

# CHAPTER 1

## **Dynamics of Abuse in Later Life**

- ◆ Statistics
- ◆ What Is Domestic Violence in Later Life?
- ◆ Forms of Abuse in Later Life
- ◆ Why Does Domestic Violence Occur in Later Life?
- ◆ A Web of Fear and Isolation:  
Barriers to Living Free from Abuse
- ◆ Issues that Shape Values/Responses  
by Victims



# Dynamics of Abuse in Later Life

## STATISTICS

## Notes

### Research on Abuse in Later Life

#### Americans Are Getting Older

- ▼ By 2030, more persons will be over 65 than under age 18.
- ▼ By 2030, the number of elders is expected to have doubled since 1990 to 70 million.
- ▼ 52 % of elderly live in nine states (CA, NY, FL, PA, TX, IL, MI, OH, NJ).
- ▼ Minority elderly will represent 25 % of elderly in 2030.
- ▼ Between 1990 and 2030, Hispanic elderly will increase by 570 %.
- ▼ American Indians, Eskimos, and Aleuts (elderly) will increase by 294 %.
- ▼ Asians and Pacific Islanders (elderly) will increase by 643 %.

#### Reported Cases of Elder Abuse Are Increasing

- ▼ In 1999, 470,702 cases of abuse and neglect were reported to adult protective services throughout the United States. This is a 62 % increase since 1996 (NCEA, 2001).
- ▼ In 1999, 114,861 complaints of abuse, neglect and gross exploitation in nursing facilities were reported to ombudsmen throughout the United States (NCEA, 2001).
- ▼ 3,406 cases of abuse and neglect in board and care facilities were reported to ombudsmen in 1999 (NCEA, 2001).

#### Domestic Elder Abuse Is Primarily Family Abuse

- ▼ The National Elder Abuse Incidence Study found in almost 90 % of cases, the perpetrator was a family member. (NCEA, 1998).

#### A Significant Portion of Elder Abuse Is Spouse/Partner Violence

- ▼ Random sample studies of seniors living in the community found more spouse/partner abuse than abuse by adult children (Podnieks, 1992; Pillemer, 1988).

*Notes*

- ▼ However, in cases reported to adult protective services, the abuser was an adult child more often than spouse in every study (Brownell, 1999; Vladescu, 1999; NCEA, 1998; Lachs, 1997; Wolf, 1997) except one (Lithwick, 1999).
- ▼ A study of 257 older women ages 50 – 79 found that 32 % had experienced physical abuse or threat at some point in their lives (Mouton, 1999).
- ▼ A study of 5,168 couples found that 5.8 % of couples aged 60 + experienced physical violence in their relationship within the past year (Harris, 1996).

**Sexual Abuse Occurs in Later Life**

A study of 28 women ages 65-101 who had been sexually abused found:

- ▼ 71 % of victims were described as dependent for physical care or functioning poorly.
- ▼ 29 % of suspected perpetrators were spouses/partners; 39 % were sons, 7 % were brothers. The total of 81 % of perpetrators were caregivers; 78 % were family members.
- ▼ In almost 1/3 of cases, others witnessed sexually abusive acts; in 71 % of cases other service providers suspected sexual abuse (Ramsey-Klawnsnik, 1991).

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).

**Victims Come from a Variety of Backgrounds.**

- ▼ No profile of an elder abuse victim has been identified (Seaver, 1996; Pillemer, 1989).
- ▼ A significant percentage of victims live with their abusers (Vladescu, 1999; Lachs (1997a/b), 1997; Seaver, 1996; Greenberg, 1990; Pillemer and Finklehor, 1988).
- ▼ Depression or other illnesses were common for victims (Reis, 1998; OWN, 1998; NEAIS, 1998; Le 1997; Pillemer, 1988). Some victims were unhappy and isolated and felt guilt, shame or fear (OWN; 1998; Reis 1998 and 1997; Podnieks, 1992). Some victims see abuse as normal behavior (Phillips, 2000). In addition, some victims minimize the abuse or believe it is their fault (Griffin, 1994; Podnieks, 1992).

**Abusers Are often Dependent on their Victims**

- ▼ A significant number of abusers suffer some form of impairment (Brownell, 1999; Cohen, 1998; Reis, 1998 and 1997; Seaver, 1996; Greenberg, 1990; Lachs, 1997; Pillemer and Finklehor, 1989). These researchers defined impairments as including substance abuse, mental illness and depression, or cognitive impairments.

- ▼ Many abusers are dependent on their victims for housing, transportation and sometimes care (Brownell, 1999; Reis, 1998 and 1997; Otiniano, 1998; Wolf and Pillemer, 1997; Seaver, 1996; Pillemer and Finklehor, 1989). Financial dependency of adult children also seems to be a key factor (Otiniano, 1998; Lachs, 1997; Greenberg, 1990).

### Gender of Victims and Abusers

- ▼ According to most research, the majority of older victims are women (Dunlop, 2000; Crichton, 1999; Lithwick, 1999; Vladescu, 1999; Lachs (b), 1997; Greenberg, 1990).
- ▼ The majority of perpetrators are male (Brownell, 1999; Crichton, 1999; Lithwick, 1999). Sexual abusers were almost exclusively male. (Teaster, 2000; Ramsey-Klawnsnik, 1991). Of the cases reviewed, only men perpetrated homicide-suicide in later life (Cohen, 1998).

## Aging, Elder Abuse, Domestic Violence and Sexual Assault in Pennsylvania

### Aging in Pennsylvania

- ▼ Pennsylvania ranks second in percentage of older people in the United States.
- ▼ Pennsylvania has 2.5 million people over age 60, which makes it fifth in the United States for number of seniors.
- ▼ 250,000 people in Pennsylvania are over 85 years old.
- ▼ One in five older Pennsylvanians lives in poverty.
- ▼ 200,000 come from minority populations (Pennsylvania Department of Aging Website, 2001).

