pencils for participants
- ___ Flip chart or Whiteboard with markers
- ___ Timer with battery
- ___ 9 Name Badges
- ___ Scenario Setting posters
- ___ Protect – Promote – Prevent poster
- ___ Scenario Layout sheet
- ___ Learning Points poster
- ___ Station poster

Room Layout and Name Badges



Scenario Setting Name Badges

Facilitator	Barbara CBRF Resident	Sonia CBRF Social Worker
Reverend Mitchell Minister	Jamie CNA	Kelly RN Supervisor
Dennis Barbara's son	Lucy Barbara's daughter-in-law	Ron Documentation Specialist

Scenario Setting Posters



Bethany Lutheran Church



Dennis Blue's Home



Barbara's Room



Blue Hills Break Room



Hallway Blue Hills CBRF



Sonia Solomon's Office

Support Poster





Learning Points and Station Poster

Learning Points Poster

BARBARA BLUE

LEARNING POINTS

- Recognize the signs and symptoms of domestic violence in later life.
- Understand how and where to report abuse by resident's family member.
- Understand how to protect victim from continuing abuse.
- Respect residents' rights to make her own decisions.

caregivers
PREVENT  PROTECT  PROMOTE
abuse/neglect clients dignity

Station Poster for Main Meeting Area

Barbara Blue



**Domestic
Violence**

Community-Based
Residential Facility