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Domestic Violence Against Older Women: Final Technical Report

Prepared for

The National Institute of Justice

by

The Center on Aging of Florida International University

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ABSTRACT

Domestic Violence Against Older Women NIJ #2002-WG-BX-0100

Statement of Purpose: The researchers sought to increase knowledge and understanding regarding domestic violence (DV) against older women by allowing older women themselves to speak about how they define DV; their views about causes, reporting, interventions, and consequences for perpetrators; factors that deter or prevent help-seeking from the justice system and community agencies; and elements of outreach and intervention strategies they see as acceptable and/or desirable.

Subject Description: We conducted 21 focus groups with 134 women in varying combinations of three ethnic/racial groups (Hispanic, Black non-Hispanic, White non-Hispanic), three age cohorts (45-59, 60-74, 75+), two income levels (above or below \$14,856) and presence or absence of prior DV victimization.

Methods: Trained facilitators conducted sessions using a protocol designed to elicit discussion regarding research questions with minimal facilitator participation. Focus groups were audio-taped, transcribed verbatim, and translated to English (if the group was conducted in Spanish). ATLAS.ti, a computer assisted qualitative data analysis software program, was used to organize and assist in data analysis. Preliminary codes were developed from the transcripts and confirmed by the research team. In the next phase themes regarding the primary research questions were identified and named; ATLAS.ti was used to explore linkages between codes, generate themes, map relationships and ultimately to produce a testable theory grounded in the response patterns of respondents.

Results and Conclusions: Two important constructs that emerged were Domestic Abuse (DA), which encompasses emotional, physical, and sexual abuse, and Barriers to Help-Seeking (BHS), which appears to be closely related to the experience of victimization. In addition, eleven concepts emerged from the data. Seven of these – Isolation, Jealousy, Intimidation, Protecting Family, Self-Blame, Powerlessness, and Spirituality – appeared to be related to both the experience of DA and BHS. An additional four factors – Secrecy, Hopelessness, Concern for Abuser, and Justice System Response seemed to be most directly related to BHS. A quantitative study based on the model is needed to clarify and confirm it. Notably, the preponderance of participants, both non-victims and victims, view the justice system as the correct and appropriate cluster of institutions to address individual incidents of domestic abuse. An additional significant finding was that both non-victim and victim respondents overwhelmingly agreed that emotional abuse is as bad as, or worse than, physical abuse.

I. SUMMARY

A. Project Description

In 2002 the National Institute of Justice awarded The Center on Aging of Florida International University funding to conduct a two-year study, entitled Domestic Violence Against Older Women (DVAOW, NIJ#2002-WG-BX-0100). This report is based on the DVAOW study, which was completed in December 2004.

1. Data Collection. The researchers sought to increase knowledge and understanding about domestic violence (DV) against older women by allowing older women themselves to speak about how they define DV; their views about causes, reporting, interventions, and consequences for perpetrators; factors that deter or prevent help-seeking from public safety, law enforcement, the courts, and social service and healthcare agencies; and elements of outreach and intervention strategies they see as acceptable and/or desirable. We employed focus groups of varying demographic compositions to explore relationships, to gather in-depth information about attitudes, understanding, and behavior, and to begin generating grounded theory that subsequent research will investigate. The focus group protocol was crafted to ensure that useful information was elicited while maintaining sensitivity to respondents' emotions, privacy, and culture. Probes focused around basic topics to elicit the data needed to answer the research questions.

We employed maximum variation sampling (determinates of group composition included age, annual income, race/ethnicity, and previous identification as a victim) to enhance capture and description of central themes that cut across participant variation. Including individuals who might be expected to have had strikingly different experiences and attitudes in the sample made it possible to describe common patterns and to identify a full range of potential responses.

Several strategies were used to recruit volunteer participants for the "non-victim" focus groups. The most successful approach overall was advertising in the bi-weekly community activity section of the local daily newspaper. Additionally, volunteer recruitment flyers were posted in common areas where older women gather. For victim subject recruitment we made personal contact with local agencies that provide services to DV victims (of any age) and asked them to post flyers regarding the research. All notices said that participants would receive a \$25 stipend.

Women called a project phone line to volunteer and were screened by the project coordinator, first to determine that they met the age criterion, and then to identify the other demographic markers necessary for determining to which group they would be assigned. A total of 426 volunteers for the 18 non-victim groups met the age criteria and 40 women volunteered for the three victim groups. Notably, we encountered an unexpectedly high number of women who reported having suffered DV and abuse in the 18 non-victim groups; approximately 25 percent. An additional 6 percent alluded to, but did not confirm, prior DV. Therefore, we were able to capture the perspectives of both victims and non-victims.

The research team trained focus group facilitators in two sessions with a curriculum that emphasized proper and consistent use of the protocol, teased out

potential problems arising from the subject matter or personal bias, and allowed us to observe role-plays in order to assess facilitator capability. The training also addressed strategies for creating rapport and encouraging open participation in the groups, including instructions for responding to women who identified themselves as victims needing assistance.

Focus groups lasted approximately two hours. Food and beverages were offered at each session. Researchers observed that participants relaxed as they began to eat and drink together. This allowed us to run two-hour groups, with one short break, without participants becoming distracted, losing interest, or tiring. At the conclusion of each session participants received information about various community resources to help women, including immigrant women, who experience DV or elder abuse. Every participant received a \$25 stipend.

