Domestic Violence in Later Life
Shelly Bell, Ohio Domestic Violence Network

Objectives
- Recognize the dynamics of domestic violence and family violence in the context of older persons
- Identify myths/assumptions that can distract from accurate assessment or effective case planning in DV cases
- Identify key principles and best practices
- Gain knowledge and practice safety planning
- Increase awareness of DV programming and resources.

Domestic Violence or Intimate Partner Violence?
Domestic Violence O.R.C. 2919.25 (legal definition)
- (A) No person shall knowingly cause or attempt to cause physical harm to a family or household member.
- (B) No person shall recklessly cause serious physical harm to a family or household member.
- (C) No person, by threat of force, shall knowingly cause a family or household member to believe that the offender will cause imminent physical harm to the family or household member.
Domestic Violence or Intimate Partner Violence?

Domestic Violence (social definition)
¬ A pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their current or former intimate partners or family or household members.
¬ Includes broader scope of behaviors than criminal code, includes familial relationships

Intimate Partner Violence/IPV (social definition)
¬ A pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their current or former intimate partners or family or household members.
¬ Includes broader scope of behaviors
¬ Limits scope to intimate relationships and excludes other familial relationships

DV or IPV: Why it matters
¬ Most of Ohio’s domestic violence programs work with both types of victims
¬ Some limit to IPV and may not extend services to victims when the relationship or victim-abuser is not an intimate partner (e.g. adult grandson abusing grandfather).
Each year, among the 2,200,000 community-dwelling seniors in our State:
- > 100,000 are abused, neglected, or financially exploited*
- 8,010 reports of abuse, neglect or exploitation are filed with adult protective services

Each year, among the 104,000 seniors living in long term care facilities in our State:
- > 5,200 are abused, neglected, or financially exploited
- 2,378 reports of elder abuse, neglect and exploitation in long term care facilities are investigated by the Ohio Attorney General

Source: Ohio Colleges of Medicine Government Resource Center, 2014

Male and female victims, mostly female
- Age 50 and older
- Abused by someone in a trust relationship
  - Spouse or partner
  - Family member
  - In some cases caregivers
- Victims living in community (not institutions)
Framework for DV in Later Life

- Domestic violence grown old
- New relationship
- Late onset domestic violence
  - Change in physical health
  - Change in abilities
  - Dementia; Alzheimer’s disease, stroke, alcoholism impairments
  - Retirement (proximity)

Framework for DV in Later Life

- Physical
- Psychological/Emotional/Verbal
- Sexual
- Social
- Financial
- Neglect/withholding care

Tactics of abusers

- Physical
  - Assaults/injuries
  - Rough interactions
  - Withholding care
  - Medical neglect
  - Sabotaging assistive devices
- Emotional/Psychological
  - Isolation
  - “Gaslighting”
  - Contempt and emotional cruelty
- Sexual
- Financial
- Cultural and spiritual
Deadly Statistics

- Nearly 20 older Americans die in a homicide-suicide each week in the United States.
- Nearly all perpetrators are men, most are older; 25% of perpetrators age 55+ have a history of domestic violence.
- Three types of elder homicide-suicides: 83% are spousal/partner, 12% familial (usually involving siblings of the elder or adult children), 5% friends.
- Older persons have higher rates of homicide-suicide than younger persons.
- Guns are the method of choice more than 90% of the time.

Barriers for Older Survivors of DV

- Older victims may be caregivers for family members (including grandchildren)
- Change in situation can disrupt income, benefits and insurance coverage
- Health conditions or impairments may make fleeing, independent living and safety planning more difficult
- Declining social networks (friends and family)
- Generational values
- Traditional strategies may not apply
Who does this? By Gender

♦ Most studies found majority of abusers are male, and sexual abusers are almost exclusively male (Brandl and Cook–Daniels, 2002).

♦ When neglect is included as a form of abuse, women tend to exhibit higher rates. The study suggests this may be due to women more frequently being caregivers than men.

Who does this? By Relationship

♦ Of twenty articles identifying the relationships between abusers and victims, family members were the abusers in the vast majority of cases. (Brandl and Cook–Daniels, 2002)

♦ In studies that compared spouse abuse in later life to parent abuse, spouses were more likely than adult children to physically abuse; adult children were more likely to financially abuse. (Brandl and Cook–Daniels, 2002)

♦ In a sample of sexual abuse victims, spouses or intimate partners were the abusers in 29% of cases; in similar samples 39% were sons, 7.5% were caregivers and 7% were brothers (Ramsey–Klawsnik 1991, 2000, Teaster, 2000).

