2001

Bridging Aging and Domestic Violence Services in Our Communities

Janett Forte
Chesterfield County Domestic Violence Resource Center

Paula Knapp Kupstas
Virginia Center on Aging

Stephanie White
Capital Area Agency on Aging

Bridging Aging and Domestic Violence Services in Our Communities

Janett Forte, LCSW
Paula Knapp Kupstas,Ph.D.
Stephanie White, MSW

Janett Forte, LCSW, is Coordinator of the Chesterfield County Domestic Violence Resource Center. Paula Knapp Kupstas, Ph.D., is a Research Specialist at the Virginia Center on Aging. Stephanie White, MSW, is a Care Coordinator for Henrico and New Kent Counties for Senior Connections, The Capital Area Agency on Aging. All are members of the Central Virginia Task Force on Older Battered Women.

Educational Objectives

1. To describe the problem of domestic violence in later life.

2. To show how the operating principles and service approaches of aging (APS and aging network) and domestic violence service providers differ and may cause them to interpret the same situation differently.

3. To encourage aging and domestic violence service providers to share information, expertise, resources, and philosophical perspectives with one another in order to improve the community response to older battered women.

Case Study

Mrs. Daniels is a 76-year-old woman with insulin dependent diabetes mellitus, diabetic neuropathy, visual impairment, and a history of strokes, all of which have resulted in her need for assistance with activities of daily living and instrumental activities of daily living. Her husband contacted the aging network service provider for assistance with her personal care needs. An aging network services worker contracted with the couple to assist with the Medicaid personal care application process, when both expressed interest in receiving the services. During subsequent home visits, the worker noticed that Mrs. Daniels usually stayed in her bedroom, and Mr. Daniels handled the couple's financial affairs. When Mrs. Daniels did meet with the worker, her husband was always present. The couple told the worker that Mr. Daniels was assisting Mrs. Daniels with her personal care needs. During the application process, the worker received a call from Mrs. Daniels' granddaughter, who said that Mrs. Daniels was staying with her, and had left her husband because he was physically abusive and neglected her personal care needs. She explained that abuse had been a part of the couple's relationship for as long as she could remember. Mrs. Daniels had left her husband several times, but always returned. Each time she left, she stayed with a family member. The worker then spoke with Mrs. Daniels, who said that she was satisfied that her family was making arrangements for her to live with one of them, and that she was still interested in Medicaid personal care. The granddaughter had also

called Adult Protective Services (APS), so the aging network services worker next spoke with the APS worker, from whom Mrs. Daniels had requested assistance with a divorce and a protection order. With Mrs. Daniels' concurrence, the APS worker agreed also to facilitate the Medicaid personal care application process, and the aging network services worker closed the case. One month later, the aging network services worker received a call from Mr. Daniels informing her that his wife had returned home. He was again requesting assistance with the Medicaid personal care process. Later, when Mr. Daniels was not present, Mrs. Daniels explained that living with her granddaughter "just didn't work out," and that her husband had called her several times, apologizing and promising to provide better care if she would come home. A phone call to the APS worker indicated that the Medicaid personal care application was still in process when Mrs. Daniels returned to her husband. They agreed that the aging network services worker would resume its handling.

Domestic Violence in Later Life

Domestic violence is "a pattern of coercive control that one family member exercises over another. Abusers use physical and sexual violence, threats, emotional insults, and economic deprivation as a way to dominate their victims and get their way" (Schechter, 1987). Domestic violence is frequently viewed as affecting only women of childbearing/childrearing age. Outreach and public awareness materials portray victims and survivors as young women, often with dependent children. But, domestic violence can and does affect older women, as well as older men. Despite statistics that report age as an important risk factor for abuse, with women between 19 and 29 years of age at greatest risk of abuse by an intimate partner (Bachman and Saltzman, 1995), there is a paucity of research on the prevalence of abuse in later life. One of few studies in this area, The National Elder Abuse Incidence Study (NEAIS), estimates that approximately 450,000 elderly persons were abused and/or neglected in 1996, and that less than 20% of suspected cases were reported to APS agencies. The study found that the majority of victims of all types of abuse were women, and "in almost 90% of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member, and two-thirds of the perpetrators are adult children or spouses." (National Center on Elder Abuse, 1998).

Older women might not think of themselves as victims of abuse, due in part to generational norms and views of marriage. The term "domestic violence" did not even exist when they entered into abusive relationships (Stiegel, Heisler, Brandl, and Judy, 2000). When they do self-identify as victims of domestic violence, they may be reluctant to access services that they perceive are intended for younger women. While older women share many of the same challenges that younger women face in seeking help or leaving an abusive relationship, they may be more economically vulnerable than younger women. An older woman reporting abuse by a family member may fear the loss of jointly owned assets that have been accumulated over a lifetime; the loss of health care benefits; difficulty in obtaining pension benefits, finding employment or otherwise replacing lost income; difficulty in receiving medical care and assistance because of chronic health conditions or functional limitations; and transportation problems.

