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Bonnie Brandl

Julie Rozwadowski

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RESPONDING TO DOMESTIC ABUSE IN LATER LIFE

Bonnie Brandl* and **Julie Rozwadowski****

Clara's sixty-year wedding anniversary is next month. Throughout the relationship, her husband has kicked, hit and punched her. He has told her that she is stupid, ugly and useless. Because of his temper, she does not have any friends and doesn't talk to her sister anymore. Her husband gives her a small allowance every week for groceries and checks the odometer on the car to be sure she only goes to the store and back.

Clara wonders how she could have been hurt for so many years and had no one ask her if she is okay. Her doctor has seen bruises and told her that bruising is common for older women. When Clara and her husband went to their lawyer last week to change their wills, the lawyer didn't seem to notice that her husband did all the talking or that she was shaking. When Clara has tried to talk to her pastor, he has recommended trying harder to please her husband and praying harder. Even when the police came to her house last month and saw her crying and saw the broken furniture, they didn't arrest her husband. They just told him to calm down.

Americans are getting older. Due to the aging of the baby-boom generation, the United States will witness a dramatic increase both in the number of elderly persons and in the proportion of elderly persons

* Bonnie Brandl is a Senior Program Specialist at the National Clearinghouse on Abuse in Later Life (NCALL), Wisconsin Coalition Against Domestic Violence.

** Julie Rozwadowski is a Coordinator at the National Clearinghouse on Abuse in Later Life, Wisconsin Coalition Against Domestic Violence. Rozwadowski joined NCALL in 2002, bringing fifteen years of post-law school experience.

in the general population.¹ Currently, persons age sixty-five or older constitute 12.6% of the population; in 2040, one in five Americans or 20.5% of the population will be age sixty-five or older.²

Sadly, reports of older persons being harmed by people they trust or love, like family members, are also increasing. During the ten-year period between 1986 and 1996, reported cases of domestic elder abuse increased 150%.³ Even with this staggering increase, it is estimated that only one in five cases of elder abuse is reported.⁴ Researchers calculate that more than 450,000 older individuals are abused or neglected in domestic settings annually.⁵ The National Elder Abuse Incidence Study found that in 90% of elder abuse cases, the victim knew the perpetrators. Two-thirds of these known perpetrators⁶ were adult children or spouses.⁷

Professionals working in the aging network, domestic violence and sexual assault, justice, health care, faith-based and other community services may come in contact with older victims of abuse. This article will assist professionals in identifying and responding to domestic abuse in later life by answering the following four questions:

- 1) What is domestic abuse in later life?
- 2) Why does it happen?
- 3) What can I do?
- 4) What are promising practices?

1. JACOB SIEGEL, AGING INTO THE 21ST CENTURY, Nat'l Aging Info. Ctr., Admin. on Aging, U.S. Dep't of Health and Human Services, (1996).

2. U.S. DEP'T OF HEALTH AND HUMAN SERVICES, ADMINISTRATION ON AGING, FACT SHEET: THE GROWTH OF AMERICA'S OLDER POPULATION (2000).

3. NAT'L CENTER ON ELDER ABUSE, FACT SHEET: VIOLENCE AGAINST WOMEN IS AN OLDER WOMEN'S ISSUE (1998).

4. *Id.*

5. *Id.*

6. Pamela B. Teaster, et.al, *Sexual Abuse of Older Adults: Preliminary Findings of Cases in Virginia*, 12 J. OF ELDER ABUSE & NEGLECT 1 (2000); Burton D. Dunlop, et. al., *Elder Abuse: Risk Factors and Use of Case Data to Improve Policy and Practice*, 12 J. OF ELDER ABUSE & NEGLECT 95 (2000); Susan J. Crichton, et. al, *Elder Abuse: Feminist and Ageist Perspectives*, 10 J. OF ELDER ABUSE & NEGLECT 115 (1999); Maxine Lithwick, et. al., *The Mistreatment of Older Adults: Perpetrator-Victim Relationships and Interventions*, 11 J. OF ELDER ABUSE & NEGLECT 95 (1999); Dana Vladescu, et. al., *An Evaluation of Client-Centered Case Management Program for Elder Abuse*, 11 J. OF ELDER ABUSE & NEGLECT 5 (1999); NAT'L CTR. ON ELDER ABUSE, AM. PUBLIC HUMAN SERVICES ASSOCIATION, NAT'L ELDER ABUSE INCIDENCE STUDY, (1998); Holly Ramsey-Klawnsnik, *Elder Sexual Abuse: Preliminary Findings*, 3 J. OF ELDER ABUSE & NEGLECT 73 (1991).

