

Older women - The Hidden Victims of Abuse

Who are the perpetrators of domestic violence?

“Domestic Violence, regrettably, knows no age limits. Every hour of every day, some woman, somewhere faces the horror of physical, emotional, financial, or sexual abuse by someone they know well and with whom they have an ongoing relationship - a spouse or companion, son, daughter, or other family member.” - NCEA (2005)



www.abc.co.uk (2012)

Who are the older women? – women aged 50 -100

“Education and support are vital to older women’s safety – Secrecy is an abuser’s best protection” - NCEA (2005)

Type of Abuse	Presentations (including but not limited to)
Physical – the infliction of physical pain or bodily harm	<ul style="list-style-type: none"> Fractures, welts Bite marks Burns in unusual places, shape may be similar to an object such as an iron or cigarette Bruises – old and new, shape may be similar to an object i.e. belt or fingers. Bilateral on upper arms from holding or shaking, clustered on trunk from repeated shaking.
Sexual – any form of sexual contact without consent or when the victim is incapable of giving consent	<ul style="list-style-type: none"> Pain, itching, bruising or bleeding in genital area Difficulty in walking or sitting Unexplained sexually transmitted disease or repeated genital infections
Financial exploitation- illegal or improper exploitation of funds or other assets	<ul style="list-style-type: none"> Unexplained or sudden inability or unwillingness to pay bills Unprecedented transfer of assets from the older persons account to another Extraordinary interest by a family member in older persons assets Inaccurate, confused or no knowledge of finances
Neglect- refusal or failure to fulfil caregiving obligations i.e. abandonment, isolation, denial of food, medical assistance and withholding medication	<ul style="list-style-type: none"> Dehydration and malnutrition Hyperthermia Excessive dirt/odour Inadequate/ inappropriate clothing Unexpected/unexplained deterioration in health Signs of excessive drugging
Psychological- threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, coercion, verbal abuse and isolation	<ul style="list-style-type: none"> Depression, anxiety Mental health problems Increased risk of suicide

Brandt & Horan (2002)

Patient	Abuser
<ul style="list-style-type: none"> Have repeated ‘accidents’ Frequent vague or somatic complaints Delayed presentations Exhibits anxiety, depression and suicidal ideation Expresses a sense of isolation has no access to family, friends, jobs, transport, church Refer to family members ‘anger’ or ‘temper’ or consistently refers to the carer Alcohol or drug use Unable to follow through with medical care due to abusers control or missed appointments May present as a ‘difficult patient’ 	<ul style="list-style-type: none"> Verbally abusive or overly attentive to the patient or health care staff Attempts to convince health care workers that the patient is incompetent or lacks capacity Control's most of patient daily activities May be overly protective or controlling of a family member (e.g. refuses to leave the room during an examination or treatment)

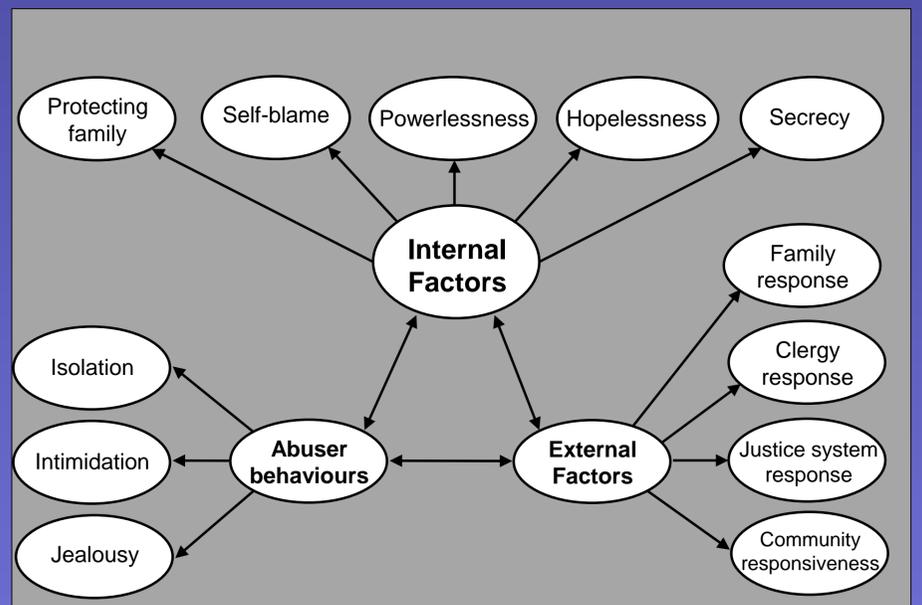
Brandt & Horan (2002)

