



Understanding the Experiences & Needs of Older Survivors of Domestic & Sexual Violence

Institute for Coordinated Community Response (ICCR) – Webinar

June 6th, 2022

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UTMB Center for Violence Prevention Report

Full Report Available at:

<https://www.utmb.edu/cvp/divisions/evaluation/older-survivors-of-sexual-and-domestic-violence-report-release>



This project funded by Grant # 388701 from State of Texas, Office of the Governor, Criminal Justice Division

Learning Objectives

- ☐ Objective 1: Clarify the unique impacts of abuse experienced by older survivors
- ☐ Objective 2: Describe how COVID-19 exacerbates financial and health issues faced by older survivors
- ☐ Objective 3: Provide effective strategies to engage with older survivors including collaboration with other agencies

Agenda

- Learning Objectives & Study Overview
- Experiences with DV, Stalking, and SA
- Income, Health, & Social Support
- Service Use and Barriers
- Promising Strategies

Background



- 30% of Texas population is 50 years old or older & this rate is growing
- 1 in 5 US residents will be 65+ by 2030
- 5.2 million Texas residents will be 65+ by 2030
- Previous research indicates prevalence of domestic violence for women 65 and older ranged from 20%-30%
- The number of individuals, age 65+, experiencing IPV and SA is expected to rise

TCFV's Honoring Texas Victims 2020

RELATIONSHIP STATUS OF FEMALE VICTIMS: 2020



GIRLFRIEND
39%



WIFE
37%



EX-GIRLFRIEND
17%



EX-WIFE
6.5%



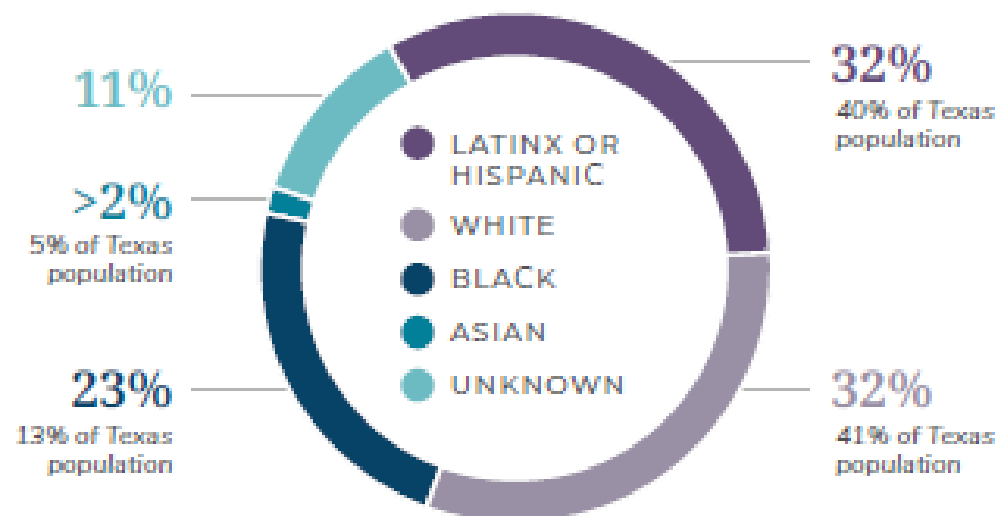
STALKING
VICTIM - 0.5%

183 Texas women were killed by
their male intimate partners in 2020.

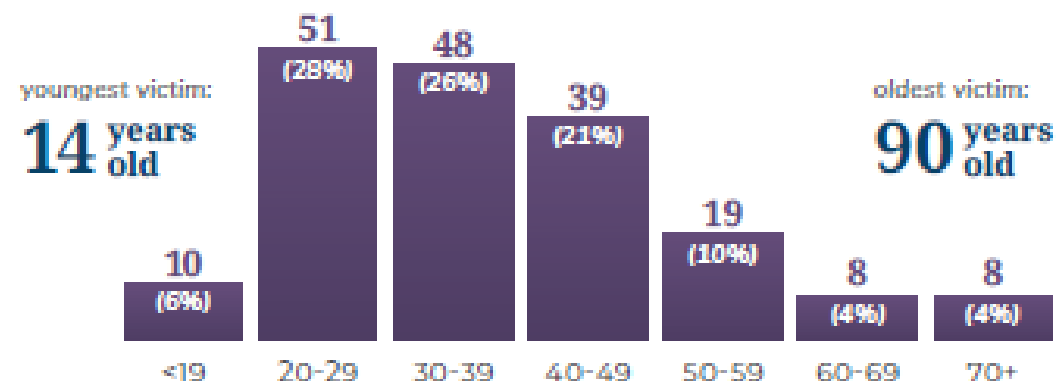
19% were over age 50

Full report available at: <https://tcfv.org/publications/>

COMPARISON OF ETHNICITY OF FEMALE VICTIMS
TO TEXAS POPULATION: 2020



AGE OF FEMALE VICTIMS: 2020



Background



- Unique and different **barriers** (compared to younger survivors)
- High level of need
- **Chronic health issues**
- Risk for **isolation** and limited independence from abusive partner or family members
- Less aware of **available supports**

Study Overview

- Texas-specific data about older survivors (**50 and older**) of domestic violence and sexual assault:
 1. Experiences and impact of violence on older survivors
 2. Perceptions of the needs (met and unmet) of older survivors
 3. Innovative programs and practices for older survivors
- Collaborative partners:
 - Texas Association Against Sexual Assault (TAASA)
 - Texas Council on Family Violence (TCFV)
 - Texas HHSC Family Violence Program and
 - Texas DFPS Adult Protective Services

Study Data Components

Key Stakeholder Survey	A survey with 111 service providers and systems personnel to understand their current programmatic, outreach, and service delivery approaches for survivors 50+.
Key Stakeholder Interviews	Semi-structured interviews with 27 key stakeholders to understand needs, barriers and current approaches and services in place for older survivors of domestic and sexual violence.
Survivor Survey	271 Texas domestic and sexual violence survivors , ages 50 and older, surveyed through Qualtrics and through domestic and sexual violence-based agencies.
Survivor Interviews	21 Survivors 50+ interviewed to learn more about needs and experiences.
Secondary Data Analysis	Data from previous studies conducted by the research team examining the prevalence of domestic violence and sexual assault was analyzed for increased understanding of the needs of this population.

Experiences with Domestic & Sexual Violence Among Women 50 years and older



Domestic Violence

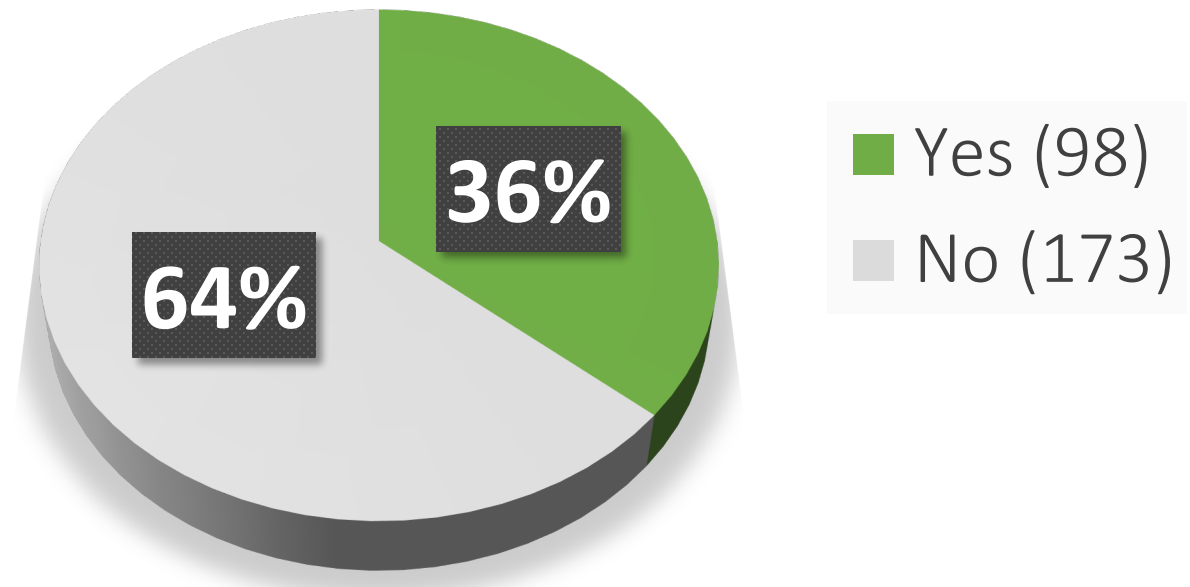
“

I can't tell you how often it happens, but I know that in many of the older couples, if there was a lot of beating or sexual violence earlier on, maybe by the after the second or third decade, that has changed into more of emotional and mental abuse. The physical maybe has lessened, or maybe the sexual even has lessened, but the other part is just as bad, too, because by then, they don't have any self-esteem, self-confidence.

