

Understanding Domestic and Sexual Violence in Later Life

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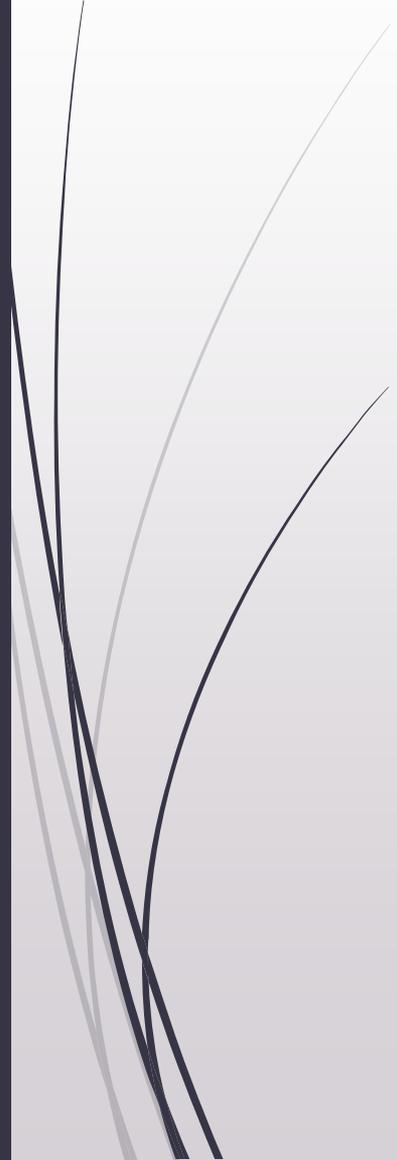
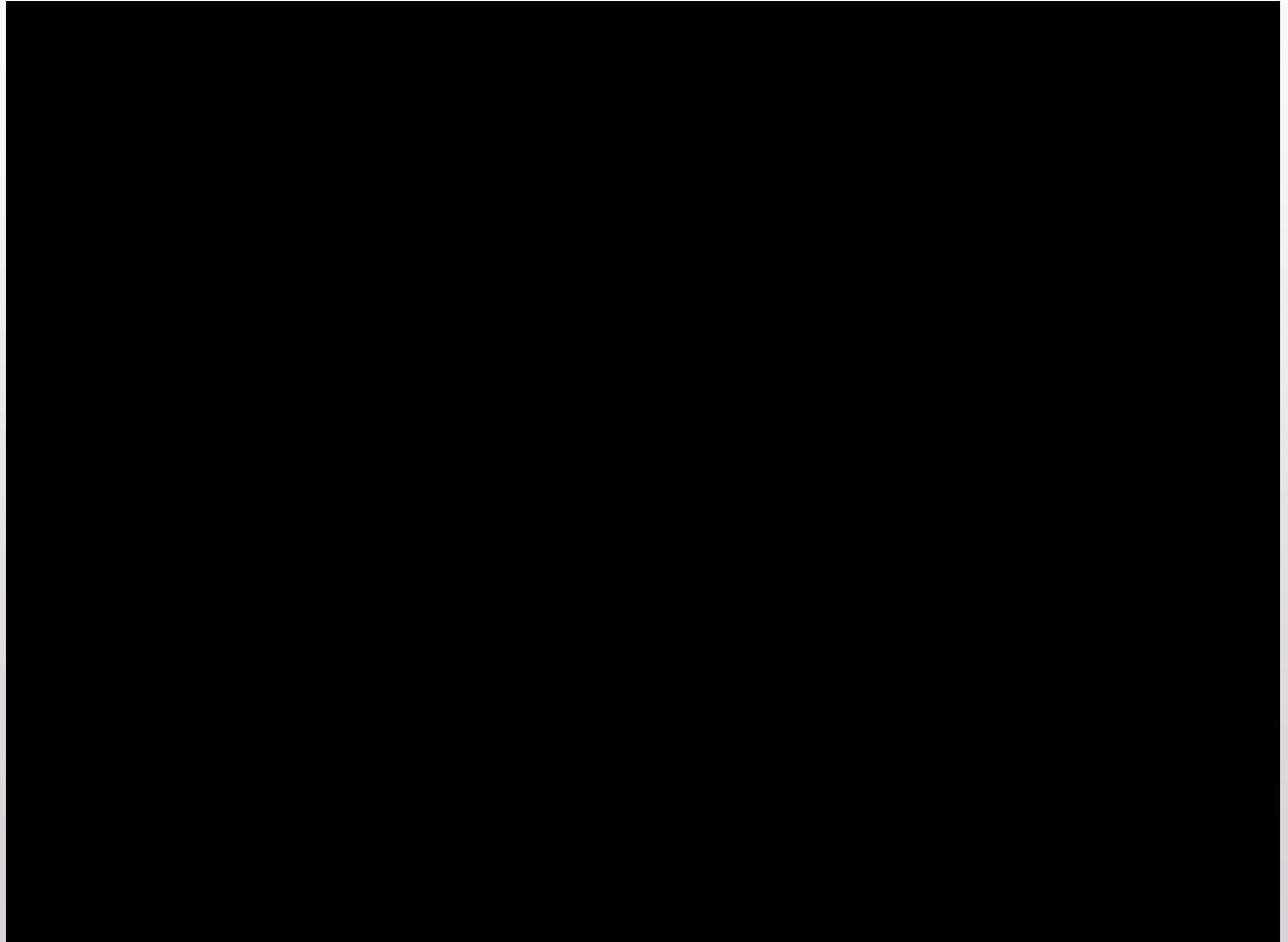
Central VA Task Force on DV in Later Life

