

Late Life Domestic Violence: What the Aging Network Needs to Know

THIS *ISSUE BRIEF* presents an overview of domestic violence in later life, highlighting the importance of collaboration in assisting victims. State and area agencies aging and direct service providers – especially long term care ombudsmen, adult protective services workers, legal assistance providers, and information and referral specialists – are likely to be in contact with older domestic violence victims, if not now, then, in the future as the baby-boom generation ages.

For the victims, coordinated response by the aging network with domestic violence service providers will very likely prove vital.

Similar to how the aging network is structured, the types and availability of domestic violence intervention services vary among states and often within states. To be of greatest help to victims, members of the aging network need to know more about the support and programs for victims of late life violence in their respective states, common indicators of abuse in late life, potential victim reactions, and areas where there is potential for interagency collaboration.

What Is Domestic Violence in Later Life?

Domestic violence in later life occurs when a person uses power and control to inflict physical, sexual, emotional, or financial injury or harm upon an older adult with whom they have an ongoing relationship. The aggressors include spouses and former spouses, partners, adult children, extended family, and in some cases caregivers. The problem occurs in all communities, and affects people of all ethnic, cultural, racial, economic, and religious backgrounds. Although most victims are female, men can be harmed, too.

Generally abusers use a pattern of coercive tactics, such as isolation, threats, intimidation, manipulation, and violence, to gain and maintain *power* over their victims. Often they tell their victims where they can go, whom they can see, and how they can spend their money – in other words, *control* their decisions. Some abusers use their role and *power* to financially exploit their victims. Others feel that they are

entitled to get their way because they are the "head of the household," or because they are younger and physically stronger than their victim is.

What Is the Relationship Between Elder Abuse and Domestic Violence?

Some experts view late life domestic violence as a sub-set of the larger elder abuse problem. *Elder abuse*, broadly defined, includes physical, sexual and emotional abuse, financial exploitation, neglect and self-neglect, and abandonment. The distinctive context of *domestic abuse in later life* is the abusive use of *power and control* by a spouse/partner or other person known to the victim.

Domestic violence programs are likely to have skills and procedures in place to help many older victims of abuse. On the other hand, the elder abuse network/adult protective services systems have legal responsibility and authorities to protect vulnerable elders/adults. They have special skills for assisting victims with diminished decisional capacity or those who are unable to protect themselves from further abuse. They also have access to a number of supportive services for older victims.

The aging network is encouraged not to try to draw fine lines between the two service systems, i.e., not to try to answer, Is this domestic violence? Or, is it elder abuse? Rather, efforts should be made to maximize the capacity of both systems by partnering to meet older victims' unique needs.

Domestic Violence Prevention Programming

While service availability can vary from one community to another, most domestic violence programs offer some or all of the following services:

- *24-hour help/crisis lines.* In communities and states across the country, specially trained counselors are available by phone to help victims.
- *Peer and individual counseling.* Peer and individual counseling services are available for victims of domestic violence to assist the decision-making process.
- *Support groups.* Support groups allow individuals an opportunity to express their feelings and experiences with domestic abuse, and to support others in similar situations. A few domestic violence programs in the country have formed groups specifically for older women. To find support groups in your area, consult the National Clearinghouse on Abuse in Later Life Resource Directory www.ncall.us/docs/NCALL_Directory.pdf
- *Legal advocacy.* Legal advocacy services assist victims in understanding and navigating the legal system. Some domestic violence centers hire their own

lawyers to assist. Some have trained non-lawyers to support women at criminal and civil hearings and helping with pro se proceedings, such as getting a court order of protection. ("Pro se" means you act as your own lawyer.) The availability of legal advocacy varies greatly depending on the size of the program.