With very few exceptions respondents were eager to share their ideas and personal stories with other participants and the researchers, and quite a few commented on how much they enjoyed this type of forum. Also, although we were clear in describing data collection as the reason for the groups, many respondents commented that they experienced therapeutic benefits as a result of their participation.

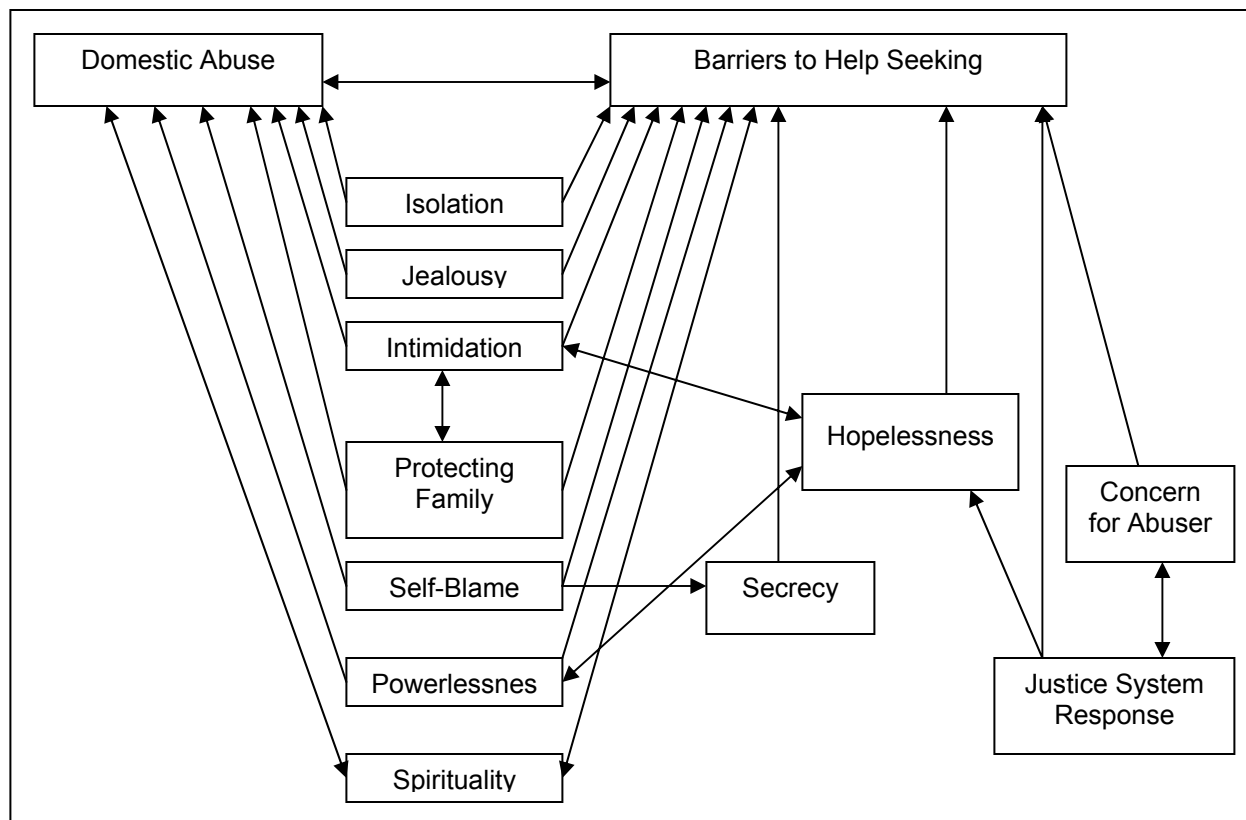
To confirm our preliminary focus group findings with professional peers we conducted a half-day meeting with 18 community professionals, including representatives from law enforcement, DV shelters, adult protective services, fire rescue, several community mental health and social service agencies, and the Miami-Dade County Domestic Violence Oversight Board. After we presented concepts drawn from initial analysis of the focus group data, workshop participants generally confirmed preliminary findings and offered valuable suggestions, which helped to guide subsequent analyses.

2. Data Analysis. Each focus group audio tape was transcribed verbatim. Parameters for coding, including establishing the mutual exclusiveness and level of specificity necessary to code quotations in the text, were discussed among team members before initial coding began. Then researchers independently coded the same transcript, after which the team met to discuss and unify their coding strategies. Researchers coded the remaining transcripts independently. However, all codes used in subsequent analyses were reviewed and agreed upon by multiple reviewers as a result of periodic cross-coder transcript reviews.

The computer assisted qualitative data analysis software program ATLAS.ti was used to organize and assist in the analysis of transcribed data. ATLAS.ti allowed us easy access to the quotations upon which codes, themes, networks, and other constructs were built, which facilitated continuous context-based checks on the meaning that respondents assigned to concepts and helped to avoid reifying concepts not contextually grounded in respondent quotations. Its ability to organize open and axial codes, provide flexible “memoing”, searching, viewing, and note-taking techniques, and its powerful relationship-mapping capabilities helped us ultimately to produce a testable theory grounded in the response patterns of respondents (see Figure 1).

The analysis protocol required that every concept reported as “grounded” in the study data be present in the transcribed texts in the form of one or more “quotations”¹. All codes in the theoretical networks that emerged were linked to respondent quotations either directly (low order codes) or indirectly (high order codes). Although the resulting model (Figure 1) resembles a path diagram, it is important to note that the relationships are theoretical. The model was derived from the data but has not yet been tested using quantitative path modeling techniques.