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Pat's Story





Just the Facts – Part 1

- **By 2030, the number of people in our region age 65 and over will double and those age 85 and over will more than triple.**
- **Studies show that 10% of the elderly population has been abused.**
- **Only 1 out of 14 cases of elder abuse is reported to authorities.**
- **In 90% of the cases, perpetrators of abuse in later life are family members.**

*Source: National Coalition Against Domestic Violence

Just the Facts – Part 2

- ▶ Of the 23,432 Adult Protective Service reports of abuse or neglect, 73% of them were aged 60 and older.
- ▶ The majority of reports came from relatives and social workers.
- ▶ 62% of the incidents of abuse and neglect happened in the home of the victim.

**Source: Virginia Department for Aging & Rehabilitative Services 2016*

What's Domestic Violence?

Domestic violence is a pattern of abusive behaviors used by one individual intended to exert power and control over another individual in the context of an intimate or family relationship.

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.

WHAT IS ELDER ABUSE?



These are handled by Adult Protective Services.



A pattern of coercive control and abuse of an older person in a trusted, ongoing relationship

Age 50 and Older

Family Violence in the Second Half of Life

Primarily women, but includes older men

Basis is "power and control"-





SCENARIOS OF FAMILY VIOLENCE IN LATER LIFE



Partner/Spouse/Adult Child

Domestic Violence Grown Old

New Relationship

“Reverse” Domestic Violence

Norman



Symptoms?



Family Abuse in Later Life



Created by the National Clearinghouse on Abuse in Later Life (NCALL) used with permission

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

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 Not Believed

Disbelief: elders are sexually assaulted

Victim conditions that prohibit reporting (dementia, aphasia)