Who does this? Age & Dependency

♦ Studies have found that more than 1/3 of perpetrators are age 60+.

♦ Many older caregivers (55+) were being abused by their still older care recipient.

♦ Several studies have found that abusers of elders often depend on victims for housing, transportation and sometimes care. (Brandl and Cook–Daniels, 2002).

♦ Several studies have found financial dependency of adult children is also a key factor (Brandl and Cook–Daniels, 2002).
Abuser Characteristics

Behaviorally:
- Verbally abusive (or)
- Be overly attentive & charming to client and staff
- Attempt to convince health care workers that the client is incompetent or insane
- Control most of client’s daily activities
- Exhibit overly protective or controlling behavior (e.g. refuses to leave the room during interview)

Diversity of Victims

- Wide age range (50–??)
- Life experiences and lifestyle
- Educational and vocational background
- Socio-economic class
- Culture
- Sexual orientation
- Abilities/disabilities; healthy/vulnerable
- Caregiver or dependent
- What do they have in common? Abuser

Generalizations on Victims

- Women, although more male victims than in other age groups
- Isolation and living with others are both risk factors
- History of domestic violence
- Cognitive or physical impairment
- Poor health and functional impairment are common among victims
- Depression, shame, guilt, suicidality also common (often effects)
New Paradigms

- Caregiver stress is not supported by research as a cause.
- Most stressed caregivers do not abuse.
- Stressed abusers do not hit their boss or their friends; they choose victims (often family, often female) to achieve power and control.
- Caregivers may use stress as an excuse to avoid legal consequences.
- Stress reduction techniques not helpful when power and control is root of problem.

New paradigms

- Neither depression, urinary incontinence, nor prevalence of chronic disease were associated with causation of abuse.
- Not enough research exists to support or rule out the idea of intergenerational cycles of abuse (i.e. adult child abuse victims as perpetrators).
- Most studies found power and control dynamics just as in younger DV.

Significance of DV competencies to APS

- Screening
- Risk assessment
- Self determination
- Safety planning
- Case planning
- Safe case closing
- Cross-system collaborations
Understanding Elder Victims: Barriers to Leaving
- Love
- Responsible for abuser's care or survival
- Fear of loss of independence/institutionalization
- Dependence on abuser
- Fear of retaliation
- Fear of starting over late in life
- Shame, embarrassment
- Fear of getting family members in trouble
- Cultural issues or generational norms
- Family estrangement

Understanding the Victim: Accessing services
- Many older DV victims do not seek services and may not tell anyone
- When victims are identified they frequently refuse offered services; reasons include:
  - Desire for services for abuser
  - Lack of accessible or specialized services
  - Embarrassment, fear
  - Shame and guilt, esp. where child is the abuser

Understanding the Victim: Red Flags
- Has repeated “accidental”/suspicious injuries
- Says or hints at being afraid
- Has vague or chronic complaints
- Presents as a “difficult” patient or client
- Does not follow through with medical care
  - Abuser controls access to medication
  - Abuser fails to help patient keep appointments
Screening for DV in Later Life

- Universal Screening = ask every client
- Every client is a potential victim
- Interview client alone (if not possible, do not screen)
- Explain who you are and why you are there
- Disclose mandatory reporting limitations
- Find a reliable interpreter for non-English speaking, deaf or hard of hearing clients
- Follow the client’s language (roommate, partner)
- Maintain an adult-to-adult level of speaking.
- Never make any promise you cannot keep, including that you can guarantee their safety

Review Tips on Working With Victims

Asking about abuse

- How are things going at home?
- Who currently lives with you or provides your care?
- Are you taking your medication on a regular basis as well as attending all of your doctor appointments? If no, try to identify why.
- I’m concerned that your symptoms may have been caused by someone hurting you. Has someone hurt you?
- Has anyone ever refused to take care of you when you asked for help?
Responding Appropriately

If YES, ask for more information and ask questions such as “how are you staying safe?” Let them know it is not their fault—the abuser is responsible. Refer for protection and safety planning.

If NO, state that “If a spouse/partner or family member/caregiver ever hurt you or you know someone who is being hurt, there are people who can help. Would you like some information about who to contact for help?

