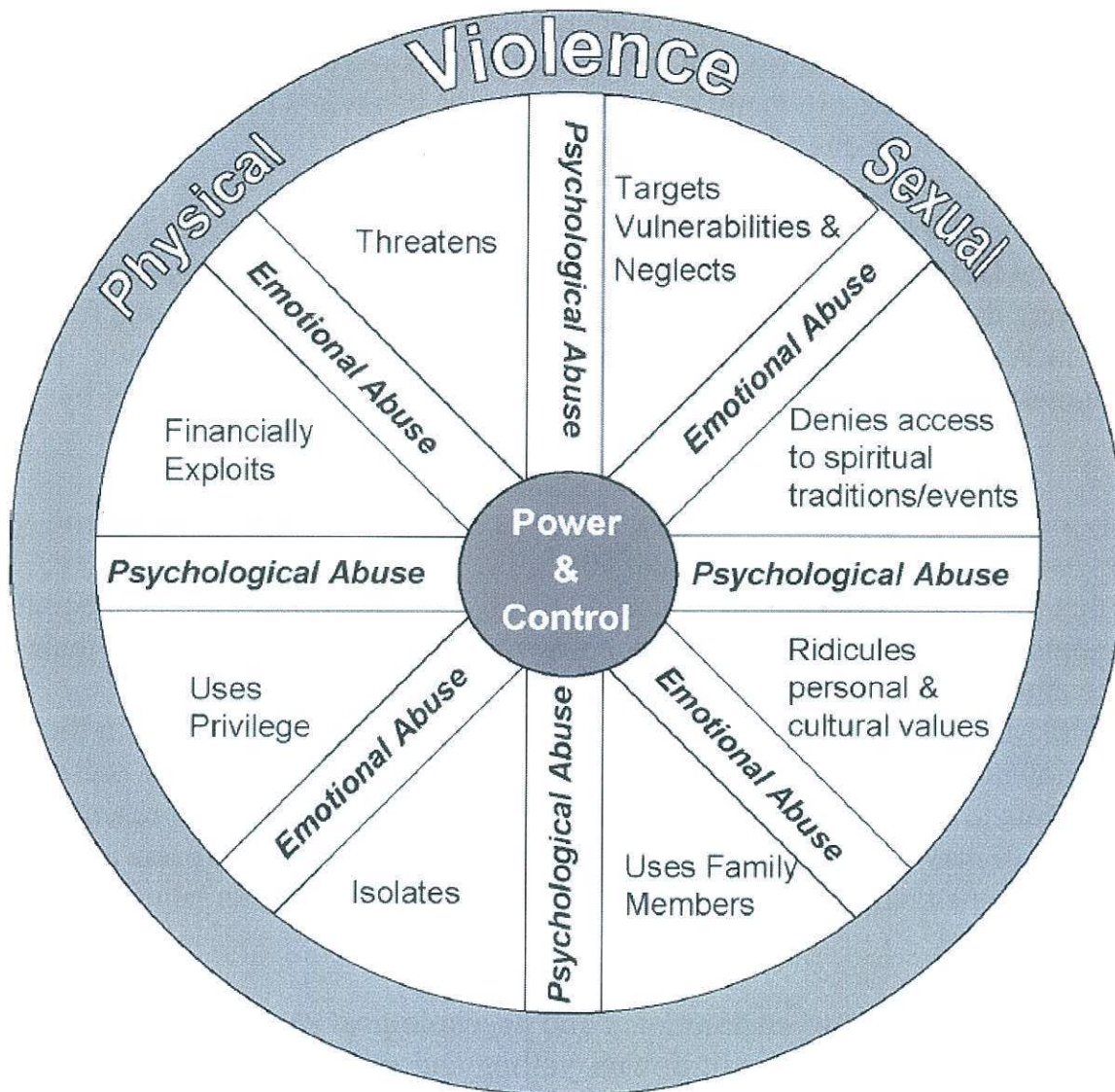


Abuse in Later Life Wheel



Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV)
307 S. Paterson St., Suite 1, Madison, WI 53703 608-255-0539
www.ncall.us/www.wcadv.org

This diagram adapted from the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN

Permission to Adapt 2006

Central Virginia Task Force on Domestic Violence in Later Life
MCV Campus Po Box 980229 Richmond VA 23298-0229
For training and info contact Lisa Furr, Project Coordinator
FurrL@vcu.edu 804-828-1525

Abuse in Later Life Wheel Development

In early 1980, the Duluth Domestic Abuse Intervention Project asked women attending domestic violence educational groups to describe their experiences of being battered by their male partners. The Duluth Power and Control and Equity wheels were created using the most commonly repeated tactics. There are many additional abusive behaviors experienced by women that are not on the wheel due to the small space available.

