

# NEWSLETTER

July / August / September 2002 Edition



## Let's Face It: Domestic Violence Happens

By: Julie Ireland, Educational Director at Colorado Coalition Against Domestic Violence

Often we have assumptions that domestic violence happens to certain populations. Perhaps we think it happens most often in lower income families or to people of color. It certainly can't happen to people in our neighborhood. And we know it can't happen to that sweet elderly couple that lives down the street.

Domestic violence happens to the wealthy just as frequently as it happens to the poor. Domestic violence happens just as frequently to middle aged women as it does to women over sixty. Domestic violence happens just as often to Caucasian populations as it does to people of color. Domestic violence happens just as frequently in families with PhD's as it does in families with GED's.

To recognize domestic violence, emergency room physicians are asked to set aside their stereotypes and consider, when a wealthy 75-year-old white woman driving a Volvo comes into the emergency room because she fell down the stairs, the possibility she may be a victim of domestic violence.

Victims of domestic violence may feel trapped with no one to turn to for help, without a place of refuge, with no one to understand. People often ask, "Why won't she just leave him?" First of all, that is actually the wrong question and the reasons are many and complicated. A better question is, "Why does he batter?"

Domestic violence happens because:

- *She knows he will follow through with his threat to kill (a victim's chances of being killed increase by 75% when the woman tries to get away). Leaving an abuser is the most dangerous time for a victim.*
- *She has been told she is worthless, repulsive, stupid, and ugly. No man would ever want her. She believes this. She is isolated. He has alienated her from friends and support systems.*
- *She may be in denial that her relationship is really that bad. She may use excuses such as: "He's had a bad childhood/just lost his job/is under a lot of stress, etc." "He's a good person, he just drinks too much." "He promised he'd get help." "It's really my fault. I aggravated him."*
- *Within the elderly population, many adult children have insisted that if their mother were to leave their dad after 50 years of marriage they would not support their mother in this choice.*

### Next Meeting of the Coalition

Tuesday, July 23, 2002

8:30am - 10:30am  
455 Sherman Street  
Denver, CO

Program:

Home Not So Sweet Home

*(Domestic Violence-#1 health problem for women)  
Program/Meeting is open to anyone who would like  
to attend. You do not need to be a member of  
CCERAP.*

Speaker:

Julie Ireland, Education Director  
Colorado Coalition Against  
Domestic Violence  
Denver, Colorado

8:30 - 9:00am

Continental Breakfast

9:00 - 9:45am

Program

9:45 - 10:00 am

Question & Answers

10:00-10:30 am

Networking Adjournment

10:30-11:30 am

CCERAP Steering Committee Meeting

CCERAP Manager:

Kathy Rickart

970-674-1774

970-674-8712 fax

Email: ElderRightsMgr@cs.com

- *Religious reasons are a barrier.*
- *The have no money, no bank account.*
- *They are immigrants (language barriers/don't know the laws of this county/may not be able to work/afraid of deportation. Etc.)*
- *They love him. They think no one believes them. They have nowhere else to go.*
- *Her time is no longer her own. (Often he will "time" her.*

*I.e.: "Get the milk, it should take you twelve minutes." He will stand by the door and time her. She knows she better return in 12 minutes or he will beat her.) There are no opportunities to call for help or plan a get-away. Every waking minute is spent on energy just placating him to stay alive.*

*\* Author using the pronoun "she" to describe victim. Although men are victimized, the US Department of Justice estimates 95-98% of all victims are women.*

## “Home Not So Sweet Home”

*By Kathy Rickart, CCERAP Manager*

The Colorado Coalition for Elder Rights and Adult Protection July 23, 2002 meeting will feature Julie Ireland, Educational Director for the Colorado Coalition Against Domestic Violence. In her presentation, “Home Not So Sweet Home”, she will define battering and the prevalence of domestic violence in the United States, especially as it relates to the elderly or at-risk adults. Although there are some common factors about DV for women of all ages, there are some important differences when it involves the elderly. She will explore the dynamics of why victims stay and dispel myths. You will be given the opportunity to learn about battering profiles and methods to screen victims and/or batterers. Information on how DV affects family members will be shared, not just from research, but also from personal experience, as Julie was a child in a family afflicted by domestic violence.



Julie Ireland has been involved in the Domestic Violence field for 30 years. Julie is also a comedian, author, college professor and an award-winning speaker. She has been seen on Ted Kopple’s Nightline & ABC World News. You can also visit her website [www.julieireland.net](http://www.julieireland.net).

