


Understanding Domestic Violence in
Later Life & Supporting Victims with
Trauma-Informed Responses



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Starting with an Overview...

- Recognize the dynamics of domestic violence and family violence in the context of older persons
- Identify myths/assumptions that can distract from accurate assessment or effective case planning in DV cases
- Identify trauma-informed responses and best practices for supporting victims.

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Abuse in Later Life

Abuse in later life is physical, sexual, or psychological abuse, neglect, financial exploitation, or stalking of an adult aged 50 years or older. In most cases, the victim is in an ongoing relationship (such as spouse, partner, family member or caregiver) where society expects there to be a trusting, caring connection.

-National Clearinghouse on Abuse in Later Life (NCAA)

This phrase "Abuse in Later Life" is often used by domestic violence and sexual assault advocates who work with older victims.



Elder Abuse is a Serious Social Problem

As of 2019, 54 million people in U.S. were over the age of 65.

Nearly **1 in 10 suffer from elder abuse each year.** (U.S. Department of Justice, DOJ)

Only 1 in 24 cases of elder abuse is reported.

About 80% of physical abuse is perpetrated by a family member.

Seniors who were physically abused had a 300% greater risk of dying prematurely compared to those who had not been abused. (Journal of the American Medical Association.)

Sexual abuse is least reported type of elder abuse. A majority of elder sexual abuse cases involve female victims and male perpetrators. (DOJ and World Health Organization)

Elder Abuse Most Often Occurs in the Place Where the Victim Resides



Legal Definition of Domestic Violence, Ohio Revised ORC 2919.25



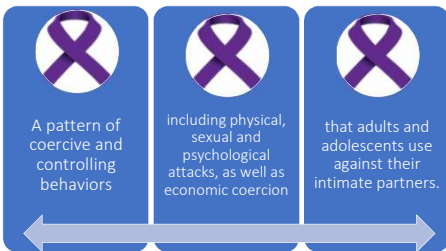
The criminal law defines domestic violence as doing any of the following to a Family or Household Member:

Knowingly causing or attempting to cause physical harm

Recklessly causing serious physical harm

By threat of force knowingly causing another to believe the offender will cause imminent physical harm

Social Definition



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Abuse Later in Life: Power and Control Wheel



Tactics of Elder Abuse and Domestic Violence

- **Physical**
Use of physical force resulting in bodily injuries, physical pain or impairment, sabotaging assistive devices
- **Psychological, Emotional Verbal:**
Infliction of anguish pain distress through name calling, berating, insults, humiliation, verbal and non-verbal threats, harassment, gaslighting, isolation, cruelty
- **Neglect:** Refusing or failing to provide basic needs such as food, water, medicine, clothing, personal hygiene, shelter and other essentials
- **Cultural/Religious Beliefs**



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Experts say senior financial abuse will be the "crime of the 21st century."

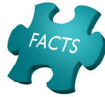
“Advanced Age is No Defense Against Sexual Assault”

- Nature of Sexual Abuse:
 - Non-consensual sexual contact of any kind such as unwanted touching, rape, sodomy, coerced nudity
 - Non-contact acts include exhibitionism or unwelcome sexual interests such as forced pornography on the elder
- **Sexual assault and rape are used to intimidate, control and demean victims.**
- Sexual predators have easy access to vulnerable elders with their status as family members.
- Study showed 94% of victims were female and ranged in age from 60-100. The mean age was 78.4 years.
 - Reporters: 33% of the cases were reported by the elder victims themselves; 21% reported by health care workers; 13% by social workers or mental health professionals; 21% by others such as neighbor, friend and 12% by a family member.

Comparing Routes of Reporting in Elder Abuse Sexual Abuse Cases, Journal of Elder Abuse and Neglect.

