

Coalition Chronicles

A newsletter of
End Domestic Abuse WI
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Violence in Relationships Across the Lifespan

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From the Director, *Patti Seger*

Greetings. I am proud to present this issue of the *Coalition Chronicles* focusing on gender-based violence across the lifespan. Gender-based violence both reflects and reinforces inequities between men and women. It compromises the health, dignity, security and autonomy of its victims. The Women's Refuge Commission defines "gender-based violence" (GBV) as an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between men and women. The nature and extent of specific types of GBV vary across race and culture, age/lifespan, regions and countries. Examples include rape, sexual exploitation and forced prostitution; domestic violence; trafficking; forced or early marriage; and harmful traditional practices, such as female genital mutilation and honor killings. We recognize that domestic and sexual violence are examples of gender-based/gender-focused violence, and that while women are primarily affected, men and boys can also be victimized.

Recently, the World Health Organization (WHO) released results of a multi-country study on the prevalence and impact of domestic violence on women's lives. Their research found that about 1 in 3 women and girls worldwide will experience domestic violence and/or rape. We know that violence puts victims/survivors at increased risk for a large spectrum of health and life related issues ranging from increased risk of HIV/AIDS to impoverishment. Violence, and exposure to violence, can deeply traumatize and have life-long effects that damage the general health of victims/survivors and can, in some instances, cause death.

This *Coalition Chronicles* is the first part of a two-part series on gender-based violence; the next issue, part two, will focus more globally. We strive to shed light on this dimly lit topic.

In peace,



Violence in Relationships Across the Lifespan

End Abuse Staff Ann Brickson, Colleen Cox and Ann Turner

Throughout our lives, close relationships with family and friends are an important part of who we are. Many times complicated relationships continue throughout our lives, for better or for worse. In one family, there can be more than one person who experiences victimization and survives abuse; likewise there can be multiple perpetrators of abuse. Each of their experiences will be unique.

The idea that domestic abuse happens in the context of relationships applies to all victims. It includes those of any age, gender, or sexual orientation, parents, non-parents, those who are dependent because of age or disability, and households and support networks that define themselves as families in many different ways. As advocates, we want to address a battered woman's experience of DV because it affects all her significant relationships. We want to help her connect with important people in her life to cope with DV, whether or not she remains in contact with the abuser.

Every time you talk to an adult survivor, people who are important to her (whether or not they are acknowledged) influence the conversation. Invite the survivor to discuss all of her relationships and how they have been affected by the violence.

- How have these other people been affected by the abuse?
- How does their experience affect her and her decisions?
- If she has minor children, are they being abused as well?
- Sometimes the person who hurts her is her son or daughter, grandchild, or a member of her extended family. How does this affect her decisions?
- What if someone she loves is also being hurt? How does this affect her decisions?
- Sometimes the person hurting her has also suffered violence at the hands of a family member, an institution or a system. How does this affect her decisions?

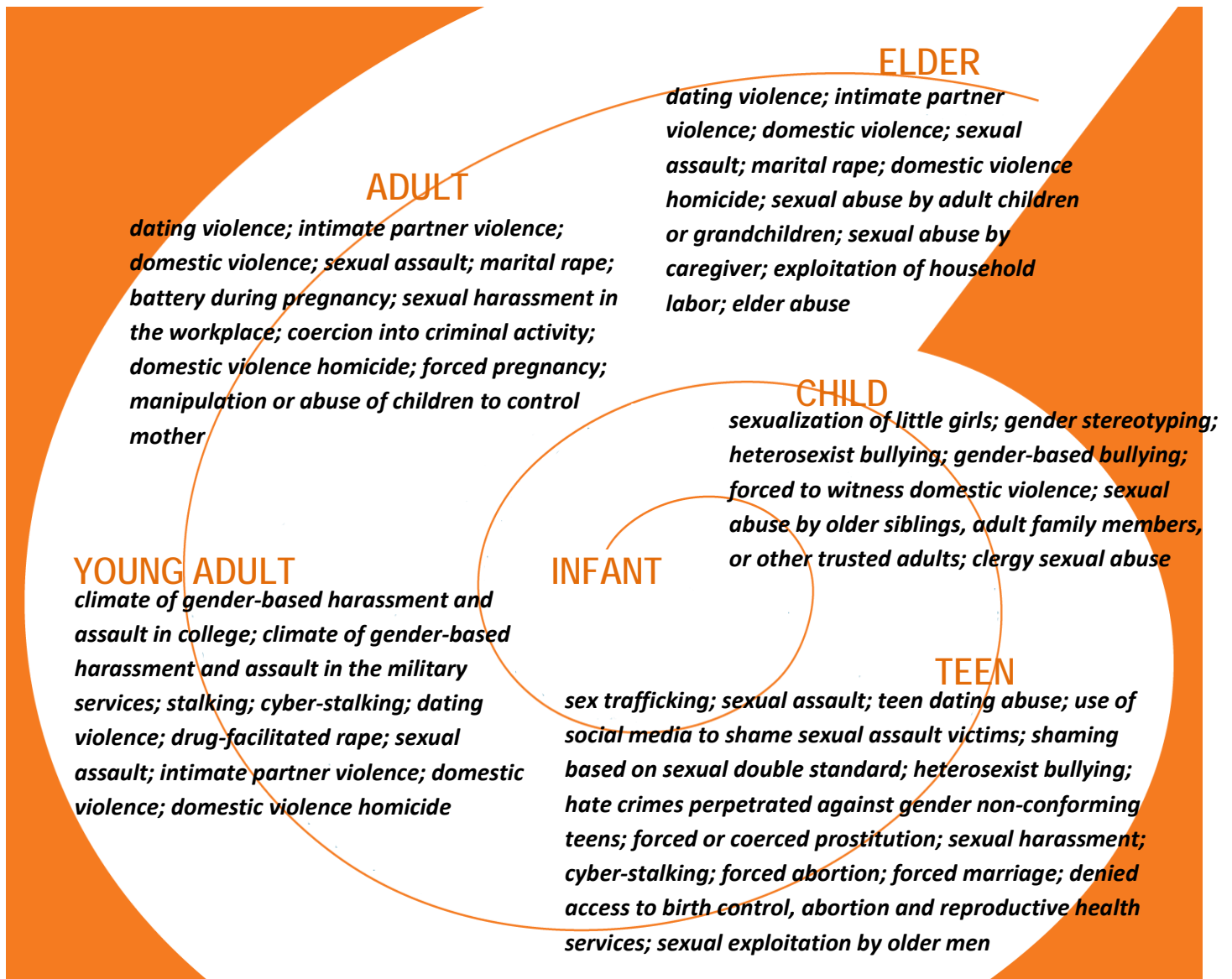
Our relationships with others in our families, extended families, and communities are part of what brings meaning to our lives. Family violence can impact these important relationships in negative ways. Non-offending individuals may no longer have contact with the survivor because of abuser tactics used to isolate the survivor. Minor and adult children's relationships with the non-offending parent can be damaged. An important aspect of advocacy is helping survivors of any age or ability to heal and enhance other relationships in their lives. We'd like to highlight this aspect of advocacy for victims of domestic abuse across the lifespan. ([Return to Top](#))