CCERAP is fortunate to have Julie volunteer her time to speak at our meeting (date, time, place on front cover) – just another indication of how dedicated she is to building the educational awareness of domestic violence, helping professionals understand what they can do to recognize it, and providing them with tools to assist the victims.

## What is Domestic Violence?

*Sources: Elder Abuse, Neglect and Family Violence: A Guide for Health Care Professionals*

Domestic violence is a pattern of behavior used to establish power and control over another person through fear and intimidation, often including violence or threats of violence. Not all forms of domestic violence are against the law and there are not always physical signs of abuse. Though physical violence and threats of physical violence are most likely to lead to arrest, hurtful words, and controlling behaviors leave scars in their own way. Abusive behavior of the elderly can include:

Psychological/Emotional: (Demeaning statements, harassment, isolating persons from family and/or friends and threats.)

*“My children didn’t want to be around because he’s so nasty all the time and he chased all my friends away.*

*Fortunately he got so bad he had to go to a nursing home. Now I’m free to see people again.”*

*-81 year old woman with 84-year-old husband.*

Signs include:

- |   |                                |                     |
|---|--------------------------------|---------------------|
| • Confusion   | • Excessive fears              | • Insomnia          |
| • Change in appetite                                  | • Unusual weight gain or loss  | • Ambivalence       |
| • Resignation   | • Withdrawal                   | • Agitation         |
| • Anxiety or panic attacks                            | • Tranquilizer or sedative use | • Suicidal attempts |
| • Loss of interest in self, activities or environment |                                |                     |

Economic: (Misuse of an elder person's property or financial resources.)

*"My alcoholic son wants my Social Security check each month. If I don't give it to him, he ties me to a chair and leaves me."  
- 89 year old father*

Signs include:

- Inaccurate, confused, or no knowledge of finances
- Unexplained or sudden inability to pay bills, purchase food or personal care items
- Disparity between income/assets and lifestyle
- Fear or anxiety when discussing finances
- Unprecedented transfer of assets from an older person to other(s)
- Unwillingness to spend money on needed services when elder can afford to pay
- Extraordinary interest by family member in older person's assets



Physical: (Willful infliction on an elder person of physical pain or injury or unreasonable confinement.)

*"Looking back, it was like living in a concentration camp. The threat was always there. No matter what I did, it was never right. I was always trying to be perfect. But I never was no matter how hard I tried. One night he came home and I had cleaned the whole house but there was one dirty cup in the sink. He zeroed in on that one dirty cup and it was hell for the next hour or so." - 68 year old woman*

Signs include:

- Fractures, welts, lacerations, punctures, bite marks
- Burns (unusual location, type or shape similar to an object such as an iron or cigarette burn)
- Bruises (presence of old and new, shape similar to an object like a belt or fingers, bilateral on upper arms from holding or shaking, clustered on trunk from repeated shaking.)
- Sexual abuse (torn, stained, or bloody underclothing; difficulty in walking or sitting; pain, itching, bruising, or bleeding in genital area; unexpected venereal disease or genital infection)

Neglect: (Person taking care of elder is unable or fails to provide adequate food, shelter, clothing or medical or dental care)

Self-Neglect: (Elder person responsible for own care is unable to provide the above for themselves)

*"He wouldn't pay for any of my medicine or doctors. Said I didn't really need it and it was too expensive. He didn't even visit me after surgery. I have a bit of a pension but how will I survive? I'll figure out a way through. Better to live on a little than live with his hatred or indifference.  
- 68 year old free from 78 year old partner*

Signs include:

- Dehydration
- Malnutrition
- Hypo/Hyperthermia
- Excessive dirt or odor
- Bedsores
- Inadequate or inappropriate clothing
- Absence of eyeglasses, hearing aids, dentures or prostheses
- Unexplained or unexpected deterioration of health
- Signs of excess drugging, lack of medication or other misuse (e.g., decreased alertness, responsiveness and orientation)



