

Domestic and Sexual Violence in Later Life: How is it different?

January 31, 2012

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OBJECTIVES

- To identify domestic and sexual violence in later life.
- To identify appropriate resources and community collaborations.
- To identify issues for allied professionals.

WHAT IS DOMESTIC VIOLENCE IN THE SECOND HALF OF LIFE?

- **A pattern of coercive control and abuse of an older person in a trusted, ongoing relationship**
- **Primarily women, but includes older men**
- **Basis is "power and control"-**
- **Age 50 and Older**

What is Sexual Violence?

- Conduct of a sexual nature which is non-consensual, and is accomplished through threat, coercion, exploitation, deceit, force, physical or mental incapacitation, and / or power of authority.

The Interrelationship Between Domestic Violence and Elder Abuse



Created by National Clearinghouse on Abuse in Later Life, a project of the Wisconsin Coalition Against Domestic Violence

SCENARIOS OF DOMESTIC VIOLENCE IN LATER LIFE

Partner/Spouse/Adult Child

- Domestic Violence Grown Old
- New Relationship
- Late Onset Domestic Violence
- "Reverse" Domestic Violence

Family Violence

- Adult Children, Relatives/ Intimate Caregivers
- "Domestic elder abuse is a family problem- almost 90% of abusers were family members"
- "In the last decade domestic elder abuse reports investigated by APS have increased by more than 150%"

National Association of Adult Protective Services Administrators- National Center on Elder Abuse- 2001

Symptoms?



Pat

- Domestic Violence in Later Life



Family Abuse in Later Life



POWER AND CONTROL WHEEL: THE INNER SPOKES

- These are behaviors that go on all the time. They make the victim feel trapped.
- Most of the abuser's acts are non-criminal(emotional abuse, control, ridiculing values)
- Only when you understand the victim's history (why she/ he stays, why she/he minimizes) can you develop a rapport



THE OUTER WHEEL: PHYSICAL AND SEXUAL ABUSE

These behaviors of physical and sexual abuse are how the abuser enforces control – they instill fear

These behaviors may be intermittent because the abuser is using *subtle threats* which are less able to be identified

Family Violence Code of Virginia § 16.1-228

"Family abuse" means any act involving violence, force, or threat including, but not limited to, any forceful detention, which results in bodily injury or places one in reasonable apprehension of bodily injury and which is committed by a person against such person's family or household member.

"Family or household member" means (i) the person's spouse, whether or not he or she resides in the same home with the person, (ii) the person's former spouse, whether or not he or she resides in the same home with the person, (iii) the person's parents, stepparents, children, stepchildren, brothers, sisters, half-brothers, half-sisters, grandparents and grandchildren, regardless of whether such persons reside in the same home with the person, (iv) the person's mother-in-law, father-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law who reside in the same home with the person, (v) any individual who has a child in common with the person, whether or not the person and that individual have been married or have resided together at any time, or (vi) any individual who cohabits or who, within the previous 12 months, cohabited with the person, and any children of either of them then residing in the same home with the person.

Issues with Assault in the Family

Older IPV victims socialized differently

Many have suffered years of abuse, disempowerment high

Complex, ambivalent feelings for offender normal

Dependency upon offenders

Desire to protect offspring inhibits self-protection

Fear that kin will be prosecuted

Victims Overlooked and Not Believed

Disbelief: elders are sexually assaulted

Victim conditions that prohibit reporting
(dementia, aphasia)