Editor's note...

As we developed this issue of the Chronicles, we discussed how gender violence across the lifespan is understood really differently among different cultural groups. The Lifetime Spiral of Gender Violence, (see next page) was developed by the Asian and Pacific Islander Institute on Domestic Violence. It is an excellent visual representation of experiences of victimization across the lifespan, some of which might resonate with specific cultural groups in the US and some which seem more universal. In this issue of the Chronicles we expand our thinking about gender violence as it affects all ages. In the next issue we will highlight gender violence as a global issue.

— Colleen Cox

Lifetime Spiral of Gender Violence



The ***Lifetime Spiral of Gender Violence*** has been adapted with permission from the Asian and Pacific Islander Institute on Domestic Violence (AAPIIDV). Click [HERE](#) for the original graphic and explanation. It maps out oppressions that girls and women may encounter during "...childhood, adolescence, adulthood, and as elders. Some of these are confined to one stage in the lifecycle, some continue into subsequent stages. The Lifetime Spiral reveals patterns of victimization by enumerating the types of violence, vulnerabilities, and harms women and girls face. It also implicitly shows the presence of different abusers located over the lifecourse."* Gender oppression of boys and men and of those who identify with neither or both genders, is also located on this graphic of the lifetime continuum. ([Return to top](#))

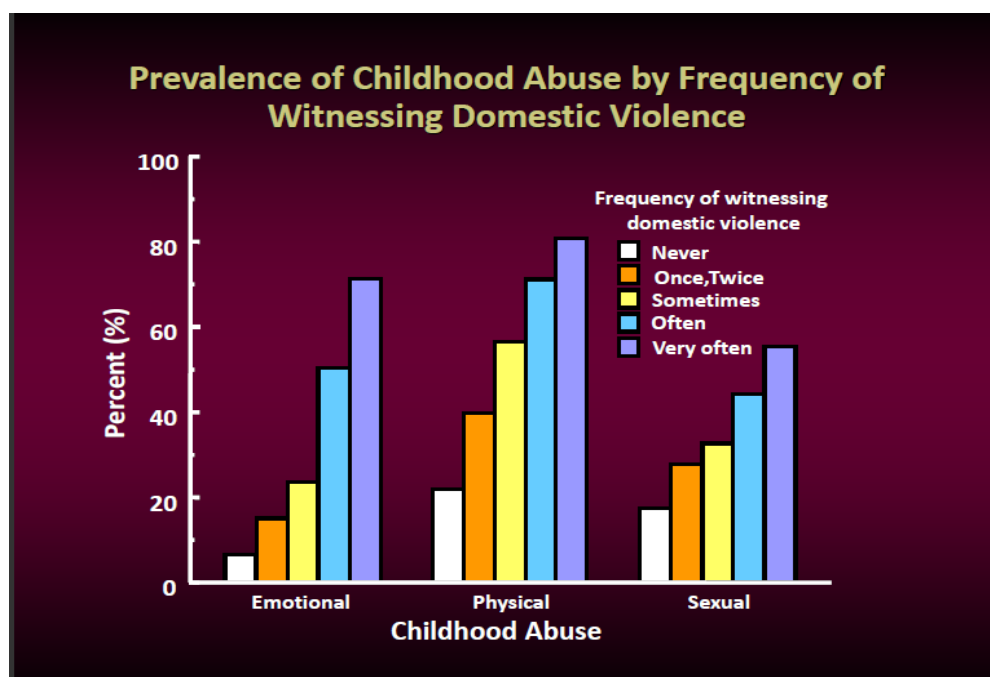
*Asian and Pacific Islander Institute on Domestic Violence, Lifetime Spiral of Gender Violence. 2010. Graphic. Asian and Pacific Islander Institute on Domestic Violence, San Francisco. Web. 18 Jul 2013. <<http://www.apiidv.org/violence/lifetime-spiral.php>>.