### "Time To Stop Pretending"

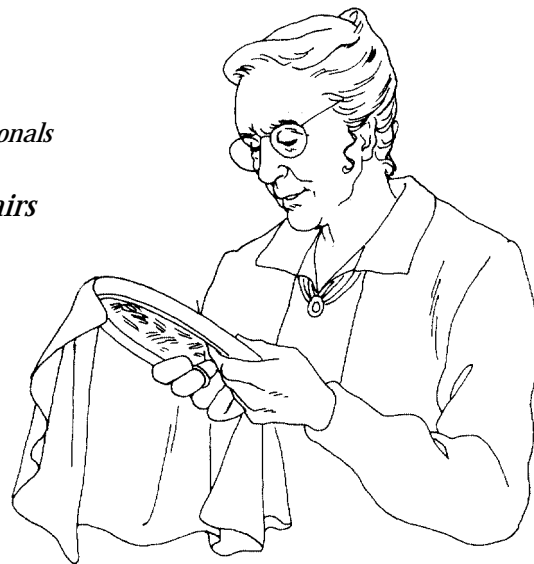
A book by Stephanie Rodriguez, a domestic violence survivor. An inside look at domestic violence and how it is perpetuated, written by one who witnessed it as a child, endured it in marriage, and courageously escaped. Proceeds from the book go toward the development of the famvi.com website. Order from website.

# Who Would Hurt Grandma?

By: Kathy Rickart, CCERAP Manager

Source: *Elder Abuse, Neglect and Family Violence: A Guide for Health Care Professionals*

*“My Grandma, abused? No, she told me she slipped on the stairs yesterday. You know how she is always doing that. Everyone in the family loves her. Why Uncle Pete even quit his job just to live with her and take care of her.”*



Don't let a smoke screen keep you from being suspicious. Grandma might very well be the victim of domestic violence. She might not say anything because who would believe her own son was the perpetrator? But the truth is the abuser may be a family member, friend of caregiver. Studies have found that a significant portion of elder abuse is spousal abuse, often occurring over many years (Pillemer & Finklehor, 1989, Podnieks, 1992). Evidence also shows that many abusers are not caregivers; instead they are often family members who are financially and/or emotionally dependent on the victim. If the abuser is a caregiver, feeling of overburden and stress usually causes it. Other times the caregiver may have a limited capacity and not understand their actions are abusive or have a medical condition that causes the violent behavior.

The reasons for abusing vary from the needs of coercive control to simply wanting to steal money or possessions to meet their personal needs. If a family member is abusing an elderly person, there are indicators. Some of those are:

Grandma may:

- Have repeated “accidental” injuries.
- Visit a number of doctors so no one has an accurate record of injuries.
- Visit health care facilities for vague complaints or acute anxiety with no reported injuries or have psychiatric hospitalizations for anxiety or depression.
- Avoid seeking medical attention for injuries for days or weeks.
- Express a sense of isolation – no access to money, friends, family, job, transportation, church, etc.
- Refer to a family member’s “anger” or “temper.”
- Discuss fears of being harmed/hints of being afraid. Appear fearful of family member/consistently defer to a family member.
- Exhibit terror or reluctance to speak to those in authority about abuser (desire to protect abuser)
- Flee frequently from home.
- Consider or attempt suicide.
- Have a history of alcohol or drug abuse.
- Minimize injuries.
- Exhibit severe depression.
- Be unable to follow through with medical care due to abuser’s control or missed appointments.
- Present as a “difficult patient.”

Uncle Pete may:

- Be verbally abusive in public to patient or health care staff.
- Attempt to convince health care workers that the patient is incompetent or insane.
- Be overly attentive.
- Control most of patient’s activities.
- Be overly protective or controlling of a family member (refuses to leave room during exam or treatment)
- Be charming and friendly to health care workers.

# Are You Guilty of Domestic Violence Collusion?

Source: *Women's Rural Advocacy Programs, www.letswrap.com*

Collusion is any act that intentionally or unintentionally supports bad, deceitful, or illegal behavior. In terms of battering, it is any act that discounts, condones, or ignores any of the tactics that batterers use to maintain power and control over their partner. The results of colluding are increased danger to the woman/victim, her children, family, and friends. Collusion means the victim must now protect themselves, their children, and relatives from the batterer, as well as those that collude with the batterer. In effect, those that collude re-victimize the victim.

Collusion makes the batterer more powerful by reinforcing the use of abusive and violent tactics. The batterer is allowed to enlist other people and systems to assist in controlling their partner. The result is the creation of more barriers and elimination of support, resources and safe places the battered victim needs to access to end the violence.

Colluding also prevents the batterer from being held accountable for violence. If not held accountable, the batterer continues to do violence, not only to his victim and other relatives, but to his own spiritual being. Everyone continues to suffer.