Some reporting discounted as psychotic or demented

Forensic indicators often missed or misinterpreted on an older body

Professional training insufficient

Response to allegations often insufficient

Exacerbating Victim's Issues

Missing or misinterpreting markers

Disbelieving disclosures

Contaminating physical evidence

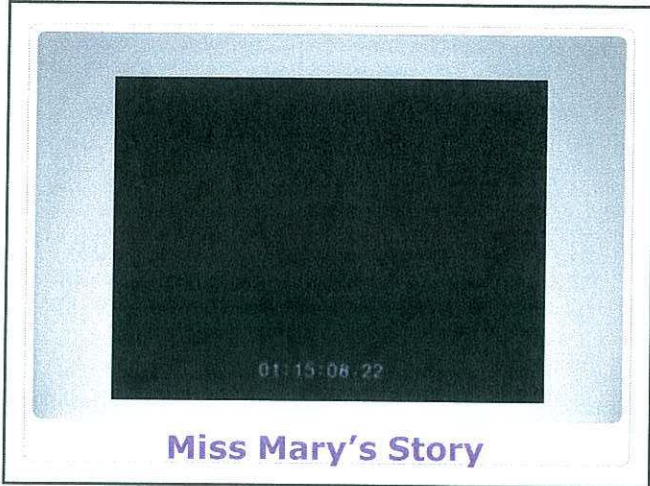
Hiding cases to self-protect

Failing to provide forensic exams

Failing to offer SA services

Failing to report to authorities

Failing to protect elders under care



Perpetrators- Who Abuses?

- Spouses/ partners
- Adult Children
- "Quasi- Relatives"
- Care providers
- Strangers

Physical Impact of Assaults

- Older victims more likely than younger victims to be hospitalized following an assault (Eckert and Sugar, 2008)
- Genital Injuries more frequent and severe in post-menopausal women than younger victims (Poulos and Sheridan, 2008)

Impact of Assault

- Many older victims demonstrate psycho- social trauma regardless of their ability to discuss SA
- No significant differences in older adults with or without dementia in terms of distress
- New Behaviors for victims:
Fears, anxieties, incontinence, intrusive memories, attempts to leave, numbness /shock, agitation, restlessness, being distraught, yelling, pacing, startle reflex, changes in eating, sleeping, mood

Burgess, Ramsey-Klawnsnik & Gregorian, 2008

Summary of Ramsey- Klawnsnik's Findings

- Sexual assault is a risk across the lifespan
- Victim trauma regardless of developmental stage, functional or cognitive ability
- SA has serious short & long-term health consequences
- Allied professionals needed to prevent, recognize, evaluate, diagnose, treat, assist, advocate

Summary of Ramsey- Klawnsnik's Findings

- Assault prevention has not been geared to older adults
- Physical & psychosocial impact on elders of sexual assault is often missed, minimized or ignored
- Many elders have been unprotected from ongoing assaults and unassisted following assault
- Elders infrequently offered exams or counseling
- Rapists rarely held accountable

Understanding the Aging Process

- Physiological Aging
- Hearing
- Vision
- Psychosocial Aging
- Mental and intellectual changes

Range Of Disabilities

Virginia Adult Abuse Statistics

THREE YEAR COMPARISON OF APS REPORTS

	2008	2009	2010
Total Reports Received	14,314	15,625	17,141
Reports Investigated	12,150	13,629	14,750
Total Reports Substantiated	7,482	8,076	8,752
Unfounded	4,668	5,553	5,998
Pending	807	157	87
Invalid	1,357	1,839	2,304
Percent of Reports Substantiated	62%	59%	59%

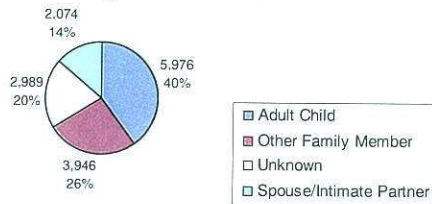
DISPOSITIONS OF SUBSTANTIATED REPORTS

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

Va DSS State Fiscal Year 2010 Report

http://www.dss.virginia.gov/files/about/reports/adults/adult_services_annual/2010.pdf

Relationship of Identified Perpetrator to Victim



Who Abuses?

Norman

- What are the issues that need to be addressed?
- What resources would be available?



What Are Mandated Reporters Required to Report?

- Mandated reporters are required to report **suspected** abuse, neglect, or exploitation of elders or incapacitated adults.
- Reporters should provide the name, age and address or location of the person who is suspected of being abused, and as much information about the abusive situation as possible.

Who Should be Contacted?