Intersection of Domestic Violence & Sexual Assault

- **Close to 1 in 3 women and 1 in 7 men** have experienced physical or sexual violence by an intimate partner
- Perpetrators who are physically violent toward their intimate partners are often sexually abusive as well.
- At least 60% of domestic violence survivors are also survivors of sexual assault.
- There are higher rates of severe injury and fatality when sexual assault is involved.
- Estimated 60% of all rapes are committed by current or former husbands or intimate partners.
- A physically abused woman also experiencing forced sex was 7 times more likely to be killed than a non-battered victim.



* Campbell, et al. Assessing Risk Factors for Intimate Partner Homicides, Howard, et al. Journal of Interpersonal Violence, 18A, National Resource Center on Domestic Violence and the Center for Disease Control

Differences between DV Sexual Violence and Stranger to Stranger

- With Intimate Partner Sexual Violence....
- Chronic and constant threats to self and loved ones
- More medical problems
- Higher levels of physical injury
- Financial dependency on perpetrator
- Often not wanting to prosecute
- Difficulty defining the act as sexual assault or coercion
- Social, peer pressure
- Cultural, religious beliefs

Effects of Elder Abuse

Fearful all the time

Psychological trauma leads to higher levels of depression, anxiety, irritability, and agitation

Feelings of helplessness, alienation, guilt, and shame



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Compliance is NOT acceptance.

Barriers to Leaving

•Older survivors may be caregivers for family members (including grandchildren)

• Lack of money or housing, situation can disrupt income, benefits and insurance coverage

•Health conditions or impairments may make leaving or living on their own seem impossible

•Isolation and declining social networks

•Fear of being seriously injured or killed if they try to leave



Barriers to Leaving

- Responsible for abuser's care or survival
- Love or care about the people who harm them
- Desire to keep family together
- Fear of starting over late in life
- Shame, embarrassment
- LGBTQ+ survivors



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The Ties that Bind

https://www.youtube.com/watch?v=6vynfpKte_A

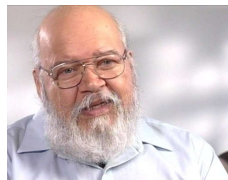
The Ties that Bind

What were your first reactions to hearing Sam's story?

How were the dynamics of domestic abuse in Sam's case similar to or different from those involving female survivors?

What challenges does (or would) your program face when working with older male survivors?

Sam described the "web" which included feeling that he was responsible to honor his vows. How would you respond to someone who wants to stay for religious reasons?



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Myths and Misconceptions...True or False?

- 1. Stress is a primary reason why caregivers abuse.
- 2. Caregivers who abuse benefit from anger management classes and stress reduction techniques.
- 3. Caregiver stress is caused by retaliation for previous child abuse.
- 4. Caregivers with substance use/mental health disorders abuse more frequently than those without substance use/mental health problems.

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Abusers Feel Entitled...

Abuse is a choice...not an excuse.

Abuse is a decision to intentionally inflict harm on another person in an attempt to control that person's thoughts, words and actions.

Elder abuse most often occurs because of the abuser's entitled thinking and desire for power and control.

THERE'S NO EXCUSE FOR ELDER ABUSE.

Vagus Nerve, "Queen of Parasympathetic Nervous System"

The vagus nerve is also known as the "rest and relax" or "chill out" nerve.

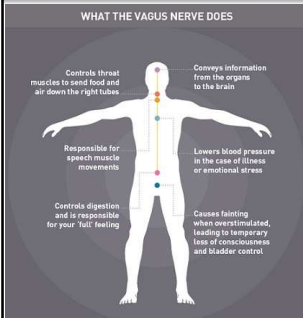
When we activate the vagus nerve through deep breathing, it counteracts the rush of adrenaline and cortisol caused by toxic stress.

The vagus nerve banishes the symptoms caused by the fight, flight, freeze and fawn responses.



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WHAT THE VAGUS NERVE DOES



Controls throat muscles to send food and air down the right tubes.

Conveys information from the organs to the brain.

Responsible for speech muscle movements.

Lowers blood pressure in the case of illness or emotional stress.

Controls digestion and is responsible for your 'full' feeling.

Causes fainting when overstimulated, leading to temporary loss of consciousness and bladder control.

