

National Center on Elder Abuse NEWSLETTER

April 2004

VOLUME 6 No. 7

Policy & Legislation

Elder Justice Act Update

The Elder Justice Act continues to gain momentum and congressional support. On April 21, Senator Larry Craig (R-ID), chairman of the Senate Special Committee on Aging, became the 39th Senate co-sponsor of S.333. Senator Craig is also a member of the Appropriations Committee and has had a long involvement with issues related to elder abuse prevention.

Earlier this month, Congressman Thaddeus McCotter (R-MI, 11th Dist.) also signaled his support for H.R. 2490, the House version of the Act, bringing the total number of bipartisan co-sponsors to 77 in the U.S. House of Representatives.

For more information, please contact Robert Blancato, National Coordinator, Elder Justice Coalition, 1612 K Street, NW, Suite 400, Washington, DC 20006, (202) 682-4140, elderjustice@verizon.net, <http://www.elderjusticecoalition.org/>.

State News

Oregon Governor Makes Elder Abuse Top Priority

This past February, Oregon Governor Ted Kulongoski convened a new Task Force on Elder Abuse to recommend policies and legislation to better protect Oregon's senior citizens. According to information released by the Governor's office, this is the first elder abuse task force to be convened by a governor in Oregon's history.

The governor released a written statement saying, "The abuse of the elderly is one of the most serious social ills facing our country today. That is why when I was Attorney General I set up the state's first interdisciplinary working group to address this issue. As Governor I remain committed to protecting our most vulnerable citizens from con artists, dishonest caregivers and abusive family members."

The Governor charged the task force with examining the status of elder abuse laws in the state, the system in place to protect the elderly, the role of law enforcement in the response, and sentencing guidelines. The task force will meet through June, at which time they will report to the Governor with recommendations for policy and legislative changes.

Members of the task force represent law enforcement, the Oregon legislature, domestic violence and sexual assault organizations, Portland hospitals, Washington County Sheriff's Office, adult protective services, the state agency on aging, the judicial branch and legal community, Oregon Bankers' Association, and AARP. The Governor's deputy chief of staff Stephen Schneider oversees the task force.

IN THIS ISSUE

- 2 In Focus: Speaking Out on Silent Crime
- 4 On the Front Lines Missouri Facts and Stats
- 5 In the Eye of the Media
- 5 Calendar/Coming Up
- 6 Research & Scholarship
- 6 News Briefs

In Focus:

Speaking Out on a Silent Crime

How is Sexual Abuse Different for Elders?

- Lack of a strong support system
- Generational beliefs about sexual abuse may increase feelings of shame and guilt
- Abuse may exacerbate an existing illness
- Longer recovery time dealing with abuse
- Increased chance of sustaining serious injury
- Increased vaginal or anal tearing and bruising that may never fully heal
- Brittle pelvis or hip bones can be broken by friction or weight
- Increased risk of infections

Source: Pennsylvania Coalition Against Sexual Assault

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Points of view or opinions expressed in this publication do not necessarily represent the official views of AoA/HHS or any of the NCEA's affiliated partners.

NATIONAL CENTER ON ELDER ABUSE
National Association of State Units on Aging
1201 15th Street, NW, Suite 350
Washington, DC 20005
(202) 898-2586
FAX: (202) 898-2583
E-MAIL: ncea@nasua.org
WEB SITE:
www.elderabusecenter.org

Elder Sexual Abuse: The Dynamics of Problem and Community-Based Solutions

By Karla Vierthaler

An adult son lives with his elder mother and forces her to watch pornography. A nurse aide takes a job at a personal care home to gain access to severely disabled residents. A nursing home resident with Alzheimer's rapes a fellow resident he believes is his wife.

Elder sexual abuse is a complicated issue — one that is rarely recognized, acknowledged, researched, or treated. Elder sexual abuse has been defined as 'coercing of an older person through force, trickery, threats, or other means into unwanted sexual activity.' It includes sexual contact with elders who are unable to grant consent, and unwanted sexual contact between service providers and their elder clients.

Risk Factors

While people of all ages are susceptible to sexual abuse, certain factors associated with the aging process put the elder population at heightened risk.

In some cases, people of advanced age need others to provide basic necessities and assistance with daily functions. These circumstances increase one's risk of sexual abuse; elders are often victimized by those assisting them or those closest to them. Reduced cognitive or emotional functioning may also render older people more susceptible to sexual abuse.