Figure 1. Model of Domestic Abuse and Barriers to Help-Seeking



NOTE: The association between Spirituality and both DA and BHS is not clearly one-way and may, in fact, work both ways. This also applies to the relationships between Hopelessness and both Intimidation, and Powerlessness, as well as between the Justice System Response and Concern for Abuser.

B. Key Findings

One of the most important findings of this study relates to understanding the relationship between the two constructs Domestic Abuse (DA) and Barriers to Help-Seeking (BHS) in older women who experience DV. Figure 1 shows a model of our understanding of these constructs and their relationship to the 11 concepts that

¹ A quotation is a selection of text to which one or more concept labels or “codes” can be assigned.

emerged from the DVAOW data. Seven of the identified concepts appear to be related to both DA and BHS, while the remaining four seemed more directly related to BHS.

The interrelationship between DA and characteristics of help-seeking aversion is a concept that has not been described previously in the literature on older DV victims and survivors. Several researchers have, however, described aspects of the relationship between DA and BHS in small qualitative studies with younger samples. For example, Belknap (1999) identified the resolution of moral conflict between needs of self and needs of others as contributing to the choices victims make regarding staying in or leaving an abusive relationship. She concluded, "Options chosen in the context of abuse are not freely made, but are coerced by the situation". Lutenbacher and colleagues (2003) described three themes – living an unnatural experience, the experience of telling, and the experience of leaving – that merge aspects of DA with BHS. In studies regarding women who left relationships in which they were battered, researchers found a connection between modifications in how the victim saw herself and/or the abuse, and the willingness or ability to overcome BHS (e.g., Ferraro and Johnson, 1983; Landenburger, 1989; Ulrich, 1991).

To completely appreciate the significance of this finding in older victims it is essential to understand the concept of help-seeking as expressed by DVAOW respondents. Respondents who had been abused often said that abuse had occurred over the course of *most of their adult lives*. An important implication is that women who remain in such abusive relationships have found ways of accommodating and surviving the abuse, which is consistent with Grigsby and Hartman's (1997) speculation that behaviors often ascribed to "codependency" may in fact be adaptations that allowed women to survive relationships with a violent partner.

Dienemann and colleagues (2002) observed that the goal of women who experience DV is seeking to end violence and conflict in the intimate partner relationship. They point out, however, that the current "standard" for DV intervention, usually thought to be permanent cessation of violence through leaving the relationship, may not be the ideal or appropriate solution, and in any case, does not necessarily stop the violence. This finding also was noted in an earlier study (Campbell, et al. 1998) that examined women's responses to battering in contextual and longitudinal research of a small sample of younger DV victims. Likewise, we found that, for DVAOW respondents, help-seeking often was not synonymous with ending the violent relationship, but rather with minimizing and coping with the abusive behavior.

1. Domestic Abuse. Both victim and non-victim participants were largely in agreement that there is no clear demarcation between physical DV and psychological, emotional, or verbal forms of abuse. Moreover, respondents tended to insist that the emotional component was, if anything, worse than the physical. For example, one focus group participant stated that *"...the psychological mistreatment is felt and it goes on destroying one from the inside. Many women don't know that this is worse than any other thing because it starts damaging a person's mind. Our entire life is damaged because of emotional violence."*

This idea was originally proposed by Walker (1979) who reported that battered women considered humiliation and verbal assaults to be more upsetting than physical violence, and then by Follingstad and colleagues (1990) who reported that 72% of

physically abused women in their sample stated that emotional abuse by their partner had a more negative effect than physical violence. In recent years a number of studies on emotional abuse have been reported. Kelly (2004) provided a detailed review of the psychological abuse of women literature. She noted, particularly, that although the construct of psychological abuse of women is extremely complex, information throughout the literature has been relatively consistent. Our findings confirm this for older women.

We adopted the term Domestic Abuse (DA) in this report at the suggestion of several respondents who articulated the importance of language that incorporated emotional as well as physical abuse. Therefore, DA as it is used in the current report encompasses verbal, emotional, psychological, physical, and sexual abuse,² violence, and battering. Although more research is needed, these concepts do not appear to represent a continuum, but rather different aspects of an overall behavior pattern, which may occur alone or in various combinations. This contradicts some reported research findings that characterized the change from less physical to more physical abuse as a progressive, linear process.

The concepts of physical and emotional abuse have different implications within the JS, making the definition of DA proposed by DVAOW respondents challenging to adopt. This emphasizes the need for more dialogue and research to better integrate victim needs with JS structure.

2. Barriers to Help-Seeking. The BHS construct incorporates factors that influence help-seeking behavior among older women. The literature includes reports of many studies that confirm various aspects of our model in terms of BHS. For example, Dienemann and colleagues (2002) described concepts that fit nicely into our conceptualization of *Isolation*, *Jealousy*, *Protecting Family*, and *Intimidation*. Anderson and colleagues (2003), who explored why victims don't leave an abusive relationship, or leave and then return, supported their findings based on the Model of Barriers proposed by Grigsby and Hartman (1997), which includes most DAVOW concepts. All of these studies were conducted with relatively young samples.

Two studies addressed BHS specifically in older women. Zink and colleagues (2003) organized reasons for remaining in abusive relationships into three categories: cohort effects, period effects and aging effects, all of which are consistent with our model. Also consistent with perceptions expressed by DVAOW respondents, Scott and her colleagues (2004) reported that barriers faced by all DA victims in obtaining help are multiplied in older age groups.