A well-toned vagus nerve helps to regulate:
 blood pressure,
 glucose levels,
 digestion and automatic responses like breathing and perspiration.

Crucially, the vagus nerve is the power source of the parasympathetic nervous system (PNS), which is the body's involuntary nerve center, and the enteric nervous system (ENS), otherwise known as the gut brain.

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How can you increase vagal tone and modulation?


First, you can start right now by focusing on your breath.

If you're familiar with meditation or mindfulness practices, you'll already be aware of the benefits of watching the breath and then controlling it.

To get some extra benefit out of a breathing practice, focus on exhaling for longer than you inhale.

During an exhalation, vagal tone increases as the heart rate decreases, enabling higher influence from the PNS and contributing to a much calmer state."

<https://www.organic4greenlivings.com/unlock-the-power-of-the-vagus-nerve-to-reduce-chronic-stress/>



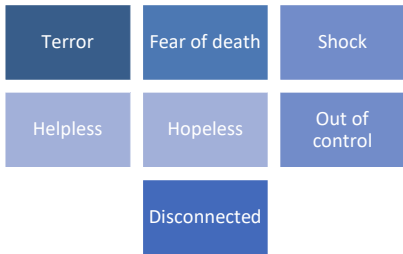
Just Breathe

<https://www.youtube.com/watch?v=RVA2N6tX2cg&t=1s>

Let's Practice a Relaxation Technique



Trauma Overwhelms a Person...



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Common Traumatic Responses to Domestic Violence

- Nightmares, flashback, triggers
- Denial, repression, disassociate disorders
- Anxiety, depression, panic disorders
- Chronic and acute stress
- Suicidal behaviors
- Post Traumatic Stress Disorder
- Substance use disorders
- Concerns about physical safety
- Reckless behavior
- Changes in eating, sleeping patterns
- Hypervigilance, heightened startle response
- Migraines, headaches, hemorrhage, stroke
- Traumatic Brain Injuries




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Trauma Informed Approach

Trauma-informed care shifts the philosophical approach from
“What’s wrong with you?”
to
“What happened to you?”

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A trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences.

The Center for Mental Health Services National Center for Trauma-Informed Care



Trauma Informed Screening

Responding:

Reflect Reflect back to them with compassion what you heard

Honor Honor their courage for surviving and sharing

Connect Connect them with safety and supports

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Reflective Listening

It sounds like you feel...

It seems to me that you feel...

It appears to me...

Correct me if I'm wrong...

I get the impression...

From what I've heard it seems that...

What I'm picking up on...

You seem to be...

You're saying then that...

I'm not sure I'm with you, but...

Maybe this is a long shot, but...

The message I'm getting is that...

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Barriers to Communication

Harmful Phrases:

"You're lucky that..."

"I know how you feel."

"Try to be strong for your grandchildren."

"Calm down and try to relax."

"Why didn't you _____?"

"I think you should _____."

"Everything will be alright, don't worry."

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How we are
is as important as
what we do

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National Center on Trauma, Mental Health and Domestic Violence

Look for the Signs...



- Has repeated "accidental"/suspicious injuries
- Says or hints at being afraid
- Has vague or chronic complaints
- Does not follow through with medical care

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Screening for Domestic Violence in Later Life

- Universal Screening
 - Ask questions of every client at intake
- Disclose mandatory reporting limitations
- Find a reliable interpreter for non-English speaking, deaf or hard of hearing clients
- Maintain an adult-to-adult level of speaking
- Never make promises you can't keep (you can't guarantee safety).

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Asking about Abuse in Later Life...

- How are things going at home?
- Who currently lives with you or provides your care?
- Are you taking your medication on a regular basis as well as attending all of your doctor appointments? If no, try to identify why.
- I'm concerned that your symptoms may have been caused by someone hurting you. Has someone hurt you?
- Has anyone ever refused to take care of you when you asked for help?

Does your Partner or Cargiver?