Sexual offenders are attracted to vulnerability. In many cases, perpetrators seek out potential victims who they perceive as easy to overpower and manipulate. They look for those who would be unlikely to report the assault and who would not be deemed credible if the abuse were reported.

What We Know about Elder Sexual Abuse

Elder sexual abuse research is still in its infancy, but studies have identified characteristics that can help define the problem.

- Perpetrators are likely to be male caregivers.
- Older victims are most often females over age 70, who are totally dependent or functioning at a poor level.
- Older victims suffer more genital trauma from sexual assault than younger victims.
- Older victims are less likely to report sexual abuse than younger victims.

The dynamics of sexual abuse change when dealing with the aging population due to the increased likelihood of physical and cognitive disabilities. These conditions can lead to dependence on others for care and increase the risk for elder sexual abuse. Seniors residing in private residences who are dependent on one or several caregivers tend to be socially isolated, giving potential abusers power and control over them. Threats, such as placement in a nursing home, can be enough to keep victims silent about sexual abuse.

Chronic disabilities also can necessitate a move from the community to a long-term care facility. While these facilities provide a more regulated environment, they also expose elders to a large number of potential abusers including employees, residents, and visitors. Illnesses, such as dementia, further complicate the detection and prosecution of sexual assault since the perpetrator and/or victim may have little recollection of the assault.

Continued on page 3

Effectively Responding to Elder Sexual Assault

Since older victims are unlikely to report sexual abuse, communities across the country face the challenge of identifying and treating victims of elder sexual abuse. In Pennsylvania, sexual violence centers — which provide free, confidential counseling, hotline service and accompaniment to the hospital and legal proceedings — report a significant lack of older clients seeking services, as well as a lack of staff confidence in serving this population. In addition, older adult protective service workers who may come into contact with elder sexual abuse victims report knowing little about sexual abuse and the services available to victims.

For years, communities across the country have successfully organized multidisciplinary teams including hospital emergency department staff, police, sexual violence advocates, and district attorney's office representatives to ensure that sexual abuse victims receive appropriate assistance and services starting at their common point of entry into the system: the emergency department.

Elder victims are not served by this model because most do not report sexual abuse or go to the emergency department for treatment. Thus, the first response to sexual abuse is likely to be through elder care providers, protective service workers, friends, or family members who have little knowledge of sexual abuse and the services available to victims.

Tips for Responding

- Do not display alarm or disbelief to the victim.
- Express concern and validate the victim's feelings.
- Protect the victim's privacy.
- Ask the victim if s/he would like to speak to a sexual violence advocate.
- Assess injuries.
- Arrange for medical attention with the hospital emergency department.
- Refer to adult protective services.

(Note: Numerous communities around the country have created coordinated, victim-centered Sexual Assault Response Teams (SART) to provide optimum care, support, investigations, and referrals for victims. Often such teams include trained sexual assault nurse examiners (SANE). Currently there are about 800 SANE-SART programs in the U.S. and Canada. Most are hospital based. The International Association of Forensic Nurses' online directory will help you locate a program in your area. You can search by state at <http://www.forensicnurse.org/resources/default.html>.)

Source: Pennsylvania Coalition Against Sexual Assault, International Association of Forensic Nurses, and Sexual Assault Resource Service, www.SANE-SART.com

A New Interdisciplinary Initiative

To address these issues, the Pennsylvania Department of Aging and Pennsylvania Coalition Against Rape (PCAR) have partnered to create an organized interdisciplinary training curriculum to encourage the inclusion of professionals working with the elder population in the multidisciplinary model and to educate communities about elder sexual abuse. Six trainings introducing the curriculum will be offered this spring and in the fall. While the main goal of this training is to bridge gaps between services offered by Area Agencies on Aging and those of rape crisis centers, local long-term care staff, adult protection advocates, local law enforcement, deputy district attorneys, and community providers are also invited to attend.