The Co-occurrence of Domestic Violence and Child Abuse

Ann Brickson

Intimate partner violence and child abuse often occur in the same household. In families where one form of abuse is present, there is an increased risk for the other. A variety of published studies have concluded there is a 30 percent to 60 percent overlap between violence against children and violence against women in the same families, with most studies placing the rate of co-occurrence in the 50-60 percent range.¹

Most often, the adult and children in a household are abused by the same person. Fifty percent of men who frequently abuse their wives also abuse their children.² Women who are victims of domestic violence abuse their children at a higher rate than do women who are not battered³; battered women are less likely to harm their children when they are safe themselves.⁴



Children may be abused by caregivers who are stepparents, grandparents, other adult relatives, or intimate partners who do not live in the home, and these adults can also be victims of abuse.

The association between DV and child abuse and neglect (CAN) is strongest when violence is severe. This graph from the Centers for Disease Control demonstrates that in families where DV and child abuse co-occur, child abuse is most severe when DV happens frequently.

Few studies have attempted to separate the effects of child abuse from the effects of witnessing domestic abuse, but we know that co-occurrence results in a compounding effect. Children and youth

¹ A review of CPS cases in two states identified domestic violence in approximately 41 to 43 percent of cases resulting in the critical injury or death of a child.

Spears, L. (2000). *Building bridges between domestic violence organizations and child protective services*

² 50% of men who frequently abuse their wives, also abuse their children (Peled, E., Jaffe, P.G. & Edleson, 1995).

³ Battered mothers are twice as likely to maltreat their children as are mothers who were not being battered.

(Straus & Gelles, 1990)

⁴ Mothers are eight times more likely to physically abuse a child while in a violent relationship than when they are not.

(L. Walker, *The Battered woman Syndrome*, New York: Springer Publishing, 1984)

exposed to both domestic abuse and child abuse suffer greater harm than those exposed to a single form of abuse.

Understanding the Overlap Between Child Abuse and Neglect and Domestic Violence

While there has been a great deal written about the fact of this co-occurrence, much less has been published about why this happens. Given what is known about each form of abuse, we can begin to draw some conclusions.

In 2007, Evan Stark introduced the theory of *coercive control*, which posited that in millions of abusive relationships, intimate partner violence occurs within a context of subjugation that consists of violence, intimidation, isolation and control. The abuser asserts dominance and control over his partner that extends its reach to every aspect of her life.⁵ When there are children in the home, abusers may emotionally and physically abuse them as well. Stark refers to this as “child abuse as tangential spouse abuse.” The abuser’s desire for control over the entire household and his sense of personal entitlement may be the foundation of his abuse of both his partner and the children.

Child abuse is most often attributed to the following factors:

- Parental stress
- Family disorganization
- Learned behavior, attitudes and knowledge
- Inadequate social support and social isolation
- Mental health and substance abuse

These factors are all common in families experiencing domestic abuse. Parents who are victims of domestic violence may also neglect their children for a number of reasons. They may give full attention to the abusive partner in an effort to appease him and control the level of violence, or they may be unresponsive to children due to their own fears. At the other extreme, some victims of domestic violence are so fearful that the abusive partner will harm the children that they over-discipline them in an effort to control the children’s behavior and protect them from what they perceive as greater potential abuse. Children may be injured by violence directed at an adult, either because they are in the way or because they try to intervene. In most states including Wisconsin, childhood exposure to domestic violence is not considered child abuse.

Adverse Childhood Experiences

ACESTooHigh is a website where you can find background, news, information and research related to the Adverse Childhood Experiences Study. The site covers what people are doing in states and local communities to reduce the burden of ACEs for the tens of millions of people in the United States who have high ACE scores. It is also a place where people can tell their personal stories about how child trauma affected their lives and health, and how they have — or have not, as the case may be — made peace with the past. Jane Stevens, a long-time health, science and technology journalist, is the editor of the website.

⁵ Evan Stark, *Coercive Control: How Men Entrap Women in Personal Life*, (New York: Oxford University Press, 2007), chap. 7.

Implications for Our Work

Understanding the connection between domestic violence and child abuse is critical to understanding relationships in families where these forms of abuse co-occur.

The presence of child abuse and domestic abuse in the same family can complicate and harm the mental health and coping capacities of all family members, and certainly interferes with their relationships. Children have heard the abuser blame his partner for all family problems, and they may believe that she is responsible for the abuse they have suffered as well as her own. Mothers who harm their own children or are unable to protect them from abuse may carry a heavy burden of guilt. CPS involvement can make adult caregivers more vulnerable to their own abusers.