- *Emergency housing.* Emergency housing for victims leaving domestic abuse situations includes battered women's shelters, safe homes, or other temporary emergency shelter where a victim can stay while she decides what to do next.
- *Information and referral.* Domestic violence service providers routinely provide information to victims about their rights, available sources of support, and additional resources and services that can help — for example, economic support, housing, health care, mental health, and aging network services.
- *Safety planning.* An emergency safety plan can help a person who is being abused or threatened to protect herself in the event of further violence. Domestic violence safety plans generally consider such issues as which rooms are safest in case of an assault, how to reach out for help if the abuser shows up, and what a victim should pack if she needs to leave in an emergency. Additional information concerning safety planning is available from NCALL at www.ncall.us.

Keep in Mind. . .

Most domestic violence programs were designed for younger women; however, around the country some agencies offer specialized services for older women. Most also offer some services and referrals for male victims. In addition, they may include children's programs and batterer intervention programming. The National Domestic Violence Hotline (1-800-7233) Web site www.ndvh.org/ provides a search tool for finding local contact information.

Sexual Assault

Sexual assault service availability also varies from area to area. In larger communities, the sexual assault crisis center may be a separate agency from the domestic violence program. Most of them offer some services and referrals for male victims. Sexual assault services include 24-hour crisis lines; peer counseling; support groups; legal advocacy; information; referrals; safety planning; and medical advocacy.

Sexual Assault Nurse Examiners (SANE) are key providers of **medical advocacy services**. These nurses are specially trained to provide survivors first response care, both emotional and medical. The SANE nurses collaborate with the local rape crisis or sexual assault center advocates to provide counseling support; with the local

hospital/sexual assault clinic to provide follow-up care; and with law enforcement to assist in cases of legal prosecution.

When a patient arrives, the SANE nurse will ask her questions about the assault, listen to her, and explain the available options. Generally the SANE nurse will also examine and care for minor injuries; consult with the emergency doctor about any injury or illness concerns; collect forensic evidence that may be used in court to prosecute the perpetrator; and provide information and treatment to help prevent sexually transmitted diseases. To learn more, contact the National Sexual Violence Resource Center at 1-877-739-3895 or visit the NSVRC Web site at www.nsvrc.org/saam/index.html

Working with Domestic Violence Organizations

Aging network professionals are encouraged to reach out and learn more about state and local domestic violence intervention services, develop referral procedures, and promote joint efforts with domestic violence networks.

Cross-referral is crucial to victim safety. There will be instances when aging network staff will identify a victim or potential victim and want to make a referral to a domestic violence program. Ideally aging network professionals and domestic violence program advocates know each other and will have been trained on elder abuse together. If this has not occurred, opportunities for networking and joint training should be arranged.

Domestic violence programs may be particularly appropriate for older persons who do not fit the intake criteria for adult protective services, but who need help in addressing violence and abuse in their lives. In addition, domestic violence staff can be partners in outreach, linking older victims to adult protective, advocacy, community and supportive services such as, transportation, legal assistance, senior activities and health promotion.

Additional considerations in assisting victims of late life violence:

- *When to call a domestic violence program.* Many states mandate reporting cases of suspected elder abuse, which often involves domestic violence, to adult protective services. A victim of late life violence may be referred to a local domestic violence program, whether or not a report has been made to adult protective services. Many victims will benefit from the support they can offer.
- *Accepting referrals.* Unlike adult protective services or law enforcement, domestic violence programs do not investigate allegations of abuse. Most domestic violence

programs use a self-help model, meaning the victim needs to call the program and ask for help. Outside referrals from concerned friends, family, or professionals may not be accepted.

It is permissible to suggest that a victim call the domestic violence program herself. Another option is to make the call while the individual is in the room so the victim can talk to the advocate. If the victim is unwilling to talk to an advocate, aging network staff can ask the domestic violence program to send materials to share with the victim.