In 1995, NCALL staff asked facilitators of older abused women's support groups to have participants review the Duluth wheel. These older women were asked if their experiences of abuse in later life were different or similar to younger victims/survivors. Participants from a handful of groups in Wisconsin, Minnesota and Illinois generously provided feedback. The older women's suggestions were used to create the Family Abuse in Later Life wheel by NCALL.

In 2005, NCALL took the Family Abuse in Later Life wheel back to older survivors, and asked them to review the wheel once again. Over 50 victims from eight states responded, many telling us that the wheel reflected the abuse in their lives, however, it did not adequately represent the ongoing psychological & emotional abuse they experienced throughout their relationships. The attached wheel illustrates this reality.

The outer rim of the wheel defines violence or the threat of violence that is evident in the relationship. The violence may be frequent or very limited, but fear and threats are present. The abuser uses threats to maintain power and control. Each of the pie pieces represent the different tactics abusers may use in a relationship. Abusers may not necessarily use all of the tactics or they may use one tactic more often. Any combination of tactics can be used to maintain power and control.

This wheel makes a distinction between emotional and psychological abuse. Emotional abuse is specific tactics, such as name-calling, put-downs, yelling and verbal attacks, used to demean the victim. Psychological abuse is the ongoing, manipulative, crazy making behavior that becomes an overriding factor/tactic in abusive relationships. Sometimes it can be very subtle, sometimes it is very intense and invasive.

The center represents the goal or the outcome of all of these behaviors...power and control.

Tactics Used by Abusers

PHYSICAL ABUSE

- Slaps, hits, punches
- Throws things
- Burns
- Chokes
- Breaks bones
- Creates Hazards
- Bumps and/or trips
- Forces unwanted physical activity
- Pinches, pulls hair & twists limbs
- Restrains

SEXUAL ABUSE

- Makes demeaning remarks about intimate body parts
- Is rough with intimate body parts during care giving
- Takes advantage of physical or mental illness to engage in sex
- Forces sex acts that make victim feel uncomfortable and/or against victim's wishes
- Forces victim to watch pornography on television and/or computer

PSYCHOLOGICAL ABUSE

- Withholds affection
- Engages in crazy-making behavior
- Publicly humiliates or behaves in a condescending manner

EMOTIONAL ABUSE

- Humiliates, demeans, ridicules
- Yells, insults, calls names
- Degrades, blames
- Uses silence or profanity

THREATENING

- Threatens to leave and never see elder again
- Threatens to divorce or not divorce
- Threatens to commit suicide
- Threatens to institutionalize
- Abuses or kills pet or prized livestock
- Destroys or takes property
- Displays or threatens with weapons

TARGETING VULNERABILITIES

- Takes or moves walker, wheelchair, glasses, dentures
- Takes advantage of confusion
- Makes victim miss medical appointments

NEGLECTING

- Denies or creates long waits for food, heat, care or medication
- Does not report medical problems
- Understands but fails to follow medical, therapy or safety recommendations
- Refuses to dress or dresses inappropriately

DENIES ACCESS TO SPIRITUAL TRADITIONS/EVENTS

- Denies access to ceremonial traditions or church
- Ignores religious traditions
- Prevents from practicing traditional ceremonies/events

NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)

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Tactics Used by Abusers

USING FAMILY MEMBERS

- Magnifies disagreements
- Misleads family members about extent and nature of illnesses/conditions
- Excludes or denies access to family
- Forces family to keep secrets
- Threatens and denies access to grandchildren
- Leaves grandchildren with grandparent without honoring grandparents needs and wishes

RIDICULES PERSONAL & CULTURAL VALUES

- Ridicules personal/cultural values
- Makes fun of a person's racial background, sexual preference or ethnic background
- Entices or forces to lie, commit a crime or do other acts that go against the victim's value system