7. Rosalie S. Wolf, *Introduction: The Nature and Scope of Elder Abuse*, 24 GENERATIONS 6 (Summer 2000); Myrna Reis and Daphne Nahmiash, *Validation of the Indicators of Abuse (IOA) Screen*, 38 THE GERONTOLOGIST 471 (1998); Sarah B. Harris, *For Better or For Worse: Spouse Abuse Grown Old*, 8 J. OF ELDER ABUSE & NEGLECT 1 (1996); Karl Pillemer & David Finkelhor, *Causes of Elder Abuse: Caregiver Stress Versus Problem Relatives*, 1989 AM. J. OF ORTHOPSYCHIATRY 179.

WHAT IS DOMESTIC ABUSE IN LATER LIFE?

Domestic abuse in later life occurs when persons age fifty and older are harmed by a person they trust or love, such as a spouse, partner, or family member. Victims come from all racial, ethnic, economic and religious backgrounds. Some victims are healthy and active; others have illnesses, are frail or have disabilities. Many victims are competent and live independently. Some victims may have dementia or difficulty processing information. Some victims require assistance with daily living skills or require ongoing nursing care. Victims may live in private dwellings or facilities, such as nursing homes. Most older victims of domestic and sexual abuse are women.⁸

Being hurt by someone the victim loves or trusts makes these cases particularly challenging. Often the abuser is a spouse, partner, family member or trusted caregiver. The victim may want to maintain the relationship but have the abuse stop. Often victims will try a variety of methods on their own to end the violence. However, once victims recognize that they cannot stop the abuse alone, they will often ask for help from friends, family or professionals. Sometimes the victim may try to protect the abuser from going to jail or into a mental health facility.

WHY DOES ABUSE IN LATER LIFE OCCUR?

No single reason exists for abuse in later life. Current research suggests that often the dynamics of abuse in later life are similar to those of younger battered women. Often abusive behaviors are criminal behaviors.

CAREGIVER STRESS IS NOT A PRIMARY CAUSE OF ELDER ABUSE

Early research suggested elder abuse is primarily caused by caregiver stress. The caregiver stress theory suggests that caregivers who are overburdened become physically and/or verbally abusive to frail elders while providing care. Follow-up studies have shown that caregiver stress is most likely NOT a primary cause of elder abuse.⁹

8. SUSAN SCHECHTER, GUIDELINES FOR MENTAL HEALTH WORKERS, Nat'l Coalition Against Domestic Violence (1987).

9. Pillemer & Finkelhor, *supra* note 7, at 179; Elizabeth Podnieks, *National Survey on Abuse of the Elderly in Canada*, 4 J. OF ELDER ABUSE & NEGLECT 5 (1992); Linda Vinton, *Abused Older Women; Battered Women or Abused Elders?*, 3 J. OF WOMEN & AGING 5 (1991).

Rather, many older abused women, like younger women, experience a pattern of coercive tactics to gain and maintain power and control over them. Often abusers will give excuses about why they are abusive, such as being stressed or overburdened.

POWER AND CONTROL DYNAMICS (SIMILAR TO YOUNGER BATTERED WOMEN) ARE OFTEN THE ROOT OF ABUSE IN LATER LIFE

When abusers believe they are entitled to be in charge, often they will use a variety of methods to get their needs met. Abusers feel their actions are justified and that they have a right to control their victims. These assumptions are often based on stereotypical views about women or older people. Perpetrators often believe they deserve unquestioned obedience from the victim.¹⁰ For example, an adult son may order his mother to do the laundry, cook his meals and turn over her Social Security check. If she doesn't, he may threaten her, throw things, hurt her pets, destroy property or hit her. An elderly man may have been battering his wife for fifty or sixty years to "show her who is boss." Over the years, he may have used coercion, threats, intimidation, isolation, emotional abuse, and physical and sexual abuse to get his way.