PCAR's Elder Sexual Abuse Curriculum is divided into six modules on topics including:

- Detection
- Pennsylvania laws related to elder sexual abuse
- Collaboration

— *Karla Vierthaler serves as the statewide outreach coordinator for older victims at the Pennsylvania Coalition Against Rape. Ms Vierthaler can be reached at (800) 692-7445, ext. 125 or email kvierthaler@pcar.org. PCAR.org is the official Web site of the coalition.*

FOUR SHORT CASE STUDIES

Ms. S, a 62-year-old woman, was forced to perform oral sex by a stranger, something she had never done before. She told the police she had been raped and was taken to the hospital for a sexual assault forensic exam. Ms. S was so ashamed about performing oral sex that she told no one the assault had been oral. As can be expected, the vaginal exam showed no signs of assault, and the police became suspicious of Ms. S's claim. Eventually, the woman's sexual assault case was dropped. Only in counseling, months later, after questioning about the assault and how it happened, did the woman break down and disclose that she had been orally assaulted.

Ms. B was an Alzheimer's patient who abruptly stopped talking. Her family assumed it was a stage in her disease. Ms. B then began to show horror when her formerly beloved son-in-law entered her nursing home room. Her family was again saddened by the rapid onset of Ms. B's illness. Years after Ms. B's death, the owner of the nursing home was arrested for sexually assaulting residents under his care.

Ms. G was bedridden and dependent on her two sons, who both had a mild developmental disability. During a welfare check, police found Ms. G living in "unthinkable" conditions. Police reported they could actually see lice swarming on the woman's head and roaches crawling all over her bed. When Ms. G was taken to the hospital for treatment, signs of sexual abuse were found.

Ms. M had difficulty speaking and required assistance sitting up and dressing. She repeatedly walked away from the nursing home where she resided. On one occasion, she was found near a major highway by police and did not want to return. "I want to die. Please hit me with your car," she pleaded. Several weeks later, a nursing assistant walked into the woman's room and found a frequent male visitor with his hands between the woman's legs. He jumped and rapidly left. Police were called, and they told administrators to keep the man out of the building until the investigation was completed. However, records show that the facility "made a team decision" and allowed the man back into the facility for lunch the next day as long as he stayed in public areas.

On the Front Lines

Missouri Facts and Stats¹

- In FY '03, a total of 14,772 reports of elder/adult abuse were received by the Missouri Senior Services Central Registry Unit Hotline. Of this total, 11,261 were reports of older adult abuse. The total unduplicated count of reported elder/adult victims served was 9,907.
- Over half (55.9%) of all reports in FY '03 were classified as "reason to believe." In 17.4% of the cases, abuse was "suspected," and 26.7% of cases were unsubstantiated.
- Top categories of problems included physical neglect (50.4%), emotional neglect (12.8%), and financial abuse (10%). Also identified were emotional abuse (9.5%), physical abuse (8.4%), financial neglect (5.3%), and mental disability (2.7%).
- In more than a third of these cases (37%), victims were between ages 65 and 79. About a third (32.2%) were over age 80, and nearly a third were under age 64 (30.8%).

Source: Elder Abuse, Neglect, and Exploitation: It's a Crime. Missouri's Response System. Annual report of the Missouri Department of Health and Human Services, Division of Senior Services, November 2003 http://www.dhss.state.mo.us/Senior_Services/EANEannual_report/EANEAnnual_Report.htm

¹The statistics highlighted in this column are gathered from a variety of state-specific data sources and should be cited using the sources referenced. Readers should note that elder abuse incidence and prevalence rates vary among states and differ depending on the definitions used and state laws regarding reporting. The National Center on Elder Abuse cannot guarantee and assumes no responsibility for the accuracy or completeness of the information.

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NCEA Partners

- National Association of State Units on Aging
- American Bar Association Commission on Law and Aging
- Clearinghouse on Abuse and Neglect of the Elderly, University of Delaware
- National Adult Protective Services Association
- National Committee for the Prevention of Elder Abuse

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Sara Aravanis, *Director*
Susan Coombs Ficke, *Writer/Editor*

Request for Information

Call the NCEA Help Desk at (202) 898-2586, e-mail ncea@nasua.org, or visit www.elderabusecenter.org.

