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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[Bethany Backes, PhD, MSW, MPH; Leila Wood, PhD, MSW]
UTMB Center for Violence Prevention Report


This project funded by Grant # 3888701 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
• 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

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/
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

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Stakeholder Survey</strong></td>
<td>A survey with <strong>111 service providers and systems personnel</strong> to understand their current programmatic, outreach, and service delivery approaches for survivors 50+.</td>
</tr>
<tr>
<td><strong>Key Stakeholder Interviews</strong></td>
<td>Semi-structured interviews with <strong>27 key stakeholders</strong> to understand needs, barriers and current approaches and services in place for older survivors of domestic and sexual violence.</td>
</tr>
<tr>
<td><strong>Survivor Survey</strong></td>
<td><strong>271 Texas domestic and sexual violence survivors</strong>, ages 50 and older, surveyed through Qualtrics and through domestic and sexual violence-based agencies.</td>
</tr>
<tr>
<td><strong>Survivor Interviews</strong></td>
<td><strong>21 Survivors 50+ interviewed</strong> to learn more about needs and experiences.</td>
</tr>
<tr>
<td><strong>Secondary Data Analysis</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
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
# Types of Domestic Violence Experienced

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<th>N = 271</th>
<th>Since 50 n (%)</th>
<th>Past 12 months n(%)</th>
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<td>Made threats to physically harm you</td>
<td>102 (37.6)</td>
<td>46 (16.0)</td>
</tr>
<tr>
<td>Kicked, slapped, pushed or shoved</td>
<td>99 (36.5)</td>
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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
## Types of Stalking Experienced

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Only</td>
<td>46</td>
<td>17.6</td>
</tr>
<tr>
<td>Government Support (SNAP, SS, SSD, Unemployment)</td>
<td>47</td>
<td>17.9</td>
</tr>
<tr>
<td>Pension/retirement</td>
<td>12</td>
<td>4.6</td>
</tr>
<tr>
<td>Current Spouse/partner</td>
<td>10</td>
<td>3.8</td>
</tr>
<tr>
<td>Former spouse/partner</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Family/friends</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>3.1</td>
</tr>
<tr>
<td>More than one source</td>
<td>139</td>
<td>53.1</td>
</tr>
</tbody>
</table>
### Employment & Income

#### Employment (n=271)

<table>
<thead>
<tr>
<th>Employment Category</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed, working 30+ hours a week</td>
<td>122</td>
<td>45.0</td>
</tr>
<tr>
<td>Retired</td>
<td>75</td>
<td>27.7</td>
</tr>
<tr>
<td>Disabled, not able to work</td>
<td>41</td>
<td>15.1</td>
</tr>
<tr>
<td>Not employed</td>
<td>26</td>
<td>9.6</td>
</tr>
<tr>
<td>Working occasionally</td>
<td>7</td>
<td>2.6</td>
</tr>
</tbody>
</table>

#### Monthly Salary (n=259)

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $1000</td>
<td>108</td>
<td>41.7</td>
</tr>
<tr>
<td>$1001 - $2000</td>
<td>59</td>
<td>22.8</td>
</tr>
<tr>
<td>$2001 - $3000</td>
<td>38</td>
<td>14.7</td>
</tr>
<tr>
<td>$3001 –$ 4000</td>
<td>23</td>
<td>8.9</td>
</tr>
<tr>
<td>More than $4001</td>
<td>31</td>
<td>12</td>
</tr>
</tbody>
</table>

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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.