Domestic violence programs encounter child abuse in a number of ways. Families seeking services may have a pre-existing relationship with child protective services (CPS). DV advocates may become aware of suspected child abuse in the course of getting to know and help families or while doing presentations in schools.

When an adult caregiver and her children are abused by the same person, efforts to keep them safe must be connected and coordinated. Domestic violence programs should always inquire about child well-being when working with mothers. Advocates working with children and youth in the community should be mindful that a parent may be at risk as well. Domestic abuse programs should establish policies and practices that anticipate and address DV and child abuse co-occurrence. Practices to consider:

- Establish relationships with children. Listen to them. Accept their perspective, especially any anger or ambivalence about their relationships with both parents.
- Understand the challenges of batterer-dominated parenting. In the context of domestic violence, efforts to protect children may look like poor parenting.
- Create opportunities for mothers to talk to advocates, children to talk to advocates and mothers and children to talk to each other.
- Balance child safety, safety of mothers and support for mother-child relationships.

Traditional victim services, such as rape crisis centers and domestic violence shelters, were developed primarily for adult women; and some are unequipped to deal with the special challenges involved in serving teens. At the same time, the one system specifically designed to handle young victims—the child welfare system—tends to devote the majority of its limited resources to addressing abuse and neglect of pre-adolescent children. This is true despite the fact that teens are victims in 25% to 50% of all substantiated maltreatment cases.

Smith, C.A., Thornberry, T.P. & Ireland, T.O. (2004). Adolescent Maltreatment and Its Impact: Timing Matters. *The Prevention Researcher*, 11 (1), 7-11.

- Have conversations about those situations when the best interests of mothers differ from those of their children. As DV advocates, how do we feel about this? How do we handle these situations when they arise?
- Create an agency child abuse reporting policy that both respects adult caregivers and protects children. (Examples might be that adult caregivers are informed about plans to report child abuse and encouraged to participate in the report. The domestic violence program advocates for the mother with CPS and does not violate her privacy without a release. Exceptions are when doing any of this would endanger the child.)
- Establish and maintain the best relationship possible with local child welfare departments. Focus on cross-training, open communication and agreements that reflect an understanding of both domestic violence and child abuse.
- Advocate for mothers who have experienced domestic abuse and are involved with the child welfare system. Help CPS understand their efforts to protect their children. Advocate for separate service plans for adult victims of abuse and their abusers.

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Understanding and Responding to Teen Victims

Adolescents are neither fully children nor fully adults, but somewhere in between. As service providers, we see that this developmental stage brings with it many gray areas and unique challenges.

When we think about violence in relationships across the lifespan, teens are potentially victims of child abuse, they can witness domestic abuse in the home and they are potentially victims or perpetrators of violence in dating relationships. Relationships with peers can become incredibly important during this stage of development, and for a variety of reasons, many teens are reluctant to turn to adults. For a thoughtful treatment of teen dating violence, read “Understanding and Responding to Teen Victims: A Developmental Framework”, in volume 14, no. 1 of *The Prevention Researcher*. For a link to the article, click [HERE](#).



CHERRI'S STORY

I was born into an abusive dysfunctional family. When I came home from the hospital, the violence and sexual assault had already been active, I just didn't know it. I didn't know what was going on was abuse until I was 14 years old. It was just how we lived. My mom beat us, and after my dad went and lived in a halfway house for alcoholics when I was 11, my mom started beating all six of us kids more often and worse than before. I did not know this was abuse, but I knew it hurt and I wanted it to stop. One day I told my dad that my mom was beating all of us kids badly. He told me I was the fourth kid to tell him. I didn't know my siblings felt the same way. I still didn't know it was abuse. No one said anything about it being wrong. It just was the way it was in our house.

When I was 14 in January 1981, I began a class in ninth grade called *Life Skills*. It was the first time they started teaching this in school. The first thing they talked about was incest. I didn't know much about what sex was. My mom never talked to me about my monthly cycle or about sex; she talked to me about my dad's alcoholism. Well, in the first day of *Life Skills* class I finally discovered that what my dad (since I was two years old) and my oldest brother (since I was four years old) had been doing to me was INCEST and it was wrong. They showed pictures in this class and I thought to myself – this is going on in my house. I knew it was going on with my oldest brother and my siblings. He was sexually abusing all of us. And my father was sexually abusing my sister and me. I finally discovered what was wrong. We had a family secret. I never discovered what it was before that day.

It was said in our family that if you told the family secret something bad would happen to you or no one would believe you and you would be told you were crazy and then the authorities would lock **you** up in the psych ward. This is what was said in our family. I never knew the family secret until I took that class that day. It took me until Feb 19, 1981 after I turned 15, a whole month, to decide if I was going to report, because I knew I would lose my life and live in a foster home and have no family anymore. I finally reported. And what I had predicted with all of the foresight and wisdom I had at 15 came true.

It took me until I turned 15 to decide if I was going to report, because I knew I would lose my life and live in a foster home and have no family anymore. I finally reported. And what I had predicted with all of the foresight and wisdom I had at 15 came true.

