

Conversations about Interpersonal Safety

Helping individuals create more safety for
themselves and talk about events and situations that
concern them

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A publication of Wisconsin's Violence Against Women with Disabilities and Deaf
Women Project: A Collaboration of Disability Rights Wisconsin, End Domestic
Abuse Wisconsin and Wisconsin Coalition Against Sexual Assault

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- ✦ End Domestic Abuse Wisconsin (formerly Wisconsin Coalition Against Domestic Violence);
- ✦ Wisconsin Coalition Against Sexual Assault (WCASA).

Project Description

Through a federal grant funded by the Office on Violence Against Women, U.S. Department of Justice, our three statewide organizations have joined together to promote our collaborative vision:

Women with disabilities and deaf/Deaf women who experience sexual assault and/or domestic violence will be supported by people who have actively prepared for access and who think about the meaning of respect one woman at a time.

The objectives and activities of this Project continue to be centered around:

- ✦ the distinctive dynamics of domestic violence (DV), sexual assault (SA) and stalking against women with disabilities,
- ✦ the paramount importance of victim safety in all of its undertakings,
- ✦ the necessity for appropriate and effective services to women victims with disabilities, and
- ✦ equal access through compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Our activities and efforts have relied on two primary strategies:

1. Elevate collaboration within communities among sexual assault, domestic violence and disability programs; and
2. Enhance the community's capacity to serve women victims with disabilities and Deaf women in a manner that is accessible, supportive and culturally affirmative.

These strategies have been employed specifically within two communities: Chequamegon Bay area and Brown County, Wisconsin. Within each of these communities, DRW, End Domestic Abuse Wisconsin and WCASA work with local stakeholders to foster informal and formal relationships among organizations, tribes and groups located within these communities, while simultaneously integrating knowledge of and enhanced capacity to respond to issues of disability, trauma, violence, abuse and safety.

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Conversations about Interpersonal Safety

INTRODUCTION

It might seem unnecessary to suggest the importance of having conversations about interpersonal safety with individuals who have developmental disabilities. These are among the most closely monitored individuals in our society. Family members and paid support people are ever present. And yet, advocates report that two of the most frequent comments heard during disclosures of abuse from victims/survivors with disabilities are: *he told me to* and *I'm supposed to be nice*. In our roles as family members, paid caregivers and advocates trying to better understand safety, vulnerability and interpersonal relationships, we have noted several significant themes.

Some people do not see individuals with intellectual disabilities or autism as having the maturity to understand or the abilities to negotiate adult relationships; and so, not having conversations might seem reasonable.

Some people report not wanting to raise subjects that might result in someone feeling sad, angry or fearful. Others expressed concern that if you raise certain topics you are awakening interest or pointing someone in a direction that might be best to avoid.

Some people address safety by establishing rules, setting policies and tightly managing a person's social contacts and opportunities in order to reduce chances of abuse or harm. The assumption is that within familiar and often background-checked circles no harm could occur.

Some people who do see a need to have conversations about assertiveness and interpersonal safety report holding back because they do not know how or where to start.

There is no indictment here of those who have not been engaging in conversations about interpersonal safety. The conversations and activities described in this material are intended for you to use with people who might

have difficulty with abstract language, learning and social interactions. One goal is to clarify some of the words that are used to talk about how people treat each other. Another goal is to invite thinking about social situations. Ultimately, **these conversations and activities are an approach to helping individuals think about how they can create more safety for themselves and to talk about events and situations that concern them.**

You will read about: some global research that points to the need for these conversations; some of the concerns other family members and paid caregivers have expressed about risk; and some sample language for you to consider and possibly use in starting conversations with someone you care about. This material is not intended to cover all subjects and situations. This is not a curriculum to be used from start to finish. There are certainly going to be areas of interest or concern that are not noted here; add them. Let this material support you in thinking about the conversations that might be helpful for individuals you know and care about.

A GLOBAL VIEW of Wellbeing

The Gallup organization surveyed people in more than 150 countries representing more than 98% of the world's population to identify what conditions or qualities most contribute to human wellbeing. After they accounted for basic needs, e.g., food and shelter, they organized their findings into five essential elements in: Wellbeing: The Five Essential Elements by Tom Rath & Jim Harter (2010).

1. *Career Wellbeing*: liking what you do every day; how you occupy your time
2. *Social Wellbeing*: having strong relationships & love in your life
3. *Financial Wellbeing*: effectively managing your economic life
4. *Physical Wellbeing*: having enough energy to get things done on a daily basis
5. *Community Wellbeing*: the sense of engagement you have in the area where you live

Although there is an interdependent relationship between these five elements, what they define as career wellbeing was identified as the most essential. People with high career wellbeing, i.e., those who have something they like to do every day, are more than twice as likely to be thriving in their lives overall.

The reason this report has relevance here is that there are many ways in which a person's safety can be compromised. We worry about predators, perpetrators of abuse, who target people with disabilities. Acts of power and control that everyone agrees are egregious are physical and sexual assault.

There are also people whose intention to keep someone safe inadvertently has them participating in power and control struggles; people in support roles, paid or family caregivers. Because their intentions are to be helpful, they might fail to imagine that they have any part in the other persons "behavior" that might impact the person's safety or wellbeing.

Think about an individual you support who is characterized as "difficult" or "challenging."

- ✦ Does this person have something s/he likes to do every day?
- ✦ Does this person have strong relationships and love in her/his life?

- ✦ Has this person had the opportunity to learn how to manage her/his economic life?
- ✦ Does this person get to use her/his energy on a daily basis?
- ✦ Is this person recognized and familiar enough within her/his community to feel safe, engaged and respected?

From your POV (point of view) the answers to these questions might be “yes.” You might think s/he is happy, content, loved, managing money as well as can be expected, busy enough, and safe in the neighborhood. But the answer from this person’s POV might be “no.” If the elements of wellbeing are not being met, what might s/he do? Would this person yell, refuse, sneak, lie, curse, hide, argue, or be in situations that no one has ever helped her/him to prepare for?

What might people in support roles, concerned about someone’s safety, do in reaction to someone who yells, refuses, sneaks, lies, curses, hides, argues, or is in situations that are considered risky? Is it possible that the reactions to what a person does in pursuit of wellbeing results in conflict with people who interpret her/his actions as “challenging” rather than assertive? Acts of assertiveness and communication that are characterized as challenging can result in restrictions, consequences, restraint, and other manifestations of power and control in support relationships. **Considering this person’s actions as attempts to assert what matters and what s/he is trying to accomplish is a critical part of support and interpersonal safety.**

Think about the effects of support, that while well intentioned, are experienced as intimidating, emotionally abusive and isolating. Think about the opportunities that many people do not have: to learn about their own money; to meet people who are not paid to be with them; and to set the agenda for their own days based on their energy and interests.

Too often, a person with a disability who is trying to achieve what Gallup reports that 98% of the world’s population is trying to achieve has to struggle with those who are closest. These interpersonal conflicts can be unsafe for the person who receives support as well as for those who believe they are providing it.

The learned messages from these interpersonal conflicts might be *you need to do what you're told* and *you have to be nice*. The lesson learned (even if not intended in exactly this way) is that compliance is expected:

- ✦ do what you are told to do;
- ✦ when you are told to do it;
- ✦ how you are told to do it; and for
- ✦ how long, where and with whom you are told to do it.

Many people learn that there are consequences for their noncompliance. They learn to override their curiosities and concerns, even fears and anxieties; or, they push for what they want and are identified as “difficult.” **Many people with intellectual disabilities and autism are maintained in a child’s (compliant) role well into adulthood and they are not safer.**

When people show signs of fear or anxiety, caution or resistance, even interest and excitement they are encouraged to *calm down, settle down, relax* or *chill out*. Their hearts and minds as well as their nervous systems are telling them something else. For some, the desire for adult opportunities and companionship makes them more vulnerable to being taken advantage of and abused. **It is not their curiosities and interests that make them more vulnerable; it is in part their lack of learning about interpersonal relationships that makes them more vulnerable.** When people in support roles value compliance more than assertiveness, even in the interests of keeping someone safe and free from harm, they might be increasing that person’s vulnerability.

RELATIONSHIP-BASED SUPPORT

The organizational brochures and mission statements of most organizations that provide services or support to people with disabilities indicate in one form or another that *we respect all those who receive support*. On a daily basis, that single intention - to respect those we support - is conveyed in some confusing ways. We tend to convey respect differently depending on who we perceive the other person to be and how we value that person. In other words, we differentiate respect based on each individual we encounter. We often are unaware that we differentiate (or distinguish) respect and how we then communicate that difference one person at a time.

When we interact with individuals we deem worthy of respect, we acknowledge their point of view (POV). When we interact with individuals who are classified, diagnosed and characterized as having disabilities we might differentiate our level of respect. We might be distracted by our fears for them and by what we have heard, read or been told about someone. We might forget that each person has a POV about what has happened or is happening, and what s/he might want to achieve or experience. This differentiation of respect is widespread and most often not malicious.

When we respect someone who is fearful, we might ask if there is anything we can do to help. When we differentiate respect, we might say *you're being foolish, there's nothing to be afraid of*. When we differentiate respect, we might keep doing what we were doing and expect the other person to comply. We might say that *s/he's just being... difficult, stubborn or needy; s/he's high maintenance or trying to get attention*.

When someone we respect talks about personal interests and aspirations, we probably listen. We might ask questions to better understand. We acknowledge and maybe even encourage. When we differentiate respect, we might ignore what the person is expressing; we might minimize or dismiss the person as well as her/his expressed wishes. We might even implement a behavioral program by describing the person's attempts to communicate as *perseverating* on a topic (e.g., a job, a house, a boyfriend, a girlfriend, getting married, the man on the bus who says he likes me).

When we touch someone we respect and s/he says *stop* or *that hurt*, we apologize. We apologize even if we are surprised, knowing that our intention

was not to cause discomfort. Even if we are sure that most of the people we know would not describe the degree of contact we had as painful, we apologize. With respect, we would rethink our physical contact with that person.

When some people with disabilities tell caregivers that their touch hurt, what they might hear is: *no, it didn't; you're overreacting; or s/he wouldn't hurt you.* That is differentiated respect. There is sometimes a lesser standard of respect for people who receive support. **When we discount another person's experience; when we minimize that person's attempts to report personal experiences; when we ignore a person's goals and curiosities as not realistic, we show disrespect,** even if it was not our intention to be disrespectful.

We say about safety, *if anyone hurts you or scares you – tell me.* When the person tells, s/he might be dismissed or not taken seriously. This person is essentially given the message: *you don't know how you feel; we'll tell you what your experience was.* The differences between our intention and another person's experience of our actions can be significant.

Your intention might be to listen well; but s/he might experience you as giving quizzes about what s/he should do.