Missouri Online Resources

Agency Sources

- Missouri Department of Health and Human Services — Senior Services http://www.dhss.missouri.gov/Senior_Services/
- Missouri Attorney General's Office <http://www.ago.state.mo.us/seniors.htm>
- Missouri Ombudsman Program http://www.dhss.missouri.gov/Senior_Services/ombud.htm
- Toll-Free 24-Hour Elder Abuse Hotline 1-800-392-0210

Statutes

- Protective Services for Adults: Elder Abuse (§ 660.250—.295) <http://www.health.state.mo.us/Publications/400-15.htm>

References & Resources

- Missouri Guide for Seniors. Protective Services: Help in Situations of Abuse, Neglect, and Exploitation http://www.dhss.state.mo.us/Senior_Services/guide00/yright/prot.htm
- Protecting Victims of Domestic Violence <http://www.ago.state.mo.us/publications/domesticviolence.pdf>

In the Eye of the Media Headlines from Around the Country

Law and Justice

Cracking Down on Sexual Assault

★ *San Diego Union-Tribune — San Diego, CA*

Man ordered to stand trial in elder rape

"A 36-year-old janitor was ordered yesterday to stand trial on charges of rape, false imprisonment and burglary in the rape of an elderly woman at a care home in La Mesa. Superior Court Judge Charles Ervin dismissed elder-abuse charges against [the alleged perpetrator]. Sheriff's deputies said a staff member at the home saw [the man] assaulting the 80-year-old woman, who has Alzheimer's, and confronted [him]." 3/17/04 Full story>

http://www.signonsandiego.com/news/metro/20040317-9999-news_2m17briefs.html

★ *Corvallis Gazette-Times — Corvallis, OR*

Man accused of raping Alzheimer's Patients Indicted

"A grand jury indicted the former nurse's aide accused of raping and molesting Alzheimer's patients in his care on 27 counts of sexual assault and misconduct... He is accused of raping an 82-year-old woman and sexually molesting two others, ages 63 and 88. All three were Alzheimer's patients under his care... Full story> <http://www.gazettetimes.com/articles/2004/04/08/newscommunity/thuloc02.txt>

★ *WQAD 8 News—Galesburg, IL*

Man accused of sexual assault against 85-year-old

A Galesburg man is accused of raping his sister's 85-year-old mother-in-law who suffers from Alzheimer's disease... He admits to having sex with the woman, but he said it was consensual... Full story> <http://www.wqad.com/Global/story.asp?S=1767691&nav=1sW7M6ei>

★ *The Kansas City Star — Kansas City, MO*

Rape attempt report spurs scrutiny of nursing home

"State officials are investigating whether a Kansas City nursing home did enough to protect an [81-year old] Alzheimer's patient from a fellow resident who is accused of attempting to rape her. The 54-year-old suspect... served two years in prison for a 1971 rape conviction from St. Louis..." 3/30/04 Full Story <http://www.kansascity.com/mld/kansascity/news/local/8307546.htm?1c>

Calendar/ Coming Up

Annual Conference on Criminal Justice Research and Evaluation

"Challenges of Evaluation Research"

July 19 – 21, 2004

JW Marriott Hotel, Washington, DC.

Early registration deadline:

June 11, 2004

Hosted by the U.S. National Institute of Justice. To register online, go to <http://www.ojp.usdoj.gov/nij/>.

Note: The registration fee is waived for federal employees.

Questions? Call Institute for Law and Justice (703) 684-5300, fax 703-739-5533, or email nijpcs@ilj.org.

2004 National Aging and Law Conference Registration Form Now Online

This year's conference, to be held **October 20 – 23, 2004** in Arlington, VA, will cover many issues relevant to advocates, including elder abuse laws, legal intervention, financial abuse, and adult protective services. You can download the mail-in registration form from <http://www.aarp.org/ntltrpro/pdfRFP04.pdf>.

Planning Underway for 2005 National Sexual Assault Response

Team Training Conference

June 1 – 3, 2005

San Francisco

Send comments and suggestions for 2005 conference training topics you want to see covered to SARTconf@aol.com, or call Sexual Assault Resource Service in Minneapolis, MN at (612) 347-5832.

Research & Scholarship

Although the real extent of elder sexual abuse remains unknown, two recent studies provide helpful insight. For assistance in obtaining journal literature, contact the Clearinghouse on Abuse and Neglect of the Elderly (CANE) at CANe-ud@udel.edu.