I'm 47 now and have no relationship with my siblings. I told the secret, I went to a foster home (not good) and my siblings got mad at me. I saw my father when I was 18 and he apologized. I didn't really think or talk too much about my life until after my 47th birthday. Then I spoke to two audiences about my childhood. Recently I have been able to forgive my mother, father, and brother. I don't know how my siblings are doing. Two have recently contacted my dad. And I have started a new relationship with him and his wife. I'll see how it goes from here, with the help of Brian, my partner of 13 years.

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DOMESTIC ABUSE AND MOTHER-CHILD RELATIONSHIPS

Ann Brickson

In addition to the harm of direct exposure to domestic violence, adult victims and their children both suffer when their relationship is damaged by the actions of the abuser and the effects of domestic violence.

Abuse diminishes a mother's ability to parent well. She may focus on survival and safety more than nurturing; she may focus more on meeting the needs of the abuser than those of her children; she may suffer mental illness, drug or alcohol abuse or poor physical health triggered by the abuse.

The parenting of domestic abuse victims can appear inadequate:

Mothers may use safety and protection strategies that are unpleasant for their children or that look like poor parenting to the outside world. Mothers may place demands on children in order to avoid antagonizing the abuser, demands which may seem to be cruel or unreasonable. They may deny the extent of the effects of exposure to abuse on their children.

Mothers may demand secrecy and isolation of the children in order to keep the abuse secret. This isolates children from their mother and others who might otherwise support them.

Their shame and guilt about the abuse may inhibit mothers from talking openly with children. This lack of support and nurturing from a primary caregiver denies children the most important means of overcoming the harm of exposure to domestic abuse.

If a mother leaves the abuser, children's lives become unstable. They may lose their home, school, neighborhood, friends and pets. They may live in a shelter or less desirable housing and will face multiple difficult adjustments at a time when they are already in crisis. Children may blame their mothers for these losses and changes.



Abusers actively undermine their partner's parenting:

Abusers often blame the mother for any problems that arise in the family. Children lose respect for their mother when they see her degraded and demeaned. Abusers will manipulate children and use them to perpetuate abuse. Children may yield to the abusers efforts to win them over.

Mothers and children suffer domestic abuse together, yet that same abuse erodes their relationship and deprives them of the mutual support they could provide one another. When families come to domestic violence programs, advocates have opportunities to help rebuild mother-child relationships damaged by

abuse. Instead, we often separate programming for mothers and children and create rules and living conditions that make parenting more difficult.

Below are some examples of strategies domestic violence programs might use to support and heal relationships between mother and children who use their programs. This list is not exhaustive, and programs can develop additional approaches to supporting mother-child relationships through education, discussion and learning from the families they serve.

- There is agency-wide commitment, led by management, to enhancing resiliency in program participants through supporting mother-child relationships.
- Use a team approach: engage all staff in working together to meet the needs of mothers and children.
- All program staff are supported to become comfortable talking with children and youth, facilitating conversations between mothers and children, and providing parenting support to battered women.
- Common spaces accommodate the needs of children, youth and parents.
- Intake and assessment procedures put the needs of families first.
- Crisis line staff ask about children's well being when talking with battered mothers, without blaming them for threats to their children's safety.
- Staff discuss with mothers the consequences for their children of restraining orders and other legal procedures; assist mothers to explain legal procedures to their children.
- Program rules are minimal and flexible to accommodate the needs of a variety of families. Families can talk about how rules at home might be different. Mothers receive support from program staff in enforcing rules.
- Staff identify the culturally-specific needs of families.
- Program policies and procedures recognize and respect each mother's insights about her own family.
- Mothers receive one-on-one emotional support and advocacy specific to their engagement with the child welfare system.
- Mothers are routinely offered respite from the stress of parenting.
- Families have opportunities to talk with each other, supported by staff, about their experiences and feelings about the abuse in their family.
- Families are offered structured activities that allow mothers and children to spend time together, enjoy one another and make good family memories.
- Staff inform mothers about the content of children's support groups so they can talk to their children about what they've experienced in group.



- Develop joint support groups for mothers and children to help them heal together from abuse.
- Collaborate with local child welfare to keep mothers and children safe together.
- Implement a system to obtain ongoing feedback from mothers and children about what they need to heal from DV and improve family life.

For additional suggestions contact Ann Brickson (annb@wcadv.org or 608-255-0539). ([Return to top](#))

“A mother never gives up hope.”

Most mothers bring children into the world with optimism and dreams for a bright future. Mothers cuddle, feed, clothe and love their infants and toddlers. Yet, some older women find that instead of the hoped-for years of shared happiness, their adult children now abuse, neglect or exploit them. Limited research has been conducted on the experiences of older mothers who are abused by their adult children, yet increasingly, elder abuse and adult protective services workers, law enforcement, domestic abuse and sexual assault advocates, health care providers and others are confronted with these cases.

The dynamics are extremely complex. Often the older victim may appear to be more interested in maintaining a relationship with or protecting her child than her own safety. An older mother may call seeking help only to change her mind later about receiving services or working with the criminal justice system. Professionals may feel frustrated and confused when working with an older mother abused by her son.