### Elder Abuse in Pennsylvania

In 1999/2000, Older Adult Protective Services in Pennsylvania received 10,991 reports of abuse and neglect of victims age 60 years and older; 2,703 were substantiated.

Types of abuse included:

- Self-neglect = 38 %
- Caregiver neglect = 6.3 %
- Physical abuse = 16.9 %
- Emotional abuse = 10.2 %
- Sexual abuse = 1.8 %
- Financial exploitation = 12.3 %
- Abandonment = 0.8 %

*Notes*

- ▼ Women accounted for 67.8% of reported cases.
- ▼ The racial breakdown was proportional to Pennsylvania's general population:
  - Caucasian = 82%
  - African American = 16.2%
  - Hispanics, Asian/Pacific Islanders and American Indians/Alaskans = less than 1% each
- ▼ Abusers were sons (17.5%); female nonrelatives (24%); male nonrelatives (15.2%) and daughters (12.5%). When the abuser was a spouse, husbands were nearly twice as likely to be the abusers as wives.
- ▼ It is notable that abuse involving residents in state licensed facilities accounted for 18.7% of reported cases, even though only 5% of older Pennsylvanians live in institutions. "They are, in effect, being victimized at a level more than three times the proportion of the older population" (Pennsylvania Department of Aging Website, 2001).

**Sexual Assault in Pennsylvania (PCAR)**

- ▼ In fiscal year 2000/2001, sexual assault agencies served 13,071 adults and 9,881 children.
- ▼ Services were provided to 20,003 women and 2,949 men.
- ▼ 365 of the victims were age 55 or older.

**Domestic Violence in Pennsylvania (PCADV)**

- ▼ In fiscal year 2000/2001, domestic violence programs served 95,691 domestic violence victims.
- ▼ Services were provided to 84,416 women and 5,241 men.
- ▼ Total number of counseling hours: 379,964
- ▼ Total number of shelter days: 88,533 for adults and 95,136 for children

**Domestic Violence in Later Life in Pennsylvania (PCADV)**

- ▼ In fiscal year 2000/2001, 1,436 victims age 60 and older received services from a domestic violence program.
- ▼ Services were provided to 1,241 women and 195 men.

## WHAT IS DOMESTIC VIOLENCE IN LATER LIFE?

For the purposes of this training, Domestic Violence in Later Life is:

**AGE: 50 years and older**

While many programs for older adults work with persons ages 60 or 65 and older, age 50 years and older was chosen because:

- ▼ In many communities, most women age 50 and older are not using domestic violence/sexual assault services.
- ▼ Women ages 50-62 are generally not eligible for Temporary Assistance to Needy Families (TANF)/welfare type programs or Social Security. They face significant financial barriers to living free from abuse that need to be addressed.
- ▼ Persons living in poverty and/or without access to quality health care often have shortened lifespans and may only live into their 50's or 60's.

**GENDER: Primarily women, but includes older men**

National reported cases of elder abuse indicate that about 2/3 of the victims are women, 1/3 are male. This training and manual will focus primarily on services for women, although many interventions, such as safety plans, protective orders, etc., may be useful and are available for older male victims, too.

**RELATIONSHIP: Ongoing, trusted relationship such as spouse/life partner, adult children, other family members and some caregivers.**

The dynamics of abuse are different if the perpetrator is someone the victim knows and cares about, rather than a stranger. When the abuser is a family member, partner or trusted caregiver, it is likely the victim will want to maintain the relationship while ending the abusive behavior.

**LOCATION: Occurs in the person's residence (a private dwelling in the community or an institution, such as a nursing home).**

Being abused in one's private residence or in an institution by someone with whom the victim has an ongoing relationship has similar dynamics. The community response of focusing on victim safety and abuser accountability should not be different for individuals living in institutions. An additional intervention for abuse in institutions may be an investigation by regulatory agencies.

**DYNAMICS: Pattern of coercive tactics to gain and maintain power and control in the relationship (Schechter, 1987).**

Abusers of all ages believe they are entitled to use any method necessary to get what they want and to dominate or punish their victims.

## Scenarios of Domestic Violence in Later Life

### Domestic Violence Grown Old

Relationships/marriages lasting decades where the abuse has occurred throughout the relationship. Some relationships are 60 or more years long.

### New Relationship

A new marriage/life partnership that begins in later life (perhaps following a death or divorce of a previous partner). Abuse may occur while dating or begin shortly after being married or moving in together.

### Late Onset

An older person who has NOT been abusive in the past becomes abusive.

- ▼ **Health problems:** One explanation may be physical or mental health issues that are manifesting themselves in violent behavior. For example, some Alzheimer's patients become violent as the disease progresses. Getting a physical and mental health exam is an important first step in these cases.
- ▼ **Truly domestic violence grown old:** While there may not have been physical abuse in the past, questioning of the victim may reveal that controlling behavior (e.g., putting her on an allowance, screening her phone calls, isolating her) has been present throughout the relationship. In reality, this is a case of domestic abuse grown old – not late onset.
- ▼ **“Reverse domestic abuse”:** Some practitioners have witnessed women who have been victims of domestic violence for many years becoming abusive to their husbands when they become frail and are no longer a physical threat to the women. No research has been done to determine the prevalence of this problem. Interventions should include ending the abusive behavior and offering services to deal with past victimization and trauma.

### Adult Child, Grandchild or other Family Member

Adult children or other family members may become physically, sexually or emotionally abusive. Financial exploitation is also a common form of abuse. Adult children (in their 40's, 50's or 60's) may remain or move back home. Some have substance abuse problems, mental illness or cognitive limitations. Most often they are emotionally and financially dependent on the older person.