## Examples of Collusion:

- Not arresting when there is probable cause or charging lesser crimes, like disorderly conduct.
- Buying into minimizing, lying and blaming; "I was drunk." "I was abused as a child." "She's got PMS... is sick...."
- Acting as if violent behavior is a "private family matter."
- Laughing at jokes and stories about the victim that are demeaning, embarrassing, or humiliating and not telling the abuser this behavior is disrespectful and unacceptable.
- Pretending you don't hear, see or know what's going on. Ignoring the continued abuse.
- Bailing the batterer out, talking to the justice system in defense of the violence.
- Not providing the victim resources and making the victim justify their survival skills and requests for help.
- Not having resources, policies, procedures and protocols in place that provide the victim safety.
- "Indifference doesn't make a difference."

## Interventions:

If you are a victim:

*You are not alone.*

*You are not to blame.*

*Don't be afraid to ask for help.*

*Talk with someone you trust.*

*Contact a community resource agency.*

**Reoccurring Prey**

*She waits in the corner of the dark empty room.*  
*She waits for the judgment, her sentence, her doom.*  
*She knows that he's heartless and cold to the bone.*  
*But she says that she loves him and this is her home.*  
*She silently prays that he will let her go.*  
*She left out the Mayo and got a bloody nose.*  
*It doesn't matter that she pleads on her knees.*  
*It doesn't matter that she begs him please.*  
*It doesn't matter this has gone on for more than fifteen years.*  
*It doesn't matter that he can no longer cry human tears.*  
*It doesn't matter that he keeps a loaded gun beside the bed.*  
*Will it matter when one puts a bullet in the other's head?*  
*It doesn't matter where she goes or where she is.*  
*She is your sister, your mother, your friend 2000 miles away.*  
*It doesn't matter that she's lonely, feeling helpless and afraid.*  
*It doesn't matter that in moments he'll be coming home enraged.*  
*It doesn't matter that in second's she'll become his slave.*  
*It doesn't matter that he's the hunter and she's the reoccurring prey.*

*By Tia K. Freeman*  
*Source: www.famvi.com*

If you know someone who is a possible victim:

*Reach out and offer support.*

*Understand they may be embarrassed.*

*Assure you do not blame them.*

*Make referrals to appropriate community resources.*

If you witness or hear about abuse:

*Report to local police and Department of Human Services.*

*Don't feel that you need to intervene physically.*

# RESOURCES

## Organizations

Colorado Coalition Against Domestic Violence (Statewide)  
PO Box 18902, Denver, CO 80218  
303-831-9632

DVI for Women with Disabilities  
PO Box 300535, Denver, CO 80203  
303-839-5510

Ideas Directed @ Eliminating Abuse  
2560 W 29th Ave, Denver, CO 80211  
303-477-8280

BI, Inc. DV & Victim Advocacy Program  
2099 Wadsworth Blvd. Denver, CO 80215  
303-238-5755

Anti-Violence Program (Statewide)  
PO Box 181085, Denver, CO 80218  
303-839-5204

Denver Victim Service Center  
PO Box 18975, Denver, CO 80218  
303-860-0660

Advocates Against Battering & Abuse  
P.O. Box 1771424  
Steamboat Springs, CO 80477  
970-879-2034

Advocates Against Domestic Assault  
PO Box 696, Trinidad, CO 81082  
719-846-9159

Pikes Peak Domestic Violence Coalition, Inc.  
PO Box 1671, Colorado Springs, CO  
719-473-2033

Alternatives to Violence  
313 E 4th St, Loveland, CO 80537  
970-669-5150

CCASA Colorado Coalition Against Sexual Assault (Statewide)  
P.O. Box 18663, Denver, CO  
80218 303-569-3251

COVA Colorado Organization of Victims Assistance (Statewide)  
789 Shermon St. Suite 670  
Denver, CO 80203  
303-861-1160

A Women's Place  
PO Box 312, Ft Lupton, CO 80621  
PO Box 71, Greeley, CO 80631  
970-506-2733

Alliance Against Domestic Abuse  
PO Box 173, Salida, CO 81201  
719-539-7347

Domestic Safety Resource Center  
PO Box 953, Lamar, CO 81052  
719-336-4358

Domestic Violence Elimination Program  
304 West 8th Street, Walsenburg, CO 81089  
719-738-2852

Gateway Battered Women's Shelter  
PO Box 914, Aurora, CO 80040  
303-343-1856

Help for Abused Partners  
PO Box 1286, Sterling, CO 80751  
970-522-2307

Response Help for Battered Women  
PO Box 1340, Aspen, CO 81612  
970-920-5357

For information on resources in your area contact your local Human Services Department, or any statewide organization listed.