”

-DV/SA Agency Staff

Last 12 months



Types of Domestic Violence Experienced

N = 271	Since 50 n (%)	Past 12 months n(%)
Made threats to physically harm you	102 (37.6)	46 (16.0)
Kicked, slapped, pushed or shoved	99 (36.5)	44 (16.2)
Slammed you against something	69 (25.5)	30 (11.1)
Kept you from having money for your own use	67 (24.7)	43 (15.9)
Kept you from leaving the house when you wanted go	67 (24.7)	39 (14.4)
Hit you with a fist or something hard	66 (24.4)	24 (8.9)
Threatened to hurt him/herself or commit suicide when he/she was upset with you	56 (20.7)	28 (10.3)
Beaten you	48 (17.7)	19 (7.0)
Threatened to hurt a pet or threatened to take a pet away from you	43 (15.9)	20 (7.4)
Strangulation or restricted airway	40 (14.8)	18 (6.6)
Said things like “if I can't have you, then no one can”	35 (12.9)	14 (5.2)
Threatened to hurt someone you love	33 (12.2)	16 (5.9)
Threatened you with a gun or firearm	26 (9.6)	10 (3.7)

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Stalking

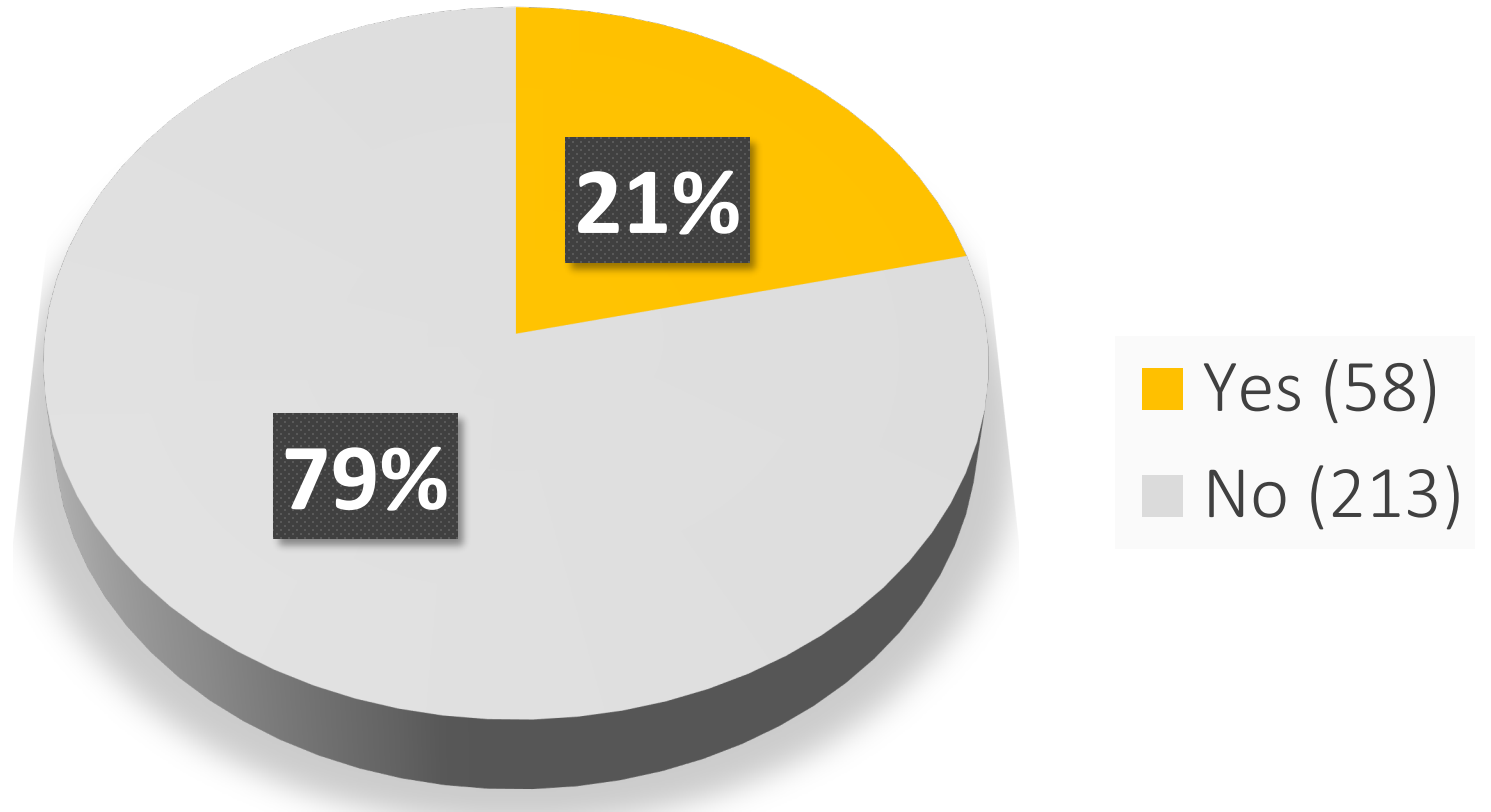
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Sometimes you can relocate to a different city, but it doesn't matter because everywhere you go there's technology.

”

-Survivor

Last 12 months

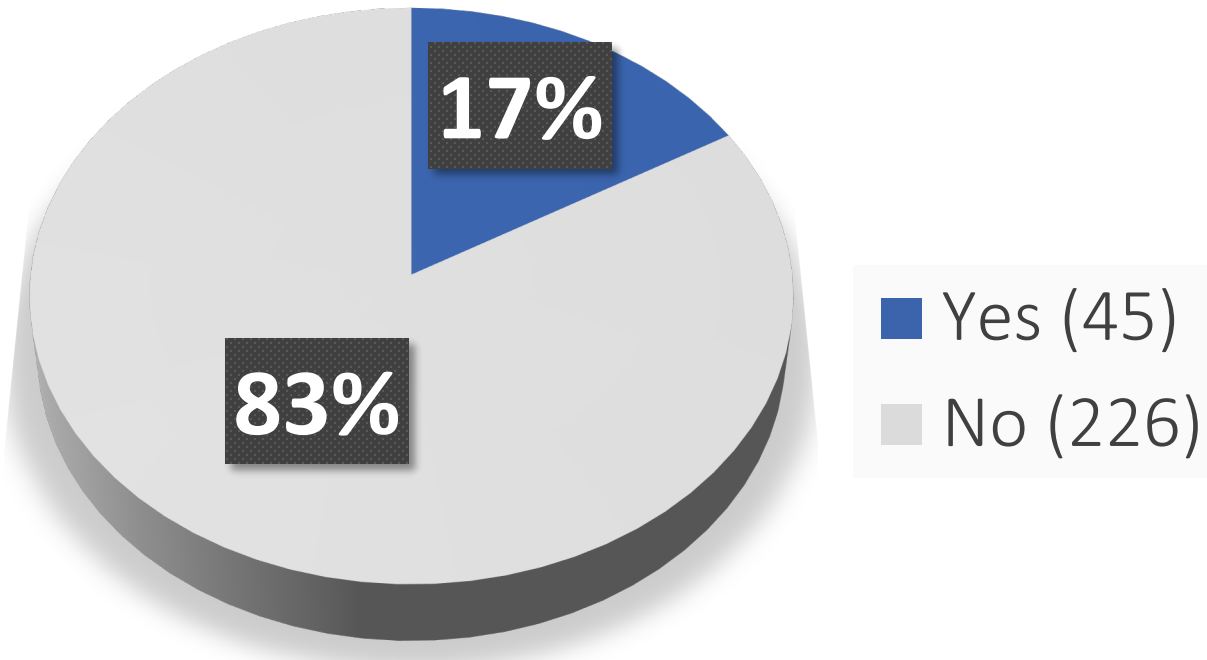


Types of Stalking Experienced

N=271	Since 50 n(%)	Past 12 months n(%)
Sent you unwanted emails, instant messages, or sent messages through websites like Instagram or Facebook	75 (27.7)	41 (15.1)
Watched or followed you from a distance, or spied on you with a listening device, camera, or GPS	58 (21.4)	27 (9.0)
Approached you or showed up in places, such as your home, workplace, or school when you didn't want them to be there	57 (21.0)	26 (9.6)
Snuck into your home or car and did things to scare you by letting you know they had been there	22 (8.1)	16 (5.9)
Left strange or potentially threatening items for you to find	22 (8.1)	11 (4.1)

Sexual Violence

Last 12 months



“

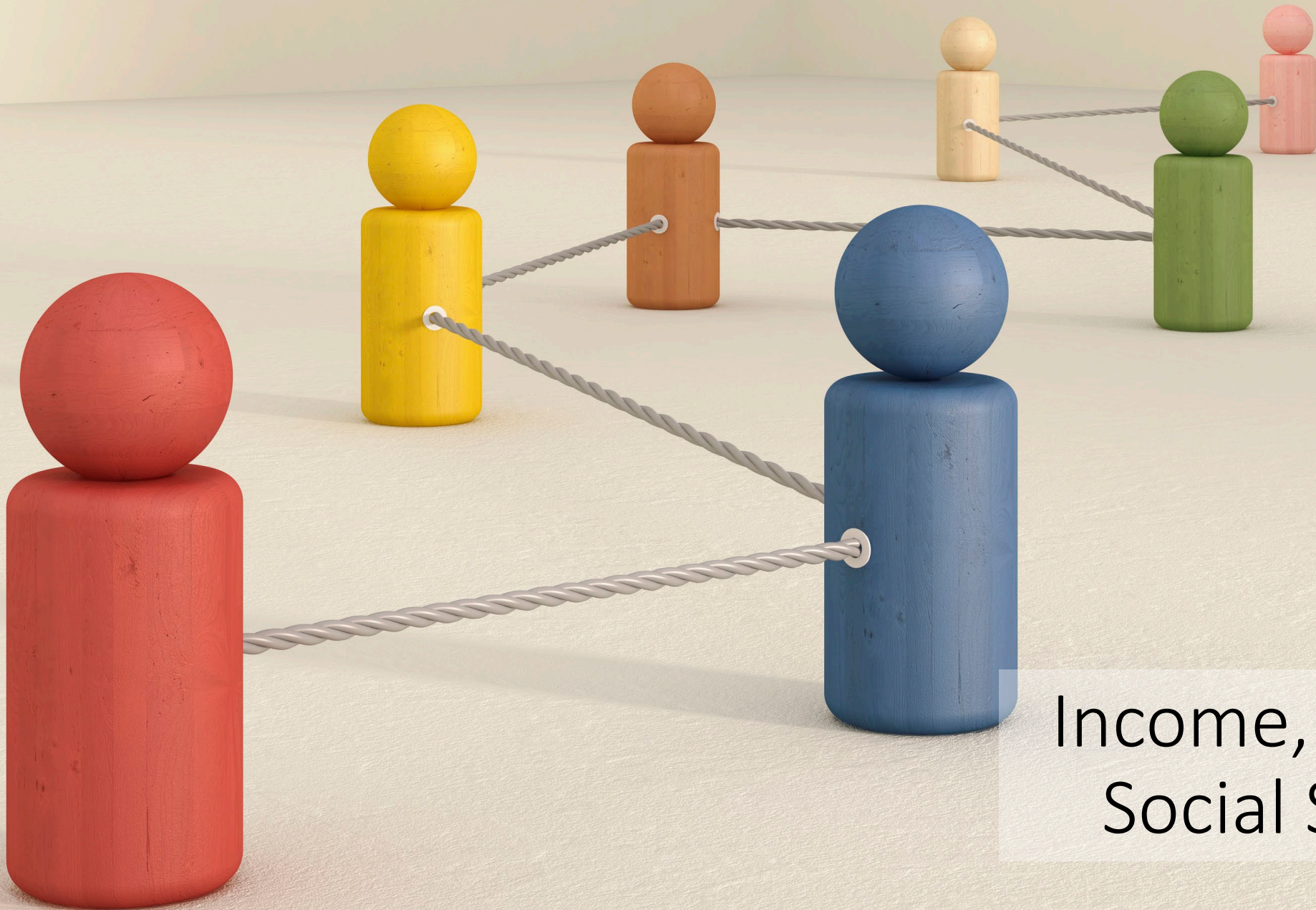
Honestly, it's very, very shocking when we do the intake, and go over all the things that are considered sexual assault. They [older survivors] immediately start breaking down. They never thought of that as being sexual assault from their partner or their husband. You just literally see their face when it hits them. Being coerced, they never thought of it bein' that way. Not taking no for an answer. 'Well, that was just the husband. That's my duty.'