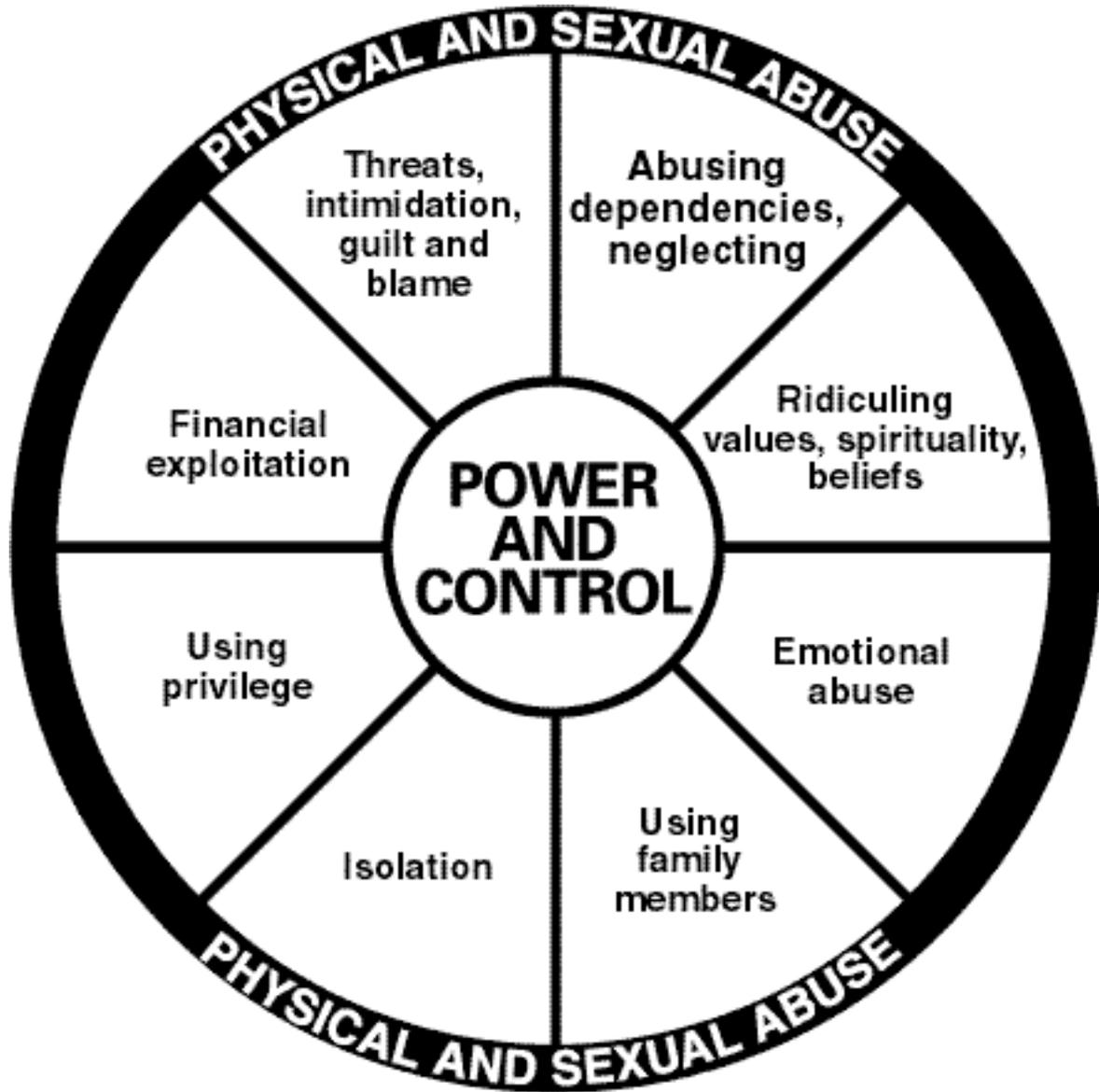
### Caregivers

Caregivers may take advantage of their position of power over the care receiver to hurt or neglect them.

### What about “Mutual Battering”?

Research indicates that couples where both individuals use physical force are rare. In heterosexual relationships, most often women use force for self-defense, as a preemptive strike, or in retaliation. Men use force for power and control. In both heterosexual and gay/lesbian relationships, in the majority of cases, there is a primary physical aggressor (Ganley, 1995).

# Domestic Violence in Later Life



Created for WCADV by participants of older abused women's support groups.

This diagram is based on the Power and Control/Equality wheels developed by the Domestic Violence Intervention Project, Duluth, MN

# TACTICS USED BY ABUSIVE FAMILY MEMBERS

## Physical Abuse

- ▼ Slaps, hits, punches
- ▼ Throws things
- ▼ Burns
- ▼ Chokes
- ▼ Breaks bones

## Sexual Abuse

- ▼ Makes demeaning remarks about intimate body parts
- ▼ Is rough with intimate body parts during caregiving
- ▼ Takes advantage of physical or mental illness to engage in sex
- ▼ Forces you to perform sex acts that make you feel uncomfortable or against your wishes
- ▼ Forces you to watch pornographic movies

## Abusing Dependencies, Neglect

- ▼ Takes walker, wheelchair, glasses, dentures
- ▼ Takes advantage of confusion
- ▼ 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
- ▼ Makes you miss medical appointments

## Threats, Intimidation

- ▼ Threatens to leave, divorce, commit suicide or institutionalize (nursing home)
- ▼ Abuses or kills pets or prized live stock
- ▼ Destroys property
- ▼ Displays or threatens with weapons

## Ridiculing Values, Spirituality

- ▼ Denies access to church or clergy
- ▼ Makes fun of personal values
- ▼ Ignores or ridicules religious/cultural traditions

## Emotional Abuse

- ▼ Humiliates, demeans, ridicules
- ▼ Yells, insults, calls names
- ▼ Degrades, blames
- ▼ Withholds affection
- ▼ Engages in crazy-making behavior or using someone's decreasing cognitive abilities to control them
- ▼ Uses silence or profanity
- ▼ Threats of nursing home
- ▼ Exploits sensory (e.g., sight and hearing) losses

## Using Family Members

- ▼ Magnifies disagreements
- ▼ Misleads members about extent and nature of illnesses/conditions
- ▼ Excludes or denies access to family
- ▼ Forces family to keep secrets

## Isolation

- ▼ Controls what you do, who you see and where you go
- ▼ Limits time with friends and family
- ▼ Denies access to phone or mail
- ▼ Age-related loss of friends and family