Emotional abuse is just as bad as physical abuse.
Worse!
You can heal broken bones; you can't heal a broken mind.
Dia Reeves

Signs and symptoms of possible sexual abuse	
<ul style="list-style-type: none"> Genital or urinary irritation, injury, infection or scarring Presence of sexually transmitted disease Frequent, unexplained physical illness, Intense fear reaction to an individual or to people in general Mistrust of others Nightmares, night terrors, sleep disturbances Phobic behaviour 	<ul style="list-style-type: none"> Extreme upset when bathed or changed Regressive / aggressive behaviours Direct or coded disclosure Disturbed peer interactions Depression or blunted effect Poor self-esteem Self-destructive activity or suicidal ideation

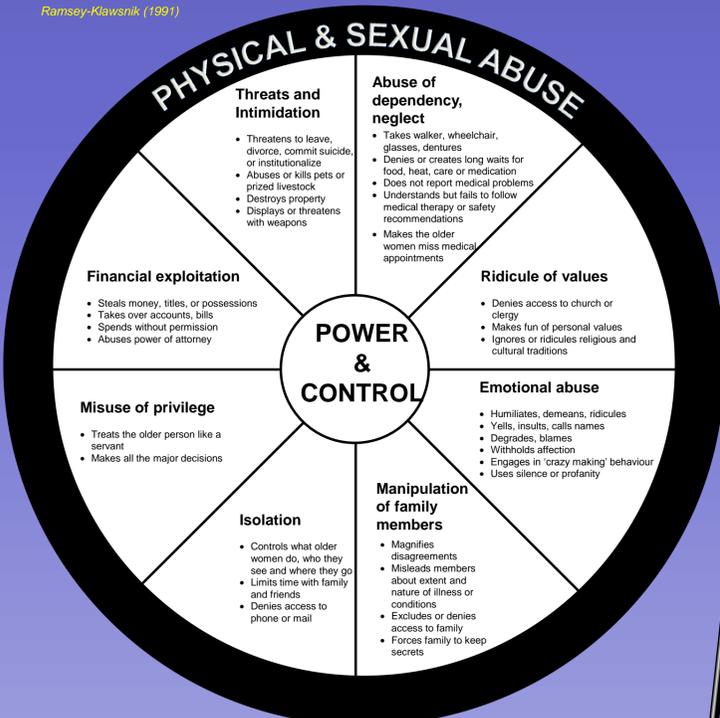
The presence of one or more does not prove sexual abuse, but a pattern of these indicators would suggest the possibility of sexual abuse.

Ramsey-Klawnsnik (1991)



Beaulaurier, Self and Newman (2008)

Violence within older couples is a reality not a myth. Montminy, 2005.
Battered older women are a silenced and invisible group. Seaver, 1996



Wicorran Coalition Against Domestic Violence (2002)

Chronic pain, e.g. back pain
Depression/anxiety
Digestive problems, e.g. irritable bowel
High blood pressure/heart problems
Lung problems e.g. asthma
Diabetes /thyroid problems
Bone or joint problems, e.g. osteoporosis
Stroke, nerve problems, e.g. MS or Parkinson's

Enquire about Intimate Partner Violence when an older patient with one or more of these conditions is seen,
Zink et al (2004)

Older Women's Needs :

- To be believed
- To stop the abuse/violence
- Know there are choices/options
- To know who to go to for help
- Telephone numbers of possible helpers
- Advice / legal entitlements
- To leave the abusive situation
- People (helpers of various kinds)
- Housing opportunities
- Physical /Practical help
- Money-gaining access to joint accounts
- Benefits/ Pension
- Food and warmth
- Health
- Control over own life/affairs
- To protect the family/abuser
- Feeling able to trust other people
- To feel safe in the house/community
- The support of religious beliefs
- To be listened to
- To be safe
- Privacy
- Counselling
- To talk
- To forget about what has happened
- Hobbies/Interest's
- To reduce the fear of crime
- Companionship
- To get out and about

Richard (2006)