- *Eligibility.* Most domestic violence programs offer services to victims free of charge. In general, victims of domestic violence who seek help are not required to prove they have experienced abuse. Most domestic abuse and sexual assault services were developed to provide services to women although most can provide information, referrals, or services for men. Some work exclusively with victims of intimate partner violence. If a victim has been abused by an adult child or other family member or caregiver, they may not be eligible for services at those agencies. Check with your local program for eligibility criteria.
- *Advocacy approach.* Domestic violence advocacy is based on a self-empowerment philosophy. Victims are given support, information, and options so they are able to make choices that will work for them. Advocates do not *tell* victims what they should do, and they do not *judge* or question a victim's decisions.
- *Confidentiality.* Domestic violence programs have strict confidentiality policies to protect victims. Too often abusers will lie or attempt to manipulate staff to get information about victims. Therefore, domestic violence staff members do not provide any information about their clients.

One possible scenario: In the event an aging network staff calls a domestic abuse program to reach an older victim, she or he may be told that the domestic violence staff cannot confirm whether the program is working with the woman or if they know her. It is best to leave a message for the victim to return the call.

Also keep in mind that some domestic violence shelters keep the location of their building confidential so abusers do not show up to harass victims. Aging network staff will need to work with the local program to understand how to best work collaboratively with elder victims and how to meet with staff and/or victims.

- *Training and community education.* Beyond direct services to victims domestic violence programs offer professional training and community education on a

variety of topics pertaining to domestic violence and abuse. These programs may be involved in task forces and multidisciplinary teams. Staff members are also available to consult about domestic violence situations, even if a victim does not choose to accept services.

Building Awareness: Common Indicators of Domestic Violence in Later Life

Aging network professionals may encounter older victims of domestic violence in their work. Most often victims will not readily disclose their situation to friends, family or professionals. Abusers use violence to get their way, or to control or punish their victims. Many victims will do what abusers want to avoid being hurt.

Professionals in the aging network need to be aware of possible behavioral indicators of abuse and common reactions of victims. The chart below identifies some warning signs of domestic abuse in later life. All of the signs need not be present for abuse to be occurring. One or two indicators may warrant a referral for adult protective and/or domestic violence services.

Victim and Abuser Behaviors*

A Victim May . . .	An Abuser May . . .
<ul style="list-style-type: none"> ▪ Have <i>injuries that do not match the explanation</i> of how they occurred 	<ul style="list-style-type: none"> ▪ <i>Minimize or deny</i> the victim’s injuries or complaints ▪ Attempt to convince others that the victim is <i>incompetent or crazy</i>
<ul style="list-style-type: none"> ▪ Have repeated “<i>accidental injuries</i>” 	<ul style="list-style-type: none"> ▪ <i>Blame</i> the victim for being clumsy or difficult
<ul style="list-style-type: none"> ▪ Appear to be <i>isolated</i> 	<ul style="list-style-type: none"> ▪ <i>Physically assault or threaten violence</i> against the victim or victim’s family, friends, pets, in home provider(s) or social worker ▪ <i>Prevent or forbid victim contact</i> with family, friends, or service providers. ▪ <i>Threaten or harass</i> the victim ▪ <i>Stalk</i> the victim
<ul style="list-style-type: none"> ▪ Say or hint that she is <i>afraid</i> ▪ Give <i>coded communications</i> about what is occurring 	<ul style="list-style-type: none"> ▪ Act <i>overly attentive</i> towards the victim ▪ Act <i>loving, kind, and compassionate</i> to the victim, especially in presence of others
<ul style="list-style-type: none"> ▪ Consider or attempt <i>suicide</i> 	<ul style="list-style-type: none"> ▪ Consider or attempt <i>suicide</i>
<ul style="list-style-type: none"> ▪ Have a history of <i>alcohol or drug abuse</i> 	<ul style="list-style-type: none"> ▪ Have a history of <i>alcohol or drug abuse</i>

* Excerpted and adapted with permission from *Elder Abuse: A Multidisciplinary Approach*, by Bonnie Brandl, Carmel Dyer, Candice Heisler, Joanne Otto, Lori Stiegel, and Randy Thomas. New York: Springer. In press.