## Using Privilege

- ▼ Treats you like a servant
- ▼ Makes all major decisions
- ▼ Abuses privileges of youth and ability

## Financial Exploitation

- ▼ Steals money, titles or possessions
- ▼ Takes over accounts and bills and spending without permission
- ▼ Abuses a power of attorney
- ▼ "Imposes" self into the older person's life to gain access to or assure her/his inheritance

## FORMS OF ABUSE IN LATER LIFE

### Physical Abuse

**Description:** use of physical force that may result in bodily injury, physical pain or impairment

Behaviors include, but are not limited to:

- ▼ Acts of violence such as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, scratching, biting, grabbing, throwing, twisting, burning and/or using weapons (e.g., household objects, knives, guns) against the victim.
- ▼ Holding another person against her/his will.
- ▼ For persons with disabilities, additional behaviors may include inappropriate handling, over-use of restraints, inappropriate behavior modification, using medication to sedate person for care provider convenience, withholding necessary care or medication, or limiting access to adaptive aids essential for daily living.

### Sexual Abuse/Assault

**Description:** nonconsensual sexual contact of any kind. Sexual contact with any person incapable of giving consent is also considered sexual abuse

Behaviors include, but are not limited to:

- ▼ Unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity and sexually explicit photographing.
- ▼ Coerced or forced sex the victim does not want (e.g., sex with third parties, physically painful sex, sexual activity s/he finds offensive, verbal degradation during sex, viewing sexually violent material) or at a time s/he does not want it (e.g., when exhausted, when ill, when asleep).
- ▼ Unwarranted, intrusive and/or painful procedures in caring for the victim's genitals or rectal area. This includes application or insertion of creams, ointments, thermometers, enemas, catheters, fingers, soap, washcloths or other objects when not medically prescribed and unnecessary for the health and well being of the individual. (WCASA/Ramsey-Klawnsnik, 1999).
- ▼ Attacking victim's genitals with blows or weapons.
- ▼ Denying victim protection against sexually transmitted diseases.

“Sexual abuse gives victims the message they cannot control what happens to their bodies. For some victims this sexual violation is profound and may be difficult to discuss. Some victims are unsure whether this sexual behavior is really abuse, while others see it as the ultimate betrayal” (Ganley, 1995).

*Notes***Psychological Abuse**

**Description:** infliction of anguish, pain, or distress through verbal or nonverbal acts

Behaviors include, but are not limited to:

▼ **Threats of violence and harm**

- Threats against the victim or others important to the victim
- Suicide or homicide/suicide threats
- Violence toward others (e.g., neighbors, family members)

▼ **Attacks against property or pets/service animals and other acts of intimidation**

- Attacks against property, prized possessions and pets/service animals
- Intimidation by yelling and screaming, driving recklessly, stalking or putting the victim under surveillance
- Hiding or destroying important documents
- Threatening to report to INS

▼ **Emotional Abuse**

- Repeated verbal attacks against the victim's worth as an individual or role as a parent, family member, friend, co-worker or community member
- Verbal attacks emphasizing the victim's vulnerabilities (reading/language abilities, size, disabilities, immigration status or sexual orientation)
- "Mind games" or sleep deprivation to undercut the victim's sense of reality
- Humiliating the victim in front of family, friends or strangers – perpetrators may repeatedly claim that victims are crazy, incompetent and unable "to do anything right."
- Treats victim like a servant or a child; makes all decisions
- Silent treatment
- Lying about immigration status
- Threatening institutional placement

▼ **Isolation**

- Controlling victim's time, activities and contact with others
- Distorting reality by lying or withholding information – through incremental isolation, some perpetrators increase their psychological control so they determine reality for the victims
- Acting jealous and interrupting social/support networks – some perpetrators act very possessive about their victim's time and attention
- Dominating treatment decisions by speaking for the victim and intercepting communications from case workers, care managers and other potential helpers
- Cutting off contact with family, friends and visitors
- Behaving offensively with victim's friends/family so victim cuts off contact to avoid "scenes"

- Isolating the victim from anyone who speaks the same language
- Not allowing the victim to learn English
- ▼ **Use of other family members**
  - Misleads members of family about extent and nature of illnesses/conditions and abuse
  - Excludes or denies access to family (including grandchildren)
  - Forces to keep family secrets
- ▼ **Ridiculing values/beliefs/spirituality**
  - Denies access to church, synagogue, spiritual center, clergy or faith community
  - Makes fun of victim's personal values
  - Ignores or ridicules religious/cultural/traditions/personal tastes
  - May coerce victims into doing something immoral/illegal (e.g., sign papers, larceny) and then threaten to expose them or may make false accusations against them (e.g., reports to police or OAPS or to immigration)
- ▼ **Abusing dependencies/withholding needed supports**
  - Using medication to sedate the person for perpetrator's convenience
  - Ignoring equipment safety requirement
  - Breaking or not fixing assistive devices
  - Denying use of or destroying communication devices
  - Withdrawing care, medication, nutrition or equipment to immobilize the person
  - Using equipment to torture people

## Financial Exploitation

**Description:** the illegal or improper use of an elder's funds, property or assets.

Behaviors include, but are not limited to:

- ▼ Cashing an elderly person's check(s) without authorization/permission
- ▼ Forging an older person's signature
- ▼ Misusing or stealing older person's money or possessions
- ▼ Coercing/deceiving an older person into signing documents (e.g., contracts, deeds, wills)
- ▼ Using conservatorship, guardianship or power of attorney improperly
- ▼ Controlling access to family resources: time, transportation, food, clothing, shelter, insurance and money. Victims are put in the position of having to get "permission" to spend money on basic family needs.
- ▼ Using economics as a way to maintain control or force her to return; refusing to pay bills or her health insurance, instituting legal procedures costly to the victims, destroying assets in which she has a share
- ▼ "Emotional blackmail" – demanding money by threatening to abandon the victim or not let grandchildren visit.