3. Related Concepts. Eleven concepts emerged from the data and are described below. The first seven of these appear to be connected to both DA and BHS. The last four concepts seem to relate more directly to BHS only. Additionally, although we do not believe there is any impact on the model, some concepts (*Isolation*, *Jealousy*, *Intimidation*) are "abuser driven", while others (*Protecting Family*, *Self-Blame*, *Powerlessness*, *Secrecy*, *Hopelessness*, and *Concern for Abuser*) are

² In their comments respondents implied that sexual abuse is part of domestic abuse. However while they discussed many instances (both personal and known to them) of emotional and physical abuse, there was relatively little overt discussion of sexual abuse.

better described as “victim driven”. The Justice System Response concept does not appear to fit into either of these categories.

- (1) **Isolation:** In some cases *Isolation* was self-perpetuating. Women who felt they would otherwise be alone sometimes relied on their spouse for companionship. More often, however, *Isolation* appeared to result from the husband’s controlling behaviors.
- (2) **Jealousy:** *Jealousy* in this context is a husband’s/partner’s rational or irrational fear that his wife/partner may have liaisons with one or more other men. Some women saw *Jealousy* as a provocation for abuse. Notably, *Jealousy* seemed to relate to some of the same controlling behaviors that lead to *Isolation*.
- (3) **Intimidation:** This concept describes behavior of an abuser that kept a respondent ever mindful that her spouse or partner posed a persistent danger to herself and her family. Respondents indicated that, as is the case with *Jealousy*, the type of controlling behaviors that tend to isolate women also may intimidate and coerce them into doing what the abuser wants, with the added component of personal fear. This fear, which was often palpable in respondent comments, stemmed from a concrete history of physical or psychological harm perpetrated by the abuser. DVAOW participants indicated that threats can take many forms, and need not be physical to be effective.
- (4) **Protecting Family:** This concept describes our finding that family and their responsibility for children loomed large as concerns for most women in the DVAOW study. Even for women with adult children, the relationship with offspring was important. In some cases protecting family meant that the respondent felt responsible for making sure that the abuser did not harm other family members. Some women felt that the most important aspect of protecting was to “break the cycle” of abuse; that is, to protect children from becoming abusers or DA victims in the future. Other women felt that it was important to protect the family as a unit (as opposed to individual family members) through their silence about abuse, a finding that previously has not been reported in the DV literature on older victims. These conflicting feelings are, however, consistent with Belknap’s (1999) findings in a small sample of relatively young DV victims and survivors.
- (5) **Self-Blame:** This concept describes a woman’s belief that she is responsible for and/or deserves the abuse perpetrated by her partner. Family, upbringing, and religion as well as respondents’ perceived role as women were integral parts of these feelings. Some respondents said that feelings of *Self-Blame* are exceptionally intense in older women. Additionally, there were many comments, particularly from women who had experienced violence, to the effect that abusers exploit these feelings over time, which may have the results of predisposing a woman to abuse or preventing women from seeking help. Even at times when women reported having sought help, *Self-Blame* was often a dominant emotion.
- (6) **Powerlessness:** This concept, seemingly perpetuated by ongoing abusive behavior, describes a respondent’s acceptance of the perpetrator’s total control.

Many women expressed feelings of *Powerlessness* and said that they were staying, or had stayed, in abusive relationships in part because they felt that they had little choice. Respondents gave numerous examples of controlling behavior by the spouse and many felt that abuse was a way that the abuser demonstrated his power and control over the victim. In some cases women described the act of escaping abuse or eliminating physical abuse as one of changing the power and control dynamics in the relationship.

The principal themes that respondents indicated as contributing to these feelings were relationship momentum, fears about the loss of home and support, and acceptance of their *Powerlessness*. Relationship momentum describes respondents' perception that, after a long marriage, women of their generation accepted an abusive situation and were mostly convinced that change was impossible. Some respondents noted that women of their ethnic background or age group were raised to be submissive. Immigrant women often expressed fear that they would be deported if they sought help or believed they would not qualify for services because of their immigrant status. Many respondents noted that women their age fear that if they distance themselves from their abuser they face the loss of home, economic support, and social stature.

- (7) ***Spirituality***: This concept plays an important part in the lives of the women who participated in this study. In fact, there is a fairly robust literature that documents the importance of spirituality and faith among older people in general, although this has not been extensively explored in the DV literature. Women who had not experienced DA tended to indicate that counsel and help from religious leaders would be a "first stop" if they were inclined to talk with any outsider. However, this picture was somewhat different for women who had experienced DA. Although many stated that they had talked with clergy about their abusive relationships, for the most part, these women said that they had not received help that was particularly useful to them, if they had received any help at all. In some cases consultation with clergy created a significant barrier to leaving the relationship and possibly all help-seeking activity. This is consistent with Manetta and her colleagues' (2003) finding that more battered women, compared to a non-battered group, believed church teaching contributed to DV, and Ulrich's (1993) observation that religious traditions may play a role in BHS.
- (8) ***Hopelessness***: This concept incorporates what respondents described as forces that tend to hold older women in abusive situations and effectively prevent them from seeking help, even when they are quite conscious of their abuse. *Hopelessness* seems to relate to the *Powerlessness* and *Intimidation* concepts. Many women felt that there was no help available. This took different forms, including help is not available for women their age, or help is not available for someone who *only* experiences emotional abuse. Some respondents believed there were simply no good options for older DA victims. Immigrant women felt they were presented with multiple barriers in accessing help.