Your intention might be to support someone well; but s/he might experience you as giving permission or not for something that matters.

Your intention might be to advocate on someone's behalf; but s/he might experience you as advocating for what you and others think would be suitable rather than for what s/he wants.

Your intention might be to support someone well; but s/he might experience you as offering support only when s/he does what you and others expect.

In order to help people (learn to) think about their own interpersonal safety we have to at least consider the POV of each person we support. This means that **we have to think not just about what other people might do that is harmful; we have to consider the unintended effects of our own actions even though our intentions are good.**

We have to examine how we as family members and paid caregivers might contribute to a person feeling unsafe and disrespected. **Our good intentions might be experienced as misuses of power and control. When we consider only that our intention is to be helpful, we fail to imagine that we might be part of someone else's problem.**

WHAT AREN'T PEOPLE LEARNING?

A tremendous amount of what we learn in our lifetimes about safety and interpersonal relationships is incidental learning. It was overheard, learned on the fly, understood after an event and maybe during a subsequent conversation with a trusted person. You can't learn to have better judgment when you are never in situations where thinking and judgment are encouraged. You can't learn to think analytically, to weigh possibilities, when you have few opportunities and experiences to reflect on. **A compliant life does not result in better judgment, critical thinking or increased safety.**

When people are thought to be unable to think and learn, opportunities are missed and resentments can grow. A woman who provides live-in support said of the woman she was paid to support: *the fact that she needs me to live-in is indication enough that she doesn't have the ability to make good judgments.* Therefore, she understood that it was her role to make most decisions on behalf of the woman who received support. *She might not get exactly what she wants but she'll get what she needs.*

A 42 year old woman reported that when she sneaks out of her group home because she wants to meet a man, restrictions are imposed and there is no attention to what she said she wants to achieve. She sneaks because she is not allowed out except for group "outings" that she does not want to be associated with. Her explanation that she wants to meet a man is ignored by most and dismissed as *too risky* or *not realistic* by others. Her "behavior" is the focus of her support staff rather than what matters to her.

The protective bubble that surrounds young children stays around adolescents and adults with intellectual disabilities. The incidental learning about relationships, safety and many other aspects of interpersonal communication is not learned in that protective bubble.

Lydia, with a few dollars in her pocket on Monday, says that she is going to the convenience store to get a Mountain Dew. She is told that *we are not going to the store until Thursday.* She moves toward the door and her passage is blocked. She is told that if she continues to break the rules, her weekend privileges will be taken away. Lydia swears at the worker and tells her to get out of the way. Maybe she uses the f-word once or five times. When the worker does not move, Lydia tries to push her out of the way. Now, there is hands-on

contact and another worker joins in; two people have their hands on Lydia – and it is their intention to keep her safe and free from harm.

Who do you identify with in this story? Do you identify with Lydia who wants to go to the neighborhood store, and think *these workers are going too far?* Or, do identify with the workers and think *Lydia is being really difficult today.* Do you think *if Lydia would just do what she's told none of this* (physical contact) *would have happened?*

Frequently, caregivers identify with the caregiver whose comments are not unlike the comments of domestic abusers who say *if she had just... I would not have had to....*” **Some caregivers inadvertently minimize or blame the person and justify their own actions. They are not thinking about what it's like to be the person receiving support.**

When asking people with disabilities who are supported in a culture of compliance what they might do if someone treated them in a scary or uncomfortable way, too many were silent. *If someone sat next to you on the bus and put his hand on your leg, what would you do? If someone told you what to do and you didn't want to do it, what would you do? If someone was talking sweetly but you felt uncomfortable, what would you do?* In too many of these scenarios, the answers we eventually heard were *nothing*. They said *you have to do what you're told* and *you have to be nice*. Some were not sure what the words scary and uncomfortable meant in social or interpersonal contexts.

The messages that many people have learned are: *you have to be nice despite your own discomfort or fear. You have to (be passive and) do what you are told.* The erroneous assumption is that we can keep people safe in the compliance bubble. Daily life for many people with developmental disabilities is still very much about doing what they are told in order to avoid unwanted consequences. **Too many individuals reach adulthood and have never been encouraged to think about themselves; what they want and what they don't want.** They are not learning to distinguish between healthy and unhealthy relationships; between comfortable and uncomfortable situations.

THE COMPLEX WORLD OF SUPPORT RELATIONSHIPS

Ordinary experiences like walking to the corner store might not be allowed for some people because it is believed that *the needed skills have not been mastered* (and possibly have not been taught). Remember when you first had coins or a few dollars in your pocket. The first thing you wanted to do was spend it; probably on candy. With more experience you learned that if you held onto that money you could buy more treats or better treats. Over time you learned that if you saved money you could go to a movie or a concert. Maybe you could buy a sweater or rent an apartment or take a vacation or make a down payment on a house. You learned through experience to manage your economic life – one of the five essential elements of wellbeing.

What if you were only ever given a few dollars at a time throughout your teen years and young adulthood? When you received those five dollars you might still want to spend it quickly on candy or a soft drink. Or, if someone asked *do you have any money*; you might take your wallet out and show it proudly because you have not learned what is private and what is public. When someone says *if you give it to me we can be friends*; that might seem like a good deal because you want friends. When you received a paycheck or benefit check and people wanted to spend time with you on that night, you might not notice that you don't ever see those people in between the times your checks arrive. When a caregiver suggests that *those people are using you*, you might have no idea what that means; you're just glad that someone wants to be your friend.

We do not learn to make smart judgments all at once or at a certain age. We make lots of small, seemingly insignificant choices throughout our lives. We learn from our experiences which includes our mistakes. **Think about what your life would look and feel like if another person or persons always had more decision making authority in your life than you have.**

You never would have learned to carry a cup of coffee without spilling if you had not carried and spilled other beverages and learned to wipe up the spill. When people are identified as vulnerable we justify our restrictive actions by saying that the risks are too high (e.g., on the way, inside and on the way back from that convenient store). This thinking does not take into account the human pursuit of wellbeing.

What might have happened if you were still not allowed to say *no* or if you had to wait for permission to go outside? Consider the distinction that we learn with maturity between asking permission to do something and letting someone know where you are going. In a caring and respectful relationship, people let each other know when they are going out but they do not have to ask for permission... to go to the refrigerator or watch a TV show. What this has to do with safety is not just about what happens when people experience some degrees of freedom, but what happens in support relationships when a person's assertiveness is labeled "behavior."

What if you were not allowed to pursue what mattered to you because it was inconvenient for others? What if your interests were not respected, there was no support for you to have experiences, and then no one helped you to think about what opportunities you wanted to say *yes* to and when you want to say *no*; how would you learn how to deal with new, exciting, scary or confusing situations? How would you know the difference between a healthy and respectful relationship and its opposite? **Not everyone will master everything but that does not mean that we are supporting people well by ignoring the issues or pretending that adults are children.**

Think about all the moments of contact you have with people you support and how many of those moments can be characterized as you giving direction, correction or setting limits. For many people in support roles, those are their primary interactions. You have the power to adjust your interactions so that someone else has the opportunity to learn.

If you tape recorded yourself and then listened to your tone of voice and your comments when talking with someone you support, what assumptions might a listener make about the age and abilities of the person you were talking to? If the answer is younger and not too bright, there are changes you can think about.

RISK IN SUPPORT RELATIONSHIPS

It's wrong to assume that individuals do not have a POV about most aspects of their lives and the ways they are treated. It also is wrong to assume that everyone has the skills, information and experiences to live with complete independence. We tend to operate with an all or nothing mentality and miss many daily opportunities to support others in learning to participate with more safety in the world around them. **Daily life is not risk free; but compliance and restriction is not the solution.**

There is a point at which each of us moved beyond letting others tell us what we could and could not do. We risked something to have an experience. We learned to think if not before then during or after an event; we learned to make better decisions. **Are you engaging the individuals you support to think or are you mostly telling people what they can and cannot do?** Are you just telling someone to make *a better choice* which translates to doing what you want?

Call it being bossy, instructive, directive, controlling, overpowering, helping, supporting, taking care of ...; when family members and paid caregivers have more control over what a person does than the person, it's time to reassess. Opportunities to think and learn about safety, judgment and social interactions are being missed.

When caregivers are guided by fear they skip any real consideration of risk. Here is a framework presented by Clarence Sundram¹ that can be used to think about whether there is a need to intervene immediately or whether we actually have time to support learning over time. We can talk about risk by asking about the potential for harm.

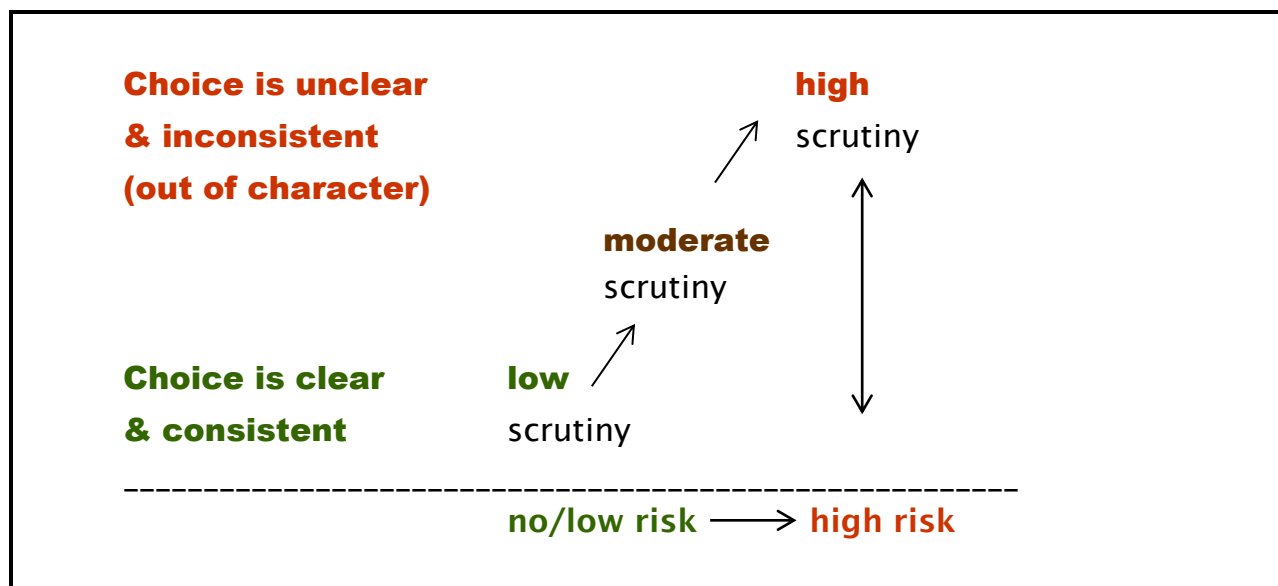
- ✦ What is the probability of harm if someone ...?
- ✦ What might be the severity of harm if she...?
- ✦ And what would be the duration of that harm if it occurred?