## Websites

National Coalition Against Domestic Violence  
[www.ncadv.org](http://www.ncadv.org) This site has lots of information and links to many other sites.  
Hotline 1-800-799-(SAFE) 7233

[www.famvi.com](http://www.famvi.com)

[www.letswrap.com](http://www.letswrap.com)  
Women's Rural Advocacy Programs

[www.cpsdv.org](http://www.cpsdv.org)  
Center for the Prevention of Sexual and Domestic Violence

## CCERAP Videos for Loan

(Order from Elder Rights Manager, contact information on front page or 1-800-773-1366)

Close to Home: Elder Abuse Intervention Strategies (18 minutes)  
Focuses on specific interventions for clinicians who deal with cases of elder abuse.

A Safer Place (20 minutes)  
Domestic violence against older people. Brief stories of 3 victims of abuse and exploitation and confessions of 1 adult daughter who abused her mother.

Elder Abuse: Five Case Studies (40 minutes)  
Explores the issue of family abuse against an older adult from the point of view of five different victims. Their candor in telling about their situations gives the viewer(s) insight into the ambivalent feelings of older abuse victims as they try to find resolution to their pain. Various interventions are examined that can be used to help stop the abuse.

Charting New Waters (35 minutes and kit)  
Designed to raise awareness of barriers and issues faced by women with disabilities when they try to end the violence in their lives. Contains three dramatic vignettes portraying women with disabilities who have experienced violence in their lives.

Preventing Elder Abuse (27 minutes)  
Betty White hosts and narrates this primer on the many forms of elder abuse.

Just To Have A Peaceful Life (10 minutes)  
Classic brief poignant testimonial from an older woman who discusses her early and later life as the wife of an abusive husband.



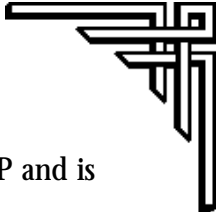

# Doctors, Medicare and Inadvertent Billing Errors

*By Robert Pierce, Senior Health Insurance Assistance Program, Colorado Division of Insurance*

Can a physician be fined or prosecuted because they mistakenly send improper bills to Medicare? Many physicians think so, but the federal Office of Inspector General (OIG) says no.

Writing in the October 5, 2000 Federal Register, OIG noted that Medicare and Medicaid fraud must be the result of intentional or recklessly false claims filing. They wrote, “Second, under the law, physicians are not subject to criminal, civil or administrative penalties for innocent errors, or even negligence. The Government’s primary enforcement tool, the civil False Claims Act, covers only offenses that are committed with actual knowledge of the falsity of the claim, reckless disregard, or deliberate ignorance of the falsity of the claim. The False Claims Act does not encompass mistakes, errors, or negligence.”


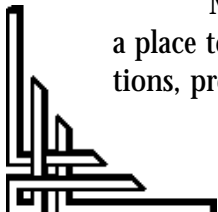
OIG noted that another legal tool, the Civil Monetary Penalties Law, has exactly the same standard of proof for administrative action. “For criminal penalties, the standard is even higher—criminal intent to defraud must be proved beyond a reasonable doubt.” OIG said that a provider billing mistake that is the result of an inadvertent act or negligence—an honest mistake—should only result in the return of Medicare or Medicaid.



We are proud to announce the Colorado Division of Insurance has partnered with CCERAP and is the sponsor of the CCERAP Quarterly newsletter.

Resources available by request for Colorado’s Elderly and Adult At-Risk populations through CDI, 1560 Broadway, Suite 850, Denver, CO 80202, 303-894-7553 or e-mail: [Robert.pierce@dora.state.co.us](mailto:Robert.pierce@dora.state.co.us) include:

Video-“Senior Security: Avoiding Scams and Fraud in Colorado.” This crime prevention video informs seniors about the most common scams and frauds in the state (Medicare and Medicaid Fraud, Identity Theft, Telemarketing Fraud, Mail Fraud, Home Improvement Fraud, and Caregiver Fraud. The video is FREE to law enforcement officials; senior centers, religious, social, professional, or group senior directors, financial or health service professionals, adult protective service specialists, and others who work with older adults.



My Personal Health Care Reference Booklet: This booklet is also free to seniors. It provides a place to record personal healthcare information, record doctor/dentist visits, keep track of medications, provides other valuable information and lists resources.