- (9) **Secrecy:** This concept describes a woman's reluctance to have anyone know about how she is treated by her intimate partner. *Secrecy* seemed to be particularly urgent with women who came from a familial culture of concealment. These respondents felt that disclosure would embarrass not just themselves but their families as well. Women who felt *Self-Blame* often felt an acute need for *Secrecy*. In combination, *Self-Blame* and a motivation to keep shameful, potentially embarrassing facts secret appear to create a powerful deterrent to help-seeking.
- (10) **Concern for Abuser:** This concept describes some respondents' apparent ongoing emotional connection that makes punishment of the abuser unacceptable. Although this connection was more implied than explicit in our data, Griffing and her colleagues (2002) documented the same theme in their study of why DV survivors return to abusive relationships. They found that, compared to women leaving for the first time, participants with a history of past separations were significantly more likely to affirm continued emotional attachment to the abuser. Many DVAOW respondents felt that the abuser needed help (versus punishment).
- (11) **Justice System Response:** Statements made in virtually every group indicated that respondents clearly saw the JS as the logical or likely external resource for obtaining at least short-term and sometimes long-term assistance. Overall, four themes related to the JS were identified. *Concern for Abuser* (discussed above) and *Justice System Response* relate directly to BHS. *Justice System Response* in particular focuses on potential or actual negative consequences for older women in the JS when they experience DA. The other two themes, *Expect Help from Justice System* and *Ways to Improve Justice System*, reflect the belief that the JS can or does play a positive role in helping older women who experience DA. This apparent paradox is consistent with Dugan and colleagues' (2003) finding that policies and services designed to assist DV victims seemed to have two possible and opposing effects – either they decrease the abuse or they have the unintended result of increasing it. *Justice System Response* emerged as one of the most significant systemic BHS in the DVAOW data. Respondents spoke about concepts such as fear of police brutality toward the victim; negative thoughts about jail as a punishment; perception that arrest, restraining orders or court interventions don't help (and may make things worse); concern that police won't understand the situation; fear that police will ridicule a DA victim; and a general sense among a few respondents that police officers are "bad". For the most part respondents were acutely aware that help from the JS was likely to be temporary, either because it would only stop the immediate abuse, but not deal with underlying problems, or because they were afraid of consequences when a jailed abuser was released.

4. Other Findings

Importance of the Justice System. Another important finding from this study was that the preponderance of participants, both non-victims and victims, view the JS as

the correct and appropriate cluster of institutions to address incidents of DA. In some cases respondents even believed the JS should have a role in terms of prevention and dissemination of information about help options.

Two positive themes about the JS emerged. One of these is that older women expect [and need] assistance from the JS when they experience DA. Many women commented on the importance of engaging the JS in cases of abuse. Some women felt that abusers should be punished, and that even police excesses might be justified, while others believed that the police or the courts should play a therapeutic role. Many felt that even if the ultimate consequences were unlikely to be beneficial, the JS was still the first place to turn, especially when a woman feels endangered.

Notably, while the majority of participants agreed that emotional abuse was as bad, or worse, than physical abuse, most of the discussion on appropriate JS response focused on physical abuse incidents. Respondents were generally silent on the role of the JS when the “crime” was emotional abuse. In fact, there was a sense that emotional abuse, while terribly destructive, was not “criminal,” even among respondents who were comfortable with criminal sanctions for physical violence. Nevertheless, a few respondents did believe that emotional abuse was criminal, even if they were not clear about appropriate legal remedies. For example, one participant stated, “... *a punch, a wound, is going to heal. One bleeds but the resentment stays there. But the psychological abuse terminates you. It creates many adverse thoughts. I imagine that in this country the psychological mistreatment, many women don't know it, but [it] is the worse crime. It is the worse because you cannot see it...In this country...many women hold on without knowing that it is a crime.*”

A second theme addressed ways the JS could be improved to better meet the needs of older women, including helping victims with JS processes, placing police and court personnel who specialize in DA in neighborhood centers, and helping immigrants (which was suggested only in the Hispanic groups). For the most part, respondents believed that the justice system should do a better job of making older women aware of service and assistance that is available to them.

Abuse by Someone Other Than Spouse or Intimate Partner. Although the focus of our research was intimate partner violence against older women, a number of respondents described past or ongoing abuse from children and parents. In fact, responses to our initial probe about “everyday conflict” were as likely to describe conflict with children as with spouses or intimate partners. This theme is important because, from our analysis of the transcripts it often was not clear what distinctions, other than relationship of the perpetrator to the victim, could be made between descriptions of spousal or partner violence and violence by offspring or parents, indicating a need for new research to explain both differences and similarities.

Accommodation and Survival. Many women felt that adapting to an abusive living situation was not so much a choice as it was a means of survival. In many cases the respondents relied on their families, and especially the abuser, for financial support as well as for emotional support. Many believed that the consequences of leaving the abuser might well alienate them from other members of their families, leaving them isolated and without resources. This is a familiar concept to DV researchers. For example, Grigsby and Hartman (1997) noted that behaviors often ascribed to “codependency” may in fact be adaptations that allowed women to survive

relationships with a violent partner. Increased understanding about how this concept interacts with issues related to help-seeking in older DV victims is greatly needed and should be explored in future research.