¹ A framework for thinking about choice and responsibility, *Choice and Ethical Dilemmas in Services for Persons with Mental Disabilities*, Clarence J Sundrum, Editor (1994).

Risk Considerations

| Probability of harm | Severity of harm | Duration of harm |
|---------------------|------------------|------------------|
| None | None | None |
| Low | Minor | Brief |
| Moderate | Moderate | Temporary |
| HIGH | SERIOUS | PERMANENT |
| Unknown | Unknown | Unknown |

How does what we know about a person help us to consider what meaningful support might be? Is what the person wants and what others are observing clear, consistent and in character? Is what s/he wants to do or what others are observing unclear and out of character? With just a few questions we can zero in on how much or how little scrutiny a situation might actually warrant.



People learn about personal responsibility and interpersonal safety by experiencing some risk in our lives. When it comes to someone you care about and support, **are you an ally in helping someone having more experiences or acting as a barrier to experience and learning?** A question that has to be considered, and will be answered differently for different individuals, is how much risk is allowable and responsible?

The conversations being suggested might create an opening for individuals to disclose events in their lives that have been confusing or scary to them. Someone might have received unwanted attention on a bus, had a wallet stolen, or been hurt by someone providing personal care. Someone might be struggling to understand personal relationships and how to have them. You might have concern about what is confusing or scary for the person and what might be criminal. Before initiating conversations that might lead to such disclosures, increase your own comfort by learning a bit more about what you can or should do in such circumstances.

Responding to Disclosures of Harm

Many family members and people providing support feel some trepidation about opening conversations that might lead to subjects they do not feel prepared to discuss, including disclosures of harm. In the interest of promoting safety, let's be blunt. If, right now, you feel this trepidation, keep in mind two important points, both of which are supported overwhelmingly through research:

1. Maintaining ignorance is not bliss for the person who has experienced harm (i.e., Google "trauma and its effects"); and
2. Avoiding more general conversations about safety increases the person's vulnerability and the likelihood that the person would be targeted for abuse.²

Described below are some initial steps you should consider if you hear disclosures of possible harm. The Appendices contain more specific information about abuse and reporting as well as resources in your local area. The disclosures you hear might involve differing forms of abuse, as defined under Wisconsin's Adults At Risk Reporting law [see Appendix A]. If you hear a disclosure that sounds like possible abuse, consider following these steps:

- ✦ **Believe what the person is sharing with you.** It's not your job to be the investigator, judge or jury...you are the person this individual trusted to tell.

² See Appendix E: *Grooming People with Disabilities*. Wisconsin Coalition Against Sexual Assault, Inc. (2006).

- ✦ **Take a breath.** What you learn might feel shocking or make you angry. Listen and keep your emotions in check -- focus on the person and what is being described; not on your reaction.
- ✦ **Remain patient and listen.** If you ask any questions, only gather minimal information [see Appendix B]. Although you may be required by law to report suspicions of abuse, neglect or exploitation against persons with disabilities and/or older adults, especially if you work in health care or a caregiving field, your job is not to conduct the investigation. [See Appendix A.]
- ✦ **Focus on safety.** Ensure the safety of and emotional, non-judgmental support for the person, including any needed medical care.
- ✦ If the person and the alleged perpetrator live in the same house, work in the same environment, live in the same neighborhood, figure out how to **separate the person and the alleged or suspected perpetrator of the abuse**, even if it is a resident from the same household.
- ✦ If the person is under **guardianship**, **talk with the person first** and make it known that you will have to contact the guardian regarding the situation, and medical and emotional needs.
- ✦ **If applicable, report.** If the disclosure constitutes “abuse” under the Adults at Risk Reporting law and you are required to report these incidents [see Appendix A] to the designated staff member within your agency, that person then determines whether the incident must be reported to an entity outside of the organization (i.e., law enforcement, Adult Protective Services, Division of Quality Assurance, etc.). Be sure to communicate this information to the person who made the disclosure.
- ✦ **Ask about other needed support.** Find out from the person what additional support s/he might want and need regarding the harm experienced and its aftereffects (e.g., counseling, therapy, etc.).

PREPARING YOURSELF FOR CONVERSATION

Before trying to engage others **check your state of mind**; you are not inviting individuals to talk so that you can tell them what they should or should not do. **You are inviting someone into conversation to support thinking about decisions s/he might make to feel safer and respected.** Here are a few considerations:

- ✦ Try to understand the person's POV; what s/he might be trying to express or accomplish.
- ✦ Acknowledge what you are most afraid of.
- ✦ Open yourself to all of the ways that a person might communicate; notice words as well as actions. Some actions are skillful and some are not; but it all has message value.
- ✦ Notice the person's emotion. A person's emotion and demeanor can help you gauge how significant something is from her/his POV.
- ✦ Assume less; consider more. Try not to be distracted by your assumptions about what this person wants, can handle or manage. Consider all that s/he is willing to share with you and consider it from her/his POV.
- ✦ When you ask a question, be prepared to wait. Some people need more time to consider a question, decide what they want to say, whether they trust you, and then to say it. Let the person set the pace.
- ✦ Be prepared to acknowledge what matters to this person. Restate what you think you heard and ask if you understood correctly.
- ✦ Resist your urge to tell this person what to do or what not to do.

Each of the above suggestions is a reminder to pay attention to yourself; to pause. Take a figurative step back and pay close attention to the person's POV. Each suggestion is an opportunity to be curious. **Given the choice between being curious and judgmental or directive; practice curiosity.**

When many people in social and human service work learn about professional boundaries they are told about not disclosing personal information, unless there might be a benefit to the person you are supporting. The image many people who receive support have about those who are supporting them is that everyone else has happy satisfying lives. Consider whether in conversation it makes sense to disclose whether you have ever felt lonely and how you coped with that; whether someone you liked did not reciprocate; whether you have ever been scared and what you did for yourself. Sharing is not the same as telling someone what to do.

Whether setting the stage for conversation with one person or with a few people, **set the stage for other people to talk more than you**. It is important that a person feels acknowledged and heard. A critical part of creating safety is enabling someone to trust that if s/he talks or tries to communicate; s/he and her experience will be heard and acknowledged rather than judged; or, whether what s/he talks about will result in consequences. *Will I get in more trouble if I talk?* Listen for what matters to this person and what s/he wants to accomplish.

POSSIBLE CONVERSATION STARTERS

Too often, we shy away from conversations that seem difficult. To create more safety, we have to engage people rather than ignore what matters to them. Here, we offer some topics for conversation with one or a few people at a time. We suggest that you read the material while thinking of a few people you know. There are different themes. None of it is intended to be complete. They are “conversation starters” intended to stimulate thought about what conversations might be helpful or of interest with people you know. Expand on what you see here and follow the lead of people you engage. Remember, your role is not to control the conversation or tell people what to do. When others want to talk, you’ve already begun. Listen.

Theme: Interaction

- ✦ When two or more people are together, what happens between them is called *inter-action*. Action is what we say and what we do. So, inter-action is what we say and do with other people.
- ✦ What do you like or enjoy about some people?
- ✦ What don’t you like or enjoy about some people?
- ✦ Have you ever felt confused or uncomfortable with another person; what happened?
- ✦ You might notice someone smiling at you, or asking a question. You might wonder, *why are you smiling at me* or *why are you talking to me*. When you feel confused or uncomfortable, you might not know what to do. Have you ever felt confused or uncomfortable with someone; what happened?
- ✦ Someone might tell you what to do. Then, you have to decide whether you should do that or not; how will you decide?
- ✦ Someone might stand or sit closer to you than feels OK. Someone might touch you in a way that you don’t like. What do you feel in your body when someone says or does something that you don’t like?

- ✦ Sometimes people say or do something that sounds good, it might feel good too, but you don't like it. Even if something feels good and sounds good, you might want the person to stop. What could you do?
- ✦ Part of being a grown-up is learning to take care of yourself. Even when we are done with school we have to keep learning to take care of ourselves. If you ever feel uncomfortable or confused, you're not alone.
- ✦ Some people have been told that they have to be nice all the time. You might worry about hurting someone's feelings. What have you been told about being nice?

Theme: Respect, body feelings and emotions

Some words are about things you recognize. This is a (chair). This is a (table). You recognize a chair, a table, a toothbrush. If you can't pick something up or touch it, it might be harder to recognize. There are lots of words about how people treat each other, about interactions, which we can't touch.

- ✦ You can't touch respect; you can't point at it or pick it up. Respect is something that happens between people. What have you heard or learned about respect?
- ✦ Let's talk about respect for things. What are some of your favorite things, important things to you; maybe a CD, a favorite shirt, or...
- ✦ When something is important, you want to protect it. That's one way to understand respect. We take care of things that matter to us; we protect them. Have you ever been hard or rough with something; what happened to it?
- ✦ When you respect something you treat it gently and protect it because it matters to you. You treat it well because you respect it.
- ✦ There is also respect for animals; dogs, cats, and other animals you might have at home. They are alive and feel things. How do you show respect for your animals?

- ✦ There's also respect for yourself; self-respect. We treat the things that are important to us with respect. We treat our animals with respect. What does it mean to respect yourself; what do you do to respect yourself?
- ✦ Why should you respect yourself?
- ✦ Can you think of anything you've done that is an example of not taking care of yourself or dis-respecting yourself?
- ✦ When is it important to respect yourself?
- ✦ It's important to respect yourself all the time; everyday, wherever you are. You are always important.
- ✦ What else do you want to say or ask about respecting yourself, animals or things?
- ✦ Let's talk about some other words that you can't pick up or touch; words about body feelings and emotions. What happens when you bump your leg or hit your toe?
- ✦ Your body feels that. If you ever fell and cut the skin on your knee you felt that on your body. You might have said "ow" because your body hurt. What happens when you're outside in the winter without a jacket or hat? Your body feels that, too.
- ✦ Some feelings are on the body; sensations. Hot, itchy, what else?
- ✦ Some feelings are called emotions. Emotions are different from sensations. Most of the time, we don't feel emotions on our body like a hurt knee or cold nose. Emotions are about how we feel about ourselves, other people and what's happening.
- ✦ We might feel happy. Happy is the emotion when you are pleased and satisfied. You might notice that you're smiling. Can you remember anything like that; when you felt happy?
- ✦ We might feel sad or disappointed; sad and disappointed describe how we feel when we wanted something to happen but it didn't. Can you remember

anything like that; when you felt sad, disappointed or angry because something you wanted to happen didn't?