Sexual Abuse of Nursing Home Residents

By Ann Wolbert Burgess, Boston College, Elizabeth B. Dowdell, Villanova University, and Robert A. Prentky, Justice Resource Institute, Massachusetts Treatment Center for the Sexually Dangerous
Journal of Psychosocial Nursing, Vol. 38 (6): 10 – 18, June 2000

HIGHLIGHTS OF STUDY: This article reports on a study of the sexual abuse of 20 nursing home residents. Sixteen victims were frail elderly, 18 were female, 15 were non-ambulatory, and 16 had varying levels of cognitive impairment, due to dementia or other illness or injury. Researchers discuss characteristics of the abusive incidents such as the mental status of victims, if and how assaults were reported, perpetrator identification, physical and forensic evidence, resident response, and nursing home response.

CONCLUSION: Researchers emphasize the need for increased sensitivity to changes in residents' baseline behavioral, emotional, and mental status.
(CANE ABSTRACT FILE # K4285-8)

Sexual Abuse of Older Women Living in Nursing Homes

By Pamela B. Teaster, University of Kentucky School of Public Health and Karen A. Roberto, Center for Gerontology, Virginia Polytechnic Institute and State University
Journal of Gerontological Social Work, Vol. 40 (4):105-119, 2003

Elder Sexual Abuse is the least recognized and reported form of elder mistreatment, representing less than 1% of mistreatment reported in the U.S. To gain better understanding, this study collected data on cases of nursing home abuse that were reported to the Virginia Department of Adult Protective Services over a three year period.

VICTIMS: Fifty cases of sexual abuse of female residents were substantiated (it is important to note that some cases may not have been substantiated due to insufficiency of the evidence). Half of the victims were aged 70 – 79 years, half were aged 80 – 89.

TYPES OF ABUSE: In three quarters of cases the abuse involved sexualized kissing and fondling; 38% involved unwelcome sexual interest in the victim's body. Other types of verbal or physical abuse included unwelcome description of sexual activity, sexual jokes and comments, and oral-genital contact.

PERPETRATORS: In 90% of cases, the alleged perpetrator was a male resident of the same facility. Just over a quarter of the alleged perpetrators had untreated psychiatric illness, and 12% abused substances.

RESOLUTION: The women were relocated in 16% of the cases, and 12% received physical or psychological treatment.

In 68% of the cases, action was taken against the alleged perpetrator: in one third of the cases, the perpetrator was relocated, and 14% received psychiatric treatment.

(CANE ABSTRACT FILE #: P5539-8)

Research in Progress

Elder Sexual Abuse Forensic Markers

Principal Investigator Ann Wolbert Burgess, DNSc, RNCS, FAAN, Boston College, (414) 617.552.6133, ann.wolbertburgess.1@bc.edu

Aim of the Study

- To identify mechanisms of injury in elder sexual abuse;
- To identify patterns of injury in elder sexual abuse;
- To document serologic findings and sexually transmitted diseases in elder sexual abuse;
- To document presentation of symptoms and patterns of behavior in sexual abuse victims;
- To document characteristics and patterns of sexual offenders of the elderly;
- To document the criminal justice process in the apprehension and arrest of sex offenders of the elderly; and
- To develop a database of forensic markers for elder sexual abuse.

Source: <http://www.bc.edu/schools/son/research/facultyresearch4/>

News Briefs

Notes from the Director, NCEA

The Center partners continually work to increase public understanding and awareness of the elder abuse problem. This month we teamed up with "Dear Abby" to reach millions of readers. NCEA's letter to "Dear Abby," written to raise awareness about elder financial exploitation, was published online on April 5, 2004 and in the days following in newspapers around the country.

The NCEA partners were uniformly gratified by the opportunity to tell Abby's readers the basics: that financial abuse is a serious, growing problem and that help is available through adult protective services, the elder law networks, and law enforcement. Amy Hanley from the National Committee for the Prevention of Elder Abuse took the lead on this effort, and we appreciate her initiative. Interestingly, the traffic on the NCEA Web site (referenced in the Abby letter) doubled on the days immediately following the letter's publication.

Continued on page 7

To read NCEA's letter and Abby's response visit <http://www.chron.com/cs/CDA/ssistory.mpl/features/2487323>.