”

– DV/SA Staff & Older Survivor

Types of Sexual Violence Experienced

N=271	Since 50 n(%)	Past 12 months n(%)
A person fondled or grabbed your sexual body parts without your consent?	66 (24.4)	26 (9.6)
A person pressured you into having vaginal, oral, or anal sex?	60 (22.1)	28 (10.3)
A person used physical force or threats of physical harm to put their fingers or an object in your vagina or anus?	39 (14.4)	19 (7.0)
A person used physical force or threats of physical harm to make you have vaginal, anal or oral sex?	36 (13.3)	20 (7.4)
A person refused to use a condom when you wanted one?	29 (10.7)	16 (5.9)
A person had vaginal, oral, or anal sex with you when you were drunk, high, drugged, or passed out/unable to consent?	28 (10.3)	14 (5.2)



Income, Health &
Social Support

Employment and Income

Sources of Household Income

n=262	<i>n</i>	%
Employment Only	46	17.6
Government Support (SNAP, SS, SSD, Unemployment)	47	17.9
Pension/retirement	12	4.6
Current Spouse/partner	10	3.8
Former spouse/partner	2	0.8
Family/friends	2	0.8
Other	8	3.1
More than one source	139	53.1

Employment & Income

“

It would be more helpful if we could get employment for our older survivors. A lot of companies, they don't really want to hire older people and with it being the pandemic as well.

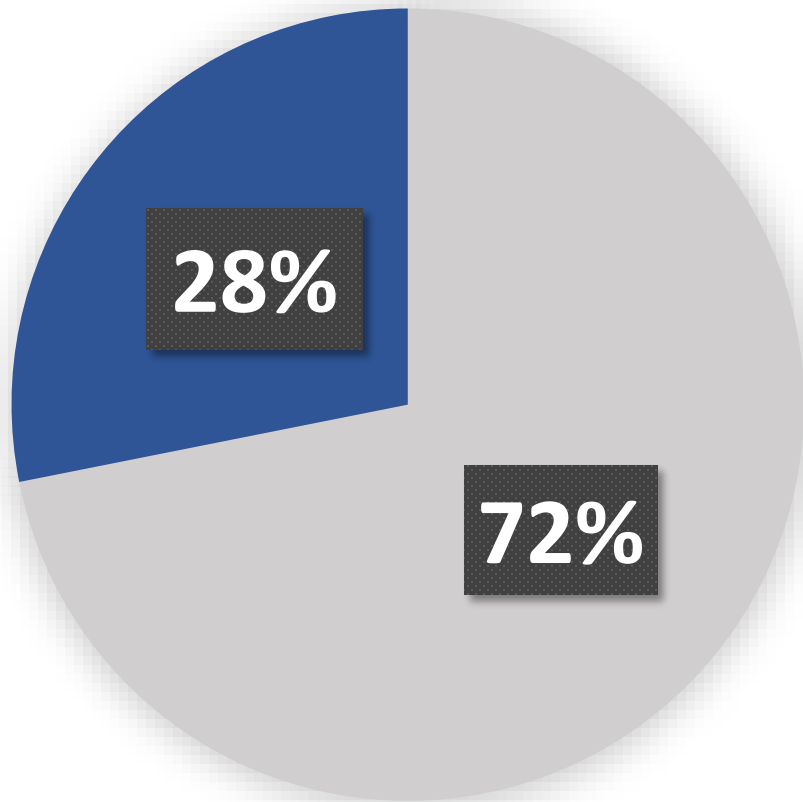
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-DV/SA Staff

	<i>n</i>	%
Employment (n=271)		
Employed, working 30+ hours a week	122	45.0
Retired	75	27.7
Disabled, not able to work	41	15.1
Not employed	26	9.6
Working occasionally	7	2.6
Monthly Salary (n=259)		
Less than \$1000	108	41.7
\$1001 - \$2000	59	22.8
\$2001 - \$3000	38	14.7
\$3001 –\$ 4000	23	8.9
More than \$4001	31	12

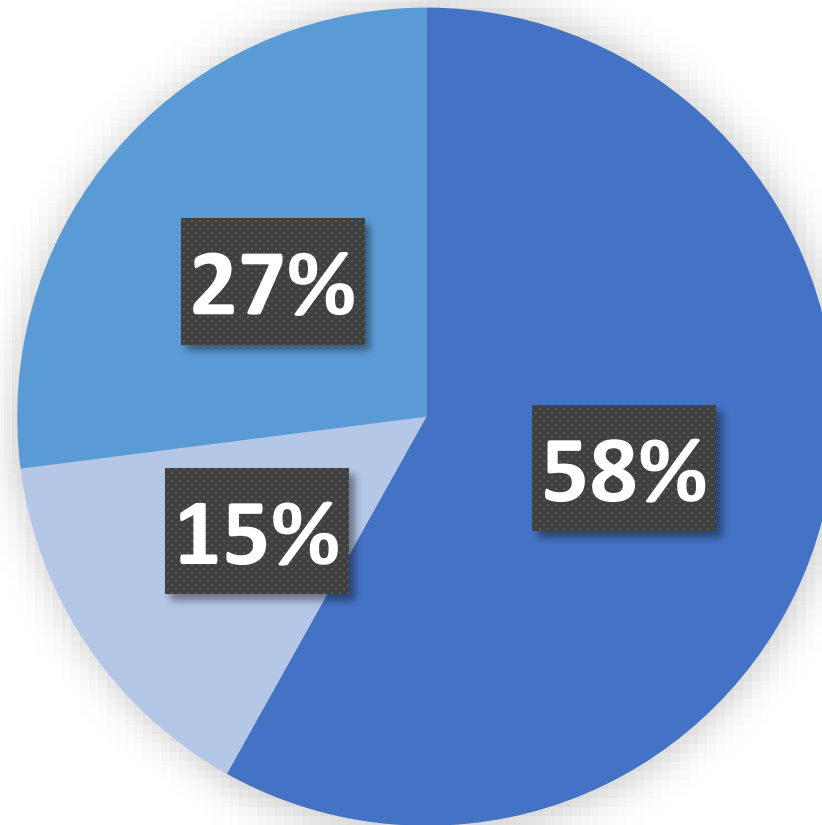
COVID-19 Impacts on Employment

Employment Status Change [n=263]



■ Did not change ■ Changed

Status Change Type (n=74)



■ Hours Reduced (43)
■ Furloughed (11)
■ Job Loss (20)

Mental Health and Substance Use

- 38% → probable depression
- 31% → probable PTSD
- 8.1% → probable alcohol dependency or hazardous drinking
- 5.6% → probable hazardous drug use
- 3.8% had been treated for alcohol/drug addiction in the last 12 months

Participants between the ages of 50–64 had significantly higher rates of depression, PTSD, and hazardous alcohol and drug use than those 65 and older.

“You have an older population that does struggle with isolation or depression. Everybody wants to see a cute baby, but maybe they don’t wanna necessarily take care of elders. As a 50 plus you are stuck in the middle. You’re not quite retired, and you’re not quite young anymore.”