- ✦ What is afraid or scared?
- ✦ There is fun scared. Some people watch scary movies. Some people go on scary rides at an amusement park. That's fun scary for some people.
- ✦ Bad scary is when I don't want to feel that way. I might say *I'm afraid* or *I'm scared*. I might feel like crying or yelling or hiding; maybe running away. Afraid, scared, nervous, anxious is when you think something bad might happen; or something bad is happening. When you feel afraid, scared, nervous, anxious it might be helpful to tell someone else.
- ✦ Emotions can feel big, like they want to come out. A lot of people want to share emotions so they don't feel alone. When you feel happy or excited you might want to tell someone that you feel happy or excited. When you feel disappointed or sad you might want to tell someone. When you feel afraid you might want to tell someone.

Theme: Trust

Another word we can't pick up or touch is trust. There are people we can trust and there are people we can't trust. It might be hard to tell the difference. How do you decide whether you can trust another person?

- ✦ What do people say when they want you to trust them?
- ✦ What do people do that lets you know you should not trust them?
- ✦ Most people are good and nice. Sometimes, someone says or does something that is confusing or scary. When someone scares you or does something that you don't want them to, do you have to be nice and quiet? What can you do if you feel scared?
- ✦ What if you know the person who is scaring you because it is someone in your family or someone who helps you; then what can you do?

- ✦ What do people do when they respect you? Some people say they trust people who treat them with respect. Being treated with respect is when someone thinks that what you say and want is important. They know that you have your own thoughts and ideas; that you have your own feelings and emotions.

Theme: Public and private

Public means shared; it's not just for me.

- ✦ Public is when even one other person can see and hear me, even if I can't see or hear them. The bus stop is public. So is the bus. A bus is public because it is not just for me; other people can use it. What if you are on a bus with only one other person and she is sitting far away; is it still a public place?
- ✦ If you are the only person at the bus stop, is it still a public place?
- ✦ What if you can't see anyone seeing you? Is that still a public place? Why?
- ✦ What if someone says *let's go behind that building so no one can see us*? Is it public if you are outside but you don't think anyone can see you?
- ✦ If you are outside and need to pee is it OK to go behind a tree and pee?
- ✦ Just because you can't see or hear anyone does not mean that someone else can't see or hear you. When you are outside, you are in a public place.
- ✦ The grocery store is public. What are other public places?
- ✦ Almost every place is public. A private place usually means inside your house or apartment. If anyone else lives in that house or apartment, a private place at home usually means in your bedroom or the bathroom when the door is closed.
- ✦ If you are in your bedroom or a bathroom and the door is closed is there any other way that someone might see or hear you? (Windows with shades or curtains open.)

- ✦ What if you are in a private place and you don't want to be there: maybe someone told you must to stay there. Is that a private place or something else?
- ✦ Being in a private place should be voluntary; voluntary means that you chose it.
- ✦ When I go to the doctor, I'm asked for my name, my address (where I live), my telephone number and my date of birth (my birthday). Is that information that I should share/tell my doctor or someone who works at my doctor's office; why?
- ✦ My doctor has a job to do. My doctor is going to help me stay healthy or feel better if I'm sick. I can share information about myself with my doctor.
- ✦ Police officers work for safety. If a police officer asks for my name and address, it's a good decision to answer the police officer.
- ✦ When someone asks for information about me I have to decide whether to share that information or not. It's my decision. I don't have to answer personal questions if I don't want to.
- ✦ What if someone asks me how much money I have? Is that public information or can I keep that private? What about my name? Phone number? Where I live?
- ✦ When I decide not to talk about something that means it's private. Private means I think about who is asking me a question and why they need to know. Someone at the bus stop does not need to know my private information: how much money is in my wallet or bank account, where I live, my address or my phone number, my social security number are all private.
- ✦ Are there any people you might decide to share private information with?
- ✦ When someone asks for information and you are not sure, what could you say?

Theme: Being nice or being clear

Maybe there are times when it would be OK to say *no, stop, don't touch me*. Can you think of a situation when it is OK for you to raise your voice or yell or try to push someone away?

- ✦ When someone is touching me, even if it doesn't hurt, if I want that person to stop, I can say *stop*. And, later, I could tell someone I trust.
- ✦ When someone is scaring me, hurting me or disrespecting me what could I do?
- ✦ When someone respects me they listen to what I say. When I tell someone to stop and they continue, that is disrespecting me.
- ✦ When someone calls you names that hurt your feelings, is that love?
- ✦ When someone hurts your body, is that love?
- ✦ When someone says *I love you* but that person calls you names is that love?

Theme: Private, secret, threat

When someone asks you not to talk about something, you're being asked to keep a secret. You can agree not to talk about it; it's voluntary. What are some things that you might decide to keep secret?

When someone tells you to keep a secret or something bad will happen to you or someone you care about, that's a threat. No one should threaten you or try to scare you into keeping a secret. You don't have to keep a secret; especially if someone threatens you. You can tell someone you trust; someone who listens to you and believes you.

Some people talk about private parts of the body. For a woman, private usually means breasts, genitals/vagina and bottom. For a man, private usually means genitals/penis and bottom. What about your face; is your face private? Are your arms private? What about your legs, are your legs private? Your head,

hair, face, shoulders, arms, hands, back, legs and feet are all private. You decide who can touch your body. If you do not want someone to touch you, what can you say or do?

When someone works for you, they are your staff; they should do only their job. What if someone who is helping you to wash or dress or use a toilet touches you and you do not like the way they are doing it?

What if someone is helping you and it feels good, but this is not helping you to wash or dress or use the toilet?

WHAT WOULD YOU DO situations

Read these situations with small groups of people and invite them to talk with one another about what they would do and why.

- ✦ What would you do if you were asked to take your clothes off so someone you knew could take pictures?

What if the person was someone you had known for almost a year?

What if he had been helping you to do your laundry and driving you to the grocery store?

What if she said nice things to you that you enjoyed hearing?

What if you appreciated him and liked him and liked that he said nice things?

- ✦ Your parents and support people have told you never to open the locks on your apartment door without checking through the peep-hole for someone you trust. On Friday night you heard someone knocking and saw through the peep-hole a man you recognize from the mailbox area of your apartment building. You've seen him there before and said hello. What would you do?
- ✦ What would you do if someone you know said he wanted to come over and bring his friend who wants to be your boyfriend? What if that man said you could be his girlfriend if you have sex with him?
- ✦ What would you do if you were at a bus stop or waiting for a ride outside and someone you knew from work offered to give you a ride?
- ✦ What would you do if the guy you see on the bus said *you look pretty* and asked you to go behind a building to make-out?
- ✦ What would you do if someone called you names that made you feel bad? (What are names or words that would make you feel bad?)
- ✦ What if someone disrespected you and then later said, *I'm sorry, I love you? Please forgive me.* What would you think? What could you do?

TALKING ABOUT RELATIONSHIPS in groups

The whole idea of relationships and intimacy means different things to different people. It means sexual intercourse to most caregivers who worry about physical and emotional safety, medical health and pregnancy. One way to invite more conversation and learn what people are thinking about is to talk openly. What follows is an activity that was done at a conference for people with developmental disabilities who receive support and some of their caregivers. It has been described as a fish-bowl activity which means that part of the group is in an inner circle. The rest are in an outer circle and are there to listen (and learn).

To start, in the inner circle were a group of people who receive support and were told that they were going to be asked some questions about personal relationships. In parenthesis you will see a sample of their responses.

- ✦ How many of you want to be in a relationship? *(all)*
- ✦ What does it mean to be in a relationship?
 - *to have someone that cares about you;*
 - *to have someone to hang out with you;*
 - *to have someone to hold hands with you;*
 - *to have someone close to you;*
 - *to have someone who loves you;*
 - *to have someone who wants to be with you;*
 - *to have someone to be sexual with you?*
- ✦ Do you have the right to be in a relationship?
 - *yes;*
 - *my Mom doesn't want me to have a boyfriend;*
 - *no;*
 - *sometimes;*
 - *yes, but they won't let me.*
- ✦ How does it feel to be in a relationship?
 - *great;*
 - *like love;*
 - *special;*
 - *sometimes there are fights;*

- *sometimes they aren't nice to you;*
- *happy.*
- ✦ How many of you have been in love? *(some)*
- ✦ What does it mean to be in love?
 - *to have someone there when you're happy;*
 - *to have someone there when you're sad;*
 - *to have someone there to share the special times;*
 - *to have someone who likes you so much they want to marry you.*
- ✦ Is love just physical/sex?
 - *no;*
 - *love is more than sex;*
 - *you should wait for sex until he loves you;*
 - *you can't have sex until you're married;*
 - *my Mom says I can't have sex.*
- ✦ When you say you want a relationship are you looking for more than sex?
 - *yes;*
 - *a best friend;*
 - *someone to love me forever;*
 - *someone to make me feel special.*
- ✦ How do you know it is a healthy relationship?
 - *you feel good;*
 - *they treat you with respect;*
 - *they don't cheat;*
 - *they want to be with you;*
 - *they love you.*
- ✦ What do you want your parents/guardians/caregivers to know about you and relationships?
 - *I want one;*
 - *I deserve to be loved;*
 - *it's ok I don't just want sex;*
 - *I will be safe;*
 - *I have the right to have a relationship.*

The second part of this activity was to invite people to move from the outer circle to the inner circle. The people from the inner circle, who had been talking, moved to the outer circle to listen. Those family members and paid caregivers who have been listening moved to the inner circle. They were then asked to share their worries and concerns about relationships for their family members and people they support in respectful terms.

Inviting these fish-bowl conversations created an opening for what should be ongoing conversation.

FINISHING THOUGHTS

This conversational resource was intended to be a springboard to start long overdue conversations and create some new opportunities for learning about safety and relationships. The more you invite someone to talk and she experiences you as listening with respect, the more trustworthy you become.

We support no one well by pretending that the quest for wellbeing is not true for vulnerable people. We disrespect the people we support and ourselves when we proceed as though providing “residential support,” “vocational support,” “community outings,” managing budgets and going to doctor’s appointments as needed is all that supports a person’s wellbeing.

Whether you talk about language, real life situations or inquire about what matters to someone; do something. We can all do better.

Where will you start?

APPENDICES

Appendix A: SafetyWorks Memo regarding Adults At Risk Reporting Law

SafetyNetWorks

*Information for Elder-Adult-at-Risk and Adult-at-Risk Agencies
AAR Information Memo #10 February 2009*

IN THIS ISSUE

When should you report abuse, neglect or financial exploitation to the county elder adults/adults-at-risk/adult protective services (EA/AAR/APS) agency?

Individuals who do not work in the EA/AAR/APS agency will have clients they suspect are adults at risk. In addition, ADRC and MCO staff and other professionals will hear concerns about abuse, neglect and financial exploitation from neighbors, friends, or family. This referral/reporting decision-making document has been developed with the help of a workgroup made up of state, regional, county, ADRC and MCO staff.