Some reporting discounted as psychotic or demented

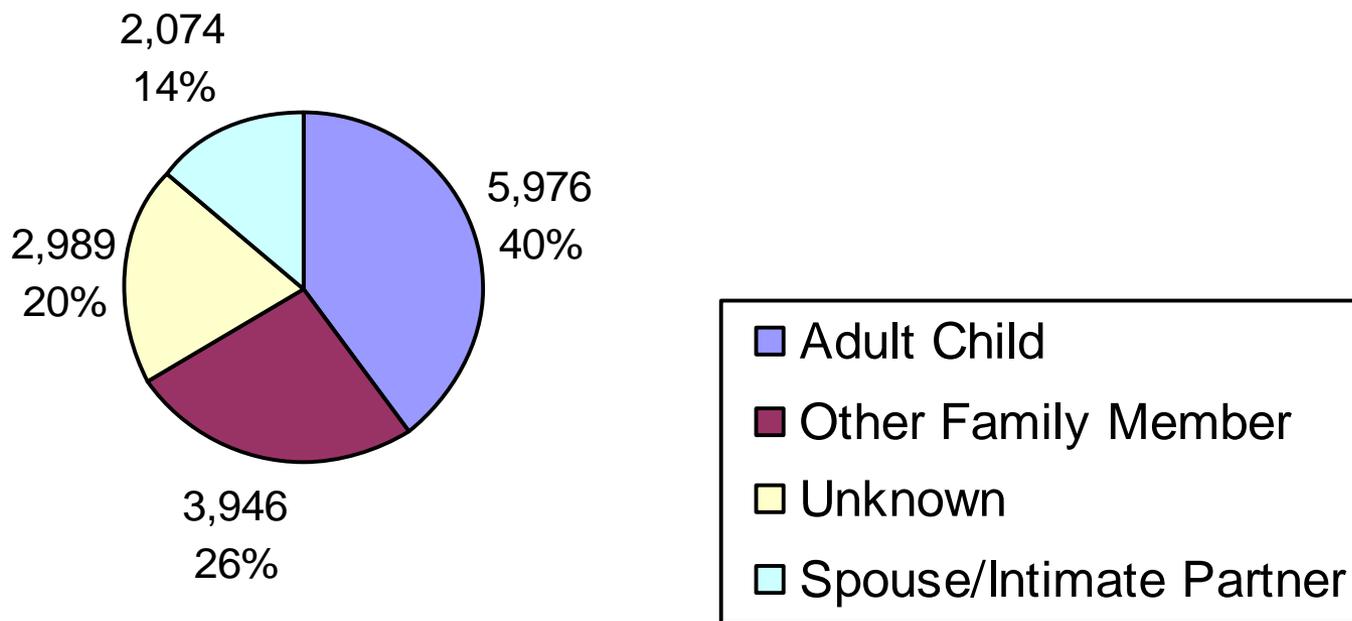
Forensic indicators often missed or misinterpreted on an older body

Professional training insufficient

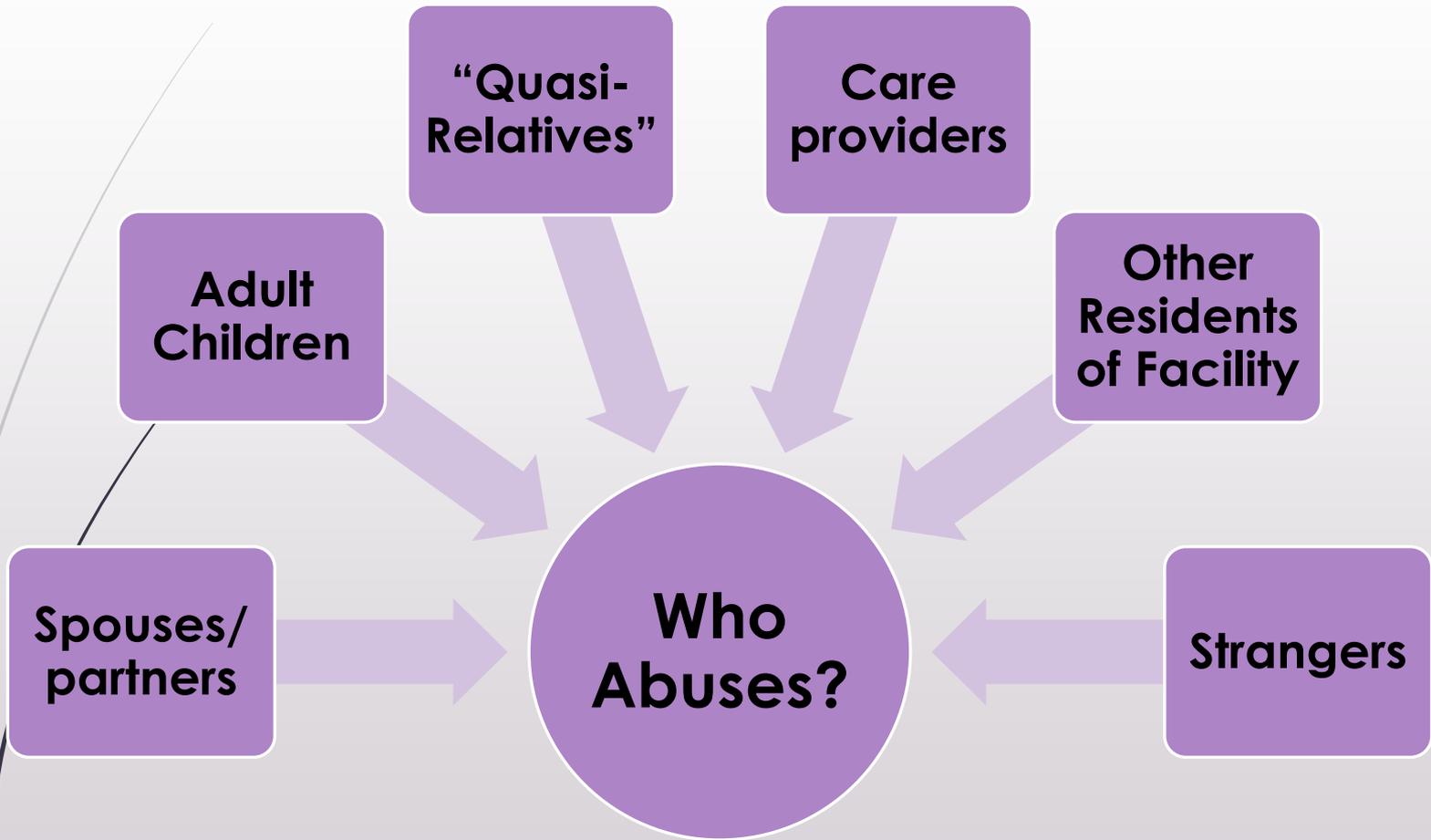
Response to allegations often insufficient