## Neglect

**Description:** the refusal or failure to fulfill any part of a person's obligations or duties to an elder.

Behaviors include, but are not limited to:

- ▼ Failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services)
- ▼ Failure on the part of an in-home service provider to provide necessary care
- ▼ Refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety and other essentials included in an implied or agreed-upon responsibility to an elder

## Abandonment

**Description:** desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.

Behaviors include, but are not limited to:

- ▼ Deserting an elder at a hospice, a nursing facility or other similar institution
- ▼ Deserting an elder at a shopping center or other public location
- ▼ Deserting an elder at her/his residence

## Homicide/Suicide

**Description:** killing a person (often spouse/partner) followed by suicide of the killer.

Dynamics include, but are not limited to:

- ▼ A dependent-protective attachment to the spouse/partner and the need to control the relationship
- ▼ Perpetrator feels unacceptable threat to the relationship
- ▼ Known domestic violence present in about 1/3 of the later life cases of homicide/suicide (Cohen, 1998)

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These descriptions were created using material from Ganley (1995) on domestic abuse; the National Center on Elder Abuse Website; and materials created by the Wisconsin Coalition Against Domestic Violence (WCADV) and Wisconsin Coalition Against Sexual Assault (WCASA). The description of sexual abuse includes definitions developed by Holly Ramsey Klawsnik, published in "Widening the Circle" by WCASA.

## WHY DOES DOMESTIC VIOLENCE OCCUR IN LATER LIFE?

Older victims are hurt for a variety of reasons. There is no single cause for abuse in later life. The range of explanations requires different interventions to effectively stop abuse. One significant challenge for professionals is sorting through information from abusers, victims and other collateral contacts to determine what is happening and what remedies might be useful.

The chart below illustrates one method of sorting. The first issue to determine is whether or not the abuser is impaired. Is the abuse a manifestation of physical or mental health problems? Conditions, such as Alzheimer’s disease, may manifest themselves in violent and abusive behaviors. Interventions for persons who exhibit violence due to an organic condition involve working with medical personnel to find medications or behavior modification methods that will reduce or eliminate the abuse.

Keep in mind that abusers may use health issues as an excuse to escape being held accountable for their behavior. A medical exam is essential to determine the validity of these claims.

**Note:** For this discussion, substance abusers are not considered impaired individuals. Often substance abuse and violence occur together. A substance abuser is legally responsible for his or her behavior and must be held accountable for abuse. Substance abuse and violence are two separate issues that must be dealt with individually. Achieving sobriety is no guarantee that abuse will end.

Non-impaired abusers fall into at least the following four categories: 1) helpers trying to provide assistance; 2) former victims retaliating against their abusers; 3) caregivers who become stressed and abusive; and 4) individuals who believe they are entitled to use power and control to get their way.

Non-impaired Abusers	Impaired Abusers
<p><b>1. Trying to Help</b> Victim is hurt when person tries to provide care but does so improperly. Intent is to help and provide care, not to harm.</p>	<p>Persons with physical and/or mental illness whose condition may manifest itself in violence.</p>
<p><b>2. Retaliation/intergenerational abuse**</b> Adult child or battered spouse/partner may now be neglectful or abusive to a person who hurt them earlier in life.</p>	
<p><b>3. Caregiver stress**</b> A frail elderly person is hurt by a caregiver/family member who is overwhelmed by the stress of providing care. The intent is to provide care but episodic emotional and physical abuse occurs.</p>	
<p><b>4. Entitlement</b> Abuser believes s/he is entitled to use any method necessary to gain and maintain power and control over victim.</p>	

\*\*Current research does NOT support the retaliation/intergenerational theory of family violence or caregiver stress as primary causes of elder abuse.

*Notes*

<b>Examples</b>	
<b>Impaired abuser</b>	Herbert becomes emotionally abusive and physically violent to his wife every morning after breakfast. He was never abusive in the past and was recently diagnosed with Alzheimer's disease.
<b>Providing care improperly</b>	Nora weighs 95 pounds. Her bedridden husband weighs over 200 pounds. Although Nora tries, she is unable to properly turn Edward and he develops bedsores.
<b>Retaliation/ intergenerational abuse</b>	Ellen's father physically and sexually assaulted her as a child. When her father became ill, Ellen grudgingly took responsibility for his care. Sometimes she does not bathe him or feed him. When he becomes difficult, she treats him roughly, causing bruises on his arms and back.
<b>Caregiver Stress</b>	Tina is taking care of her mother. She also works full time and has a family of her own. When her mother is "demanding" and Tina is feeling overwhelmed, she has yelled at her mother and once she hit her. Tina loves her mother and wants to provide good care. She simply can't manage all the stress in her life.
<b>Entitlement or power and control</b>	Bob and Hallie have been married for 57 years. Bob has run the household by setting a schedule of jobs for Hallie to do each day. He does not allow her to drive or talk to her friends on the phone for more than five minutes. If she does not comply with his rules, he becomes emotionally and physically abusive.

## How Can I Know What Really Happened?

Consider the following statements by abusers. Which category would you put the abuser in?

- ▼ “She’s clumsy. She is always having little accidents.”
- ▼ “She is the center of my world. I can’t live without her. I would do anything to help her.”
- ▼ “It happened just this one time – it will never happen again.”
- ▼ “We are having a hard time now that she can’t take care of herself, the house or me.”
- ▼ “I meant to help him out of bed, but he bruises so easily.”
- ▼ “I am doing the best I can without any help. None of my siblings will come home to help take care of him.”
- ▼ “If she would just let me help her, this wouldn’t have happened. But she is so stubborn. She wants to do everything for herself.”

From these statements, it is impossible to tell whether you have a person trying to help, a stressed caregiver or a person abusing power and control. Without getting information from the victim (and/or others familiar with the situation where the victim is unable to provide information), there is no way from these commonly used statements to know what is truly going on. Often abusers of power and control minimize the abuse, deny it ever happened or blame the victim.