BACKGROUND

Over the past ten years, Wisconsin guardianship laws have been rewritten, laws protecting younger adults at risk from abuse, neglect and financial exploitation have been enacted, and our state's long-term care system has been reformed into Family Care. Together, these changes have had a huge impact on how the state and counties operate agencies that protect individuals at risk.

In the past, an individual would come to the attention of the county human services or aging department and it was likely that the person responding to concerns about abuse was at the next desk, or in some cases was the same person. In the future, Aging and Disability Resource Center (ADRC) and Managed Care Organization (MCO) staff will likely identify a growing number of abuse, neglect and financial exploitation cases. Some of these staff, who work outside of the county system, may need more training and information about

- who is an adult at risk,
- what constitutes abuse, neglect and financial exploitation,
- when they should report to the EA/AAR/APS agency, and
- where to refer concerns about abuse.

HOW TO USE THE ATTACHED DOCUMENT

The first page of this document provides questions to ask if you get a report of abuse, neglect or financial exploitation from an individual other than the adult at risk (a neighbor, family, or friend). It is likely best to transfer this contact immediately **IF** an EA/AAR/APS staff is available and **IF** you can easily make the transfer. If not, ask the questions provided to get all the helpful information you can about the suspected adult at risk.

The second page provides information about what to do if you are dealing with a possible adult at risk. The person may be your long-time client or someone new on the phone. The document provides a list of questions to consider as you are talking with the individual. These questions will help you determine if you should make a report to the county EA/AAR/APS agency.

Page 3 provides information about what to do after the decision has been made to report to the EA/AAR/APS agency. **It is important to make these referrals as quickly as possible.** SafetyNetWorks Information Memo #9, the EA/AAR/APS Flow Chart, provides more information about what happens after a report is made.

The remainder of the document is appendices providing more information, questions to ask and scenarios to help make the decision whether to report your suspicions. Appendices included:

- Appendix 1: Common Characteristics to Assist in Knowing When to Refer to EA/AAR/APS
- Appendix 2: Key Definitions Relating to Adults at Risk
- Appendix 3: Questions to Ask if You Suspect Abuse, Neglect or Financial Exploitation
- Appendix 4: Examples: Here is the Situation. Should a Referral be Made?

Many times, a case of self-neglect may be addressed by program and service recommendations from the ADRC or MCO. If the individual is not willing to accept service recommendations and is at imminent risk due to the self-neglect, it is likely best to report the case to the EA/AAR/APS agency. EA/AAR/APS staff have additional tools available to investigate and respond to abuse, neglect and exploitation.

If the case involves abuse by another individual, it is best to include EA/AAR/APS staff in resolving the case.

Finally, when in doubt, REPORT. EA/AAR/APS staff have the skills and experience to respond to cases of suspected abuse, neglect and financial exploitation.

QUESTIONS

If you have questions or need a different format in order to use this document, please contact

StopAbuse@wisconsin.gov

or CENTRAL OFFICE CONTACT:

Kay Lund at 608-261-5990 or Jane Raymond at 608-266-2568
Bureau of Aging and Disability Resources, Division of Long Term Care
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*Special thanks to the workgroup as well as regional and county staff
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Elder Adults/Adults-at-Risk/Adult Protective Services (EA/AAR/APS) Referral Decision-Making Process



As with any contact, the person is forming an impression of your sincerity and helpfulness from the start. Give your name to the caller to make them feel more comfortable about the questions that will follow. If it is obvious that a crime has been committed (e.g. assault or robbery), call Law Enforcement.

IF SOMEONE IS IN IMMEDIATE DANGER, CALL 9-1-1.

Contact is a family member, neighbor or other interested person.

If you get a call from a neighbor or other interested person, in almost all cases, transfer the call to EA/AAR so they can get all the information they need to make decisions on what action to take. If an EA/AAR worker is not available, it is best to take down the pertinent information because the caller may be unwilling to leave their contact information. And, if they leave a message in voicemail, EA/AAR will not likely get the information they need.

If you get a call from a neighbor or other interested person, in almost all cases, transfer the call to EA/AAR so they can get all the information they need to make decisions on what action to take. If an EA/AAR worker is not available, it is best to take down the pertinent information because the caller may be unwilling to leave their contact information. And, if they leave a message in voicemail, EA/AAR will not likely get the information they need.

After you determine that this is not an emergency or life-threatening situation, try to gather some key information from the caller:

- Adult at risk's full name and contact information. Double check spelling of the name and address to make sure they are correct.
- Reporter's name and contact information, if willing.
- Date of the incident
- Define the incident (What happened? Start at the beginning. What have you observed?)
- Location of the incident
- Adult at risk information (age and gender. Do they live alone, with family, with a caregiver?)
- Alleged abuser information, if any (gender, relationship to the adult at risk, others involved)
- Are there potential safety risks in the home (Are there any weapons or dangerous animals? Is anyone a substance abuser?)? For safety reasons, should the EA/AAR staff bring law enforcement along on the first visit?
- Why are you reporting now? Have you contacted anyone else? Have there been other incidents?
- Have you talked to the adult at risk about your concerns? How did he or she respond?

When in doubt, transfer call to elder adults/adults-at-risk for response.

Referral: Page 1

Contact is a possible Adult at Risk

Allow the person to give a short explanation of the reason for the call. Explain that you need to ask questions so you can find the best way to help them. **Listen carefully**, they are calling because they have a problem. You may feel like you need to do something but often it is more important to listen and gather information.

Initial Questions:

- What happened to make you call?
- Tell me a little bit about your situation, what is happening to you?
- What is your day like?
- Do you need help?

After getting answers to your questions, try to summarize the situation and see if they agree with you on what are the **most pressing needs**. If you suspect abuse, neglect or exploitation, ask the person if he or she would like to talk to someone who can help them. Transfer them to your EA/AAR agency or tell them that someone from the county will be contacting them.

Additional Questions to Consider when Talking to the Adult at Risk

- Do you have enough privacy at home?
- Does anyone in your family make you feel uncomfortable or fearful? Have you ever felt that you could not trust a member of your family?
- Does your caregiver ever make you feel uncomfortable or fearful? Have you ever felt that you could not trust your caregiver?
- Can you take your own medication and get around by yourself?
- Are you often alone? Are you often sad or lonely? Do you feel that nobody wants you around?
- Has anyone close to you tried to hurt you or harm you? Are you afraid of anyone in your family?
- Has anyone close to you called you names or put you down or made you feel bad? Has anyone scolded or threatened you?
- Has anyone forced you to do things you did not want to do?
- Has anyone taken things that belong to you without your OK? Have you ever signed any documents that you didn't understand?
- Do you have a regular doctor?

Decision is Made to Refer to EA/AAR/APS

Across the nation, abuse, neglect and exploitation of adults at risk are some of the most under-reported crimes. Staff at ADRCs and MCOs trained to recognize abuse, neglect and exploitation can have a huge impact on increasing reports and protecting adults at risk from further abuse. Each ADRC and MCO will have a memorandum of understanding (MOU) with the county outlining their partnership with the county Elder Adults/Adults-at-Risk (EA/AAR) and Adult Protective Services agencies. The responsibilities addressed by the MOU will likely include information on training for ADRC and MCO staff on recognizing abuse, neglect and exploitation, on who to contact with questions, on what happens when EA/AAR investigates a case, and on any report back to the referring agency.

Procedures should be in place to make sure that **referrals are made to the EA/AAR agency as quickly as possible** even if the ADRC or MCO is also working with the individual. Working together with EA/AAR is the best way to get the individual into a safer environment. ADRC and MCO staff are case managers, providers and information specialists, not investigators. If there is reason to believe someone is being abused, EA/AAR should get the referral.

Once the referral is made, EA/AAR staff will examine the information and likely contact the potential adult at risk. If a response is needed, staff will develop recommendations to protect the safety of the individual. However, even a person defined as an adult at risk has a clear right to self determination unless the threat of risk rises to the level where legal intervention is needed. EA/AAR staff will work with partners including ADRC and MCO staff to develop workable recommendations to keep the individual safe but adults at risk have the right to refuse services. EA/AAR staff have been given many tools to respond to the needs of individuals who have been abused, neglected or exploited but they do not have authority to act against the wishes of a competent adult making bad decisions. Referring to APS does not guarantee that an adult at risk will accept service recommendations.

REFERRAL DECISION-MAKING PROCESS APPENDICES #1 TO #4

| | |
|--|---------|
| Appendix 1: Common Characteristics to Assist in Knowing When to Refer to EA/AAR/APS | Page 4 |
| Appendix 2: Key Definitions Relating to Adults at Risk..... | Page 5 |
| Appendix 3: Questions to Ask if You Suspect Abuse, Neglect or Financial Exploitation..... | Page 7 |
| Appendix 4: Examples: Here is the Situation. Should a Referral be Made?..... | Page 10 |

APPENDIX #1: COMMON CHARACTERISTICS OF A PERSON WHO IS VULNERABLE TO ABUSE

There are no sure-fire indicators of abuse, neglect and financial exploitation. Sometimes a bruise **IS** an accident. However, signs and symptoms can indicate abuse and recognizing the “red flags” may help protect an adult at risk. Common characteristics of a person who may be vulnerable to abuse are:

- Impairments may limit ability to make reasoned decisions. (Is s/he extremely confused? Does s/he know the date?)
- Individual is dependent on the caregiver or the caregiver is dependent on the individual, often financially. (Does s/he live alone? Does s/he need help from a caregiver? Is s/he dependent on others for basic needs, such as bathing, using the toilet, meal preparation, etc.)
- Tends to be socially or physically isolated. (Does s/he able to get out to see friends? Do friends/family come to visit her/him? Is s/he often alone?)
- May have cognitive, physical or sensory impairment.
- More likely to be compliant to the perceived or actual wishes of the family member or caregiver.

Other distinguishing traits that can signal abuse:

- Has individual been abused in the past? Is there any marital/family conflict? Is there a previous history of abuse by a family member or caregiver?
- Does the individual lack social support? Does the family member/caregiver allow the individual to speak for him/herself or to see others?
- Are there behavioral problems? Alcohol/substance abuse? Mental/emotional difficulties?
- What was the family member's or caregiver's past relationship with the individual?
- Is the individual collecting objects, garbage and/or animals to the point it is unsanitary and/or difficult to move within the home?
- Is there an obvious absence of assistance, indifference, or anger by the caregiver or family member?

The existence of any one or more of these indicators does not necessarily mean that abuse has occurred. Instead, treat them as signs that attention or investigation is needed.

APPENDIX #2: KEY DEFINITIONS RELATING TO ADULTS AT RISK³

Elder adult at risk - any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Adult at risk - any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation. In Wisconsin, the term adult at risk can be used to define a person 18 to 59 as well as a person 60 years and older.