The mothers on this DVD agreed to participate in this project to increase public awareness. They have told their stories at conferences and to a national news network. They want other women to know that they are not alone and to provide tips to professionals who work with older victims.

—Excerpts from the study guide for the DVD
[*A Mother Never Gives Up Hope: Older Mothers and Abusive Adult Sons \(2009\)*](#)

This DVD is available to borrow from the End Domestic Abuse Wisconsin library. See page 16 of this issue for links to preview or purchase this DVD.



JAMIE'S STORY

On the day my parents found out that my brother had been sexually abusing several young girls, I was blamed. I was made to believe I had failed in protecting these girls and, as a result, had brought shame to my family name and my Native American culture. I was trained from an early age to ask for nothing and expect even less. It was simple, if I had a problem; it was my own fault. So, why ask for help when I would eventually be blamed or punished? This imposed guilt is something I can dismiss in my mind, now, as an adult, but not so easily dismiss in my heart. I carry this guilt today because that is what my upbringing has taught me. An upbringing that has affected my family: past, present and future.

I had no concrete memory of the abuse I had endured. I knew I was abused, but could not specify when, where or how, so I was not believed. So when I was questioned, I could not answer with enough details to matter. And in the end, I was forced to write a statement that cleared [my brother] of abusing **ME** entirely. The fear I felt in that moment, washed away any details from my mind that could have been used against my abuser. He was charged with 68 counts of child enticement and served less than three years in prison. But, because my brain chose to protect me by blocking those memories, he never served a second of time for what he had done to me.

For ten years, I was abused by my brother. For ten years, I hid my pain, my struggles and my life from everyone. I truly believed that it was my responsibility to make certain everyone around me was safe and happy, except myself. For many years before being diagnosed with clinical depression, I suffered alone and in silence.



A picture of Jamie, approximately age one. She has a black eye but is smiling.

[In] 2001, I had my first clear memory of sexual abuse. The floodgates of my emotions had been opened to grief, despair, fear and anxiety. The memory was triggered by the scent of shampoo...when I could not stop the loop of memories from assaulting me again and again, I turned to cutting and attempted suicide. I thought it would be easier, it would be better, if I were dead. I spent five weeks in a psychiatric hospital where sharing my thoughts and feelings was encouraged, but I was still too scared to express myself verbally. Because of this, I was misdiagnosed with several mental illnesses and sent back into society with fourteen prescription medications. The system was quick to label me with PTSD, social anxiety disorder, multiple personality disorder, major depressive disorder and possibly schizophrenia. I didn't question these diagnoses at the time, so I took the prescribed medications and primarily found these drugs to be useful in helping me numb my feelings and thoughts altogether. Shortly thereafter, I began abusing them by taking more than the prescribed doses and combinations. But, when I nearly overdosed on them, unintentionally, I decided that I had to do something different. I could no longer bury, mask or numb my feelings; I had to release them somehow.

So, I did something I could never do before; I asked for help. I had to find someone or something that could help me navigate through this journey in a way that made **ME** feel safe. I found a Native American woman who urged me to talk about my past while considering the generational trauma within my whole family. She helped me focus on retraining my brain with positive messages to break the old patterns, habits and reactions I held about myself and others. She allowed me to work on different things in my life that were important to **ME**.



MY SISTER, MY FRIEND, MY SUPPORT

The sexual abuse I endured at the hands of my brother was combined with physical, mental and emotional abuse within my family. It is the mental and emotional abuse that has had a longer-lasting effect on me. I do not minimize the sexual abuse at all by saying this, but the beliefs I held about myself and how I viewed others, have haunted me far more than the memories of the sexual abuse have, so far.

I believed that I was not worthy of success, happiness or love, especially love. I believed I was a failure; that I would be alone forever and that I would never again trust anyone. I believed I would never be good enough for anything or anyone. I also believed it was my duty to carry the shame and guilt of my past throughout my lifetime. But, I fight these negative thoughts now, and every day is a battle because my emotions and beliefs are so distorted. I have been brainwashed into believing these negative thoughts, but I am retraining myself every day. Every day is a battle **if I don't** tell myself I AM WORTHY. Every day is a step back **if I don't** tell myself I AM GOOD ENOUGH. And, every day is a step forward when I truly believe I can change these negative messages. Today, I am changing my beliefs. Today, I am speaking out against sexual abuse and I am speaking up for what I believe is right. ([Return to top](#))



Jamie Stephany is a survivor, ally and advocate in the fight against sexual abuse, who has recently received the Voices of Courage Award from the Wisconsin Coalition Against Sexual Assault and the state of Wisconsin. Jamie has learned to successfully live with depression and post-traumatic stress disorder (PTSD) and now shares her experiences with others while highlighting the importance of a trauma-informed response. As a child Jamie experienced multiple kinds of abuse from different family members. Jamie's relationship with her youngest sister was, and still is, a source of comfort and strength for both of them. While Jamie has limited contact with other family members, she continues to share what she has learned with them in hopes of creating a renewed relationship based upon safe boundaries for herself and others.