ABUSER ILLNESS

In some situations violence may be a manifestation of a mental or physical illness (e.g., Alzheimer's disease) or an inappropriate combination of medications. In these situations, abusers are not in control of their behavior. Working with health care professionals is crucial to finding potential remedies for the victim. Safety planning with the victim is also important in these cases. The professional should 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.

CRIMINAL BEHAVIOR

Understanding that domestic abuse in later life is most likely an issue of power and control is critical. When abuse is viewed as caregiver stress, only social service agencies are contacted. Remedies focus on reducing stress and improving communication. Too often

10. Carol Seaver, *Muted Lives: Older Battered Women*, 8 J. OF ELDER ABUSE & NEGLECT 3 (1996).

victim safety is minimized and abusers are not held accountable. Some professionals do not consider discussing legal remedies with older patients, assuming this is a private family matter.

However, domestic violence at any stage of life can be a crime. And, contrary to stereotypes and myths, many older victims have taken advantage of restraining/protective orders and other legal alternatives when these options have been made available to them. To provide safety and support to elderly victims, service models and legal remedies long established for younger victims of domestic abuse should be employed.¹¹

WHAT CAN I DO?

Older victims face multiple barriers to living free from abuse. This L.A.B.O.R. model lists five key steps any professional who works with older people can take.

1. **Look and listen** for signs of abuse
2. **Ask** direct questions
3. **Believe** what the victim tells you
4. **Offer** hope and support
5. **Refer**

1. **Look and Listen for signs of abuse.**

Professionals need to recognize that abuse in later life occurs and consider the possibility of abuse with every older adult they encounter. When working with older adults, it is important to look for any potential signs of abuse such as those listed below.

Physical and Sexual Abuse:

- Injuries that do not match older person's account of what happened.
- Injuries such as bruises, black eyes, welts, lacerations, rope marks, broken bones.
- Broken eyeglasses/frames, physical signs of being restrained.
- Pain, itching, bruises or bleeding around the breast or genital area.
- An elder's sudden change in behavior and an elder who acts fearful and withdrawn.
- An elder's report of being physically or sexually abused.

¹¹ Pillemer & Finkelhor, *supra* note 7, at 179-88; Podnieks, *supra* note 9, at 5-58; Vinton, *supra* note 9, at 5-19.

When the sheriff arrived, Elsie had two black eyes. In the past, her husband had pushed her down the stairs and beaten her. Throughout the marriage he had also forced her to have sex and perform sexual acts that hurt or made her uncomfortable.

Emotional Abuse:

- Being emotionally upset or agitated.
- Being extremely withdrawn and non-communicative or non-responsive.
- Unusual behaviors usually attributed to dementias (e.g., sucking, biting, rocking).
- An elder's report of being verbally or emotionally mistreated.

Betsy's partner of twenty-five years, Karen, could be extremely cruel. She made fun of Betsy's health problems. She told her she was stupid and clumsy. Karen threatened to tell Betsy's family the truth about their relationship.

Financial Exploitation:

- Lifestyle not consistent with income/assets.
- Unexplained or sudden inability to pay bills, purchase food or personal care items.
- Fear or anxiety when discussing finances.
- Unprecedented or unusual transfer of assets from victim to others.
- Extraordinary/unusual interest by family members in victim's assets.
- Sudden changes in bank account or banking practices, including an unexplained withdrawal of large sums of money by a person accompanying the elder.
- Inclusion of additional names on an elders' bank signature card.
- Unauthorized withdrawal of the elder's funds using the elder's ATM card.
- Use of ATM card when elder is bedridden or homebound.
- Abrupt changes in a will or other financial documents.
- Unexplained disappearance of funds or valued possessions.
- Substandard care being provided or bills unpaid despite the availability of adequate financial resources.
- Discovery of an elder's signature being forged for

financial transactions or for the titles of his/her possessions.

- Unexplained sudden transfer of assets to a family member or someone outside the family.
- The provision of services that are not necessary.
- An elder's report of financial exploitation.

Frank's son, Thomas, has stolen Frank's money and ATM card. Thomas sold Frank's car to pay off gambling debts. Thomas has been meeting with an attorney to gain control of his father's finances saying that his dad was no longer capable of managing his money and estate.