Abuse includes:

Physical abuse - An action, or a failure to act, that causes bodily harm. The action or failure to act must be intentional or reckless, the person must know that s/he is doing the action and that harm is a likely consequence, or must do it without paying attention to the harm that it might cause, even though the likelihood of harm should be obvious. Bodily harm includes physical pain or injury, illness, and any impairment of physical condition.

Treatment without consent - Occurs when a person administers medication to an individual, or performs psychosurgery, electroconvulsive therapy, or experimental research on an individual, and does so both (1) without the informed consent of the individual, and (2) with the knowledge that no lawful authority exists for the medication or treatment.

Unreasonable confinement or restraint - Occurs when a person intentionally and unreasonably does any of the following to an individual: (1) confines the individual in a locked room; (2) prevents the individual from having access to his or her living area; (3) uses a physical restraining device on the individual; or (4) provides unnecessary or excessive medication to the individual.

Emotional abuse - Includes subjecting an individual to language or behavior that serves no legitimate purpose and that is intended to be intimidating, humiliating, threatening, frightening or otherwise harassing.

Sexual abuse - Subjecting an individual to sexual contact of a type that would be considered a sexual assault under the criminal law. It is a crime in Wisconsin to have sexual intercourse or sexual contact with another person without consent. (Sexual contact is intentional touching, and certain other conduct, done for the purpose of sexually degrading the victim or sexually gratifying the perpetrator.) In addition, two provisions have special relevance for adults at risk:

- Any sexual contact with a person who has a mental illness or deficiency that makes him or her incapable of appraising his or her conduct is a sexual assault, even if he or she appears to consent.
- It is sexual assault for any licensee or employee of certain human services programs and facilities to have sexual contact with an individual who is a patient or resident of the program or facility, regardless of whether there is consent.

For complete definitions, see Wisconsin Statutes 46.90 (1)

Financial Exploitation - Includes the following:

- Theft: Intentional taking of property including embezzlement.
- Misconduct by a fiscal agent: Substantial failure or neglect of a fiscal agent to fulfill responsibilities.
- Fraud, enticement or coercion: To obtain an individual's property by deceiving or enticing or to force or coerce to give something away without informed consent.
- Identity theft: To intentionally use an individual's identifying documents or information, without consent, to either get something of value or to harm the individual's reputation or property.
- Unauthorized use of the identity of a company or agency: To intentionally use the identifying information of an entity (such as a bank, business, or government agency) to get something of value by pretending that he or she is acting with authorization of the entity.
- Forgery: To alter official documents, such as a will or title, with the intent to defraud, or to show an altered document and pretend it is genuine.
- Unauthorized use of financial transaction cards including credit, debit, ATM and similar cards.

Fiscal agent includes any of the following:

- A guardian of the estate appointed under s. 54.10.
- A conservator appointed under s. 54.76.
- An agent under a power of attorney under ch. 243.
- A representative payee under 20 CFR 416.635.
- A conservatorship under the U.S. department of veterans affairs.

Neglect - Failure by a caregiver to try to maintain adequate care, services or supervision, including food, clothing, shelter or physical or mental health care. The failure can be the result of an action, a failure to act, or a course of conduct over time.

Caregiver - a person who has assumed responsibility for all or a portion of an individual's care voluntarily, by contract, or by agreement, including a person acting or claiming to act as a legal guardian.

Self-neglect - Failure by the individual him/herself to obtain adequate care, including food, shelter, clothing, medical or dental care. As with neglect, the failure must result in significant danger to the individual's physical or mental health. Self-neglect can only occur with regard to care or other needs for which the individual retains responsibility.

Compulsive Hoarding⁴ – While not statutorily defined, when hoarding rises to a debilitating level, it should be considered self-neglect. Compulsive hoarding can include:

1. Acquisition and failure to discard, possessions that appear to be useless or of limited value.
2. Living spaces so cluttered that using the room as intended is unsafe.
3. Significant distress or impairment in the ability to function and often affects others in the environment.

Often represents a complex set of psychological, physical, and sociological factors that require multi-level responses.

Not all hoarding is self-neglect and not all hoarders are elder adults/adults at risk.

⁴ Based on definition developed by "NYC Task Force on Hoarding," Randy O. Frost, Ph.D., Smith College, January 2004

APPENDIX #3: QUESTIONS TO ASK IF YOU SUSPECT ABUSE, NEGLECT OR FINANCIAL EXPLOITATION

The following questions will likely be asked/considered by the EA/AAR/APS staff in their response to a report. They are included here only as a reference for those who are considering making a report to the county EA/AAR agency.

Questions to consider if you suspect Physical Abuse

Do not be afraid to ask them how they were bruised or when they last saw a doctor if there is reason to suspect abuse.

- Are there any marks (burns, bruises, cuts) on the person's body?
- Does the individual have any internal injuries, broken bones or sprains?
- Are there injuries that have not been cared for properly (poor hygiene)?
- Is individual dehydrated or malnourished? Have they lost weight?
- Is the individual pale? Do they have sunken eyes or cheeks?
- Is there any sign of confinement or restraint (tied to furniture, locked in a room)?
- Has there been frequent use of the emergency room/hospital care?

Questions to consider if you suspect Neglect by Others or Self

- Is the individual physically unclean?
- Is there adequate food in the house?
- Is the individual underweight, physically frail or weak or dehydrated?
- Is there evidence of inadequate or inappropriate use of medication?
- Does the house have adequate utilities, lack of heat, water, electricity and toilet facilities?
- Is the home unsafe or unclean, including insect infestation or un-maintained animals? Is the individual building up objects, garbage or animals to the point of being unsanitary or difficult to move around the home?
- Have finances and bills been neglected?
- Is there evidence of inadequate care (e.g. bedsores, soiled clothing or bed)?
- Is there evidence of inadequate or inappropriate use of medication?
- Is there a lack of needed equipment such as walkers, canes, bedside commode?
Is there an obvious absence of assistance, indifference or anger by the caregiver or family?

Questions to consider if you suspect Emotional Abuse

- Does the individual seem resigned to their fate? Hopeless about way they are treated?
- Is individual passive, helpless, withdrawn?
- Is the individual anxious, trembling, clinging, fearful, scared of someone/ something?
- Is the individual overly worried about word of his or her conversation to you getting back to the caregiver?
- Does the individual blame him/herself for the situation or for the behavior of their family member or caregiver?
- Does the caregiver or a family member try to isolate the individual from friends and other family? Does caregiver or family member tell the individual that no one else cares about him/her?

Questions to consider if you suspect Hoarding.

- How much of the living area in the home is cluttered with possessions? Does clutter interfere with everyday functioning (sleeping, cooking, bathing, socializing)?
- Does clutter in the home prevent the individual from inviting visitors? Does the individual feel distressed or embarrassed by the condition of the home (shades always closed)?
- How distressing is it for the individual to throw things away? Does the individual save items that are unusable or unneeded? Does the fear of losing items prevent discarding them or putting them away and out of sight?
- Does the individual buy or acquire free things for which she/he has no immediate use? Has compulsive buying resulted in financial difficulties?
- Does the individual attach value or sentiment to items that are normal seen to have little or no value (old papers, spoiling food, junk mail)?
- Animal Hoarding
 - ◆ Do the animals have adequate nutrition, sanitation and veterinarian care?
 - ◆ What is the condition of the animal over time? Has there been a recognition/ response to a deteriorating condition?
 - ◆ In addition to the suffering of the animal(s), is there an unsanitary accumulation of feces in the house? Are there decomposing remains of deceased animals?

Questions to consider if you suspect Financial Exploitation

- Are there unexplained charges/overpayment for goods or services?
- Have there been unexplained changes in power of attorney, wills or other legal documents (e.g., power of attorney given when the adult at risk is unable to comprehend the financial situation and in reality is unable to give a valid power of attorney)?
- Are there missing checks or money, or unexplained decreases in bank accounts?
- Has there been inappropriate activity (e.g., withdrawals from automated banking machines when the individual cannot walk or get to the bank, checks or financial documents signed by an individual who cannot write)?
- Are there any missing items such as jewelry, art, silverware?
- Is the caregiver or family member more concerned about the cost of care than the quality of the care? Or refusing to spend money on needed care?

Questions to consider if you suspect Sexual Abuse

- Does the person shy away from being touched?
- Does the person express fear of certain individuals or situations (e.g. bathing)?
- Is the person exhibiting a sudden change in her/his sexual behavior or knowledge?
- Has the person talked about someone who is not a peer being their boy/girl friend?
- Has the person hinted about engaging in sexual activity?
- Is the person having difficulty walking or sitting?
- Does the individual have genital pain or itching?
- Is the individual engaging in compulsive masturbation or in inappropriate sex play?
- Is the individual acting out in a sexually aggressive manner?
- Is the individual engaging in overly promiscuous behavior?

Appendix B: Minimal Facts Interview

(Wisconsin Coalition Against Sexual Assault, Inc.)

The person hearing the disclosure report of the suspected abuse should use the Minimal Facts Interview to conduct the first interview of the individual. This interview should be followed by a formal, in-depth interview from a qualified interviewer, preferably law enforcement. Minimal Facts Interview is meant to get the basic information and to maintain the integrity of the story until a qualified interviewer can be secured.

It is understood that all investigations differ in some respect and the approach to the Minimal Facts Interview must be flexible and permit the responding officer/investigator to use her/his common sense. For example, if the individual volunteers detailed information, that information should be written down, or otherwise recorded, and the report should reflect the circumstances under which the individual made the disclosure. If the individual is not volunteering information, questioning -- particularly leading questions -- should be avoided. "Minimal Facts" should be developed from other sources whenever possible.

Minimal Facts should include:

- ✦ **What happened?** (Let them talk, don't ask a lot of questions. If what they say sounds like it may be abuse, then continue with the following questions (below).
- ✦ **Where did the alleged abuse happen?** (Location helps determine law enforcement jurisdiction.)
- ✦ **When did it happen?** (First time it occurred? Last time? How often?)
- ✦ **Who is/are the alleged perpetrator(s)?** (Name, relationship of alleged perpetrator.)
- ✦ **Are there other victims or witnesses?**
- ✦ **What steps are necessary to protect the individual or other victims?** (Does the alleged perpetrator have access to other people who are vulnerable?)

- ✦ **Is immediate medical attention necessary?** (If sexual abuse has taken place within 120 hours, a medical exam is necessary to gather evidence of a crime. Whenever possible, the exam should be performed by a Sexual Assault Nurse Examiner (SANE). The SANE nurse can conduct the medical forensic exam -- an exam that gathers evidence of an alleged crime.)
- ✦ **Do not ask the individual WHY the abuse happened,** as it infers to the individual that they are to blame.