ISOLATION

- Controls what victim does, whom they see, and where they go
- Limits time with friends and family
- Denies access to phone or mail
- Fails to visit or make contact

USING PRIVILEGE

- Treats victim like a servant
- Makes all major decisions
- Ignores needs, wants, desires
- Undervalues victim's life experience
- Takes advantage of community status, i.e. racial, sexual orientation, gender, economic

FINANCIAL EXPLOITATION

- Steals money, titles, or possessions
- Takes over accounts and bills and spending without permission
- Abuses a power of attorney
- Tells elder money is needed to repay drug dealer to stay safe

NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)

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DOMESTIC ABUSE IN LATER LIFE TIPS ON WORKING WITH VICTIMS

ASK ABOUT ABUSE

Lead into questions about abuse with a statement such as: "Because many of the people I work with are hurt by family members, I ask questions about relationships and abuse."

The questions may include:

- How are things going with your spouse (or adult child)?
- Are you getting out with your friends?
- Are you afraid of your spouse (or other family member)?
- Have you ever been hit, kicked, or hurt in any way by a family member? Does anyone threaten you or force you to do things you do not want to do?
- Have you ever been forced to do sexual acts you did not wish to do? Is this going on now?

IF YES. ask for more information and ask questions such as "how are you staying safe?"

IF NO, state that if a family member ever does hurt you or you know someone who is being hurt, there are people who can help. Feel free to contact me for information if you ever need it.

RED FLAGS (Things to listen and watch for)

From a potential victim

- Has repeated "accidental" injuries
- Appears isolated
- Says or hints at being afraid
- Considers or attempts suicide
- Has history of alcohol or drug abuse (including prescription drug)
- Presents as a "difficult" patient or client
- Has vague, chronic complaints
- Is unable to follow through on treatment plans or medical care. May miss appointments.
- Exhibits severe depression

From a potential abuser:

- Is verbally abusive to staff in public, or is charming and friendly to service providers
- Says things like "he's difficult," "she's stubborn," "he's so stupid," or "she's clumsy"
- Attempts to convince others that the family member is incompetent or crazy
- Is "overly attentive" to the family member
- Controls the family member's activities
- Refuses to allow interview or exam to take place without being present
- Talks about the family member as if he or she is not a person

