Domestic Violence in Later Life: Unique Challenges Requiring a Victim-Centered Approach

MN World Elder Abuse Awareness Day Conference, June 13, 2024

Presented by Tara Patet, JD, & Shelly Carlson, MPA

MINNESOTA ELDERJUSTICE CENTER

Today's Speakers

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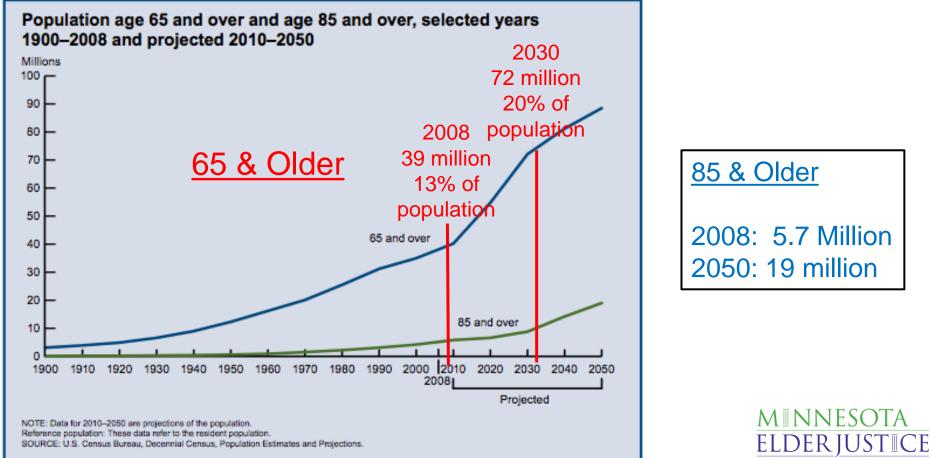


Objectives for today...

- Describe unique barriers to safety experienced by older adults, and best practices for assisting victims of domestic abuse in later life
- Identify strategies criminal justice professionals can implement to effectively intervene in cases of abuse in later life
- Recognize how ageism contributes to abuse in later life and identify steps needed to overcome this "ism"



U.S. Population Age 65 & Older is on the Rise: 1990-2050



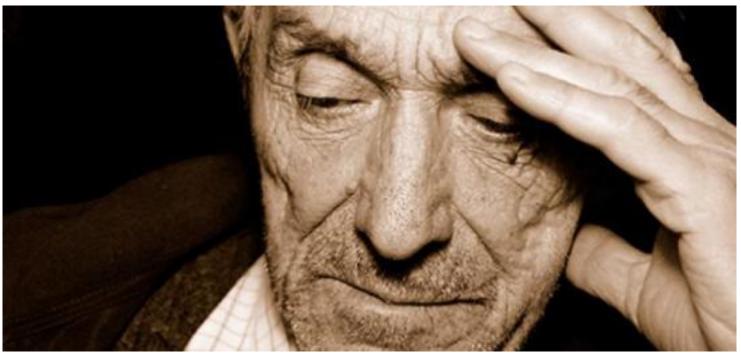
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Prevalence of Abuse in Later Life

- 1,000,000 2,000,000 adults in later life in U.S. are victims of abuse¹
- 1 in 6 persons over the age 60 are victims of elder abuse²
- 2/3 of perpetrators of elder abuse are family members, trusted individuals and/or caregivers *ongoing relationship with an expectation of trust*



Higher Risk of Death



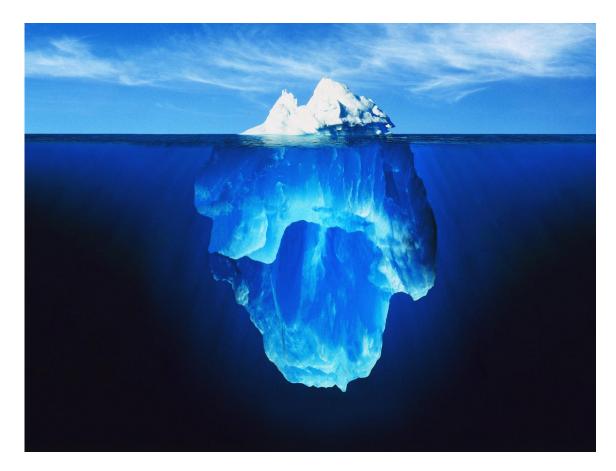
Elders who experienced even modest abuse had a 300% higher risk of death than elders who were not abused¹