-Older Survivor

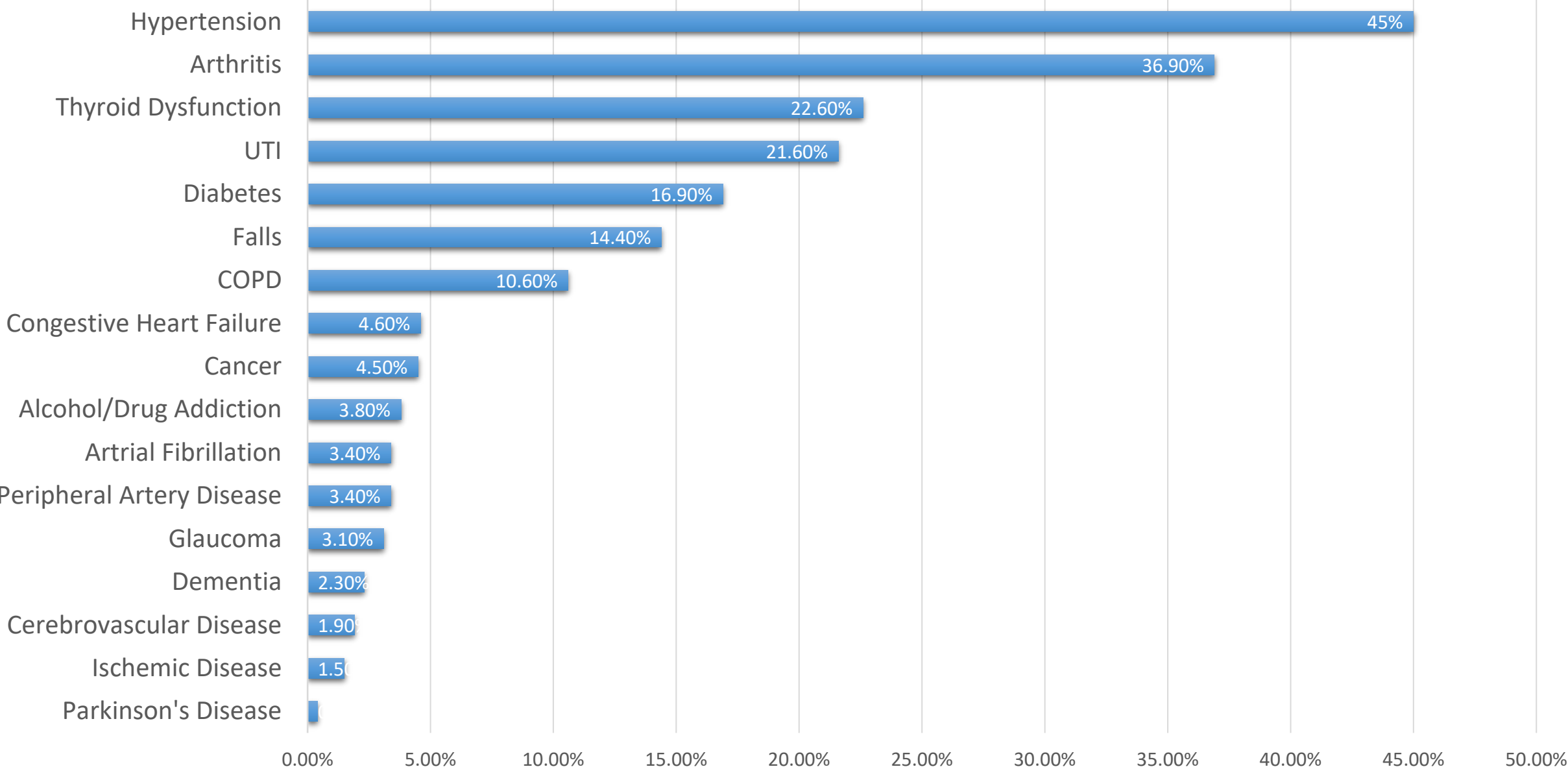
Physical Health

- Over a third (34%) considered themselves to have a disability or a disabling condition.
- 47.1% of women were either deaf, hard of hearing, blind or visually impaired
- 10.7% of women had a traumatic brain injury

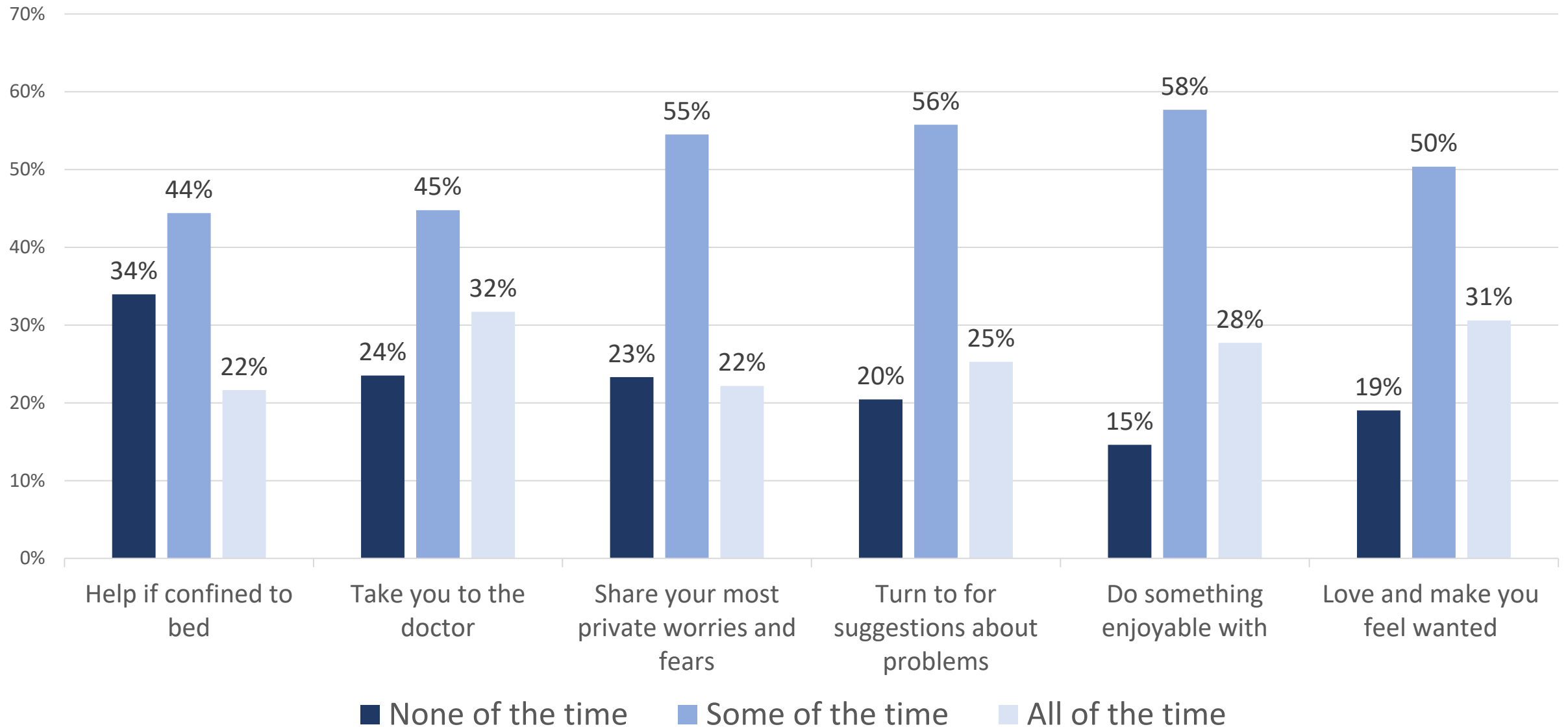
"I had been diagnosed with intracranial hypertension. We thought it was solely because of something else. Unfortunately, when I was strangled during the situation, he had crushed vertebrae in my neck. I'm gonna have to have vertebrae removed and fusing done in my neck to get some things under control. There are things that you don't realize, long-term problems, unfortunately, with domestic violence that you may not realize until they start to become problems."

– Older Survivor

Health Conditions treated within the last 12 months



Social Support



Service Use, Needs & Barriers



Challenges of Disclosure For Older Survivors

❑ Challenge to “Starting Over”

- Even when violence is present, creates significant financial, social, and health related roadblocks
- Dependency on perpetrator

❑ Generational Differences

- Attribution of blame, commonplace
- “Private matter”

❑ Fear of not being believed

- Fear of ridicule, stigma

“

I'm actually concerned about other women my age, and I'm concerned about other women 10, 20 years older than me. I'm concerned about women and their safety and sanity, who might be getting assaulted. Nobody would believe them, so they don't tell anyone. I really think that's gonna be a tip of the iceberg type issue in our community.

”

– Older Survivor

Help Seeking: Reasons for not seeking help

	%
Did not feel comfortable asking for help to keep safe	17%
Did not know what types of support they could receive	15%
Community programs did not provide needed support	24%