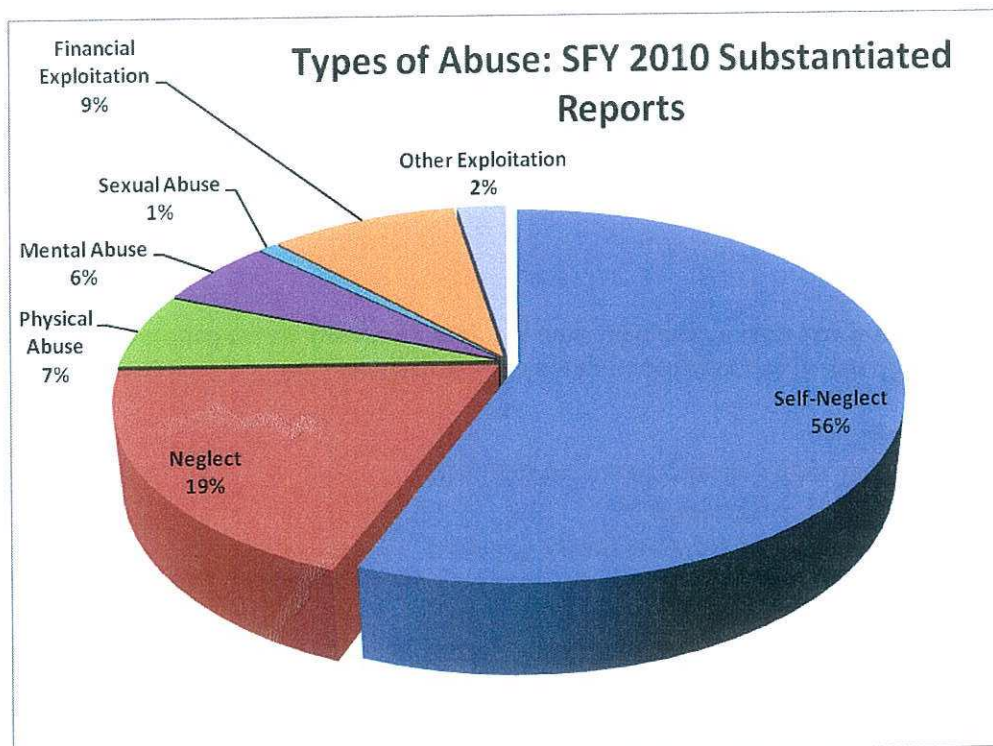


Table 8-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2008	2009	2010
Total Reports Received	14,314	15,625	17,141
Reports Investigated ¹	12,150	13,629	14,750
Total Reports Substantiated ²	7,482	8,076	8,752
Unfounded	4,668	5,553	5,998
Pending ³	807	157	87
Invalid ⁴	1,357	1,839	2,304
<i>Percent of Reports Substantiated</i>	<i>62%</i>	<i>59%</i>	<i>59%</i>
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,174	4,440	4,466
Needs and Refuses Services	1,259	1,314	1,621
Need No Longer Exists	2,039	2,322	2,665

¹ Investigated reports include substantiated and unfounded reports.

² A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.

³ Pending reports include reports undergoing investigation.

⁴ Information on invalid reports was not available prior to the implementation of the ASAPS program. Invalid (reports not meeting validity criteria) includes reports that are invalidated at the time they are made as well as investigated reports that receive a disposition of "invalid."

SFY 2010 Regional Demographics of Report Subjects

	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTALS
Reports Received	2548	3645	3551	4602	2795	17141
% Substantiated	58%	60%	52%	59%	70%	59%

Demographics of Report Subject

60+	71%	69%	74%	67%	68%	70%
18-59	29%	31%	26%	33%	32%	30%
Female	63%	61%	62%	61%	63%	62%
Male	37%	39%	37%	39%	37%	38%
White	55%	54%	71%	71%	95%	69%
Black	39%	38%	14%	23%	4%	23%
Unknown	4%	7%	12%	6%	1%	6%
Other ⁵	1%	1%	3%	<1%	<1%	1%

Living Arrangements of Subject at Time of Report

Own House/Apt	62%	63%	67%	65%	67%	65%
Other's House/Apt	14%	14%	13%	11%	14%	13%
Nursing Facility	9%	8%	8%	13%	10%	8%
Assisted Living Facility	5%	4%	4%	5%	3%	4%
BHDS Facility or Group Home	4%	6%	4%	3%	1%	4%
Adult Foster Care	<1%	<1%	<1%	<1%	<1%	<1%
Other Living Arrangements ⁶	7%	5%	4%	4%	4%	5%

Virginia Department of Social Services Adult Services SFY 2010 Program Report

⁵ Includes Oriental/Asian, American Indian, & Alaskan Native

⁶ Includes shelter, jail, homeless and other undefined living arrangement

Source of APS Reports

SFY 2010 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	2211
Social Worker	2072
Other	1636
Nurse	1068
Law Enforcement Officer	951
Friend/Neighbor	787
Nursing Home Administrator/NH Staff	734
Self	674
Home Health Provider	661
Hospital Staff	645
EMS Personnel/Fire Department	501
Mental Health Provider/Psychologist/Counselor/Psychiatrist	412
CSB Staff	399
ALF/Group Home Staff	373
Physician/Primary Physician/Physician Assistant	318
DBHDS Staff	296
Financial Institution	184
Area Agency on Aging Staff	183
Agency Provider-Home Based Care/EDCD/Personal Care Provider	182
Departments of Social Services Staff	176
Hospice	89
Other Healthcare Professionals(PT/OT/RT/CNA/SLP)	74
Power of Attorney	64
Guardian/Conservator	51
Adult Day Care Staff	49
Attorney	48
Public Housing Staff	43
Licensing Programs Staff	41
Health Department Staff/Public Health Nurse	33
Clergy	31
Workshop Staff	29
Long-term Care Ombudsmen	26
Transportation Provider ⁷	26
Domestic Violence Program Staff	22
Shelter Staff	22
Department for the Aging Staff	8
Adult Foster Care Provider	7
Dentist/Dental Office Staff	3
Optometrist	2
Total	15,141⁸

⁷ Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

⁸ Source: ASAPS. Reflects underreporting.