(including prescription drugs)	
<ul style="list-style-type: none"> ▪ Be “<i>difficult</i>” or hard to get along with 	<ul style="list-style-type: none"> ▪ Refuse to allow an interview with the victim take place without being present ▪ Speak on behalf of the victim, not allow the victim to participate in the interview
<ul style="list-style-type: none"> ▪ Have vague, chronic, <i>non-specific complaints</i> 	<ul style="list-style-type: none"> ▪ Say victim is <i>incompetent, unhealthy or crazy</i>
<ul style="list-style-type: none"> ▪ Be emotionally and/or financially <i>dependent on the abuser</i> 	<ul style="list-style-type: none"> ▪ Be emotionally and/or financially <i>dependent on the victim</i>
<ul style="list-style-type: none"> ▪ Miss <i>appointments</i> 	<ul style="list-style-type: none"> ▪ <i>Cancel the victim’s appointments</i> or refuse to provide transportation
<ul style="list-style-type: none"> ▪ Delay seeking <i>medical help</i> 	<ul style="list-style-type: none"> ▪ <i>Cover up the abuse</i> by taking the victim to different doctors, hospitals, or pharmacies ▪ <i>Refuse to purchase</i> needed prescriptions, medical supplies, and/or assistive devices
<ul style="list-style-type: none"> ▪ Show signs of <i>depression</i> (mild or severe), stress, or trauma 	<ul style="list-style-type: none"> ▪ Turn <i>family members against</i> the victim ▪ Talk about the victim as if he or she is not there or not a person (<i>dehumanize victim</i>)

Potential Victim Reactions

Victims may be concerned for their own safety *and* for the safety of others. Some victims want to stay in their own home and seek professional help only to *stop the abuse*, refusing legal intervention. For their own protection, or because they are not ready for changes, victims may:

- Defend and/or excuse the actions of the abuser.
- Remain silent.
- Ask the social service worker to leave and/or refuse services.
- Try to avoid police intervention and the arrest of the abuser.
- Minimize abuse and deny abuse occurs.
- Believe they are responsible for the abuse (e.g., “If I had gotten dinner done on time,” or “If I hadn’t gotten my haircut today, he wouldn’t be mad at me now”).
- Look to abuser to answer questions.
- Ask for help and then change his/her mind.
- Recant or withdraw the domestic violence report.
- Cancel or miss appointments.
- Not follow through on the safety plan.
- Talk fondly of the abuser’s good qualities.

- Make statements such as "He won't like that." Or "I don't think she'll let me do that."

Understanding the Victim

Ending a relationship with an abuser, especially a loved one, is often a difficult process. There are many reasons:

- Most victims prefer to maintain some type of relationship with their spouse/partner, family member or caregiver — *they simply want the abuse to end.*
- Some victims will choose to stay with an abuser, often for *religious, cultural, or financial reasons.* These victims can benefit from support, information, safety planning, and strategies that can help break down their feelings of isolation. *Personal values and beliefs* formed by an individual's background and experience can also play a role. Some victims may be more willing than others are to report abuse or talk to professionals about family problems. Race, culture, or ethnicity may influence body language, eye contact, and the expression of emotion.
- *Generational values* may also be involved. Many older persons may be uncomfortable talking about personal, private matters with strangers. They may fear younger professionals imposing their own generational values about divorce or women's roles onto them and judging their decisions.
- Finally, keep in mind that victims of domestic violence in later life may have *tried to get help before without success.* There could be any number of reasons: Maybe a shelter was unavailable or not appropriate for the victim's needs. Perhaps their abuser was not arrested or a restraining order was not enforced. It could be that the laws did not apply to the situation.

Here's How to Help*

T	<i>Take time</i> to listen.
R	<i>Respect</i> the victim's values and choices.
U	<i>Understand</i> how difficult it is. Offer compassion and hope.
S	<i>Support</i> the victim's decisions.
T	<i>Tell</i> the victim help is available. Refer victim for support and assistance.

* Excerpted with permission from *Building a Coalition to Address Domestic Abuse in Later Life*, by Ada Albright, Bonnie Brandl, Julie Rozwadowski, and Mary K. Wall. Madison, WI: National Clearinghouse on Abuse in Later Life and AARP Foundation National Legal Training Project, 2004.