- | | |
|--|---|
| Try to limit your time with friends? | Make you feel like you have to "walk on eggshells"? |
| Make you feel afraid? | Force you to do sexual things without your consent? |
| Break your belongings? | Refuse to give you the care you need? |
| Call you names or tell you that you are worthless? | Threaten to hurt or kill you? |
| Take your money or possessions? | Hit, push, strangle, pinch, or slap you? |
| Threaten to put you in a nursing home? | |

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Responding Appropriately

- If YES, ask for more information and refer for protection and safety planning.
- If NO, state that "If a spouse/partner or family member/caregiver ever hurt you or you knowsomeone who is being hurt, there are people who can help."

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• If YES, ask for more information and refer for protection and safety planning.


• If NO, say...
 "If a spouse/partner or family member/caregiver ever hurt you or you know someone who is being hurt, there are people who can help."



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Written Documentation

- History of injuries in client's own words, as verbatim as possible
- History of injuries according to non-offending caregiver
- General descriptions of abuse, then specific



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Empowerment Model

- Listen and believe them
- Document their story, in their words and with photos (consent to photograph, release)
- Provide information and offer options
- Provide local referrals
- Safety plan (from their perspective)

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The Case for Collaboration

Adult Protective Services Field

- Investigates
- Legal leverage
- Understand capacity/competency
- Understand aging population
- Statutory requirements re: jurisdiction
- Public agency
- May have contact with the abuser

Domestic Violence Field

- Advocates
- Legal advocacy
- Understand batterer tactics, lethality
- Understand DV victims
- More latitude on who they serve
- Private non-profits
- Typically don't have contact with the abuser

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Working with Domestic Violence/Sexual Assault Programs

- Limitations re: info sharing
- Domestic Violence/Sexual Assault programs are responsible for making sure the needs of older victims are met.
- Safety planning with older individuals



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Resources for Survivors through ODVN Programs

- Safety planning
- Emergency shelter, transitional housing
- Relocation assistance
- Legal assistance
- Counseling
- Transportation





Trauma Informed Services...

- Focus on understanding the whole person and context of their life experience
- Are infused with knowledge about the roles that violence and victimization play in the lives of elders
- Minimize the power imbalance between the survivor and service provider
- Focus on trust and safety
- Emphasize individual's strengths
- Are hospitable and engaging for survivors
- Facilitate recovery, support growth, resilience and healing
- Collaborate with non-traditional and expanded community supports such as faith communities
- Provide culturally competent and sensitive services

• Women, Co-Occurring Disorders and Violence Study conducted by the Substance Use and Mental Health Services Administration

Culturally Specific Programs in Ohio

Asian Service in Action, Middle Eastern, Asian, Muslim; Cuyahoga, Summit, Medina, Stark, Portage, 320-203-1453

ASHA Ray of Hope, Southeast Asian, India, Pakistan, Nepal; statewide, 614-656-2918

Asian American Community Services, Asian; Franklin, 614-266-4208

BRAVO (Equitas) LGBTQ community; statewide, 866-862-7286

Casa de Paz, LatinX, Hispanic; Hamilton and Greater Cincinnati, Butler, Warren and Clermont 513-488-3515

Deaf Phoenix, statewide, 614-515-2477

DWAVE (Deaf World Against Violence Everywhere); statewide, 614-678-5476

ETSS Family Care, African, Muslim, Somali: Franklin, 614-586-0066

Jewish Family Service Association of Cleveland, Jewish and non-Jewish; Cuyahoga, 216-378-8675

Ohio Hispanic Coalition, Delaware, Fairfield, Franklin, Licking, Madison,

Trauma Informed Guidelines for You

- "Observe, don't absorb."
- Accept that beauty and suffering co-exist in the world.
- Our value in this work is not dependent on the outcome of the victim.
- Learn self-care techniques to calm and quiet your mind and body.
- Strive to integrate daily relaxation practices and exercise into your schedule.
- Decide what you can and cannot control.
- Seek help when needed.
- Connect with family, friends, your tribe or faith community
- *Make time for fun!*



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