-DV/SA Staff
COVID-19 Impacts on Employment

Employment Status Change [n=263]

- Did not change: 72%
- Changed: 28%

Status Change Type (n=74)

- Hours Reduced (43): 58%
- Furloughed (11): 15%
- Job Loss (20): 27%
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

- Hypertension: 45%
- Arthritis: 36.90%
- Thyroid Dysfunction: 22.60%
- UTI: 21.60%
- Diabetes: 16.90%
- Falls: 14.40%
- COPD: 10.60%
- Congestive Heart Failure: 4.60%
- Cancer: 4.50%
- Alcohol/Drug Addiction: 3.80%
- Artrial Fibrillation: 3.40%
- Peripheral Artery Disease: 3.40%
- Glaucoma: 3.10%
- Dementia: 2.30%
- Cerebrovascular Disease: 1.90%
- Ischemic Disease: 1.5%
- Parkinson's Disease: 0.40%
Help if confined to bed: 34% None of the time, 22% Some of the time, 44% All of the time
Take you to the doctor: 24% None of the time, 22% Some of the time, 45% All of the time
Share your most private worries and fears: 23% None of the time, 22% Some of the time, 55% All of the time
Turn to for suggestions about problems: 20% None of the time, 25% Some of the time, 60% All of the time
Do something enjoyable with: 15% None of the time, 28% Some of the time, 58% All of the time
Love and make you feel wanted: 19% None of the time, 31% Some of the time, 50% All of the time

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

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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

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not feel comfortable asking for help to keep safe</td>
<td>17%</td>
</tr>
<tr>
<td>Did not know what types of support they could receive</td>
<td>15%</td>
</tr>
<tr>
<td>Community programs did not provide needed support</td>
<td>24%</td>
</tr>
</tbody>
</table>

“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

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<tr>
<th>Category</th>
<th>n</th>
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<tbody>
<tr>
<td>Friend</td>
<td>171</td>
<td>63.1</td>
</tr>
<tr>
<td>Family Member</td>
<td>152</td>
<td>56.5</td>
</tr>
<tr>
<td>Psychologist/Counselor</td>
<td>109</td>
<td>40.5</td>
</tr>
<tr>
<td>Police</td>
<td>80</td>
<td>29.7</td>
</tr>
<tr>
<td>Doctor/Nurse</td>
<td>76</td>
<td>28.1</td>
</tr>
<tr>
<td>Romantic/Sexual Partner</td>
<td>59</td>
<td>21.8</td>
</tr>
<tr>
<td>Crisis Hotline</td>
<td>29</td>
<td>10.7</td>
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Helpfulness of Support

<table>
<thead>
<tr>
<th>Source</th>
<th>Very Helpful</th>
<th>Somewhat Helpful</th>
<th>Not at all Helpful</th>
</tr>
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<tr>
<td>Friend</td>
<td>46.4</td>
<td>47</td>
<td>6.6</td>
</tr>
<tr>
<td>Family member</td>
<td>42.2</td>
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<td>3.6</td>
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Access to DV/SA Services

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

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

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.

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

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<th>Reasons for Not Contacting DV/SA Services</th>
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<tr>
<td>Didn’t need these services</td>
<td>61%</td>
</tr>
<tr>
<td>Too embarrassed to use these services</td>
<td>11%</td>
</tr>
<tr>
<td>Didn’t know about DV/SA specific services</td>
<td>10%</td>
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“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
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

**Have you seen a mental health professional within the last 12 months?**

<table>
<thead>
<tr>
<th></th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Sometimes/ I Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>92 (33.9)</td>
<td>179 (66.1)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Mental health professionals seen past 12 months**

<table>
<thead>
<tr>
<th>Professional</th>
<th>n=91</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health counselor</td>
<td>11</td>
<td>12.1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>5</td>
<td>5.5%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>12</td>
<td>13.2%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>21</td>
<td>23.1%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>5.5%</td>
</tr>
<tr>
<td>Some combination of the above</td>
<td>37</td>
<td>40.7%</td>
</tr>
</tbody>
</table>

"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 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
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%)

“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
“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
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
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

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

"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

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

• 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

“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

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
Available on UTMB Center for Violence Prevention’s website at:

The highlighted services and programs referenced in this document are promising practices and models based on findings from:
Northwest Ministries Family Violence Center has incorporated many of these approaches into their service to 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.

**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.

*Texas Legal Services Center*
https://www.tlsc.org/seniors
OLDER SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE
UNDERSTANDING GAPS IN SYSTEMS RESPONSES AND COMMUNITY SERVICES

SAFETY PLANNING
FOR OLDER SURVIVORS

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.
- Enquire 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.