1 Dong, X, Simon, M., Mendes de Leon, C., Fulmer, T., Beck, T., Hebert, L. (2009). Elder self-neglect and abuse and mortality risk in a community-dwelling population. *Journal of the American Medical Association, 302*(5), 517–526. doi: 10.1001/jama.2009.1109



Elder Abuse: Under the Radar

For every 1 case of elder abuse that comes to the attention of a responsible entity...



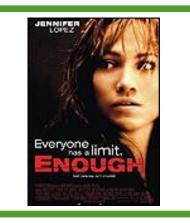
another 23 cases never come to light.

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Source: NYS Elder Abuse Prevalence Study; Weill Cornell Medical College, NYC Department for the Aging; Lifespan; (2011) Slide courtesy of Life Long Justice

Ageism







Images of Domestic Violence

•Gender

•Age

•Kids or no kids

Ageism: Discrimination and stereotyping based on age

- Assumptions and Perceptions
- Overt?
- Subtle?





Connection between Ageism & Elder Abuse

- Ageism = the way in which older adults become invisible, less relevant in the eyes of others
- Intense fear of aging causes a fatalistic approach alienates seniors and stalls communication
- Must address ageist attitudes and biases in culture / ourselves; Live in a "Youth adoring" culture
- When older adult feels devalued, leads to physical and mental health problems and vulnerability to abuse
- Ageist views lead to ineffective interventions in criminal justice & other systems
- If no value placed upon older person, then no qualms about taking advantage of them, thus the connection between ageism and elder abuse

Abuse in Later Life Domestic Violence: Unique Dynamics

Abuse in Later Life Domestic Violence: Challenges for Victims

- Generational differences in system approach to family violence
- Long history of abuse has become the "norm"
- Older women more likely to be financially dependent on spouse
- Older victim may be caregiver for abusive partner
- Victim may have needs for which traditional IPV resources aren't available

- Health concerns (victim & offender)
- Balancing safety & relationship
- Nowhere to go:
 - Lack of economic resources
 - Lack of affordable housing
 - No support system
- Pressure from family & friends
- Potential fears of...



Potential Fears

Seriously injured or killed

Having to leave their home

Being placed in a nursing home

Not having medical care needs met

Being placed in a mental health facility

Being over or under medicated

Being without an interpreter

Being "Outed"

Being Deported

Abuse in Later Life Power & Control Wheel



Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV). 307 S. Paterson St., Suite 1, Madison, WI 53703(608) 255-0539, 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

Abuse in Later Life Domestic Violence: Challenges for Criminal Justice Practitioners

- Power and Control Dynamics
- Capacity & Medical issues
- Multiple co-occurring crimes (Polyvictimization)
- Victim may be deceased by the time you get the case
- Community-based IPV resources may not be appropriate
- Lack of appropriate intervention programs for perpetrator
- Interviewing Issues
- Concurrent Investigations



State v. Marvin Thill

•Elder Abuse: Physical Abuse on Vimeo



Initial Report to Law Enforcement Initial report came from hospital (emergency room) staff.

V had large bruise under her eye, deep bruising and lacerations on her legs.

Further exam revealed previous fractures on her legs.

V expressing fear of her husband, not wanting him to be allowed to see her.

Her husband called the hospital several times, agitated.

V in severe pain and able to give limited statement to law enforcement.

V fears her husband will kill her.

Mr. Thill's statement to police:

His wife tripped on the cat and fell

He called the neighbor to help pick her up

Initially denied arguing with his wife

Officer confronted Mr. Thill. He then agreed they had argued but maintained she had tripped on the cat.

Subsequent interview: "Mondays are her bad days. I may have pushed her." "All women annoy a person once in a while."