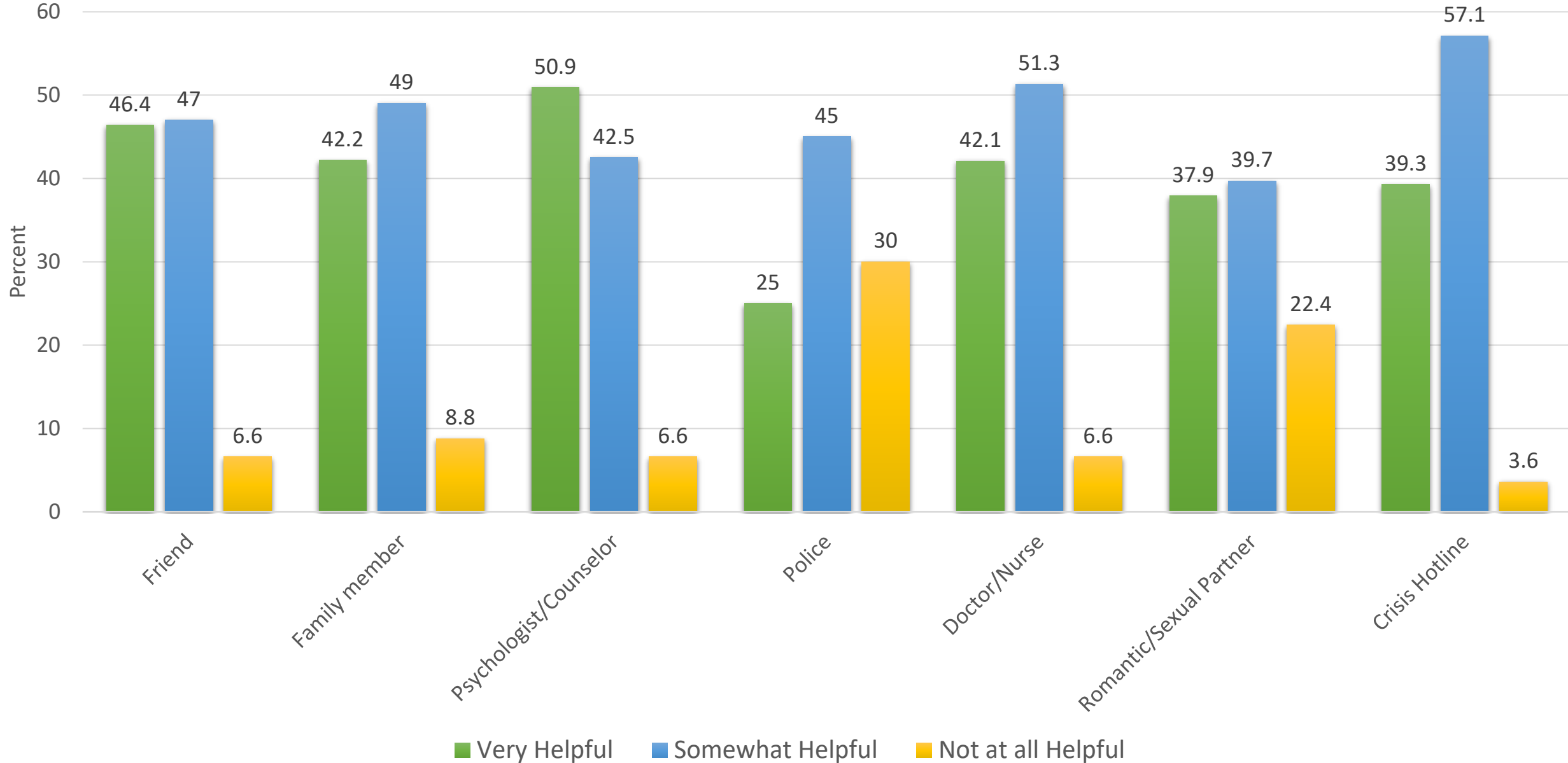
“I think just the dependency thing, that they usually rely on someone else, whether it's the abusive person or, like I said, caretaking services. There's that level there that stops them from accessing services.”

DV/SA Staff

General help seeking after DV and/or SA since turning 50 years old

	=n	%
Friend	171	63.1
Family Member	152	56.5
Psychologist/Counselor	109	40.5
Police	80	29.7
Doctor/Nurse	76	28.1
Romantic/Sexual Partner	59	21.8
Crisis Hotline	29	10.7

Helpfulness of Support



Access to DV/SA Services

Referrals to services often come from systems (LE, APS, hospitals) – hesitancy to reach out

The few older survivors interviewed who did attempt to access services on their own faced the familiar barriers of agencies' services being full and running waiting lists.

“ We do find, by the way, that the vast majority of our clients that are in that age group actually end up having a direct referral to us as opposed to finding out about us out in the community, right?”

– DV/SA Agency Staff

“ Yeah, I think that domestic violence people, I had to keep callin' them and they gave me different people. It got a little frustrating, because you don't really, don't have that one person in a county that you can actually go to, in the little, smaller county. I think they need to extend the services everywhere, especially in the rural areas.

– Older Survivor

Barriers to DV/SA Service Access

Only 10% of survivors surveyed sought domestic violence and/or sexual assault program services

Reasons for Not Contacting DV/SA Services	%
Didn't need these services	61%
Too embarrassed to use these services	11%
Didn't know about DV/SA specific services	10%

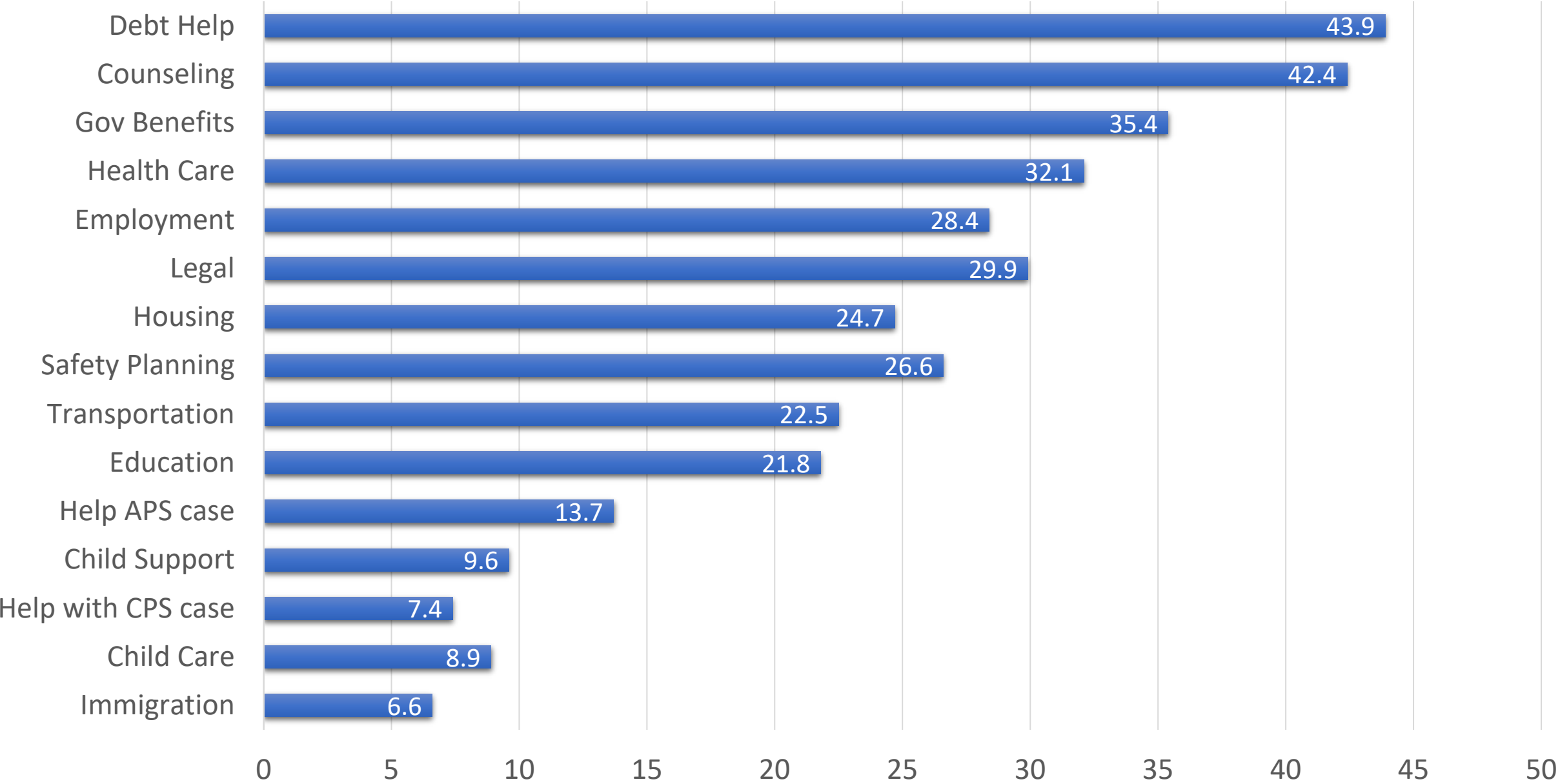
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– DV/SA Staff & Older Survivor

Survey: Overview of Current Needs of Older Survivors



Identified Service Needs of Older Survivors in DV/SA Services

“Pre-COVID, our support groups, we would go pick up outreach and bring 'em in. While they were in support group, I prepared a meal for 'em, or if we had a volunteer, a volunteer would bring in a meal to feed all of 'em that came to support group...That was a huge thing for our older generation because they enjoyed that socialization. They enjoyed the meal. They loved the information that they received in the support group.”

– DV/SA Agency Staff

- ❑ Housing and material needs
 - Challenges in shelter (time, accessibility, noise, sleeping arrangements, ADL)
- ❑ Mental health aid
 - Flexible / multiple entry points
 - Peer support groups
- ❑ Safety planning and supports
 - Complex legal needs
 - Safety beyond leaving

Housing and Transportation Needs & Barriers

- Over 92% survivors surveyed live in a home they own or rent
 - Overburdened by home repairs & property taxes
 - Community safety concerns
- 10% of the survey did not have reliable transportation

"...we home, and we don't get out. We break our medicine in half so that we could pay utilities and so we can pay taxes on our houses. You know they're quick to take your house... they'll buy your house quickly 'cause you can't afford to pay taxes. When you pay them every month, that takes out of something."

-Older survivor

"But financially I'm very frugal, and I live with my family, so I'm not—a whole bunch of people like me on disability or on social security live two or three in a house or an apartment, and put it all together so that—you have to eat a lot of pinto beans before you appreciate a sirloin."

-Older survivor

Mental Health Needs & Complexities

	Yes (%)	No (%)	Sometimes/ I Don't Know
Have you seen a mental health professional within the last 12 months?	92 (33.9)	179 (66.1)	N/A

“I've never met a [older] survivor where it's like, 'I only have domestic violence and that's it.' It's a lot of that complex PTSD with a lot of intersectionality. It's never clean-cut, it's often—as many people as we've interacted, that's how many different approaches we've had to use. A lot of it is under the umbrella of trauma treatment. Whether it's through psychotherapy or through psychiatric intervention.