Domestic Violence, APS and Aging Network Services for Older Battered Women

The challenges are complex, too, because older abused women may enter one of several service arenas when seeking help, and these service providers may have quite different operating principles and offered services (Stiegel, Heisler, Brandl, and Judy, 2000). Domestic violence victims may seek services from domestic violence programs that focus on crisis support, shelter, and advocacy. But, domestic violence programs are often ill-equipped to meet the unique needs of older women (e.g., pension/insurance counseling, need for assistance with ADLs/IADLs) and advocates frequently lack familiarity with the issues of aging. Suspected cases of abuse of dependent adults and persons aged 60 and over may also be reported to APS. While APS professionals are experienced in the issues of aging, their elder abuse interventions tend not to focus on the dynamics of domestic violence, but instead focus on caregiver stress as a causal factor. Furthermore, women aged 60 and over may be eligible for a wide range of support services provided through the aging network. However, these providers have usually not been trained to recognize and intervene in suspected cases of domestic violence.

Working Together to Serve Older Battered Women

Aging and domestic violence service providers and other concerned individuals from the Counties of Chesterfield, Hanover, and Henrico, and the City of Richmond saw the need to address these complex challenges, and in September 1998 formed the Central Virginia Task Force on Older Battered Women. The Task Force provides a working forum for interaction and information sharing among organizations, works to increase awareness of the prevalence of domestic violence in the lives of older women, and strives to build bridges between aging and domestic violence services. The group has grown over the years, with representatives now from over seventeen aging and domestic violence service providers and other organizations. The group has developed a mission/purpose statement and collaborative agreement; organized and distributed a resource directory for allied professionals; is working to develop specialized awareness and training materials; and completed a draft project proposal for which they continue to seek funding.

Because the majority of victims in both domestic violence and elder abuse incidents are women, and domestic violence services for younger women are well-established, the Task Force has chosen to focus its efforts on older battered women. However, some of the information presented here also may be applicable to older battered men. Our definition of "older battered women" includes women aged 50 and over. Like the Wisconsin Coalition Against Domestic Violence, we have chosen to include women between the ages of 50 and 60 in our definition because these women seldom access domestic violence services, and are not yet eligible for many of the services available to women aged 60 and over (Brandl, 1997).

Collaboration is vital to meeting the needs of older adults experiencing domestic violence. As we have discussed above, neither the domestic violence nor the aging service delivery systems adequately can address issues faced by older domestic violence victims if working in isolation. As an example from the case study, a domestic violence service provider would view Mrs. Daniels' absence from some visits coupled with the fact that she was never alone with the aging network services worker during home

visits as a sign of possible domestic violence (i.e., isolation of the victim). The aging network services worker might attribute this behavior to generational norms. Unless one were aware of both possibilities, and was able to ask appropriate questions, the true explanation might not become known. To collaborate effectively, aging and domestic violence professionals must share information, expertise, resources, and philosophical perspectives. One way a service provider for the aging can share knowledge, information, and resources is to educate domestic violence service providers about services offered by the agency and information about the aging process itself and the needs of older adults. Domestic violence professionals might educate their counterparts with tools for recognizing and intervening in suspected domestic violence cases. Other tools that can be used to begin collaborative work include a forum, seminar, or workshop on domestic violence among older adults, cross training on various system responses to the issue, a needs assessment, and collaborative agreements. The resource directory developed by the Central Virginia Task Force on Older Battered Women has served as a useful tool in disseminating information to allied professionals about the services provided by member agencies and organizations.

Study Questions

1. What individual needs and service barriers experienced by Mrs. Daniels should be considered when identifying options for her?

2. What challenges do the APS and aging network workers face when attempting to assist her?

3. If you were a member of a collaborative team of aging and domestic violence service professionals, what would be your first step in assisting Mrs. Daniels?

References

Bachman, R. & Saltzman, LE. (1995). Violence against women: Estimates from the redesigned survey, Bureau of Justice Statistics, Special Report. Washington, DC: US Department of Justice.

Brandl, B. (1997). Developing services for older abused women: A guide for domestic abuse programs. Madison, WI: Wisconsin Coalition Against Domestic Violence.

National Center on Elder Abuse. (1998). The national elder abuse incidence study: Final report. (http://www.aoa.gov/abuse/report/default.htm).

Schechter, S. (1987). Guidelines for mental health practitioners in domestic violence cases. National Coalition Against Domestic Violence. Denver, Colorado.

Stiegel, L, Heisler, C. Brandl, B,. and Judy, A. (2000). Developing services for older women who are victims of domestic violence or sexual assault. Victimization of the Elderly and Disabled. 3(2): 18-28.

Virginia Family Violence and Sexual Assault Hotline
1-800-838-8238

Virginia Adult Protective Services Hotline
1-888-832-3858

National Domestic Violence Hotline
1-800-799-7233
1-800-787-3224 (TTY)

Central Virginia Task Force on Older Battered Women
Janett Forte (804) 768-4783 or Paula Kupstas (804) 828-1525