Who Abuses?

Relationship of Identified Perpetrator to Victim



Perpetrators



Virginia Adult Abuse Statistics

THREE YEAR COMPARISON OF APS REPORTS			
	2013	2014	2015
Total Reports Received	20,704	21,650	22,658
Reports Investigated ⁹	16,632	17,319	17,625
Total Reports Substantiated ¹⁰	9,075	9,140	9,224
Unfounded	7,557	8,179	8,401
Pending ¹¹	87	114	110
Invalid ¹²	3,985	4,217	4,923
<i>Percent of Reports Substantiated</i>	<i>55%</i>	<i>53%</i>	<i>52%</i>
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,048	4,066	4,171
Needs and Refuses Services	1,766	1,644	1,749
Need No Longer Exists	3,261	3,430	3,304

⁹ Investigated reports include substantiated and unfounded reports.

¹⁰ A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.

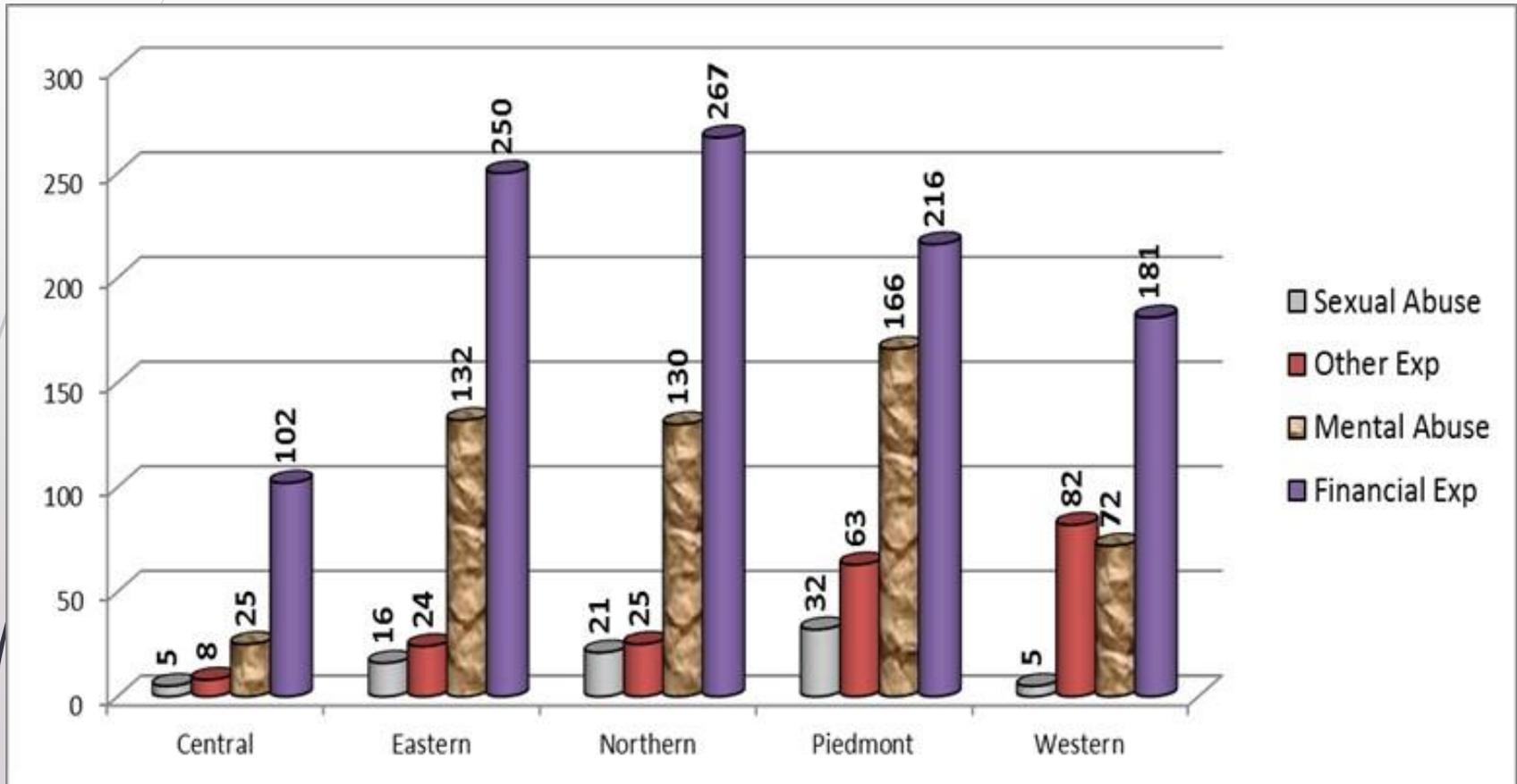
¹¹ Pending reports include reports undergoing investigation.