-DV/SA Staff ”

Mental health professionals seen past 12 months	n=91	%
Mental health counselor	11	12.1%
Social worker	5	5.5%
Psychologist	12	13.2%
Psychiatrist	21	23.1%
Other	5	5.5%
Some combination of the above	37	40.7%

Mental Health Barriers

“

[Mental health providers] want to keep you really, really medicated, and I can't live my life sleeping it away or being sad or not remembering or not being able to function. I can't do that.

”

– Older Survivor

“

I think there's a lot of depression....They're depressed. They may not even realize they're depressed because they have been this way for so many years. That by itself, being depressed, makes it really hard to make a major life change like to leave.

”

– DV/SA Agency Staff

Civil and Criminal Legal Needs

“*It is a barrier because sometimes that abuser has the most income, and they're able to get really good lawyers and keep the kids. I've seen that with grandkids or something to that effect with our older survivors.*

”

– DV/SA Agency Staff

Legal assistance was a need for **30%** of survivors surveyed.

The most common legal needs were:

- Rights as a victim (23%)
- Divorce (17%)
- Child support (9%)

Civil and Criminal Legal Services

“ “When the perpetrators go to jail- to try to offer these services to the clients, say, ‘Hey, are you interested in a protective order?’ Some of ‘em agree. I think the only flaw...that there’s that gap. For the day of incident they’re saying, ‘Yes, I want this. I want this protective order,’ and then when you get to them maybe a week or two later and say, ‘Hey, I’m here ready to assist you with a protective order,’ they change their mind and say, ‘No, I don’t want it. I wanna give my son, or niece, or whoever the perpetrator is at that time another chance.’ ”

-Criminal Justice Staff ”

- ❑ Protective Orders
 - Survivor fearful or hesitant to get POs (not wanting to leave home)
- ❑ Divorce
 - Often complex – involving assets from marriage or spousal supports
- ❑ Criminal and Civil Courts
 - Very few prosecutions
 - Challenges during the pandemic
 - Safety beyond leaving

Barriers to Civil and Criminal Legal Services

“

When you're over 50, people look at you like you're nuts. The cops do. They look at you like you're crazy like, 'You know better. You know better.' You know what? I'm a person too. It doesn't matter that I'm 50 or 55 or whatever. I make mistakes. I thought he would be like this, but he was like that. At the last minute, he did this. They don't believe you, and they look at you like you're crazy, and they don't do anything about it in this county. Nothing. I swear to God, nothing. Nothing, nothing.

”

– Older Survivor

- ☐ Police/Law Enforcement
 - 25% rated them as very helpful
 - 30% reported the police were not at all helpful
- ☐ The main reasons for not seeking help from law enforcement were:
 - Not perceiving it as a need (74%)
 - Being embarrassed (12%)
 - Not thinking police would be helpful (10%)

Texas Adult Protective Services



Adult Protective Services responsibilities include:

- Investigating reports of abuse, neglect, and exploitation of adults who are elderly or have disabilities.
- Conducting investigations and providing services when those adults live in the community.
- Educating the public about prevention of elder abuse.

Reporting abuse, neglect or exploitation:

- By Phone: 1-800-252-5400
- Online: <https://www.txabusehotline.org/Login/Default.aspx>

Abuse Hotline is toll-free 24 hours a day, 7 days a week, nationwide, or report with DFPS' secure website and get a response within 24 hours.

APS Investigates:

- Abuse,
 - Neglect,
 - Self-neglect, and
 - Exploitation
- of the elderly or adults with disabilities living at home.**

Older DV/SA Survivors: Access to APS Services and System Supports

"What I've noticed is that the elderly, because they depend on their family members or their caregivers, they tend to, I guess, be more forgiving, be more protective."
-APS staff

Access to APS:

- Most reports to APS come from other community organizations (including law enforcement)
- APS staff reported that older survivors were very often unwilling to engage or access APS services

Sexual Assault Forensic Exams for Older Survivors in APS: Inconsistencies regarding how and when forensic exams for older survivors are available.

- Some regions have a robust system in place to assist in these cases
- Others it is unclear how and when older survivors can access forensic exams (with or without police involvement)

APS Staff: Assessing for DV/SA

“We don’t have a screening tool. Our statewide intake, of course, screens the calls initially. Then they’re sent to us. It may come in that so and so’s son has been physically abusive, or allegedly abusive. That’s basically what we go off, what we hear there.”

-APS Staff

- APS typically has no formal IPV/SA assessment or screening process
- Much of APS and law enforcement cases involve broader family violence (from children, grandchildren)
 - Generational abuse often connected to younger generations’ mental health or substance misuse behavior
- APS staff perceive:
 - About 10%-25% of their cases involve IPV or sexual assault
 - If there is DV, it is often connected to dementia, Alzheimer

Collaboration with DV Agencies:

Some APS regions:

- Have strong referral networks with DV/SA agencies
- Serve on communitywide DV/SA taskforces together
- Conduct occasional cross-training

Both staff from both DV/SA agencies and APS expressed interest and a need in doing more cross training and collaboration.

Promising Strategies



Approach to Service Response



Safety Planning



Housing




Collaborations


OLDER SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE
UNDERSTANDING GAPS IN SYSTEMS RESPONSES AND COMMUNITY SERVICES

APPROACHES FOR WORKING WITH OLDER SURVIVORS

THESE TIPS AND RECOMMENDATIONS WERE SHARED BY OLDER SURVIVORS AND STAFF FROM
ADULT PROTECTIVE SERVICES (APS) AND DOMESTIC VIOLENCE AND SEXUAL ASSAULT (DV/SA) AGENCIES¹




BE FLEXIBLE AND ALLOT MORE TIME:
Break intakes into 2 appointments or for longer increments of time. Offer longer shelter stays and mobile advocacy.




LISTEN FOR CLUES:

- Older survivors may be hesitant to acknowledge or disclose traumatic experiences.
- Look and listen for clues about safety issues or experiences with violence, such as use of euphemisms or changes in body language.


CREATE WELCOMING SPACES AND ACCESSIBLE WRITTEN RESOURCES²:



WHEELCHAIRS



WALKERS




LARGE PRINT MATERIALS

ADDRESS GENERATIONAL TRAUMA AND THINK BROADLY ABOUT FAMILY VIOLENCE AND SEXUAL ASSAULT:


- Violence and exploitation from caregivers, extended family members and adult children may be experienced, which leads to different needs than intimate partner violence (IPV). They may be raising grandchildren or processing, for the first time, child sexual abuse they experienced.

“It’s very, very shocking when we do the intake, and it comes across all the things that are considered sexual assault. They immediately start breaking down. They never thought of that as being sexual assault from their partner or their husband. You just literally see their face when it hits them. Being coerced, they never thought of it being that way.”


DV/SA STAFF MEMBER



ASSIST WITH COMPLEX ECONOMIC AND LEGAL CHALLENGES:
Older survivors face unique economic barriers, lack of employment skills, debt, credit repair, age-related job discrimination, financial exploitation, complex tax issues, and legal barriers — divorce, guardianship.³



FOCUS ON IDENTIFICATION DOCUMENTS:
Often they do not have birth certificates or other forms of identification. There may be added barriers obtaining these documents depending on age and place of birth.





CREATE PEER SUPPORT SERVICES:
Create peer-led services and support groups led by older survivors on issues such as grief and loss to build networks and community.

Rx ADDRESS HEALTH AND MEDICATION NEEDS:
Survivors face complex physical and mental health needs which may involve assistance navigating systems, such as Medicare, and connections to new health resources. Avoid assumptions around dementia or mental illness — traumatic responses to past strangulations, not having medications or traumatic brain injuries may be the cause of confusion or erratic behavior.

The highlighted services and programs referenced in this document are promising practices and models based on findings from:
Backes, B., McGiffert, M., Stephenson, M., Hairston, D., Fernandez, K., Dempster, M., Baumler, E., Gaudette, S., & Wood, L. (2021). Survivors of Sexual Assault and Domestic Violence: Understanding Gaps in Systems Responses and Community Services. University of Texas Medical Branch and University of Central Florida.

¹The highlighted services and programs referenced have not been evaluated for this study but are promising practices and models.
² Northwest Ministries Family Violence Center has incorporated many of these approaches into their services to create more accessible services, offer spaces and large print materials for older survivors.
³ Texas Legal Service Center provides legal support for Texans 60 years and older: <https://www.tlsc.org/seniors>

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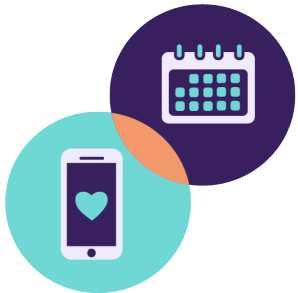
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OLDER SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE
UNDERSTANDING GAPS IN SYSTEMS RESPONSES AND COMMUNITY SERVICES

APPROACHES FOR WORKING WITH OLDER SURVIVORS

*THESE TIPS AND RECOMMENDATIONS WERE SHARED BY OLDER SURVIVORS AND STAFF FROM
ADULT PROTECTIVE SERVICES (APS) AND DOMESTIC VIOLENCE AND SEXUAL ASSAULT (DV/SA) AGENCIES¹*



BE FLEXIBLE AND ALLOT MORE TIME:

Break intakes into 2 appointments or for longer increments of time. Offer longer shelter stays and mobile advocacy.

CREATE WELCOMING SPACES AND ACCESSIBLE WRITTEN RESOURCES²:



WHEELCHAIRS



WALKERS



**LARGE PRINT
MATERIALS**

² Northwest Ministries Family Violence Center has incorporated many of these approaches into their service too create more accessible services, office spaces and larger print materials for older survivors.

LISTEN FOR CLUES:



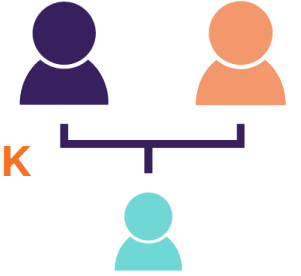
Older survivors may be hesitant to acknowledge or disclose traumatic experiences. Look and listen for clues about safety issues or experiences with violence, such as use of euphemisms or changes in body language.