## Typical Abuser Behaviors

Abusers may lose their freedom, reputation or access to the victim (including home and finances) if they are caught. They can be arrested or forced to move out of the victim’s home. To avoid being held accountable, abusers may use some (but are not limited to) tactics such as these:

- ▼ Minimize or deny the abuse has occurred
- ▼ Blame the victim for being clumsy or difficult
- ▼ Be overly charming and helpful to the professional OR abusive to professional (e.g., “I’ll call your supervisor.” or “I’ll sue you.”)
- ▼ Act loving and compassionate to victim in professional’s presence
- ▼ Agree to a plan but never follow through
- ▼ Want to be present for all interviews
- ▼ Answer for victim
- ▼ Say victim is not competent, healthy or is crazy
- ▼ Use the system to their advantage or against the victim by knowing “their rights”
- ▼ Threaten suicide

 **Note:** In contrast, those who do harm while trying to help often admit readily to the problem and typically seek help to prevent further injury or mistreatment. They are grateful for help and follow through with care plans.

*Notes***Some Common Victim Behaviors**

Victims of abuse may have tried to get help before without success (e.g., couldn't stay at the shelter, police didn't make an arrest, inadequate laws and/or the abuser ignored the protective order.) They may be concerned for their safety and for the safety of others. Some victims want to stay in their own homes and ask professionals to make their abusers stop the abuse.

For their protection, the abusers' safety or because they are not ready for changes, victims may:

- ▼ Protect the abuser
- ▼ Remain silent
- ▼ Ask worker to leave and/or refuse services
- ▼ Try to avoid police intervention and the arrest of the abuser
- ▼ Minimize and deny abuse occurs
- ▼ Blame themselves for the abuse (e.g., "If I had gotten dinner done on time" or "If I had not gotten my haircut today, he wouldn't be mad at me now.")
- ▼ Look to abuser to answer questions
- ▼ Ask for help and then change their mind
- ▼ Recant
- ▼ Cancel or miss appointments
- ▼ Not follow through on "the plan"
- ▼ Talk fondly of the abuser's good qualities
- ▼ Make statements like: "He won't like that." Or "I don't think he'll let me do that."

**Professional Responses: Potential Problems with Eligibility Guidelines for Services**

Sometimes eligibility guidelines or misapplication of their intent can lead to misidentifying a victim or turning a victim away from needed services. These problems can occur both for adult protective services workers and battered women's advocates.

**FOR OAPS: Focus on identifying the vulnerable adult rather than the context of the abuse**

In some states, OAPS provides services only for vulnerable adults. Vulnerable adults may include persons 18 years and older who are deemed not able to take care of themselves or protect themselves. This description does not include healthy older adults who may be abused but are competent and capable of self-care and self-protection. In some OAPS investigations, the first question is "Who, if anyone, meets the criteria for a vulnerable adult?" Following this determination (if a vulnerable adult exists), they begin their investigation. This may create the following problems:

- ▼ Sometimes the abuser is the vulnerable adult. Phillips found that older care providers (spouses or adult children who are age 55 +) are often the victims of abuse by the care recipient. (Phillips, 2000).
- ▼ Domestic violence may have been occurring for years. The victim may now be the caregiver who finds herself using protective coping strategies with a perpetrator who is frail or has Alzheimer's or another medical condition. The perpetrator may be, or appear to be, a vulnerable adult who may or may not be lucid enough to understand his actions (Bergeron, 2001).
- ▼ Caution is required not to label a victim of abuse as the current perpetrator.

**FOR BATTERED WOMEN'S ADVOCATES: Assuming all domestic violence in later life is elder abuse and not offering services**

In some communities, domestic violence programs have eligibility guidelines that exclude older victims. These eligibility guidelines limit access to domestic abuse services by only serving women:

- ▼ With children
- ▼ Abused by an intimate partner. Older women abused by an adult child or grandchild are not eligible for services.
- ▼ Who are able to do chores and provide self-care

A few programs automatically refer any woman over age 60 to elder abuse services rather than asking questions to determine if she is a victim of domestic abuse. Programs may also give older women the impression that they are not welcome by distributing materials displaying only younger victims, hiring younger staff and volunteers, and failing to do outreach and provide information about abuse in later life.

Unfortunately, when either OAPS or domestic violence programs miss the dynamics of domestic abuse or use eligibility guidelines not to serve older victims, the potential consequences include:

- ▼ Nothing is done to end the violence and abuse.
- ▼ The potential victim is left without hope in a dangerous situation that could escalate.
- ▼ The victim may be further isolated.

**Professional Responses: Potential problems with inaccurately framing the issue**

Many factors impact how workers and advocates view the work and the victims they see. Service providers who have lived in dysfunctional or abusive families bring life experiences that impact how they do their jobs (potentially in positive and negative ways.) Workers with degrees in social work or psychology may understand individual and social problems from different viewpoints. Professional training and years of work experience with victims and older persons influence workers' perspectives. The prevalence of ageism in this society must be noted as a factor that impacts service delivery.

*Notes*

Workers and advocates who use only one framework to attempt to understand the dynamics of abuse may inadvertently use strategies that do not help the victim or create additional barriers or risk. Misassessing abuse as caused by stress or poor family dynamics when it is based in power and control can potentially increase risk to victims. Focusing on all abuse in later life as power and control may weaken coordinated responses.

**FOR ALL PROFESSIONALS: Assume stress (caregiver or family member) or dependency of the victim causes most abuse**

“Notwithstanding the popular image of abuse arising from dependent victims and stressed caregivers, evidence is accumulating that neither caregiver stress levels nor victim levels of dependence may be core factors leading to elder abuse” (Wolf, 2000). Research for more than a decade does NOT support the notion that elder abuse is primarily caused by stressed caregivers becoming abusive (Phillips, 2000; Reis, 1998 and 1997; Pillemer 1989 and 1988). In many cases, the victim is more functionally independent than the perpetrator (Reis, 1998 and 1997; Wolf and Pillemer, 1997; Seaver, 1996; Pillemer 1989). In fact, studies found the dynamics of abuse in later life to be similar to those experienced by younger battered women (Harris, 1996; Pillemer, 1988).