¹² 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."

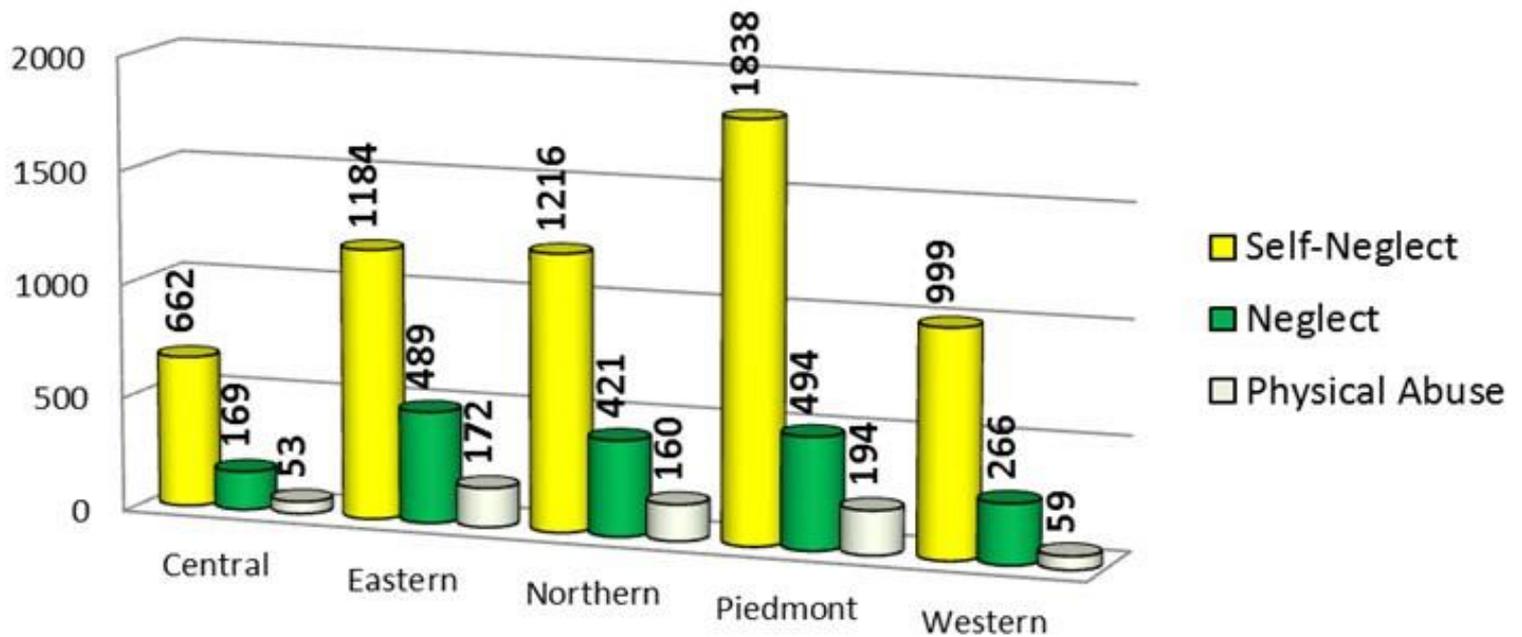
VA DSS State Fiscal Year 2015 Report

<http://www.dars.virginia.gov/downloads/publications/APS2015AnnualReport.pdf>

Abuse By Region



Types of Abuse: Substantiated Reports by Region



What Are Mandated Reporters?

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.

Mandated reporters include

- * **Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503: including:**
 - * **Board of Social Work: Registered Social Workers; Associate Social Workers; Licensed Social Workers; Licensed Clinical Social Workers**
 - * **Any mental health services provider as defined in § 54.1-2400.1**
 - * **Any emergency medical services personnel certified by the Board of Health, unless such personnel immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith**
 - * **Any guardian or conservator of an adult**
 - * **Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive, or direct care capacity**
 - * **Any person providing full, intermittent or occasional care to an adult for compensation, including but not limited to companion, chore, home**

How Do I Report?

- All mandated reporters must make a report to the local department of social services or to the Virginia 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.

What can you do those experiencing Domestic Violence in Later Life?