Intervention

» Interventions must focus on restoring the victims’ control over their lives
» Often victims of elder abuse are strongly encouraged to leave or remove their abuser. When this is the only option offered you are no longer a resource.
» The best option when working with victims of abuse is to apply an Empowerment Model (self-determination).

Empowerment Model

» Listen and believe them
» Document their story, in their words and with photos (consent to photograph, release)
» Provide information and offer options
» Provide local referrals
» Safety plan (from their perspective)
Written documentation

- History of injuries in client’s own words, as verbatim as possible; use quotes
- History of injuries according to caregiver, verbatim; quotes
- General descriptions of abuse, then specific
- Do not sanitize
- Document excited utterances

Avoid

- Derogatory remarks of client
- “refused”
- “uncooperative”
- “non-compliant”
- “allegedly”

Photographic Documentation

- Label photographs with:
  - Victim’s name
  - Date of birth & ID number
  - Facility_agency name
  - Date and time of photo
  - Location of injury on body
  - Photographer’s name
  - Location
  - Case number (if assigned)
**Rule of Thirds**

- Get photographs of each injured area from three distances (6 feet, 4 feet, 2 feet)
- Start is a front-facing full body photo of the resident
- General region of injury
- Close-up for detail (pin pricks, impressions, change in color)

**Photographic Scales**

- A measurements scale should be included in each photo
- Ensure that injury is clearly visible along with the scale
- Commonly used scales
  - Rulers (right angle even better)
  - Coins
  - Pencil

**Recommendations**

- Establish protocols for collection and archiving
- Seek advice from local prosecutor's office on photo documentation
- If digital is acceptable, use digital
- If using 35mm use ISO 400 speed film
- Do not take photos in fluorescent light as this makes bruises look older
- Avoid disposable cameras
- Have supplies available (charged batteries, etc.)
Awareness test

- https://www.youtube.com/watch?v=oSQJP40PcGI

Safety Planning

The case for collaboration

- Investigates
- Legal leverage
- Understand capacity/competency
- Understand aging pop
- Statutory requirements re: jurisdiction
- Public agency
- May have contact w/batterer

- Advocates
- Legal advocacy
- Understand batterer tactics, lethality
- Understand DV victims
- More latitude on who they serve
- Private non-profits
- Typically don't have contact w/batterer

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<th>APS Field</th>
<th>DV Field</th>
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Ohio Domestic Violence Network: 9/20/2018
Examples of DV Services

- DV Program
  - Shelters
  - Crisis lines and support
  - Safety planning
  - Legal advocacy/Legal assistance
  - Counseling
  - Housing/Relocation assistance ($)
  - Mobile advocacy
  - Address confidentiality assistance
- Batterer Intervention Programs
- Victim Assistance Programs
- Culturally-specific Programs

Working with DV/SA Programs

- Limitations re: info sharing
- DV/SA programs are responsible for making sure the needs of older victims are met:
  - Facility disabilities accessible;
  - Collaboration with aging/disability resource centers;
  - Accessible printed resources;
  - Safety planning with older individuals:
    - [http://www.ncall.us/gethelp/safetyplanning](http://www.ncall.us/gethelp/safetyplanning)

Relocation Assistance Program

- Made possible by a grant from the Ohio Attorney General’s Office to the Ohio Domestic Violence Network (ODVN).
- Provides financial assistance, up to $1200 per individual, for survivors of domestic violence, sexual assault, and/or stalking seeking to relocate for safety purposes.
Relocation Covered Items Include:

- funding for assisted living;
- security deposit;
- utility start-up fees;
- first, second, or third month’s rent;
- transportation (bus, airfare, U-Haul, fuel-only gas card);
- back rent owed to MHA.

(This is not an exhaustive list, see FAQs handout.)

Referral Process

- The survivor must be referred through a VOCA-funded domestic violence/sexual assault program. [Link](http://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/VOCA-SVAA-Grants-for-Advocates)
- Payments can take up to a minimum of 14 days to be processed by ODVN.
  - All local available funding must first be utilized where possible before requesting relocation funds.

Other areas for DV-APS Collaboration

- Case practice
- Organizational/systems capacity-building
  - Training
  - Policy
  - Strategic alliances

(see DV-Elder Abuse Collaboration handout)
ODVN Technical Assistance

- Print and electronic resources for professionals
- Consultation
- Program referrals
- Troubleshooting
- Training/presentations

Shelly Bell, Family Systems Advocacy Specialist
shellyb@odvn.org, 614–781–9651 ext. 232