Neglect:

- Dehydration, malnutrition, untreated bedsores, and poor personal hygiene.
- Unattended or untreated health problems.
- Inadequate or inappropriate clothing.
- Unexpected or unexplained weight loss or deterioration of health.
- Signs of excess drugging.
- Unsanitary and unsafe living conditions (e.g., dirt, fleas, lice, soiled bedding, fecal/urine smell, inadequate clothing).
- Lack of heat and plumbing.
- An elder's report of being mistreated/neglected.

When Maria arrived at the battered women's shelter, she was filthy and malnourished. Her husband had refused to allow her to take a bath or shower for months. He was withholding food and she was surviving by eating dog food.

In addition, listed below are possible behavioral indicators of abuse by potential victims and abusers. However most or all of the behavioral signs need NOT be present for abuse to be occurring. One or two indicators may warrant further questioning and investigation. A potential victim may exhibit some of the behaviors listed below.

- 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 drugs).

- Presents as a “difficult” client.
- Has vague, chronic, non-specific complaints.
- May miss appointments.
- Delays seeking medical help.
- Exhibits depression (mild or severe).
- Evidence of effects of stress and trauma such as chronic pain and other illnesses.

Again, the absence of these behaviors does not guarantee the absence of abuse. Therefore, it is also important to pay attention to look and listen to the client’s spouse, family members and friends. A potential abuser may do some of things listed below.

- Is verbally abusive to workers or charming and friendly to workers.
- Says things like, “He’s difficult,” “She’s stubborn,” “He’s so stupid,” or “She’s clumsy.”
- Attempts to convince others that the person is incompetent or crazy.
- Is overly attentive to the victim.
- Controls the older person’s activities and outside contacts.
- Refuses to let an interview take place without being present.
- Talks about the family member as if he/she is not there or not a person (dehumanizes).
- Physically assaults or threatens violence against the victim or workers.
- Makes threats of suicide or homicide or both.
- Makes harassing threats.
- Stalks.
- Cancels elder’s appointments.
- Sabotages older person’s efforts to attend appointments by refusing to provide transportation or some other excuse.
- Uses the legal system to harass the older person (e.g., mutual protective orders, making false charges).

The absence of these behaviors does not guarantee the absence of abuse.

2. Ask direct questions.

Asking questions about an older person’s life can prevent abuse or help identify a victim. The professional should try to have some time

alone with the individual (out of eyeshot and earshot of other family members and caregivers.) This time should be used to ask some general questions such as:

- What have you done lately?
- Have you gone out with your friends lately? If not, why?
- How do you like spending time with (name different people in the person's life)?
- Do you have the money you need to buy food, clothing, and to go out?

If abuse is suspected, the professional may want to ask direct questions about abuse. When asking questions, it is key to remember that the victim's safety is paramount. Consequently, if the victim is disclosing about abuse, it must be done in a location that is confidential and quiet. It is important that the professional have a plan in place for what can be done if the person discloses abuse. It is also important to allow enough time for the person to answer questions and to discuss next steps.

To ask about abuse, the following questions should be considered:

- Are you afraid of anyone?
- Has anyone made you do something you did not want to do?
- Has anyone said things to make you sad or upset?
- Is anyone limiting where you can go and what you can do?
- Are you concerned that someone is taking your money, house, or belongings?
- Have you been hit, kicked, pushed or hurt in any way?
- Has anyone made you or asked you to engage in sexual activities that you did not want to do?

If abuse is suspected or an older person has disclosed that they are being harmed, a report can be made to adult protective services so an investigation can take place. The professional should know state reporting laws and protocols. Forty-four states mandate that many professionals report elder abuse to adult protective services or law enforcement. If a report is going to be made, the victim should be made aware that the authorities will be contacted. The professional should explain to the victim that adult protective services workers or other professionals may be able to help the victim.

3. Believe what the victim tells you.

Often victims who ask for help are not believed. If an older woman discloses that she has been abused, the professional should offer her support and give her information about local domestic violence and sexual assault services. If the older person does not appear competent or has said things in the past that are not true, calling social services or law enforcement for an investigation should still be considered. Often abusers look for victims who are not competent or not considered “good reporters” because they see them as easy prey. An investigation by trained professionals is crucial to enhance the safety of the older person.

4. Offer hope and support.

The power of compassionate listening is very strong when working with a victim of domestic violence. Victims of abuse can benefit simply from being heard, believed and supported.