The Impact of Age. Most of the DV studies cited throughout this report were conducted with relatively young samples. In many instances the [older] women in the DVAOW study described the same feelings and opinions about DV as the young women in these other studies. However, there were a few notable age-related differences. *Secrecy*, as described by DVAOW respondents, was a cultural and/or generational behavior. Repeatedly respondents observed that people of their generation did not air “dirty laundry”. *Concern for Abuser* also appears to be particularly strong with older women. This seemed to result partially from the length of time in the relationship, and partially from an awareness of the abusers advanced age and increasing need for assistance. Finally, *Hopelessness* seemed to have a strong age-related component which was expressed as a feeling that it might be too late, or if things had gone on “this long”, one might just as well continue to endure the abuse.

The Impact of Ethnicity and Race. The methodology used in this study lends itself better to the identification of similarities between groups rather than differences, due in part, to the emphasis on the discovery of themes and patterns in the data. It is occasionally possible to identify differences between sub-groups; however, the prevalence of differences must be interpreted with caution, since the sample is both small and non-random.

One difference was found between Hispanic and non-Hispanic women. Hispanic women often articulated that they believed there were no resources available to immigrant women, sometimes even after they became citizens. This may well relate to another finding, that Hispanic women appear to be less likely to view law enforcement or the courts as the appropriate place to seek help for problems related to domestic abuse and violence. This contrasted dramatically with non-Hispanic women, who tended to think of the courts and law enforcement as the primary source or “first line of defence” for dealing with problems of domestic violence, and sometimes even other forms of domestic abuse.

Interestingly there were no major differences found between respondents with regard to their attitudes or feelings of dependence and powerlessness or with regard to their families and children. The literature is replete with suggestions that there are major differences in these areas, but they are not apparent in our findings.

Hispanic and non-Hispanic Black women expressed more overt spirituality. They were more likely to find strength in God, and to seek help from the faith community. White non-Hispanic women expressed such sentiments with considerably less frequency.

C. Implications for Criminal Justice

This study addressed a very limited literature in the area of DV and older women by employing an ethnically and racially diverse older sample who gave voice to what it is like to experience DA as an older person. The role of the JS in responding to DA against older women was discussed in some detail in the focus group sessions. Notably, this occurred in the absence of any question about the JS, but rather in

response to a probe regarding what should happen when older women experience DA. Therefore, the frequent mention of the JS can be interpreted to reflect respondents' independent identification of the JS as the most likely place to seek help. While most of the findings are consistent with Tjaden and Theonnes' (2000) findings regarding reporting to the police (based on NVWS data), overall the DVAOW sample seemed much more positive about getting JS help, including assistance from police.

Several other DVAOW findings have major implications for the JS. Most importantly, if the relationship between DA and BHS proposed in our model is confirmed in future research it would suggest an urgent need for updated training of JS professionals as well as consideration of modifications to laws, sentencing guidelines, and law enforcement policies and procedures. Additionally, although we gained many insights from DVAOW respondents, it would be important to conduct quantitative research regarding why older women don't seek help from the JS, and further, to develop tools so that individual communities can fine-tune the JS response to DA based on the unique characteristics of their older citizens as well as the impact of state and local laws, policies, procedures and judicial culture.

II. BACKGROUND

In 1999, The Center on Aging of Florida International University (COA) completed “Elder Abuse in the Context of Intra-family Violence”, a research study that included comparison of Florida’s elder abuse intervention models with national best practices. COA researchers concluded, as has been documented elsewhere in the literature, that community response systems for elder abuse and spousal abuse function independently and are based on different intervention philosophies (Dunlop, et al., 2000). Furthermore, it seemed likely that older women who experienced domestic violence were not being served by either system.

After reviewing the literature on this phenomenon, i.e. domestic violence against older women and the community response to it, a study team from The COA and The School of Social Work (both of Florida International University) developed an exploratory qualitative research proposal in order to be able to better describe the experience of functionally independent older women who were victims of domestic violence (DV). In 2002 the National Institute of Justice awarded The COA funding to conduct the two-year study, entitled Domestic Violence Against Older Women (DVAOW).

This report describes the now completed DVAOW project.

A. Review of the Literature Cited in the Project Proposal

Violence against women is a serious criminal and public safety problem with devastating consequences for women, families and society. Traditionally considered a private, family matter, the issues surrounding such violence are increasingly being recognized and researched (e.g., CDC, 2000; Neufeld, 1996; US-DHHS, 2000; US-DOJ, 1996). Elder abuse (EA), which is generally considered a separate criminal and public safety concern (from domestic violence), also has received increasing research attention in recent years (e.g., AARP, 2000; ABA, 1998; Administration on Aging, 2000; NEAIS, 1998; US-DOJ, 1999; Wolf, 2000.). However, we found that the crossroads of these two social problems, that is, DV against older women, had received only slight notice in DV or EA research (Aronson, et al., 1995; Brandl & Raymond, 1996; Harris, 1996; Phillips, 2000; Seaver, 1996; Vinton, et al., 1997; Vinton, 1991; Wolkenstein & Sterman, 1998). Moreover, little had been done to develop responsive community prevention and intervention programs for older women who experience DV (Dunlop, et al., 2000; Grunfeld, et al., 1996; Stiegel, et al., 2000; Vinton, 1999; Vladescu, et al., 1999; Wolf & Pillemer, 1997). As Seaver (1996) notes, *“Battered older women are a silenced and invisible group. They are silenced by ageist assumptions about them as too resistant and hopeless to change or made invisible by the notion that very frail elders are the only victims of elder abuse. Women over 50, abused by partners..., are not accurately perceived and consequently not adequately helped by current domestic violence or elder abuse systems.”* [p. 3]