To ensure the victim's safety, DO NOT:

- Talk about the abuse *in front of the abuser* or others.
- *Call and leave messages* that may make the abuser angry or suspicious.
- *Leave written information* on abuse where the abuser can find it.
- *Gossip or tell others* about the abuse unless the victim requests or gives permission, or you are required by law or employment to report the abuse.
- *Judge* the victim.
- Tell the victim *what to do*.

Aging/Domestic Violence Collaborations

Domestic violence programs are key allies in helping victims of abuse in later life. Examples of collaboration between aging and domestic violence networks include collaboration on multidisciplinary teams, joint training, public education, and policy development.

The National Center on Elder Abuse Promising Practices Database www.elderabusecenter.org/default.cfm?p=toolsresources.cfm contains a listing of several projects around the country that provide services in collaboration with domestic violence programs. These projects may serve as examples for aging network staff seeking to form new partnerships.

The Wisconsin Coalition Against Domestic Violence, National Clearinghouse on Abuse in Later Life also has compiled profiles several elder specific services that are provided by domestic violence programs. A summary can be viewed at www.ncall.us/docs/NCALL_Directory.pdf

State and National Resources on Late Life Violence

- **National Domestic Violence Hotline** 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) www.ndvh.org/ Help is available to callers 24 hours a day, 365 days a year. Assistance is available in English and Spanish with access to more than 140 languages through interpreter services.
- **Domestic Violence and Sexual Assault State Coalitions** work with statewide systems and agencies on behalf of the needs and interests of victims of abuse/assault. Coalitions are membership organizations comprised of local domestic violence and sexual assault agencies and other organizations and individuals dedicated to the elimination of abuse. Most do not provide direct services to victims of abuse. Areas where they can help include public awareness; professional training; community education; information and referral; resource

and materials development; technical assistance; and consultation. Coalitions also monitor state and national legislation and lobby to support the creation of laws that increase victim safety and support and hold perpetrators accountable.

A contact directory of **state domestic violence coalitions** is available on the U.S. Department of Justice, Office of Violence Against Women Web site at www.usdoj.gov/ovw/state.htm. To locate your **state sexual assault coalition**, see www.usdoj.gov/ovw/saresources.htm

- **National Center on Elder Abuse**, funded by the U.S. Administration on Aging, is a gateway to a wealth of information on subjects ranging from elder abuse and neglect to financial exploitation, nursing home abuse, and domestic violence in later life. Examples of publications are *Domestic Violence: Older Women Can Be Victims Too*, and *Multidisciplinary Elder Abuse Prevention Teams: A New Generation*. For more information, call (202) 898-2578, e-mail ncea@nasua.org, or visit the NCEA Web site at www.elderabusecenter.org.
- **National Clearinghouse on Abuse in Later Life**, a project of the Wisconsin Coalition Against Domestic Violence, has numerous publications and resources concerning older battered women and sexual assault including. Examples include *Golden Voices: Support Groups for Older Abused Women*, and *A National Domestic Abuse in Later Life Resource Directory*. For more information, call (608) 255-0539, e-mail wcadv@wcadv.org, or visit the Clearinghouse's Web site at www.ncall.org
- **American Bar Association Commission on Law and Aging** has produced a *Resource Packet on Domestic Violence and Sexual Abuse in Later Life* with funding from the Office on Violence Against Women at the US Department of Justice. For more information, call (202) 662- 8690 or e-mail abanet@abanet.org, or visit www.abanet.org/aging/resourcepack.pdf
- **Clearinghouse on Abuse and Neglect of the Elderly** is the nation's largest computerized collection of scholarly references and other resources relating to elder abuse, neglect, and exploitation. To search for literature, visit the CANE Web site at <http://db.rdms.udel.edu:8080/CANE/index.jsp> To narrow the search, key in 'domestic violence' or 'older battered women.' For more information, call (302) 831-3525 or e-mail CANE-Ud@udel.edu
- **National Resource Center on Domestic Violence**, a project of the Pennsylvania Coalition Against Domestic Violence, provides technical assistance, training and information on domestic violence and related issues. For more information, call 1-800-537-2238, or visit the Center's Web site at www.vawnet.org/index.php