Professionals and policy makers who focus on caregiver stress or poor family communication dynamics as the primary cause of elder abuse often make the following fundamental errors:

- ▼ Services and policy will be designed to help families and caregivers reduce stress and improve communication. While these practices may lead to a calmer caregiver or family member, they may do nothing to make the victim safer when the dynamics of abuse are rooted in power and control.
- ▼ Reducing stress and improving communication are seen as the job of social services. Abuse is labeled as mistreatment and not a crime. Criminal justice remedies are not considered. Abusers are not held accountable for their behavior or challenged on their sense of entitlement in treating the older person poorly.
- ▼ Stress reduction techniques may recommend that the victim “try harder” to be less difficult to care for. This implies that the victim is to blame for the abusive behavior. Often the victim already believes she is to blame (based on what the abuser has repeatedly told her.) This message colludes with the batterer by suggesting that some responsibility for the abuse lays with the victim. Victims may stay in unsafe situations longer, trying to fix the relationship, rather than focus on their own safety needs.

## **Assuming all Abuse in Later Life Is Caused by Power and Control**

Assuming all abuse in later life is caused by power and control can also lead to problems. Professionals in aging, health care and justice have worked with victims of abuse whose victimization is the result of medical or mental health conditions. Preaching only power and control invalidates the experiences of these professionals.

Exclusive focus on power and control may lead to heavy emphasis on criminal justice interventions, excluding the role of social service supports. Oftentimes, services offered by aging and OAPS may provide comfort and benefits that the victim wants.

Research indicates that adult children who abuse their parent(s) often have a substance abuse, mental illness or cognitive impairment. Exclusive focus on power and control reduces the likelihood of a coordinated response with experts in these fields.

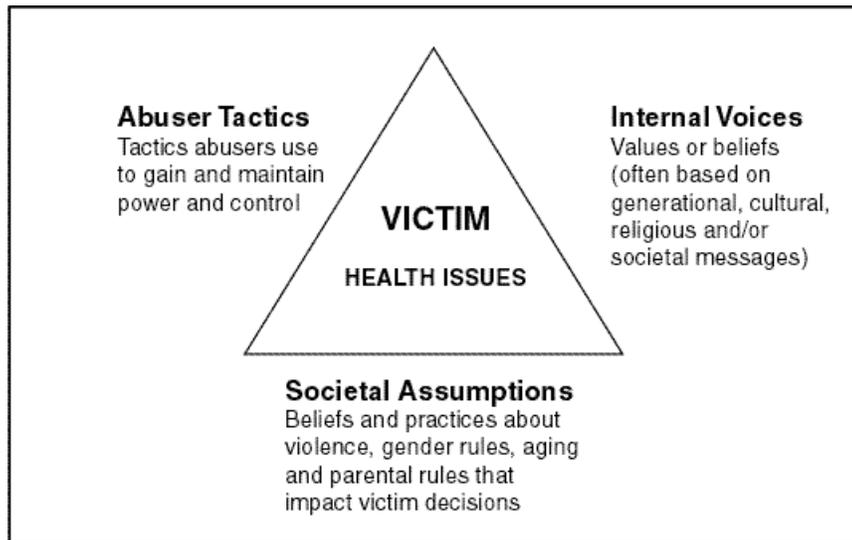
## **A Coordinated Response: The Best Way to Avoid These Pitfalls**

Working with other professionals is the best way to avoid these pitfalls. Workers from different disciplines with a variety of viewpoints can help challenge each other by sharing examples and questioning practices.

## A WEB OF FEAR AND ISOLATION: BARRIERS TO LIVING FREE FROM ABUSE

Victims of abuse in later life face many difficult choices when deciding whether to leave or stay with an abusive family member, partner or caregiver. For each victim, the issues may be a different, unique blend of complicating factors that the victim must consider as s/he makes decisions. Issues such as fear, finances, other family members, health concerns, housing and pets may be a factor. Generational, religious, cultural and personal values about what it means to be a wife or husband or parent influence the options a victim may see as available. Often victims want to maintain their current lifestyle, believing that the person who should have to leave and change is the abuser. Unfortunately, service providers often can only offer a small list of poor options so victims are left with difficult decisions to make.

The web of fear and isolation is composed of the issues listed above (and others), each with three potential angles: internal voices, abuser tactics and societal assumptions. For example, a woman wants to end her 52-year abusive marriage, but her husband is sick. She may believe (based on religious or generational values) that it is her responsibility as a wife to care for her husband when he is ill. The abuser may tell her that it is her job to take care of him and if she doesn't, she won't go to heaven and her children will hate her. Societal messages reinforce that it is her responsibility to care for him at home; i.e., "A good wife would not suggest putting her husband in a nursing home when he could be at home." Their insurance company may not pay for adequate care for him, also expecting her to stay with him and nurse him. Each issue has its own triangle. The combination of triangles creates the web of fear and isolation.



This web, like a spider web, is sticky and hard to escape. The web is effective because the intertwining issues (like health, fear, financial concerns) are woven together with the victim's values, the abuser's tactics and societal messages. Helping the victim requires understanding all three corners of the triangle, as well as each separate issue.



## ISSUES THAT SHAPE VALUES/RESPONSES BY VICTIMS

**Spouses/life partners** may have been together for many years. The victim may value the longevity of the relationship. Cultural, spiritual or generational values may make divorce or separation unthinkable. Memories, shared friends, family and home and fear of being alone may be contributing factors. Adult children and grandchildren may apply pressure to keep the couple together.

**Older gay, lesbian, bisexual and transgender persons** may fear ending a relationship and being “outed” at work or to family and friends. They may feel afraid to talk with clergy, counselors or others about their relationship and the abuse. Some may be unwilling to contact law enforcement because of past negative experiences. As they make decisions about staying or leaving, they may encounter legal and financial barriers such as, no rights to pension or Social Security. Some older gay, lesbian, bisexual and transgender persons experience homophobic abuse (fear of caring for gay or transgender elder) or domestic violence (Cook-Daniels, 1997).