History of Abuse

The Thills had been married for 50 years

Verbal and physical abuse during entire marriage

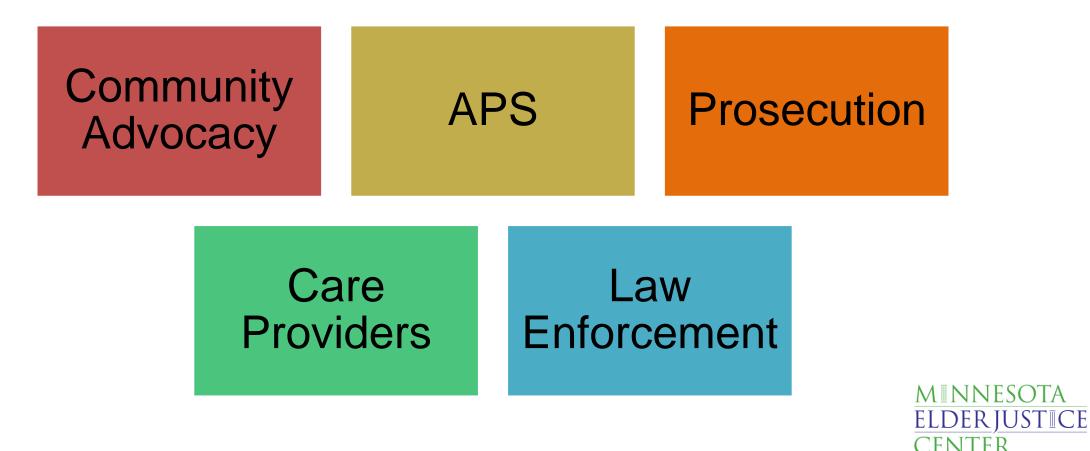
Concerned neighbor had called police in past, suspected abuse

This was first time in 50 years that she told the truth to law enforcement

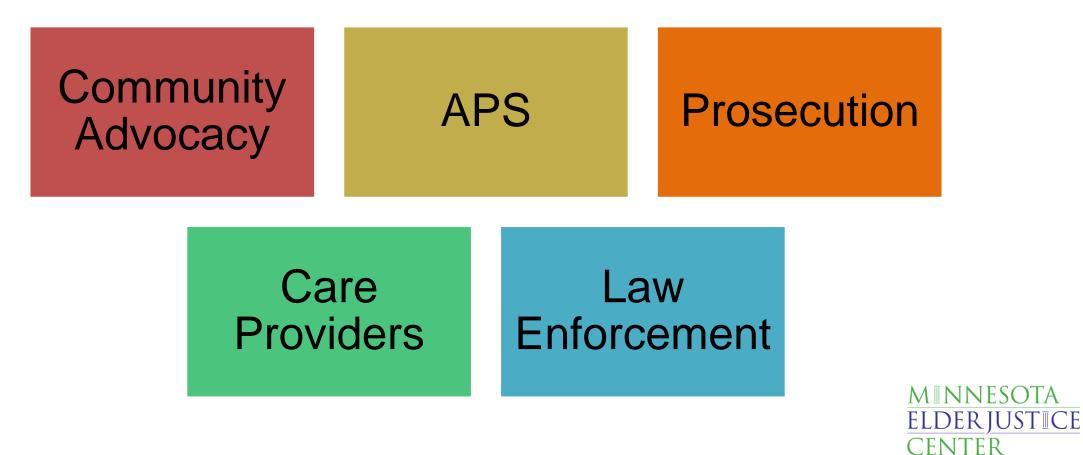
In later years (leading up to offense), both had mobility issues and health concerns