Some published articles, like the ones cited above, have acknowledged that many older women who experience DV are poorly served by the systems that target DV and EA, respectively, and that the attitudes and needs of this population are poorly understood. Limited case study reports focusing on older women (Aronson, et al.,

1995; Grunfeld, et al., 1996; Mitchell & Smyth, 1994; Wagner & Mondan, 1998; Wolkenstein & Sterman, 1998), and surveys or focus groups with victims and non-victims of varying ages that explored attitudes about DV (Caralis & Musialowski, 1997; Nabi & Horner, 2001; Rodriguez, et al., 1998; Stalans & Lurigio, 1995) indicated a critical need to conduct qualitative research that would comprehensively investigate relationships among factors, gather in-depth information about older women's attitudes (both victims and non-victims), understandings, and behavior regarding DV and the community's response to it, and generate grounded theories that can guide development of interventions to increase help-seeking and improve safety for victims.

EA and DV are separately defined by statute in every state. Most state systems for reporting incidents and responding to DV victims over age 65 (the age threshold varies) emphasize "protective" services to meet the needs of "abused, neglected or exploited" elders who, because of (presumed) physical and/or mental limitations, are thought to be unable to act in their own behalf. Based on the assumption of dependency, these systems were designed to mirror policies developed to protect children from familial abuse (Dunlop, et al., 2001; Wolf, 2000). In contrast, responses to spouse abuse evolved in the context of the civil rights and feminist movements and tend to focus on an empowerment model that promotes separation from the abuser, education/vocational training, employment, housing and childcare as the building blocks of safe and independent living. Today these systems share little ground, to the detriment of older DV victims.

Prevalence. Based on the National Violence Against Women Survey (NVWS) data, Tjaden and Thoennes (1998) reported that approximately 1.5 million women are physically or sexually assaulted by an intimate partner in the United States each year. The 1998 Survey of Women's Health (Collins, et al., 1999) found that 31% of women reported having experienced domestic violence by a spouse or boyfriend at some time during their lives. In a study of hospital emergency department patients in California and Pennsylvania, Dearwater and his colleagues (1998) reported an even higher rate, i.e., 36.9%. Abusers in each of these studies were spouses or other intimate partners.

Pillemer and Finkelhor (1988) interviewed 2,020 persons age 65+ and reported a victimization rate of 3.2 per 100. Using essentially the same sample size in a study of five Canadian regions, Podnieks (1992) found that four elders per 100 experienced some form of abuse. Both of these studies reported that the majority of abusers were spouses/partners. More recently, the National Elder Abuse Incidence Study (NEAIS, 1998) estimated that in 1996, 449,924 older adults were abused or neglected in domestic settings. Females were abused at a higher rate than males, even when controlling for their larger proportion in the elder population. Perpetrators were adult children or spouses in two-thirds of the incidents.

Underreporting. Virtually all research on prevalence of domestic violence and elder abuse acknowledges that underreporting masks the true number of occurrences. The magnitude of underreporting and the reasons for it have been explored in the domestic violence and elder abuse literatures. The 1998 Survey of Women's Health (Collins, et al., 1999) found that, while 75% of women who were exposed to domestic violence had discussed the incidents with a friend or relative, only 29% had discussed them with a physician or health care professional. Tjaden and Thoennes (2000) reported on findings from the NVWS that only 26.7% of women reported physical

assault by an intimate partner to the police. When asked to indicate all reasons why they did not report (more than one response was permitted), 99.7% of respondents said that the police couldn't do anything, 61.3% said police would not believe them, 34.8% wanted to protect the attacker, the relationship or children, and 32% did not want police or court involvement.

Pillemer and Finkelhor (1988) estimated that only one case of elder abuse in 14 comes to public attention. More recently the report Elder Abuse: Decade of Shame and Inaction (1990) speculated that one out of eight cases of elder abuse is reported. Most recently the NEAIS, which relied on data from local Adult Protective Services (APS) agencies and sentinel reports from local service providers, noted that only 70,942 (16%) of the estimated actual abuse incidents were reported to and substantiated by APS units (NEAIS, 1998). The report acknowledges potential omission of many older (women) victims who would not be recognized or served under the APS umbrella and/or who are isolated and have limited or no contact with community organizations.

Women's Voices. Evidence strongly suggests the need for investigation of issues surrounding domestic violence against older women with older women themselves, a strategy that was employed quite successfully in earlier studies regarding DV with younger samples. Most studies of this problem recognize that they have not fully captured the problem and that a clinically significant portion of the abuse that occurs is never known. However, the reasons and mechanics of underreporting are not well understood. For example, The Gallup Organization found 34% of women age 65 years and older responded "yes" to the question "Do you personally know of any situation where a woman has been physically abused by her husband or boyfriend?" Other age groups responded "yes" much more frequently (58% for 18-29 years; 61% for 30-49 years; 47% for 50-64 years) (Sourcebook of Criminal Justice Statistics, 1998, Table 3.39). Only 9% of respondents age 65 years and older said "yes" in response to the question "In most families, people get angry at each other for one reason or another. Thinking about your own situation, have you, yourself, ever been physically abused by your spouse or companion?" Again, other age groups responded "yes" more frequently (13% for 18-29 years; 17% for 30-49 years; 18% for 50-64 years) (Sourcebook of Criminal Justice Statistics, 1998, Table 3.40). These results are notable because, despite relatively low rates of abuse in later years, older women would be expected to have the highest cumulative (lifetime) experience with domestic violence, which is what these two questions attempt to measure.