Take **time to listen**

Respect the individual

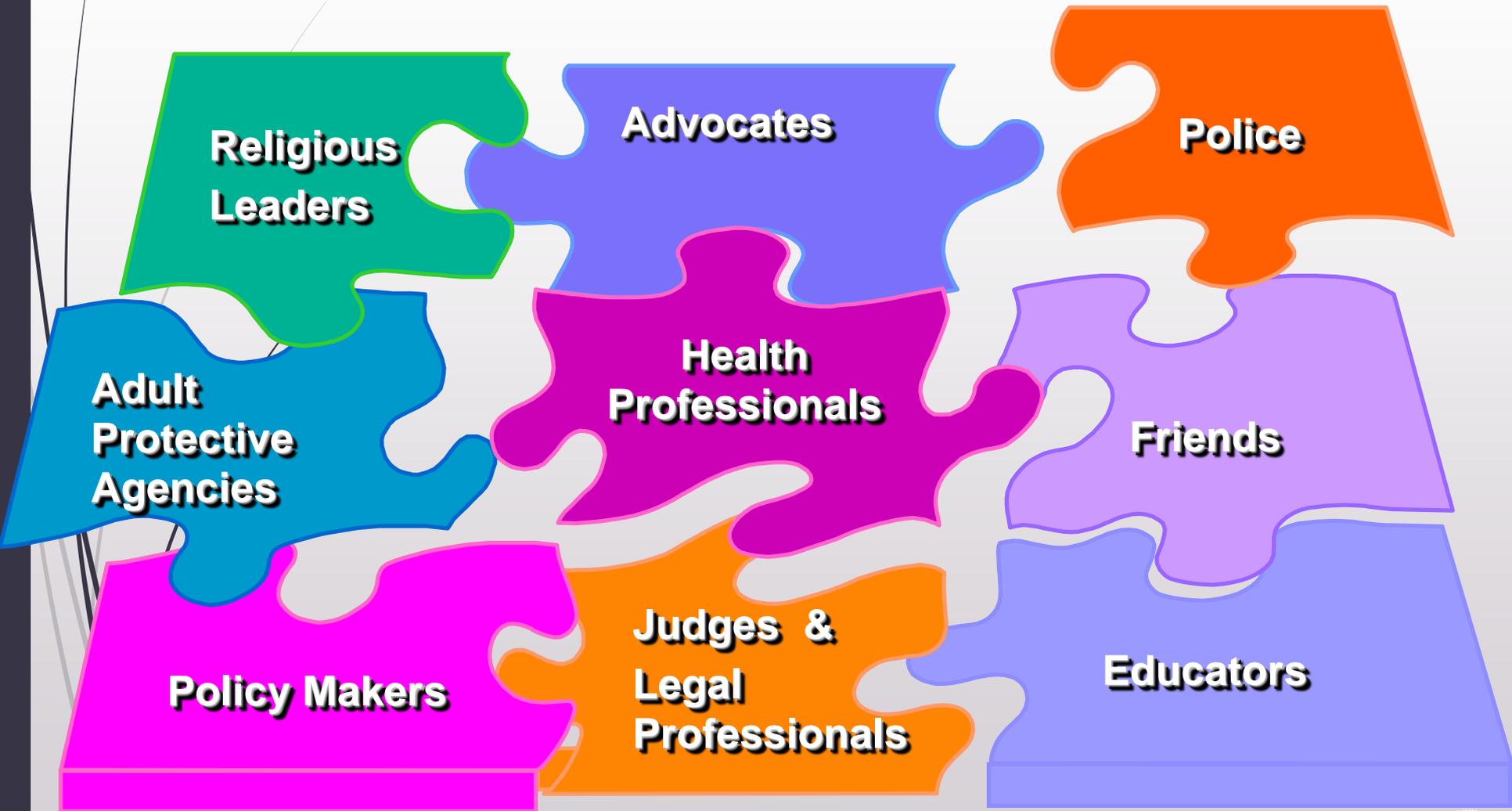
Understand how difficult this is

Support the victim's decisions

Tell the person help is available

Based on materials from NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE
WISCONSIN COALITION AGAINST DOMESTIC VIOLENCE

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/>

Resources Con't

- **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>

- **The National Committee for the Prevention of Elder Abuse (NCPEA)** is an association of researchers, practitioners, educators, and advocates dedicated to protecting the safety, security, and dignity of America's most vulnerable citizens. It was established in 1988 to achieve a clearer understanding of abuse and provide direction and leadership to prevent it. Since 1998.

www.NCPEA.org

OUR MISSION

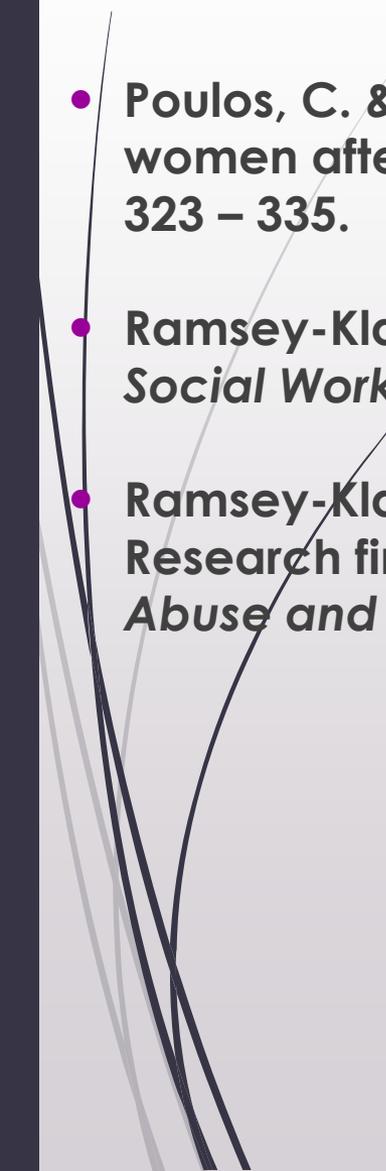


Central Virginia Task Force on Domestic Violence in Later Life

- **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.**

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.
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First Call

(Interactive Exercise)

- Domestic violence program
- Sexual assault program
- Adult protective services
- Criminal justice
- Aging services
- Family members or friends
- Other
- No one



Scenario 1

- Age 58. Partner calls you “fat and stupid.” Partner takes your paycheck, puts you on an allowance and monitors your phone calls.

Who would you call first?

Scenario 2

- Age 68. Partner has broken your wrist and threatened to kill you if you leave.

Who would you call first?

Scenario 3

- Age 73. Partner had cancer and died last year. Your adult son has moved in and is stealing your Social Security check and pension.

Who would you call first?

Scenario 4

- Age 75. Adult son forces you to watch pornography with him.

Who would you call first?

Scenario 5

- Age 80. You have a heart condition and need assistance with activities of daily living. Son is not giving you your meds properly. Does not assist with bathing and feeding. Fires all home health aides and others who try to help you.

Who would you call first?

First Call Discussion

(Large Group Discussion)

- How did you feel about the choices available to you?
- Other
- No one

First Call Discussion

(Large Group Discussion)

- Male victims
- Gay, lesbian, bisexual or transgender older victims
- Immigrant victims