It's very, very shocking when we do the intake, and it comes across all the things that are considered sexual assault. They immediately start breaking down. **They never thought of that as being sexual assault from their partner or their husband.** You just literally see their face when it hits them. Being coerced, they never thought of it bein' that way..."

DV/SA STAFF MEMBER

ADDRESS GENERATIONAL TRAUMA AND THINK BROADLY ABOUT FAMILY VIOLENCE AND SEXUAL ASSAULT:



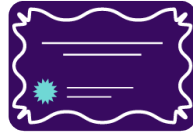
Violence and exploitation from caregivers, extended family members and adult children may be experienced, which leads to different needs than intimate partner violence (IPV). They may be raising grandchildren or processing, for the first time, child sexual abuse they experienced.



ASSIST WITH COMPLEX ECONOMIC AND LEGAL CHALLENGES:

Older survivors face unique economic barriers, lack of employment skills, debt, credit repair, age-related job discrimination, financial exploitation, complex tax issues, and legal barriers — divorce, guardianship.³

Texas Legal Services Center
<https://www.tlsc.org/seniors>



FOCUS ON IDENTIFICATION DOCUMENTS:

Often they do not have birth certificates or other forms of identification. There may be added barriers obtaining these documents depending on age and place of birth.



CREATE PEER SUPPORT SERVICES:

Create peer-led services and support groups led by older survivors on issues such as grief and loss to build networks and community.

Rx

ADDRESS HEALTH AND MEDICATION NEEDS:

Survivors face complex physical and mental health needs which may involve assistance navigating systems, such as Medicare, and connections to new health resources. Avoid assumptions around dementia or mental illness — traumatic responses to past strangulations, not having medications or traumatic brain injuries may be the cause of confusion or erratic behavior.

OLDER SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE
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SAFETY PLANNING
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BEYOND LEAVING: FOCUS ON HARM REDUCTION:


Many older survivors are dependent on family caregivers or their intimate partner and/or are resistant to leaving.

- ✖ Ask about ways they can stay safe where they are, instead of focusing on leaving.
- ✖ Inquire if it is safe to arrange for help in the home, which can decrease isolation and lessen the stressors on the caretaker who may have been abusive.
- ✖ Explore cultural and community connections, transportation options, and technology access.

“That was really our goal a lotta times, just to get someone in there. We would tell the abuser, ‘Hey, we will get out of your hair, but we know you’re doing a lot of stuff. If you just let us have somebody in the home.’ We did bad cop/good cop thing, and we’d just be like, ‘Look, I can’t close this case unless we have someone to help you!’ They’d be like, ‘okay’. At least we knew that there would be someone in the home.”

APS INVESTIGATOR

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ADDRESS MEDICATION ISSUES:

Older survivors often have complex medication needs which should be addressed as part of safety plans. If they do leave, how will they get access to medication if they left them behind?




FOCUS ON ECONOMIC SAFETY AND ADDRESS COMMUNITY VIOLENCE:


Establish a plan to prevent financial exploitation and discuss safety strategies while in their apartment complexes and neighborhoods.




LOOK FOR SIGNS OF OTHER FORMS OF ABUSE AND VIOLENCE:



BETWEEN
ADULT CHILDREN



CHILD ABUSE



ANIMAL ABUSE

WATCH BODY LANGUAGE:

Older survivors of DV/SA will often not come out and disclose abuse. Watch their body language and look for signs of fear.


MEET WITHOUT OTHER FAMILY MEMBERS PRESENT:

When possible, meet with the survivor outside the home, or alone if other family members or an intimate partner are in the house, even if they attempt to prevent it.

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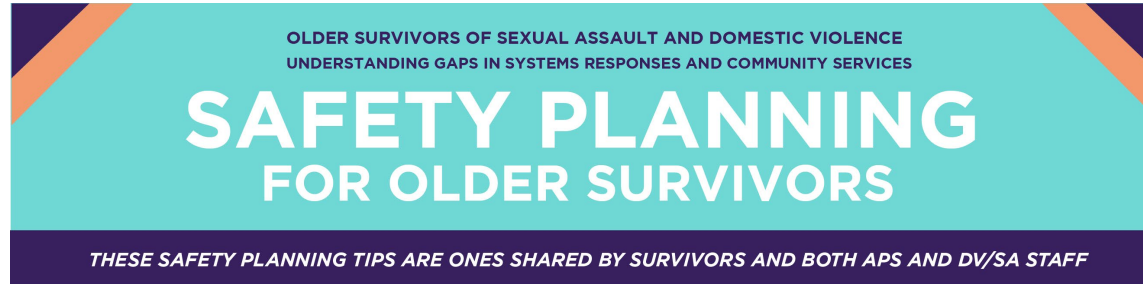
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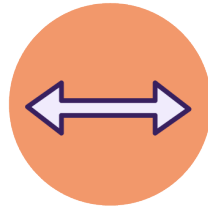
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The National Clearinghouse on Abuse in Later Life (NCALL):

- ❑ **Safety Planning for Older Survivors:**
<https://www.ncall.us/for-professionals/domestic-and-sexual-violence-advocates-and-programs/>

National Center on Elder Abuse (NCEA):

- ❑ <https://ncea.acl.gov/>

OLDER SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE
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COLLABORATIONS FOR OLDER SURVIVORS

DURING INTERVIEWS, STAFF AND SURVIVORS SHARED INNOVATIVE COLLABORATIONS AND THE NEED FOR MORE ROBUST AND DIVERSE COLLABORATIONS AROUND THE NEEDS OF OLDER SURVIVORS

MOVE BEYOND REFERRALS:

Conduct cross trainings and regional meetings between APS and DV/SA agencies to share policies and resources.

PARTNERSHIPS WITH COMMUNITY SERVICES:

Conduct outreach about DV/SA services, increase awareness about the dynamics of DV/SA and potentially co-locate some services.



DV/SA
AGENCIES



HOME HEALTH
AIDE PROVIDERS

PLACES OF
WORSHIP



SENIOR CENTERS
AND SENIOR
SERVICES
ORGANIZATIONS



INCORPORATE DV/SA AGENCIES AND DV/SA INFORMATION INTO EXISTING INNOVATIVE COLLABORATIONS SUCH AS:

- ✕ Telehealth psychiatric doctors and nurses, in rural areas of Texas, assisting with virtual evaluations.
- ✕ First responder crisis intervention teams and social services agencies providing support and resources to seniors in APS regarding guardianship, money management, basic needs.
- ✕ Multi-disciplinary senior justice centers designed for coordinated services and system response.

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By having a multidisciplinary team approach, we're hoping that things don't fall through the cracks. Right? Like agencies talk to each other. They're not duplicating work, and that all the needs of that elder are met, so if one agency cannot provide something, maybe someone else, and we kinda figure it out from there."

SENIOR JUSTICE CENTER
STAFF MEMBER



PARTNERSHIPS WITH HEALTHCARE PROVIDERS, LOW-INCOME LEGAL SERVICES AND ECONOMIC RESOURCES:

Expand and deepen partnerships with workforce centers, legal services, psychiatric, substance abuse and healthcare providers that focus on older adults needs.



PROBATE COURTS FOR
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EMERGENCY FINANCIAL
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SHELTER AND HOUSING ACCOMMODATIONS FOR OLDER SURVIVORS

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CREATE QUIETER AND MORE ACCESSIBLE SHELTER SPACES TO MEET OLDER SURVIVORS' NEEDS:
Explore having certain quieter rooms or wings for single older adults. Provide ADA-accessible rooms and sleeping options that do not involve bunk beds.

SHELTER ARRANGEMENTS AND KENNEL OPTIONS FOR PETS:
Many older survivors' main form of social support is their pets, and they will not leave without them.

PARTNER WITH NURSING HOMES AND LOCAL HOME HEALTH AIDE NETWORKS:
Arrange for an emergency bed to be available for older survivors with complex health care needs. Set up on-call, short-term medical assistance services for older survivors who need additional Activities of Daily Living (ADL) support while in shelter.

CREATE VOLUNTARY, THERAPEUTIC, AND INTENSIVE ADVOCACY SERVICES AS PART OF THE HOUSING PROGRAM:

1-ON-1 PEER MENTORING SESSIONS

BUDGETING AND FINANCIAL LITERACY CLASSES

SUPPORT WITH SELF-ESTEEM AND HEALTHY RELATIONSHIP BOUNDARIES

TECHNOLOGY LITERACY AND ACCESS TO HEALTHCARE

DEVELOP SPECIALIZED HOUSING PROGRAMS FOR OLDER SURVIVORS¹:
Explore funding options for the creation of specialized, long-term housing options, such as rapid re-housing or permanent housing programs for survivors with multiple, complex traumas.

HELP OLDER SURVIVORS KEEP THEIR EXISTING HOUSING:
Survivors who are homeowners may be overwhelmed by repairs or tax bills and require assistance.

KICK OUT ORDERS:
If a survivor is abused by a younger caretaker or roommate, helping them remove the person out of their home can assist with safety and housing security.

“As we get older and we're caught up—I feel I am caught up in today's chaos at an age when I should be livin' peacefully instead of worried about the next meal, the next bill to be paid, upkeep of my living status, home, protection. Just to help me maintain a healthy mind, soul, and spirit, body, and the environment which I live in.”