EMERGENCY CONTACTS:
Ask about adult children or other possible extended family members who are safe and trusted.

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 behind?

THE NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)
NCALL is a national clearinghouse focused on abuse prevention and response in older adults. To access resources visit: www.eldercare.gov/eldercarecenter/callcenter/ncall

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:

That was really our goal a little while ago. Just to get someone active. We really had the abuser, they’re not going to get out of your face. But we know you’re doing a lot of stuff ‘if you just let us have somebody in the home.’ We did have someone do anything, and we just had to say, ‘Look, I can’t solve this case unless we have someone to help you. They’ll be like, ‘Yes.’ At least we know that there would be someone in the home.’

APR INVICTOS

Available on UTMB Center for Violence Prevention’s website at:

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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.

LOOK FOR SIGNS OF OTHER FORMS OF ABUSE AND VIOLENCE:

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


National Center on Elder Abuse (NCEA):

- https://ncea.acl.gov/
Available on UTMB Center for Violence Prevention’s website at:


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.

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

MOVE BEYOND REFERRALS:
Conduct cross trainings and regional meetings between APS and DV/SA agencies to share policies and resources.
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 GUARDIANSHIP, PROBATE OF WILLS, MENTAL HEALTH WARRANTS

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

“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
Available on UTMB Center for Violence Prevention’s website at:

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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.
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.

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.

“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 SURVIVORS:

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.

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.
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/
  • 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/
  • Texas Factsheet on Grandfamilies: https://grandfamilies.org/Portals/0/State%20Fact%20Sheets/Texas%20GrandFacts%20State%20Fact%20Sheet%202021%20Update.pdf
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TECHNICAL REPORT
OLDER SURVIVORS
OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE:
UNDERSTANDING GAPS IN SYSTEMS RESPONSES AND COMMUNITY SERVICES

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AUGUST 2021
This project was made possible by grant #3888701 from the State of Texas, Office of the Governor, Criminal Justice Division.

Full Report Available at:

This project funded by Grant # 3888701 from State of Texas, Office of the Governor, Criminal Justice Division
SAFETY PLANNING FOR OLDER SURVIVORS

THESE SAFETY PLANNING TIPS ARE ONES SHARED BY SURVIVORS AND BOTH APS AND DV/SA STAFF

BEYOND LEAVING: FOCUS ON HARM REDUCTION:
Many older survivors are dependent on family caregivers or their intimate partner and/or are resistant to leaving.

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APS INVESTIGATOR

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Ask about adult children or other possible extended family members who are safe and trusted.

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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:

THE NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)
NCALL is a national technical assistance, training and resource center housed in End Domestic Abuse Wisconsin. It provides specific guides and educational videos for professionals from various fields (such as criminal legal system, health care & DV/SA agencies):
NCALL.US/FOR-PROFESSIONALS/

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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OLDER SURVIVOR

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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:

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.

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.

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THE HIGHLIGHTED SERVICES AND PROGRAMS REFERENCED IN THIS DOCUMENT ARE PROMISING PRACTICES AND MODELS BASED ON FINDINGS FROM:

THIS PROJECT WAS MADE POSSIBLE BY GRANT #388701 FROM THE STATE OF TEXAS, OFFICE OF THE GOVERNOR, CRIMINAL JUSTICE DIVISION.
APPROACHES FOR WORKING WITH OLDER SURVIVORS

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 RESOURCES:
- Wheelchairs
- Walkers
- Large print materials

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.

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.

1THESE TIPS AND RECOMMENDATIONS WERE SHARED BY OLDER SURVIVORS AND STAFF FROM ADULT PROTECTIVE SERVICES (APS) AND DOMESTIC VIOLENCE AND SEXUAL ASSAULT (DV/SA) AGENCIES
2Northwest 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.
3Texas Legal Service Center provides legal support for Texans 60 years and older: https://www.tlsc.org/seniors

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DV/SA STAFF MEMBER

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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.

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

"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

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