RESPONDING TO THE UNIQUE NEEDS OF OLDER SURVIVORS

Abuse in later life (ALL) is the willful abuse, neglect, or financial exploitation of an older adult that is perpetrated by someone in an ongoing relationship (e.g., spouse, partner, family member, or caregiver) with the victim. As such, the term abuse in later life—used by the Office on Violence Against Women, the National Clearinghouse on Abuse in Later Life, and a number of domestic violence and sexual assault programs throughout the country—calls attention to the nexus between domestic violence, sexual assault, and elder abuse.

The abuse may be a recent development in the older survivor's life or it may have been present for many years within a long term relationship. In addition, the abuse may be perpetrated by an adult child or other family member who may or may not have experienced abuse while growing up in the home. Older survivors often lament how the abuse has impacted their relationship with the perpetrator and they may seek help in reconnecting and healing the relationship, especially when the abuser is an adult child.

Older survivors of abuse, neglect and exploitation often display amazing personal strength and courage during difficult times. Some older survivors are speaking out about their experiences to help other potential victims know that they are not alone and help is available.

Sam (age 69) experienced abuse for most of his 20 year marriage to his second wife. His wife used many tactics against him, including physical, emotional and psychological abuse. As a result of his current wife's tactics, Sam became increasingly isolated and estranged from his adult daughter (from a previous marriage) and grandchildren. As in many domestic violence cases, the abuse against Sam continued to intensify. After his wife threatened him with a butcher knife, Sam called the police and she was arrested. Sam was referred to the local domestic abuse program and received emergency shelter and advocacy services. With help from the domestic abuse program advocate and the local adult protective services worker, Sam began to heal from the abuse and moved into his own apartment. He also received help in reuniting with his estranged daughter and grandchildren.



Lova experienced abuse by her adult son, Jay. Lova used a wheel chair to get around, so Jay lived with her and provided some care. Jay was physically and emotionally abusive and often left Lova alone for days at a time without assistance. Jay became more and more abusive until eventually Lova feared for her safety and called the police. He was

arrested and convicted of the abuse. Jay's sentencing included probation and no contact with his mother. Lova received services from the local domestic abuse victim service program and from adult protective services. She attended a support group designed for mothers abused by their adult children which helped with her healing process. Lova struggled with the system's mandatory separation between her and her son, and was saddened that their relationship was so damaged. Eventually, community service agencies worked together to create a process for Lova to see her son in a supervised setting.

Older victims, like Sam and Lova, benefited from services provided by domestic and sexual violence programs that included assistance in healing estranged family relationships. The following is a list of strategies for programs to consider when assisting older survivors.

- Expand the service eligibility definition beyond intimate partner violence to include victims abused by adult children or other family members.
- Discuss with older survivors how their relationships have been affected by the abuse in their lives. Help them reconnect with family and friends.
- Recognize that survivors may want to retain a relationship with their adult children even if abuse has been present. Listen without judgment. Consider ways to create "safe places" for them to meet with abusive adult children such as by using a current visitation center or arranging supervised visits with another person present such as someone from the faith community or another family member.
- The isolation experienced by many survivors of violence may be intensified for older victims because of death of friends and siblings. Create avenues and discuss strategies to break the isolation with the survivor. Consider training community volunteers to become "friends" to help survivors get involved in senior social events in your community such as events at seniors centers or local churches.
- Create a support group specifically designed for older survivors.
- Learn more about developing services for older victims. Resources are available on the NCALL website, including (links):
 - [Abuse in Later Life Information Sheets](#)
 - [Analyzing Domestic Violence Programs' Response to Older Victims](#)
 - [Golden Voices: Support Groups for Older Abused Women](#)
 - [Working with Older Survivors](#)
 - [Outreach Strategies for Domestic Violence and Sexual Assault Advocates Reaching Out to Older Victims and Survivors of Abuse](#)



- Listen to the voices of older survivors from your community to help in the development of services. Additionally, NCALL has video tapes in which survivors tell their story.

- Lova (and others) tells her story on:

A Mother Never Gives Up Hope: Older Mothers and Abusive Adult Sons (2009)

The mothers on this DVD agreed to participate in this project to increase public awareness. They have told their stories at conferences and to a national news network. They want other women to know that they are not alone and to provide tips to professionals who work with older victims. (See page 15 for a more detailed discussion. You can borrow this DVD from End Abuse, purchase it from [Terra Nova Films](#), and preview it on [YouTube](#).)

- Sam (among others) tells his story on:

In Their Own Words: Domestic Abuse in Later Life (2008)

This two-DVD package and training guide uses the voices of older victims to facilitate a dialog among a range of professionals about the dynamics of abuse, the barriers these victims have to overcome to live free from abuse, and interventions and potential collaborations that may be effective in such cases. In addition to individual segments with victims, family members, victim service providers, and allied professionals, the DVDs include several topical segments and a montage of victim and advocate voices designed for use by policymakers. It also includes an interactive role play between a parish nurse and an adult daughter caring for her father intended to help professionals recognize justifications for elder mistreatment. A trainer's [guide](#), which accompanies these DVDs, provides background on the victims and discussion questions targeted at a variety of professional audiences. This video is available for \$5 at the Office for Victims of Crime website at <http://www.ojp.usdoj.gov/ovc/>.