The first concern of any investigation must be the safety of the individual. If, in the judgment Of the person receiving the initial disclosure, there is suspicion of abuse, law enforcement should be contacted to expand the interview and investigation. Let the trained interviewer do the investigation.

Appendix C: Wisconsin Elder Adults-at-Risk Help Lines

Every county has an elder adults-at-risk (also known as elder abuse) agency that will look into reported incidents of abuse, neglect, financial exploitation and self-neglect. Call your County Help Line if you need to talk to someone about suspected abuse of an elder (age 60 and over).

To report abuse of an adult age 18 to 59, contact your county adults-at-risk agency. See Appendix D.

[Adams County Aging Unit](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-339-3304 or 911

Daytime Phone: 608-339-4251

Answering Machine: 608-339-4251

[Ashland Co Human Services Department](#)

Daytime Hours: 7:30 - 5:00

TOLL-FREE: 800-472-6927

Daytime Phone: 715-682-7004

After Hours Phone: 715-682-7023

[Barron County Department of Social Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: Same

Daytime Phone: 715-537-5691

[Bayfield County Department of Human Services](#)

Daytime Hours: M, W, Th, F: 8:00 - 4:00

Daytime Phone: 715-373-6144

Tu: 7:30 - 6:30

After Hours Phone: 911

[Brown County Human Services Department](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 920-436-8888

Daytime Phone: 920-448-6000

[Buffalo County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-685-4433

Daytime Phone: 608-685-4412

[Burnett County Department of Health & Human Services](#)

Daytime Hours: 8:30 - 4:30

After Hours Phone:

Daytime Phone: 715-349-7600

[Calumet County Human Service Department](#)

M-F Hours: 24 hours

Weekend Hours Phone: 920-849-9317

Daytime Phone: 920-849-1400

[Chippewa County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-726-7788

After Hours Phone: same

[Clark County Department of Social Services](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-743-5233

After Hours Phone: 715-743-3157

[Aging and Disability Resource Center of Columbia County](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-742-9233 or

Toll-Free 1-888-742-9233

After Hours Phone: 608-742-4166

[Crawford County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-326-0248

After Hours Phone: 608-326-8414

[Dane County Department of Human Services - Area Agency on Aging](#)

Daytime Hours: 7:45 - 4:30

Daytime Phone: 608-261-9933

After Hours Phone: 911

[Dodge County Health & Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-386-3580

After Hours Phone: 920-386-3726

[Door County Department of Social Services, Senior Resource Center](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-746-2543

TOLL FREE: 888-743-1844 x 2543

After Hours Phone: 920-746-2400/911

[Douglas County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-395-1304

After Hours Phone: 911

[Dunn County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-232-1116

After Hours Phone: 911

[Eau Claire County Human Services Department](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-839-2300

After Hours Phone: 911 or 715-839-4972(non-emergency)

[Florence County Human Services Department](#)

Daytime Hours: 8:30 - 4:00

Daytime Phone: 715-528-3296

TOLL FREE: 888-452-3296

After Hours Phone: 715-528-3346

[Fond du Lac County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

TOLL FREE: 800-435-7335

Daytime Phone: 920-929-3466

After Hours Phone: 920-929-3466/911

[Forest County Department of Social Services](#)

Daytime Hours: 8:30 - 4:30

After Hours Phone: 715-478-3331

Daytime Phone: 715-478-7709

[Grant County Department of Social Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-723-2157

Daytime Phone: 608-723-2136

[Green County Human Service Department](#)

Hours: 24 hours

After Hours Phone: 608-328-9393

Phone: 608-328-9499

[Green Lake County ADRC](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 920-294-4000

Daytime Phone: 877-883-5378

[Iowa County Department of Social Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-935-3314

Daytime Phone: 608-930-9835

[Aging Unit of Iron County Inc.](#)

Daytime Hours: 8:00 - 3:00

After Hours Phone: 715-561-3800

Daytime Phone: 715-561-2108

[Jackson County Human Service Department](#)

Daytime Hours: 8:00 - 4:30

TOLL FREE: 877-498-6448

Daytime Phone: 715-284-4301

After Hours Phone: 800-500-3910

[Jefferson County Human Service Department](#)

Hours: 24 hours

Phone: 920-674-3105

[Juneau County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-847-2400 or 847-6161

Daytime Phone: 608-847-2400

[Kenosha County Center for Aging & Long Term Care](#)

Daytime Hours: 8:00 - 5:00

After Hours Phone: 262-657-7188

Daytime Phone: 262-605-6646

[Kewaunee County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-388-0626

After Hours Phone: 920-388-3100

[La Crosse County Human Services](#)

Hours: 24 Hours

Phone: 608-785-5700

After Hours Phone:

[Lafayette County Department of Human Services](#)

Hours: 8:00-4:30

Phone: 608-776-4960

After Hours Phone: 608-776-4848

[Langlade County Department of Social Services](#)

North Central Community Services

Daytime Hours: 8:00-4:30

24 Hour Phone: 715-841-5160

[Lincoln County Commission on Aging](#)

North Central Community Services

Daytime Hours: 8:00-4:30

24 Hour Phone: 715-841-5160

[Manitowoc County ADRC](#)

Daytime Hours: 24 Hours

Daytime Phone: 920-683-4180

After Hours Phone: 920-323-2448

[Marathon County-North Central Health Care - Adult Protective Services](#)

North Central Community Services

Daytime Hours: 8:00-4:30

24 Hour Phone: 715-841-5160

[Marinette County Human Services Department](#)

Daytime Hours: 8:30 - 4:30

Daytime Phone: 715-732-7700

After Hours Phone: 715-732-7600

[Marquette County Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-297-3124

After Hours Phone: 608-297-2115

[Menominee County Health & Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-799-3861

After Hours Phone: Same

[Milwaukee County Department on Aging](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 414-289-6874

After Hours Phone: Same

[Monroe County Human Service Department](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-269-2117

Daytime Phone: 608-269-8600

[Oconto County Commission on Aging](#)

Daytime Hours: 8:00 - 4:00

After Hours Phone: 920-834-6900

Daytime Phone: 800-649-6568

[Oneida County Department of Social Services](#)

Daytime Hours: 8:00 - 4:30

TOLL FREE: 888-662-5695

Daytime Phone: 715-362-5695

After Hours Phone: 715-361-5100

[Oneida Tribal Elder Abuse Unit](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 920-869-1133

Daytime Phone: 920-869-2448

[Outagamie County Health & Human Services Department](#)

Daytime Hours: 8:00 - 5:00

After Hours Phone: Same

Daytime Phone: 920-832-4646

[Ozaukee County Department of Human Services](#)

Daytime Hours: 8:30 - 5:00

After Hours Phone: 911

Daytime Phone: 262-284-8200 or

Metro 262-238-8200

[Pepin County Department of Human Services](#)

Daytime Hours: 8:30 - 4:30

After Hours Phone: 715- 672-5944

Daytime Phone: 715-672-8941

[Pierce County ADRC](#)

Daytime Hours: 8:00 - 5:00

After Hours Phone: 715-273-5051 Ext. 235

Daytime Phone: 715-273-6780

[Polk County Department of Social Services](#)

Daytime Hours: 8:30 - 4:30

After Hours Phone: 715-485-8300

Daytime Phone: 715-485-8400

[Portage County Health & Human Services Department](#)

Daytime Hours: M: 8:00-4:30; Tu: 8:00-6:00; W: 8:00-5:00; Th: 8:00-4:30; F: 8:00-3:00

Daytime Phone: 715-345-5350

After Hours Phone: 715-317-9362

[Price County Aging Unit](#)/Price Co. Dept. of Health & Human Services

Daytime Hours: 8:00 - 4:30

After Hours Phone: 715-339-3011 (Sherriff's Department)

Daytime Phone: 715-339-2158

[Racine County Human Service Department](#)

Daytime Hours: 8:00 - 5:00

After Hours Phone: 262-638-6321

Daytime Phone: 262-638-6800

[Richland County Health and Human Services](#)

Daytime Hours: 8:30 - 5:00

TOLL FREE: 877-641-4616

Phone: 608-647-4616/608-647-2106

After Hours Phone: 608-647-2106

[Rock County Human Services Department](#)

Daytime Hours: 8:00 - 5:00

After Hours Phone: 608-757-5025

Daytime Phone: 608-741-3555

[Rusk County Aging Unit](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 715-532-7089

Daytime Phone: 715-532-2299

[Sauk County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 1-800-533-5692

Daytime Phone: 608-355-4200

[Sawyer County Health & Human Services Department](#)

Daytime Hours: 8:00 - 5:30

TOLL FREE: 800-569-4162

Daytime Phone: 715-634-4806

After Hours: 715-634-5213 or 911

[Shawano County Social Services Department](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 715-526-3111

Daytime Phone: 715-526-4700

[Sheboygan County Aging and Disability Resource Center](#)

Daytime Hours: 8:00 - 5:00

After Hours Phone: Contact Law Enforcement

Daytime Phone: 920-467-4100

[Aging and Disability Resource Center of St. Croix County](#)

Daytime Hours: 8:00 - 5:00

Toll Free: 1-800-372-2333

Daytime Phone: 715-381-4360

After Hours Phone: 911 or 715-651-4666 (Northwest Connections)

[Taylor County Human Service Department](#)

Daytime Hours: 8:30 - 4:30

After Hours Phone: 715-748-2200

Daytime Phone: 715-748-3332

[Trempealeau County Department of Health and Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715 - 538-2311x 290

After Hours Phone: 715-538-4351

[Vernon County Department of Human Services](#)

Hours: 24 Hours

Phone: 608-637-5210

[Vilas County Department of Social Services](#)

Daytime Hours: 8:00 - 4:00

Daytime Phone: 715-479-3668

After Hours Phone: 715-479-4441

[Walworth County Department of Human Services](#)

Hours: 24 Hours

Phone: 262-741-3200

[Washburn County Social Services Department](#)

Daytime Hours: 8:00 - 12:00 --1:00 - 4:30

Daytime Phone: 715-468-4747

After Hours Phone: 715-468-4720

[ADRC of Washington County](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 262-335-4497

After Hours Phone: Contact Law Enforcement

[ADRC of Waukesha County](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 262-548-7848

After Hours Phone: 211

[Waupaca County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-258-6400

After Hours Phone: 800-719-4418 or 911

[Waushara County Department of Aging Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-787-6505

After Hours Phone: 1-877-883-5378

[Winnebago County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30; Oshkosh Toll Free: 877-886-2372; Neenah/Menasha: 920-727-2882 Ext. 4683

After Hours Phone: Oshkosh: 920-233-7707; Neenah/Menasha: 920-722-7707

[Wood County Department of Social Services](#)

Daytime Hours: 8:00-4:30; Marshfield: 715-387-6374; Wisconsin Rapids: 715-421-8600

After Hours Phone: Same as above, transfers automatically

Appendix D: Wisconsin Adults-at-Risk (age 18 to 59) County Agency Help Lines

Every County has an adults-at-risk agency that will look into reported incidents of abuse, neglect, financial exploitation and self-neglect. Call your County Help Line if you need to talk to someone about suspected abuse of an adult at risk (age 18 to 59).