SEXUAL VIOLENCE IN LATER LIFE

Fact Sheet

Sexual violence can affect individuals across the lifespan, including people in later life. Many older victims have survived multiple victimizations over the course of their lives. Recognition of sexual violence against people in later life is hindered by misconceptions that older adults are not sexual beings or sexually desirable and that rape is a crime of passion.

A high percentage of victims experience significant health problems and disabilities that increase vulnerability and reduce help seeking (Eckert & Sugar, 2008; Teaster & Roberto, 2004). Advanced age does not protect one from sexual assault, but rather increases risk in many ways.

The National Center on Elder Abuse (2007) defines sexual abuse as “non-consenting sexual contact of any kind” including unwanted touching; sexual assault or battery, such as rape, sodomy, and coerced nudity; sexually explicit photographing; and sexual contact with any person incapable of giving consent. Jurisdictions and agencies define “elder” differently but typically as commencing at age 60 or 65.¹

Injuries

Due to age-related physiological changes, older victims tend to sustain more serious physical and psychosocial injuries during an assault than younger victims. Some of the signs and symptoms of sexual violence against people in later life include:

- Genital injuries, human bite marks, imprint injuries, and bruising on thighs, buttocks, breasts, face, neck, and other areas

- Fear, anxiety, mistrust, and dramatic changes in victims' behavior
- Eyewitness reports and disclosures by victims
- Observed suspicious behavior of perpetrators by others

Barriers to response and prevention

It is likely that sexual violence against people in later life is highly underreported. Many barriers impede the effective response and prevention of sexual abuse against older victims including:

- Social stigma and barriers preventing individuals from discussing sexual activities or sexual violence openly
- Disabling conditions that interfere with making reports
- Victim's fear of further harm
- Victim's reluctance to report, especially if perpetrator is a family member
- Misinterpretation of disclosure as part of dementia and of physical evidence as “normal” markings on an older body (Burgess & Clements, 2006)
- Delayed medical and police assistance and contamination of physical evidence

¹Various jurisdictions and agencies define the “elder” portion of life differently, but typically as commencing at age 60 or 65. In contrast, the National Clearinghouse on Abuse in Later Life (NCALL) considers older victims to be those over age 50.



Victims

- Most identified older victims are female; however male victims have been reported in almost every study (Burgess, Ramsey-Klawnsnik, & Gregorian, 2008; Ramsey-Klawnsnik, Teaster, Mendiondo, Marcum, & Abner, 2008).
- In addition, genital injuries occur with more frequency and severity in post-menopausal women than younger rape victims (Poulos & Sheridan, 2008).
- Older victims are also more likely to be admitted to a hospital following assault (Eckert & Sugar, 2008).
- Victims, ranging from age 60 to 100, experienced psychosocial trauma whether or not they could discuss the sexual assault. There was no significant difference between those with and without dementia in post-abuse distress symptoms (Burgess et al., 2008).

Perpetrators

- Perpetrators of sexual violence against people in later life span a wide range in age and can be juveniles as well as other older adults (Burgess et al., 2008).
- Most perpetrators of sexual abuse against people in later life have special access to victims as family members, intimate partners, fellow residents, or care providers.
- Most identified offenders are male, however, female offenders have also been identified (Burgess et al., 2008; Ramsey-Klawnsnik et al., 2008).
- Persons who sexually offend older adults within their families exhibit characteristics of mental illness, substance abuse, domineering or sadistic personalities, sexual deviancy, and sexist views of wives as property (Ramsey-Klawnsnik, 2003).
- Sexual offenders who are older adults are typically not held accountable. National Institute for Justice Research demonstrated that the older a victim, the less likely the offender was found guilty. (Schofield, 2006).

For more information on how you can work to address and prevent sexual violence against people in later life, please contact your state, territory, or tribal coalition against sexual assault and/or the National Sexual Violence Resource Center (resources@nsvrc.org, 877-739-3895, <http://www.nsvrc.org>).

This fact sheet was developed by Holly Ramsey-Klawnsnik, Ph.D., and is part of a Sexual Violence in Later Life Information Packet.