- **National Coalition Against Domestic Violence** is a national organization of grassroots shelter and service programs for battered women. It serves as a national information and referral center on domestic violence. For information, technical support, or referral, call (303) 839-1852, e-mail mainoffice@ncadv.org, or visit the Coalition's Web site at www.ncadv.org/
- **Asian & Pacific Islander Institute on Domestic Violence** serves as a forum for, and clearinghouse on information, research, resources, and critical issues about violence against women in Asian and Pacific Islander communities. For more information, call (415) 954-9988, e-mail apidvinstitute@apiahf.org, or visit the Institute's Web site at www.apiahf.org/apidvinstitute/default.htm
- **Sacred Circle, National Resource Center to End Violence Against Native Women** provides training, consultation, and technical assistance to Indian Nations, tribal organizations, law enforcement agencies, prosecutors, and courts to address the safety needs of Native women who are battered, raped and stalked. It is a project of Cangleska, Inc., which operates a shelter on the Pine Ridge reservation in southwestern South Dakota. For more information, call (605) 341-2050, e-mail circle@sacred-circle.com, or visit the Sacred Circle Web site at www.sacred-circle.com/
- **Alianza – National Latino Alliance for the Elimination of Domestic Violence** is part of a national effort to address the domestic violence needs and concerns of under-served populations in Latino communities. For more information, call (800) 342-9908 or 1 -800-342-9908, e-mail inquiry@dvalianza.org, or visit the Alianza Web site at www.dvalianza.org
- **Institute on Domestic Violence in the African American Community** is focused on setting an agenda to reduce/eliminate domestic violence in the African American community. For more information, call (612) 624-5357, e-mail nidvaac@che.umn.edu, or visit the Institute's Web site at www.dvinstitute.org
- **Institute on Aging, San Francisco Elder Abuse Prevention Program** has worked with local and national organizations to create several publications on late life domestic violence. Titles include *Domestic Violence and the Elderly: A Cross-Training Curriculum in Elder Abuse and Domestic Violence*; *Serving the Older Battered Woman: A Conference Planning Guide*; and *Older Battered Women: Integrating Aging and Domestic Violence Services*. For more information, call (715) 750-4188, e-mail, elderabuseprevention@ioaging.org, or visit the IOA Web site at www.ioaging.org/programs/eap/eap.html

- **American College of Obstetricians and Gynecologists, Division of Women's Health Issues** has produced a variety of materials about domestic violence and older battered women. For more information, call (202) 863-2487. Or visit the ACOG Web site at www.acog.org/departments/dept_web.cfm?recno=17
- **Area Agency on Aging, Region One, Phoenix** has produced an educational video, *The Dance*, available in English and Spanish (*Nuestro Baile*), depicting the life of an older battered woman. For more information or to order a copy of the video, call (602) 264-2255 or 1-888-783-7500. Or visit the agency's Web site at www.aaaphx.org/main/domesticViolence.asp
- **American Medical Association** has developed diagnostic and treatment guidelines for physicians on topics of domestic violence and elder abuse. For more information, call (312) 464-5066 or visit the AMA Web site at www.ama-assn.org/ama/pub/category/3242.html
- **Family Violence Prevention Fund** has a number of helpful publications on domestic violence. For more information, visit the FVPPF Web site at <http://endabuse.org/>

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The National Center on Elder Abuse (NCEA) serves as a national resource for elder rights advocates, adult protective services, law enforcement and legal professionals, medical and mental health providers, public policy leaders, educators, researchers, and concerned citizens. It is the mission of NCEA to promote understanding, knowledge sharing, and action on elder abuse, neglect, and exploitation.

NCEA Partners

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

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