- A mandated reporter must make a report to the local department of social services or to the toll-free 24-hour APS Hotline at 1 (888) 832-3858. When sexual abuse, serious bodily injury, disease or death believed to be caused by abuse or neglect, and any criminal activity involving abuse or neglect that places the adult in imminent danger of death or serious bodily harm are suspected, mandated reporters are required to report to both local departments of social services and local law enforcement. Suspicious deaths must be reported to the local medical examiner and law enforcement.

Case Study Questions

- What are the issues for this person's safety?
- What case management/ resources are needed?
- Collaboration opportunities
Who else is needed at the table?
Referrals?

Coordinated Community Response



Source: CANDACE HEISLER CONSULTING ATTORNEY

Resources:

- **NCALL**- National Coalition On Abuse in Later Life- Wisconsin State coalition www.ncall.us
- **Clearinghouse on Abuse and Neglect of the Elderly (CANE)** This site contains many resources to help you find assistance, publications, data, information, and answers about elder abuse. www.elderabusecenter.org/clearing/index.html
- **National Association of Adult Protective Services Administrators (NAPSA)** This site contains many resources to help you find assistance, publications, data, information, and answers about elder abuse. <http://www.apsnetwork.org/>

- **NSVRC- National Sexual Violence Resource Center**- Sexual violence can affect individuals across the life span, including people in later life. The NSVRC has created a series of new resources related to sexual violence in later life. The Sexual Violence in Later Life Information Packet was developed by Holly Ramsey-Klawnsnik, PhD, in conjunction with the National Sexual Violence Resource Center. The packet includes the following:
[fact sheet](#), [technical assistance bulletin](#), [technical assistance guide](#), [resource list](#), [annotated bibliography](#), [research brief](#), and [an online collection](#).
<http://www.nsvrc.org/publications/sexual-violence-later-life-information-packet>

Resources Cont

Resources:

- **Virginia Adult Protective Services** APS investigates reports of abuse, neglect, and exploitation of adults aged 60 and over and incapacitated adults over 18 years of age and provides services when persons are found to be in need of protective services. The goal of APS is to protect a vulnerable adult's life, health, and property without a loss of liberty. When this is not possible, APS attempts to provide assistance with the least disruption of life style and with full due process, protection, and restoration of the person's liberty in the shortest possible period of time. APS seeks to achieve simultaneously and in order of importance: freedom, safety, and minimal disruption of lifestyle and least-restrictive care. www.dss.virginia.gov/family/as/prevention_month.cgi

Report suspected abuse or financial exploitation of the elderly or adults with a disability, to your local DSS or the Virginia DSS 24-hour, Adult Protective Services hotline at: 1(888) 832-3858.

Articles used:

- Poulos, C. & Sheridan, D. (2008). Genital injuries in post-menopausal women after sexual assault. *Journal of Elder Abuse and Neglect*, 20(4), 323 – 335.
- Ramsey-Klawnsnik, H. (2009). Elder sexual abuse. *National Association of Social Workers MA Chapter Focus Newsletter*, 36(4), 7 – 10, 15 - 17.
- Ramsey-Klawnsnik, H. (2008). Introduction to: Elder sexual abuse: Research findings and clinical issues. Special issue of *Journal of Elder Abuse and Neglect*, 20(4), 301 – 305.

OUR MISSION



Central Virginia Task Force on Domestic Violence in Later Life

- A regional collaboration of aging, domestic violence, law enforcement, and criminal justice organizations founded in 1998 to raise awareness and improve the community response to older women who experience domestic violence and sexual assault.
- Serves the City of Richmond and Henrico, Hanover, and Chesterfield Counties- also provides technical assistance statewide.

More info?



Central Virginia Task Force on Domestic Violence in Later Life

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Grant Funding

- This project is supported in part by the Department of Criminal Justice Services award no.11-F4895DV11 from funds made available through the Virginia Domestic Violence Victim Funds. The opinions, findings, conclusions or recommendations expressed are those of the authors and do not necessarily reflect the views of DCJS.
- This project supported in part by Grant No. 11-H4145VA10 awarded by the Department of Criminal Justice Services from funds authorized by the federal Violence Against Women Act and awarded to Virginia by the U.S. Department of Justice. Opinions or points of view expressed do not necessarily represent those of DCJS or the Justice Department.