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RESEARCH ON ABUSE IN LATER LIFE

THE UNITED STATES GROWS OLDER

- The population of persons 65+ in 2030 is projected to be twice as large as in 2000. (U.S. Census Bureau, 2005)
- Persons reaching age 65 have an average life expectancy of an additional 18.5 years; 19.8 years for females and 16.8 years for males. (2005 Profile of Older Americans, US DHHS, AOA)
- The three fastest-growing 5-year age groups in the United States since the last census were 50-54 year-olds at 55%, 45-49 years olds at 45%, and 90-94 year-olds at 45%. (US. Census Bureau, 2001)
- 52% of elderly live in nine states - CA, NY, FL, PA, TX, IL, MI, OH, and NJ. (2005 Profile of Older Americans, US DHHS, AOA)
- Projections indicate that by 2030, the composition of the older population will be more diverse: 72% non-Hispanic White, 11% Hispanic, 10% Black and 5% Asian. (U.S. Census Bureau, 2005)

GROWING OLDER IN THE UNITED STATES

- About 415,000 grandparents aged 65 or more had the primary responsibility of their grandchildren. (2005 Profile of Older Americans, US DHHS, AOA)
- The median income of older persons in 2004 was \$21,102 for males and \$12,080 for females. (2005 Profile of Older Americans, US DHHS, AOA)
- For one-third of Americans over 65, Social Security benefits constitute 90% of their income. (2005 Profile of Older Americans, US DHHS, AOA)
- 3.6 million elderly persons or 9.8% lived below the poverty level in 2004; another 2.2 million or 6.4% were classified as "near poor." (2005 Profile of Older Americans, US DHHS, AOA)

REPORTED CASES OF ELDER ABUSE ARE INCREASING

- In 2003, 565,747 cases of abuse and neglect were reported to adult protective services throughout the United States. This represents a 19.7% increase from the 2000 survey. (NCEA, 2004)
- For every case reported to authorities, five more go unreported. (NCEA, 1998)
- Only an estimated 30% of sexual assaults against the elderly ever get reported to the authorities. (Burgess, Clements 2006)

ELDER ABUSE IS OFTEN FAMILY VIOLENCE

- According to the Adult Protective Services Survey done in 2004, 89.3% of elder abuse reports occurred in domestic settings. (NCEA, 2004)
- A 1999 study also found that many victims had difficulty taking care of themselves and that family members were the primary perpetrators of sexual abuse. (Teaster, 2000)

A SIGNIFICANT PORTION OF ELDER ABUSE IS SPOUSE/PARTNER VIOLENCE

- A study of 257 older women ages 50–79 found that 32% had experienced physical abuse or threat from their partners at some point in their lives. (Mouton, 1999)
- In a 5-year study done of 1057 victims 65 and over receiving domestic violence program services, 71.2 % reported physical abuse. (Lundy, Grossman, 2004)

ABUSE IN LATER LIFE TURNS DEADLY

- 8% of all women in single female victim/single male offender homicides reported in 2003 were 65 years of age or older. (Violence Policy Center, 2005)
- Each year more than 500 homicide-suicides or 1,000 deaths occur in persons 55 years and older, which means that nearly 20 older Americans die each week in a homicide-suicide. (Cohen, 2001)
- A Florida study found that persons age 55 and over had homicide-suicide rates almost twice that of persons under age 55, 75% involve a husband who kills his wife before killing himself. (Malphurs, Eisdorfer, Cohen, 2001)
- Abused elders are more likely to end up dead at the end of a 13-year follow-up period than self-neglecting or elders who are not abused. (Lachs, Williams, O'Brien, Pillemer, and Charlson, 1998)
- 25% of homicide-suicide perpetrators age 55 years and older have a history of domestic violence. (Mulphurs, Cohen, 2005)

SEXUAL ABUSE OCCURS IN LATER LIFE

- A study of 284 cases of sexual assault against victims age 60 and older revealed that 70% of the victims were assaulted in their homes; 23.2% were assaulted while living in an institution, and 4.8% were assaulted in other locations. (Burgess, 2006)
- Of the 284 victims in this study, 261 (93.5%) were female elders and 19 (6.5%) were male elders (4 of the 284 victims did not identify a gender). There were 210 male offenders and 20 female offenders in cases with data. (Burgess, 2006)
- More than 60,000 rapes of women older than 50 years of age are reported annually. (NCEA, 2005)

ABUSERS ARE OFTEN DEPENDENT ON THEIR VICTIMS