**Parents** face unique challenges when deciding how to deal with abusers who are their adult children. Often the parents want to try harder to help their child. They may resist interventions that may result in their child being arrested, institutionalized or living on the streets.

**Older victims from different racial and ethnic backgrounds** may define abusive behavior differently (Hudson, 1999; Anetzberger, 1998; Moon, 1993). In some cultures, older battered women are taught to depend on family members. When there is abuse, she may not want to disrupt deeply-rooted tradition. These studies compared perceptions by members of different racial and ethnic groups about behavior that constituted elder abuse. They found significant differences in the definitions. One potential reason for the different definitions of abusive behavior is that cultures have a range of expectations about the responsibility of adult children to provide care for their elders (Sanchez, 1999). In some cultures, there may exist stigmas or stereotypes of older women who live alone or decide to move into a nursing home. As a result, an older battered woman may be coerced to stay with an abuser to avoid being ostracized. Cultural norms also differ about the role of parents continuing to provide support (emotional or financial) to grown children (Sanchez, 1999; Griffin; 1994; Brown, 1989).

In general, most of the participants in these studies acknowledged they would be reluctant to report abuse (Sanchez, 1999; Tomita, 1999; Le, 1997; Moon, 1993). Moon and Williams found that study participants are more likely to report abuse, if they define the behavior as abusive, but still often would not report. The research indicates that some reasons for non-reporting include shame, embarrassment, not wanting to create conflict in the family and protecting the community. Some participants expressed willingness to talk to family members rather than professionals (Sanchez, 1999; Moon, 1993).

**Immigrants** may fear deportation for themselves, their spouse/partner or other family member (whether they are here legally or illegally). Many do not speak English. They may have difficulty getting a job or are not eligible for Social Security or pensions that could give them some financial independence. Immigrants may fear reporting abuse or a crime because it may result in deportation. Even social services may not be equipped or knowledgeable about providing services to older battered immigrants. Older immigrants may not be eligible for benefits. Some are abused by family who forced or coerced them to come to the U.S.

**Religious values** often play an important role in the lives of older people. Some older people may believe that their religious teachings (either through written word or message from faith leaders) mandate that they stay in marriages. For other victims, the fear of losing their church, synagogue or faith/spirituality-based friends and community makes considering leaving difficult (especially for partners of religious leaders, pastors, rabbis, etc.)

**Rural victims** may experience greater isolation. Neighbors may be miles away and services may not be available in their county. Their abuser may be friends with or related to prominent town members, like the sheriff and the judge. Trained professionals and services may be hours away from their homes. Farmers may be unable to leave crops or livestock and/or pets. Transportation is often a significant barrier.

**Health problems** can create obstacles to living free from abuse. Victims of long-term abuse may experience numerous physical and mental health conditions as a direct result of the abuse. They may have permanent injuries that require ongoing care. Chronic pain or undiagnosed illnesses may be the result of years of stress and trauma. Staying with an abuser may seem a more inviting option than asking strangers to provide care or moving to an institution.

**Health problems for the abuser** also impact victims' decisions. Some victims who are planning to leave or have left, stay or return if the abuser becomes disabled or critically ill. Many older women feel it is their responsibility to care for a husband or adult child in need. They may believe the threat of physical abuse is reduced because of the abuser's frailer condition.

**Victims with disabilities, substance abusers and victims with mental illness** may run into some similar barriers. Authorities may have trouble understanding them; do not believe their account; or think that they would not be credible witnesses for legal proceedings. They may have trouble finding services that deal with the trauma and victimization as well as with their disability, chemical dependency or mental illness. Some of these victims, as well as victims with brain injuries or mental retardation, may have trouble retaining information that will assist them with safety planning and taking the next steps. Professionals may be frustrated because they do not know how to offer helpful interventions.

*Notes*

**Persons living in institutions** also have barriers to living free from abuse. Some victims may have hoped the nursing home or residential setting would provide safety from an abusive husband/partner, only to find the abuse (particularly sexual) continues to occur. Victims may be abused by relatives like husband/partners, adult children or grandchildren who harm them during a visit or bring them home for the weekend and abuse them. Other victims are abused by staff or other residents. Too often staff in nursing homes and other institutions are not trained to look for signs of abuse and neglect, especially by family members.

Issues that Trap Victims

Notes

Victim Beliefs/Concerns	Abuser's Message	Societal Message
I am not a victim of abuse.	I am not abusive. You are clumsy and forgetful.	Older people are not victims of abuse.
It's my fault.	Everything that happens to you is your fault.	She should be able to control him better.
I want to stay with my husband/adult child.	It's your job to be a wife (mother) and take care of the house and me.	"Good" wives/mothers stay with their families.
I don't know who to call for help.	No one will believe you or help you. They will know you are crazy or incompetent.	Services for older people don't exist because they don't get abused.
I'm afraid to call for help.	I'll kill you if you tell anyone I hurt you. You don't have the right to leave.	Abuse in later life isn't really dangerous.
I want to keep my house, my belongings and my current lifestyle.	Everything is mine.	If the abuse were real, she would just leave.
If I have to leave, where will I live and how will I pay for rent and other expenses?	If you leave, it will be with the clothes on your back. I'll make sure you don't get anything.	She can live independently if the abuse is really serious. Other older women do. It's too bad she didn't work when she was younger so she would have some money of her own.
I'm concerned about my health and/or my abuser's health.	If you leave, I will take your name off the insurance policy. It is your job to take care of me. You're my wife/mother.	She is responsible for taking care of her ill spouse/partner or adult child.
I want to be in a relationship (wife/mother). I like the role of wife/mother.	You are nobody without me.	"Good wives/mothers" stay with their families.
I want to be part of my community – visit my family and friends.	If you leave, I will tell everyone it is your fault. They will believe me – not you. Nobody will want you if you're not with me.	This is a private, family squabble. We don't want to know anything or get involved.