- Another video discussing abuse in later life is available for download on NCALL's website:

Walk in Our Shoes: Working with Older Survivors of Abuse (2011)

This video and discussion guide includes the voices of survivors of abuse in later life and service providers and is available for download on the NCALL website. The purpose of the video and discussion guide is to encourage critical thinking about tailoring direct victim services and outreach to meet the unique needs of older victims of abuse. The interviewees speak based on their own experiences. Since each community is different, with its own strengths and challenges, conversation and dialogue from a variety of diverse viewpoints will be needed to determine what will work in a given community. The information contained in these videos may be helpful in beginning that process.

Video available for download from <http://ncall.us/content/walk-in-our-shoes>

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SAFETY PLANNING

Safety planning is a process where an advocate and a survivor jointly create a plan to enhance safety. An advocate can provide support and guidance for a victim to discuss risk factors and, considering the many elements of his or her life, make decisions about how to minimize risk of further abuse. Safety planning is a process that restores power and control to survivors over their lives.

Safety planning is survivor centered and recognizes that not all victims want to leave their perpetrators or want to be involved with the criminal and civil court process. A good safety planning process provides the survivor with information and an array of options. Some safety planning ideas will be routine choices that an advocate may offer to most survivors they work with, however, many options will be unique to each individual.

A discussion with a survivor on how family members and others can be allies when planning for safety can be beneficial. For victims who still have minor children in the home, a family safety plan is important and may also include a trusted school counselor or teacher, a neighbor or other family member. An older victim may want to include non-offending adult children, grandchildren, neighbors or aging services staff; a victim with a disability may want to include family, friends or a trusted caregiver. Advocates should work closely with the survivor and any identified allies to discuss the safety plan and the importance of confidentiality to a victim's safety efforts.

Safety planning is a fluid, continuous, ever-changing process and will need to be re-visited frequently. Barriers may emerge as the survivor tries to follow-through on the original plan. Follow-up contact with the survivor, specifically to discuss her safety plan and life changes, can be very beneficial to identify those barriers and provide support.

Safety plans available on the NCALL and End Domestic Abuse Wisconsin websites are listed below.
(Click on the name of the safety planning tool for complete details.)

[Tips and Tools for Older Adults](#)

Domestic violence advocates are often specially trained to work with survivors on planning for their safety. NCALL encourages survivors to reach out for help, but also recognizes that some survivors may not be comfortable reaching out to an agency for assistance, especially in the beginning of their healing

CREATING SAFETY BY ASKING What Makes People Vulnerable?

"Anyone who automatically does what she is told, whether by training or temperament is potentially more vulnerable and at risk."

This guide is a ground-breaking culmination of open thought, keen observation and practical understanding of how many people with disabilities experience human interactions and relationships designed to provide them support. Ideas broached and questions raised throughout publication are important considerations for any of us who work with, support, advocate or love someone with a disability. Through exploring linkages among assertiveness, vulnerability, compliance models and imbalances of power in caregiving relationships, readers will begin to glimpse the often hidden reality of how these linkages make some individuals more vulnerable... more vulnerable to abuse.

Developed through the Violence Against Women with Disabilities and Deaf Women Project of WI and authored by Mark Sweet, Trainer and Consultant at Disability Rights Wisconsin.

Link to [**CREATING SAFETY**](#)

journey. The resources in this section have been created to help survivors begin planning for their safety. To find your local domestic abuse agency, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or TTY 1-800-787-3224 or search online <http://www.thehotline.org/get-help/help-in-your-area>

Safety Planning for Survivors: Considerations Regarding Children

Safety planning can be more effective when children are involved in discussing safety measures that affect them and are appropriate for their age. This document identifies elements which may be included in a safety plan to promote the safety of the entire family.

Our Family Safety Plan

This is an example of a family safety plan which may be adapted by domestic violence programs. It includes some basic elements of joint safety planning for battered women and their children.

Teen Dating Abuse Safety Plan

A safety plan designed for teen dating abuse survivors. Peers are critical in the lives of teens, who are often cautious about confiding in adults. This safety plan reflects significance of friends and peers in safety planning for teens.

NNEDV - Privacy & Safety on Facebook

The National Network to End Domestic Violence and Facebook have teamed up to offer tips for survivors of abuse so that you can still use Facebook but also maintain safety and control over your information. This guide is aimed at helping survivors of domestic violence, sexual assault and stalking know how to use Facebook in a way that ensures that they stay connected with friends and family, but control their safety and privacy to help prevent misuse by abusers, stalkers, and perpetrators to stalk and harass.

Safety Planning with Older Survivors

Abuse in later life survivors can benefit from many of the same safety planning methods used to assist younger victims; however, advocates may need to think of additional factors such as health issues and the relationship of the victim and perpetrator. NCALL's website includes safety planning tools and tips for professionals working with older survivors.

Safety Planning: A Guide For Individuals With Physical Disabilities

This safety plan is designed to help adults with physical disabilities who have been, or may be, abused by an intimate partner, spouse, adult child, other family member, personal assistant, or caregiver.

Safety Planning: How You Can Help

This booklet offers suggestions to caring individuals willing to help persons with cognitive disabilities who are being abused. Unfortunately, sometimes persons with cognitive disabilities are hurt by someone they have an ongoing relationship with, like a spouse/partner, relative or caregiver.

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