Victims want to live free from abuse but only the abuser can end the violence. Too often victims are stuck with few or poor options as they try to live free from abuse. The decision to end a relationship with a new spouse/partner, a long-term spouse/partner, or an adult child or grandchild can be painful. Few victims leave the first time they reach out for help. While it may be frustrating to the service provider, some victims of family violence stay with abusive family members. Others may leave, only to return home after a few days or months. Change of this magnitude often comes slowly and over time, especially for the elderly, who by virtue of aging may already be experiencing many losses, such as health and social support.¹² Communicating support for the victim, no matter what decision is made, plays an important part in the victim finding strength to make difficult choices.

5. Refer.

Professionals who may come into contact with victims of abuse in later life need to become familiar with services for older abused women. It is important for the professional to learn about adult protective services or lead elder abuse agencies in his or her area. APS or their equivalents are social service agencies mandated to investigate cases of elder abuse or abuse of a vulnerable adult. Calls come to a central agency, which assigns a trained worker to investigate the allegations of abuse and/or neglect. State statutes vary on how quickly

12. Seaver, *supra* note 10 at 3-21.

a worker must respond. In some states, alleged victims may refuse the investigation. In other states, an investigation is completed but competent patients have the right to reject services.

The services offered to a victim of abuse will depend on the wishes and needs of the patient. Many victims of abuse benefit from free domestic abuse services including emergency shelters (if they choose to leave the abuser), support groups, peer counseling, and crisis lines. A support group may be extremely helpful; especially a group with people who are the same age as the victim. Older abused women's support groups exist in many communities around the country. Other victims may benefit from services offered by the aging network such as transportation, peer support, supportive home care, home delivered meals, or financial counseling.

Some victims will use the legal justice system to have the abuser arrested, secure a restraining order or divorce, or establish a financial guardian (conservatorship). Law enforcement and APS can investigate potential financial exploitation.

PROMISING PRACTICES

Across the country there is increased recognition of victims of abuse in later life. Many communities are working collaboratively to improve safety and services for older victims. Some examples of promising practices include:

- Multi/Inter-disciplinary teams made up of professionals from a variety of fields that review specific elder abuse cases.
- Local or statewide councils that focus on elder abuse, domestic violence or domestic abuse in later life that create protocols and policies on responding to older victims.
- Approximately thirty-five support groups for older abused women exist throughout the country. These groups are designed for older women to come together and share their experiences and break the isolation often associated with abuse.
- Emergency shelters for older people. In some communities, domestic abuse programs are designing space for older victims or people with disabilities. Other communities are using nursing home, assisted living or hospital beds for emergency shelter and the advocacy services are brought to the victim. A few communities

have started elder shelters.

- Cross-training for domestic abuse, sexual assault, victim advocates, adult protective services and aging network professionals on the dynamics of abuse in later life and effective interventions has significantly improved the collaboration and services.
- Training for justice, health care and faith communities on the signs of abuse and interventions.
- Financial exploitation task forces have worked to train law enforcement, APS, civil attorneys, bankers and others about financial exploitation.

Fatality review teams for elders (similar to the model used for child abuse and domestic violence) are multidisciplinary teams that meet to investigate the circumstances of a suspicious death to consider changes in the system's response to prevent future homicides or deaths.

- Staffs at nursing homes and other facilities are getting training on signs of abuse by staff, residents and family members.
- Public awareness and outreach efforts to older people about abuse and what they can do if they are being hurt.
- The federal Office of Violence Against Women in the Department of Justice recently funded eighteen projects throughout the country to create training on abuse in later life for justice professionals and others.
- Congress has introduced the Elder Justice Act, which would provide funding on elder abuse for direct services, research, training, and coordination efforts.

As a professional who comes in contact with older people, there are a number of things you can do to end abuse in later life.

- Recognize that any older person you work with can be a potential victim of abuse.
- Learn the indicators of abuse.
- Look and listen for signs of abuse.
- Ask older people questions about their lives. If you suspect abuse, believe the victim's account, offer hope and support and make the appropriate referrals. Learn if you are a mandatory reporter and what other resources are available in your community.
- In addition to helping individual victims, consider

participating in larger, community or statewide efforts to raise awareness and end abuse.

Whatever your role – health care, justice, social worker, advocate, researcher, student or any other profession – you have the skills and expertise needed to help end abuse. Only by working collaboratively with other professionals can we increase safety and support for victims and hold abusers accountable.