Meanwhile, in the other NCEA news, our redesigned Web site, www.elderabusecenter.org, marked an important milestone this month. More than one million unique pages have been viewed since the May 2003 launch. Also, this month we've added a brand new Web site section to help the elder abuse and adult protective service networks more easily access training technical assistance available from our partner, the National Adult Protective Services Association (NAPSA). NAPSA also helped us initiate a free daily news headline feed on the NCEA listserve. Many thanks to Joanne Otto and Ann Kincaid for keeping our listserve members abreast of the latest news and developments in the elder abuse arena.

As you can see, we are continually working to make the NCEA Web site, this newsletter, and the NCEA listserve a coordinated and effective outreach effort for helping the public understand what we know is still a "hidden problem."

— Sara Aravanis, National Association of State Units on Aging

Coming Soon... Listing of 2003 – 2005 Sexual Assault Training Grantees

The National Clearinghouse for Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV), is now compiling a list of cycle two (2003 – 2005) Violence Against Women Act (VAWA) training grants to combat sexual violence against older persons. NCEA will announce the names of the grantee organizations soon.

Many of the cycle one grantees (2002 – 2004), we are told, are now in the middle of completing their trainings. Their grants end September 2004. For those of you interested, NCEA consultant Bonnie Brandl of the Wisconsin Coalition Against Domestic Violence/NCALL tells us a list of the products from all the grantees will be available in August and September.

Office on Violence Against Women Seeks Your Input

In June 2004, a meeting sponsored by the Office on Violence Against Women (OVW), U.S. Department of Justice will be held to begin to develop national strategies to facilitate improved collaborative responses to sexual violence.

OVW is currently seeking input from the field about local, state, and national needs. Providing data is easy: just go to <http://nsvrc.org/collaborativework>. Data can be submitted anonymously.

New Interactive Training Resource

"Anticipate: Identifying Victim Strengths and Planning for Safety Concerns"

The National Clearinghouse on Abuse in Later Life (NCALL) recently announced the release of a new interactive, experiential training resource for professionals who work with older victims and people with disabilities. This training aims to facilitate dialogue across disciplines and provide participants the opportunity to share expertise and knowledge from their field. Training kits are available from NCALL/WCADV for \$40. You can order the educational game online from the WCADV store at <http://store.wcadv.org/merchant.mvc>. You can also place an order by e-mailing ncall@wcadv.org or by phone by calling (608) 255-0539.

New Funding Opportunities

U.S. Department of Justice, Office for Victims of Crime Sexual Assault Response Team (SART) Toolkit Cooperative Agreement

Application deadline: May 20, 2004
GMS registration deadline: May 6, 2004

The Office for Victims of Crime has announced the availability of funding to develop, pilot test, and disseminate a Sexual Assault Response Team (SART) replication toolkit. Its aim is to support and encourage all communities to participate. The funding amount is \$150,000 and the award is for 15 – 18 months.

Application Kit: http://www.ojp.usdoj.gov/ovc/fund/pdfxt/SART_toolkit.pdf

OVC Professional Development Scholarship Program Financial Support to Victim Service Providers for Continuing Education

The Office for Victims of Crime (OVC), through its Professional Development Scholarship Program, provides financial assistance for qualified victim service providers for continuing education. The scholarship program is designed for service providers from small, community-based or faith-based organizations or agencies that assist crime victims and operate with limited funds. Individuals as well as multidisciplinary teams of up to five individuals may apply. Individuals can receive up to \$1,000 in scholarship funds, and multidisciplinary teams up to \$5,000.

The completed application form must be received by OVC TTAC at least 45 days prior to the start of the requested event.

To apply for the OVC Professional Development Scholarship, download the application from http://www.ovcttac.org/pdfs/scholarship_application.pdf, or call 1-866-OVC TTAC (1-866-682-8822) and ask for an application.

National Center on Elder Abuse

1201 15th Street, NW
Washington, DC 20005

Phone: 202.898.2586
Fax: 202.898.2583
E-mail: ncea@nasua.org
Web Site:
www.elderabusecenter.org

2004 National Sexual Violence Prevention Conference

*"Building Leadership and Commitment
to End Sexual Violence"*

May 25 – 28, 2004

Los Angeles, California

Download registration packet:
<http://www.cdc.gov/ncipc/2004nsvpc.htm>

For more information, call
California Coalition Against Sexual Assault
(916) 446-2520 (ext 315)
1-888-9CALCASA (ext 315)
email dvpinfo@cdc.gov

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1201 15th Street, NW
Washington, DC 20005