V needed assistance with ADLs

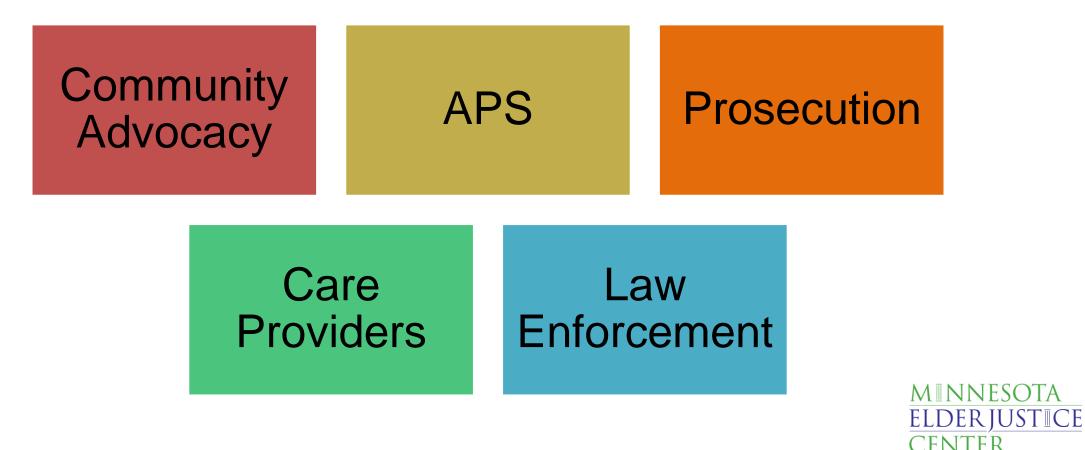
Collaborative Response: State v. Marvin Thill



What would a collaborative response look like in your community? *Small group*



What would a collaborative response look like in your community? *Report Back*



Interviewing Tips

Factors to Consider when Interviewing Older Adults

Characteristics of the Older Adult

Physical abilities, sight, hearing, teeth, teeth, etc.

Location of Interview





Interviewing: Cognitive Limitations

Victims may be discounted if:

- Statements are not consistent
- Appear confused
- Have difficulty recalling events
- Take longer to respond
- Have a diagnosed medical condition such as dementia

Not all cognitive impairment in older adults is dementia!



Interviewing older victims who have **Dementia**

- Learn about victim's routine
- Use open-ended questions may not provide information in chronological order
- Ask victim to draw or show you the object or what happened
- Use memory cues i.e. "What were you doing before this happened?"
- When possible, ask victim about memory issues and what kinds of things are difficult to remember.
- T.A.L.K. protocol



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Interviewing Best Practices

Plan ahead & be respectful of victim's schedule/routine:
Consider time and location of interview
Address mobility and communication
Medications taken? Fatigue easily?

- Address questions to victim, not caregiver
- Allow time to build rapport and trust
- Explain:
 - Why you are meeting and your role
 - Next steps, i.e. investigation, legal process, etc.
 - Make referrals for immediate needs

Additional Tips & Considerations

Ask victim:

- What they want to happen and the reasons behind it.
- Has victim discussed case with perpetrator?
- Is either the victim or perpetrator the caregiver?
- Anyone else affected by the abuse?

Discuss fears / concerns about case going forward, and possible ways to address them:

- Safety plan needed? Any legal issues need to be addressed i.e. POA?
 - What was done in the past to stay safe?
 - Did those strategies work?
 - Any legal issues needed to be addressed in safety plan?
- Where will victim live?
 - Is housing needed?
 - Any issues affect those options ie health, LGBTQ, language, in-home care needed, etc.?
- Has victim ever left before?
 - When?
 - What happened?
 - How will perpetrator react to victim leaving? What is the timeframe for leaving?
- Other resources needed? How can victim access those resources?

Additional Tips & Considerations

What if Victim...

- Does not speak English?
- Is LGBTQ?
- Dementia?
- Does not want to leave pets, garden, etc.?

Collaborate with other professionals

Overcoming Challenges

Learn about	Develop	Review Policies
Substitute decision making documents	Positions specifically trained to work with older adults	Related to working with non-IPV domestic violence victims
Cognitive capacity i.e. dementia, delirium, etc.	Specialty program for older adults i.e. supports groups, etc.	Locations of interviews/meetings

<u>Grace & Frankie:</u> <u>Cigarettes</u>

Changing perceptions



Resources

- Minnesota Elder Justice Center (MEJC) <u>www.elderjusticemn.org</u>
- National Clearinghouse on Abuse in Later Life (NCALL) <u>www.ncall.us</u>
- National Adult Protective Services (NAPSA) <u>www.napsa-now.org</u>
- National Center on Elder Abuse (NCEA) https://ncea.acl.gov
- University of CA Irvine (Geriatric Pocket Doc) <u>www.centeronelderabuse.org</u>

MINNESOTA Elderjustice Center

Thank you!

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