OLDER SURVIVOR

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In Summary

- Older survivors experience **significant DV and SA**
- Many needs are sound **similar** to other survivor populations
- However, **volume** and **complexity** of needs is unique to older survivors, needs beyond termination of abuse
- Service **barriers** unique to older survivors

In Summary

- Recommendations include
 - **Tailoring** approach to service provision (e.g., more time, repetition, frequent follow up)
 - Tailoring **shelters/housing** to older adult needs
 - Focus on **harm reduction** and increase of support
 - **Flexibility** and **collaboration** are key to improve access to and management of various service needs

RESOURCES

- **National Clearinghouse on Abuse Later in Life (NCALL):** <https://www.ncall.us/>
 - Training for LE: <https://www.ncall.us/for-professionals/law-enforcement/>
 - DV/SA Advocates: <https://www.ncall.us/for-professionals/domestic-and-sexual-violence-advocates-and-programs/>
 - Increasing Access to Healing Services and Just Outcomes for Older African American Crime Survivors toolkit
- **National Center on Elder Abuse (NCEA):** <https://ncea.acl.gov/>
- **Generations United:** <https://www.gu.org/>
- **Grandparents Raising children**
 - Resources for Grandfamilies:
<https://www.gu.org/projects/ntac-on-grandfamilies-and-kinship-families/>
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QUESTIONS?



CONTACT INFORMATION

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Violence Against Women Faculty Cluster

University of Central Florida

Email:

<https://www.ucf.edu/research/violence-against-women/>



Maggy McGiffert, MA

Senior Research Associate

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Investigators

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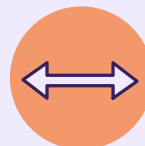


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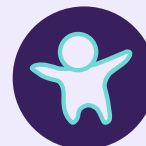
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“As we get older and we're caught up—I feel I am caught up in today's chaos at an age when I should be livin' peacefully instead of worried about the next meal, the next bill to be paid, upkeep of my living status, home, protection. Just to help me maintain a healthy mind, soul, and spirit, body, and the environment which I live in.”

OLDER SURVIVOR

DEVELOP SPECIALIZED HOUSING PROGRAMS FOR OLDER SURVIVORS¹:

Explore funding options for the creation of specialized, long-term housing options, such as rapid re-housing or permanent housing programs for survivors with multiple, complex traumas.



HELP OLDER SURVIVORS KEEP THEIR EXISTING HOUSING:

Survivors who are homeowners may be overwhelmed by repairs or tax bills and require assistance.



KICK OUT ORDERS:

If a survivor is abused by a younger caretaker or roommate, helping them remove the person out of their home can assist with safety and housing security.

SHELTER ARRANGEMENTS AND KENNEL OPTIONS FOR PETS:

Many older survivors' main form of social support is their pets, and they will not leave without them.



PARTNER WITH NURSING HOMES AND LOCAL HOME HEALTH AIDE NETWORKS:

Arrange for an emergency bed to be available for older survivors with complex health care needs. Set up on-call, short-term medical assistance services for older survivors who need additional Activities of Daily Living (ADL) support while in shelter.

CREATE VOLUNTARY, THERAPEUTIC, AND INTENSIVE ADVOCACY SERVICES AS PART OF THE HOUSING PROGRAM:



1-ON-1 PEER MENTORING SESSIONS



BUDGETING AND FINANCIAL LITERACY CLASSES



SUPPORT WITH SELF-ESTEEM AND HEALTHY RELATIONSHIP BOUNDARIES



TECHNOLOGY LITERACY AND ACCESS TO HEALTHCARE

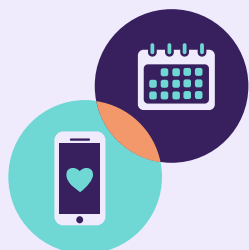
¹ The Bridge Over Troubled Waters has created an Office of Violence against Women (OVW) - grant-funded housing program providing up to three years of rapid rehousing vouchers and voluntary, specialized, intensive support services, including peer mentoring, for survivors of IPV or SA who are 40 years or older.

The highlighted services and programs referenced in this document are promising practices and models based on findings from:

Backes, B., McGiffert, M., Stephenson, M., Hairston, D., Fernandez, K., Dempster, M., Bauml, E., Gaudette, S., & Wood, L. (2021). Survivors of Sexual Assault and Domestic Violence: Understanding Gaps in Systems Responses and Community Services. University of Texas Medical Branch and University of Central Florida.

APPROACHES FOR WORKING WITH OLDER SURVIVORS

THESE TIPS AND RECOMMENDATIONS WERE SHARED BY OLDER SURVIVORS AND STAFF FROM ADULT PROTECTIVE SERVICES (APS) AND DOMESTIC VIOLENCE AND SEXUAL ASSAULT (DV/SA) AGENCIES¹



BE FLEXIBLE AND ALLOT MORE TIME:

Break intakes into 2 appointments or for longer increments of time. Offer longer shelter stays and mobile advocacy.

CREATE WELCOMING SPACES AND ACCESSIBLE WRITTEN RESOURCES²:



WHEELCHAIRS



WALKERS



LARGE PRINT
MATERIALS

“It’s very, very shocking when we do the intake, and it comes across all the things that are considered sexual assault. They immediately start breaking down. **They never thought of that as being sexual assault from their partner or their husband.** You just literally see their face when it hits them. Being coerced, they never thought of it bein’ that way...”

DV/SA STAFF MEMBER



ASSIST WITH COMPLEX ECONOMIC AND LEGAL CHALLENGES:

Older survivors face unique economic barriers, lack of employment skills, debt, credit repair, age-related job discrimination, financial exploitation, complex tax issues, and legal barriers — divorce, guardianship.³



FOCUS ON IDENTIFICATION DOCUMENTS:

Often they do not have birth certificates or other forms of identification. There may be added barriers obtaining these documents depending on age and place of birth.



CREATE PEER SUPPORT SERVICES:

Create peer-led services and support groups led by older survivors on issues such as grief and loss to build networks and community.

LISTEN FOR CLUES:

Older survivors may be hesitant to acknowledge or disclose traumatic experiences. Look and listen for clues about safety issues or experiences with violence, such as use of euphemisms or changes in body language.



ADDRESS GENERATIONAL TRAUMA AND THINK BROADLY ABOUT FAMILY VIOLENCE AND SEXUAL ASSAULT:

Violence and exploitation from caregivers, extended family members and adult children may be experienced, which leads to different needs than intimate partner violence (IPV). They may be raising grandchildren or processing, for the first time, child sexual abuse they experienced.



Rx

ADDRESS HEALTH AND MEDICATION NEEDS:

Survivors face complex physical and mental health needs which may involve assistance navigating systems, such as Medicare, and connections to new health resources. Avoid assumptions around dementia or mental illness — traumatic responses to past strangulations, not having medications or traumatic brain injuries may be the cause of confusion or erratic behavior.

The highlighted services and programs referenced in this document are promising practices and models based on findings from:
Backes, B., McGiffert, M., Stephenson, M., Hairston, D., Fernandez, K., Dempster, M., Bauml, E., Gaudette, S., & Wood, L. (2021). Survivors of Sexual Assault and Domestic Violence: Understanding Gaps in Systems Responses and Community Services. University of Texas Medical Branch and University of Central Florida.

¹ The highlighted services and programs referenced have not been evaluated for this study but are promising practices and models.

² Northwest Ministries Family Violence Center has incorporated many of these approaches into their services to create more accessible services, office spaces and large print materials for older survivors.

³ Texas Legal Service Center provides legal support for Texans 60 years and older: <https://www.tlsc.org/seniors>

COLLABORATIONS FOR OLDER SURVIVORS

DURING INTERVIEWS, STAFF AND SURVIVORS SHARED INNOVATIVE COLLABORATIONS AND THE NEED FOR MORE ROBUST AND DIVERSE COLLABORATIONS AROUND THE NEEDS OF OLDER SURVIVORS

MOVE BEYOND REFERRALS:

Conduct cross trainings and regional meetings between APS and DV/SA agencies to share policies and resources.

PARTNERSHIPS WITH COMMUNITY SERVICES:

Conduct outreach about DV/SA services, increase awareness about the dynamics of DV/SA and potentially co-locate some services.



DV/SA
AGENCIES



HOME HEALTH
AIDE PROVIDERS

PLACES OF
WORSHIP



SENIOR CENTERS
AND SENIOR
SERVICES
ORGANIZATIONS



By having a multidisciplinary team approach, we're hoping that things don't fall through the cracks. Right? Like agencies talk to each other. They're not duplicating work, and that all the needs of that elder are met, so if one agency cannot provide something, maybe someone else, and we kinda figure it out from there."

SENIOR JUSTICE CENTER
STAFF MEMBER

PARTNERSHIPS WITH HEALTHCARE PROVIDERS, LOW-INCOME LEGAL SERVICES AND ECONOMIC RESOURCES:

Expand and deepen partnerships with workforce centers, legal services, psychiatric, substance abuse and healthcare providers that focus on older adults needs.

INCORPORATE DV/SA AGENCIES AND DV/SA INFORMATION INTO EXISTING INNOVATIVE COLLABORATIONS SUCH AS:

- ✕ Telehealth psychiatric doctors and nurses, in rural areas of Texas, assisting with virtual evaluations.
- ✕ First responder crisis intervention teams and social services agencies providing support and resources to seniors in APS regarding guardianship, money management, basic needs.
- ✕ Multi-disciplinary senior justice centers designed for coordinated services and system response.



PROBATE COURTS FOR
GUARDIANSHIP, PROBATE
OF WILLS, MENTAL
HEALTH WARRANTS



EMERGENCY FINANCIAL
FUNDS FOR RELOCATION
COSTS, EVICTIONS AND/OR
KICK OUT ORDERS

The highlighted services and programs referenced in this document are promising practices and models based on findings from:

Backes, B., McGiffert, M., Stephenson, M., Hairston, D., Fernandez, K., Dempster, M., Baumler, E., Gaudette, S., & Wood, L. (2021). Survivors of Sexual Assault and Domestic Violence: Understanding Gaps in Systems Responses and Community Services. University of Texas Medical Branch and University of Central Florida.