To report abuse of an elder over the age of 60, contact your county elder adult-at-risk agency. See Appendix C.

[Adams County Health/Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-339-4251

After Hours Phone: 911

[Ashland County Health and Human Services Department](#)

Daytime Hours: 7:30 - 5:00

Daytime Phone: 715-682-7004

After Hours Phone: 715-682-7023

[Barron County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-537-5691

After Hours Phone: Same

[Bayfield County Dept of Human Services](#)

Hours: 24 Hours

Phone: 715-373-6144

[Brown County Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-448-6000

After Hours Phone: 920-436-8888

[Buffalo County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-685-4412

After Hours Phone: 608-685-4433

[Burnett County Health & Human Services Department](#)

Daytime Hours: 8:30 - 4:30

Daytime Phone: 715-349-7600

After Hours Phone: N/A

[Calumet County Department of Human Services](#)

M - F Hours: 24 Hours

M - F Phone: 920-849-1400

Weekend Hours Phone: 920-849-9317

[Chippewa County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-726-7788

After Hours Phone: same

[Clark County Department of Social Services & Long Term Support](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-743-5233

After Hours Phone: 715-743-3157

[Aging and Disability Resource Center of Columbia County](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-742-9233 or

After Hours Phone: 608-742-4166

Toll-Free 1-888-742-9233

[Crawford County Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-326-0248

After Hours Phone: 608-326-8414 or 911

[Dane County Department of Human Services](#)

Daytime Hours: 7:45 - 4:30

Daytime Phone: 608-261-9933

After Hours Phone: 911

[Dodge County Human Service & Health Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-386-3580

After Hours Phone: 920-386-3717 or 911

[Door County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-746-7155

TOLL FREE: 888-743-1844 x 7155

After Hours Phone: 920-746-2400/911

[Douglas County Department Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-395-1304

After Hours Phone: 911

[Dunn County Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-232-1116

After Hours Phone: 911

[Eau Claire County Department of Human Services](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-839-2300

After Hours Phone: 715-839-4972

[Florence County Human Services Department](#)

Daytime Hours: 8:30 - 4:00

Daytime Phone: 715-825-3296

TOLL FREE: 888-452-3296

After Hours Phone: 715-528-3346/911

[Fond du Lac County Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-929-3466

TOLL FREE: 800-435-7335

After Hours Phone: 920-929-3466/911

[Forest County Department](#)

Daytime Hours: 8:30 - 4:30

After Hours Phone: 715-478-3331

Daytime Phone: 715-478-7709

[Grant County Department of Social Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-723-2157

Daytime Phone: 608-723-2136

[Green County Human Service Department](#)

Daytime Hours: 8:00 - 5:00

After Hours Phone: 608-328-9393

Daytime Phone: 608-328-9499

[Green Lake County ADRC](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 920-294-4000 or 911

Daytime Phone: 877-883-5378

[Iowa County Department of Social Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-935-3314 or 911

Daytime Phone: 608-930-9835

[Iron County Human Service Department](#)

Daytime Hours: 8:00 - 4:00

After Hours Phone: 715-561-3800 or 911

Daytime Phone: 715-561-3636

[Jackson County Department of Health & Human Service](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 800-500-3910

Daytime Phone: 715-284-4301

[Jefferson County Human Service Department](#)

Hours: 24 Hours

Phone: 920-674-3105

[Juneau County Department](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 608-847-6161

Daytime Phone: 608-847-2400

[Kenosha County ADRC](#)

Daytime Hours: 8:00 - 5:00

Toll-Free: 800-472-8008

Daytime Phone: 262-605-6646

After Hours Phone: 262-657-7188

[Kewaunee County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

After Hours Phone: 920-388-3100 or 911

Daytime Phone: 920-388-0626

[La Crosse County Department of Human Services](#)

Hours: 24 Hours

Phone: 608-785-5700

[Lafayette County Department of Human Services](#)

Hours: 8:00-4:30

Phone: 608-776-4960

After Hours Phone: 608-776-4848

[Langlade County Department of Social Services for Elderly and Physically Disabled](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-261-7500

After Hours Phone: 715-847-0200

[Lincoln County Commission on Aging](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-261-7500

After Hours Phone: 715-847-0200

[Manitowoc County Human Services Department](#)

Hours: 24 Hours

Daytime Phone: 920-683-4230

After Hours Phone: 920-323-2448

[Marathon County Department of Social Services](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-261-7500

After Hours Phone: 715-847-0200

[Marinette County Health and Human Services Department](#)

Daytime Hours: 8:30 - 4:30

Daytime Phone: 715-732-7700

After Hours Phone: 715-732-7600

[Marquette County Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-297-3124

After Hours Phone: 608-297-2115

[Menominee County Health & Human Services Department](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-799-3861

After Hours Phone: Same

[Milwaukee County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 414-289-6660

After Hours Phone: Same

[Monroe County Department of Human Service](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-269-8600

After Hours Phone: 608-269-2117 or 911

[Oconto County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:00

Daytime Phone: 920-834-7000

After Hours Phone: 920-834-6900

[Oneida County Department of Social Services](#)

Hours: 24 Hours

Phone: 715-369-7499

TOLL FREE: 800-379-7499

[Outagamie County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 920-832-4646

After Hours Phone: Same

[Ozaukee County Department of Human Services](#)

Daytime Hours: 8:30 - 5:00

Daytime Phone: 262-284-8200

Metro: 262-238-8200

After Hours Phone: 911

[Pepin County Human Services Department](#)

Daytime Hours: 8:30 - 4:30

Daytime Phone: 715-672-8941

After Hours Phone: 715-672-5944

[Pierce County Department of Human Services](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-273-6770

After Hours Phone: 715-273-5051

[Polk County Human Services Department](#)

Daytime Hours: 8:30 - 4:30

Daytime Phone: 715-485-8400

After Hours Phone: 715-485-8300

[Portage County Health & Human Services Department](#)

Daytime Hours: 7:30 - 4:30

Daytime Phone: 715-345-5350

After Hours Phone: 715-345-6511

[Price County Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-339-2158

After Hours Phone: 715-339-3011 (Sherriff's Department)

[Racine County Human Service Department](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 262-638-6800

After Hours Phone: 262-638-6321

[Richland County Health & Human Services Department](#)

Daytime Hours: 8:30 - 5:00

Daytime Phone: 608-647-4616

After Hours Phone: 608-647-2106

[Rock County Human Service Department](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 608-741-3555

After Hours Phone: 608-757-5025

[Rusk County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-532-2299

After Hours Phone: 715-532-7089

[Sauk County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 608-355-4200

After Hours Phone: 800-533-5692

[Sawyer County Health & Human Services Department](#)

Daytime Hours: 8:00 - 5:30

Daytime Phone: 715-634-4806

TOLL FREE: 800-569-4162

After Hours Phone: 715-634-5213/911

[Shawano County ADRC](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-526-4700

After Hours Phone: 715-526-3111 or 911

[Sheboygan County Aging and Disability Resource Center](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 920-467-4100

After Hours Phone: 920-549-3111 or 911

[ADRC of St. Croix County](#)

Daytime Hours: 8:00 - 5:00

Daytime Phone: 715-381-4360

After Hours Phone: 911 or 715-651-4666 (Northwest Connections)

[Taylor County Human Service Department](#)

Daytime Hours: 8:30 - 4:30

Daytime Phone: 715-748-3332

After Hours Phone: 715-748-2200

[Trempealeau County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-538-2311 x 290

After Hours Phone: 715-538-4351

[Vernon County Department of Human Services](#)

Hours: 24 Hours

Phone: 608-637-5210

[Vilas County Department of Social Services](#)

Daytime Hours: 8:00 - 4:00

Daytime Phone: 715-479-3668

After Hours Phone: 715-479-4441 or 911

[Walworth County Department of Health & Human Services](#)

Hours: 24 Hours

Phone: 262-741-3200

[Washburn County Health & Human Services Department](#)

Daytime Hours: 8:00 - 12:00 -- 1:00 - 4:30

Daytime Phone: 715-468-4747

After Hours Phone: 715-468-4720

[ADRC of Washington County](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 262-335-4497

After Hours Phone: 262-335-4411 or 911

[Waukesha County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 262-548-7848

After Hours Phone: 262-548-7111 or 911

[Waupaca County Department of Health & Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-258-6400

After Hours Phone: 800-719-4418 or 911 for emergencies

[Waushara County Department of Human Services](#)

Daytime Hours: 8:00 - 4:30

Daytime Phone: 920-787-6505

After Hours Phone: 877-883-5378

[Winnebago County Department of Human Services](#)

Hours: 8:00-4:30; Oshkosh: 920-236-4615; Neenah/Menasha: 920-727-2882 x 4615

After Hours Phone: Oshkosh: 920-233-7707; Neenah/Menasha: 920-421-8600

[Wood County Department of Social Services](#)

Daytime Hours: 8:00 - 4:30; Marshfield: 715-387-6374; WI Rapids: 715-421-8600

After Hours Phone: Same

Appendix E: Grooming People with Disabilities

(Wisconsin Coalition Against Sexual Assault, Inc. (2006))

Grooming People with Disabilities

Perpetrators target people whom they perceive to be vulnerable and who will not tell, will not be able to tell, or will not be believed if they tell.

The perpetrator often will “groom” victims in order to normalize sexual behavior and perpetrate a sexual assault. Grooming behaviors break down a person’s boundaries in order for the perpetrator to gain control over the person. This is done over a period of days, weeks, or months in order to “test the waters” and see how the person will react.

Indicators of Possible Grooming Behaviors by Perpetrators

- ✦ Taking a special interest in the person.
- ✦ Giving the person treats or gifts.
- ✦ Doing favors for the person.
- ✦ Complimenting the person.
- ✦ Acting as if he/she is the person’s boyfriend or girlfriend.
- ✦ Developing a relationship with the person’s friends or family members.
- ✦ Getting the person used to sensual touch. This tactic might begin with hugs or massages and eventually will integrate inappropriate or invasive touch.
- ✦ Setting up times that he/she can be alone with the person (e.g., showering the person late at night when others are not around.)
- ✦ Presents a charming or helpful personality to other staff (e.g., offers to stay late, work extra shifts).
- ✦ Tells the person that the relationship needs to be kept secret. This may involve manipulation or threats.

Remember compliance does not equal consent.