Explanations for the different response patterns by age include the possibilities that older women are less comfortable or willing to talk about and/or report domestic violence, and that the phrasing of the survey queries did not reflect words an older woman would use to describe her own experiences with domestic violence. No one, other than older women themselves, can confirm such explanations or provide alternative ones.

More information also is needed regarding how method of evidence collection influences a women's willingness to seek help. Coker and Stasny (1995) looked at "gag" factors that impacted the NCVS estimates of rape and domestic violence and found that rape and domestic violence self-reports overall were affected by the medium of incident data-collection (domestic violence was reported 3.1 times less

frequently in telephone versus personal interviews) as well as by the presence of the spouse/intimate and others (non-abusers) at the time of the interview. In fact, domestic assault was reported 5.6 times less frequently when the spouse was present at the interview, and almost two times more frequently when a non-abusing other person was present. Notably, Coker and Stasny study did not stratify results by age of the victim, so no age-specific patterns were identified in their findings.

Clearly the distinction between elder abuse and domestic violence against older women requires additional research. Examining distinctions as well as overlap between DV and EA is an essential step toward developing appropriate community responses that will increase help-seeking and improve effectiveness of safety planning and other interventions for older women who experience domestic violence. The DVAOW study was designed to explore the complex concerns surrounding domestic violence by encouraging older women to express the issues as they see them in their own words.

B. Update to the Original Literature Review

Over the three years since we prepared our project proposal, new literature regarding DV and EA has been published and much of it has some relevance to the DVAOW study. In this section we review recent literature regarding: (1) issues related to DV in general, (2) issues related to DV and EA in older persons, and (3) an increased interest in DV and EA as healthcare and public health issues. Recent research that is more directly relevant to the findings in the DVAOW study is discussed in Section IV.

1. Issues Related to DV in General

Ethics in DV Research. Ellsberg and Heise (2002) wrote a provocative article about ethics in domestic violence research. They applied each principle in The Council for International Organization of Medical Sciences' International Guidelines for the Ethical Review of Epidemiological Studies³ to population research on domestic violence in order to heighten awareness of how research design can exacerbate risks for victims who participate in DV studies. The authors conclude: *"The inherent risks entailed in research can only be justified if the interview is used to provide information on available services and is a source of immediate referral when necessary, if high-quality data are obtained, and if findings are used to raise awareness of, and improve services for, women who experience domestic violence"*. [p. 1599]

Disclosure. In June 2003, Yoshioka and colleagues published an article in the Journal of Family Violence describing quantitative research with a sample of 62 women that compared social support profiles and disclosure of abuse across several ethnic populations. They found that older women and women who had been in the United States for a longer period of time were more likely to disclose to family members. Older women, those with more perceived social support, and those with

³ Council for International Organizations of Medical Sciences (CIOMS). International guidelines for ethical review of epidemiological studies. Geneva: CIOMS, 1991.

less frequent episodes of violence were more likely to disclose to non-family members. Importantly, they also found that women who experience the most severe abuse are the least likely to disclose their situation to anyone. The authors note that South Asian women were more likely than were Hispanic, African American, and White, non-Hispanic women to disclose to brothers and fathers who generally advised them to remain in the marriage.

Context. Two recent articles discussed the importance of understanding the context in which domestic violence occurs. Wilkinson and Hamerschlag (2004) provide a detailed summary of earlier studies regarding situational domains that were studied and/or identified in prior research. They suggest that better understanding of individual episodes of domestic violence, as well as the heterogeneity of the contexts in which such episodes occur will result in more comprehensive and useful knowledge about the problem.

The second article, written by Gondolf and Beeman (2003), compares women's actual accounts of DV experiences with tactics-based outcomes (e.g., Straus's Revised Conflict Tactics Scales; Straus, et al., 1996) in terms of usefulness in predicting risk of future violence. After coding accounts of 536 incidents of domestic violence from 299 women, the authors concluded that the components of violent incidents did not match up well to the tactics-based outcome categories. They note that the findings suggest that it may be useful to consider the accumulation of abuse and violence experience rather than discrete incidents to characterize outcomes, which is consistent with the observation that emotional abuse was described by many DVAOW participants as more difficult than physical battering.

2. Issues Related to DV and EA in Older People

Notably, an entire issue of Violence Against Women (vol.9 no.12, December 2003) was devoted to the topic of domestic violence against older women. Because of the direct relevance to the DVAOW research, most of the articles published in this issue will be discussed in the context of DVAOW findings (see Section IV).

Less specifically relevant to our study, but important in the context of both research and services for older women, were two articles directed toward social work educators and practitioners. Bergeron and Gray (2003) used case studies of support group participants to inform public discussion regarding the ethical dilemmas faced by social workers who conduct support groups for caregivers. The authors showed that participants in these groups may refer to actual abuse of a care recipient, possible abuse of a care recipient, or care recipient abuse of a caregiver. The ethical considerations regarding reporting versus not reporting disclosed situations of actual or possible abuse are discussed in order to help support group facilitators make this kind of complex decision. Importantly, the issues raised in this discussion could generalize to other types of support groups or one-on-one discussions where older or disabled adults describe at-risk relationships.

Wilke and Vinton (2003) discussed the importance of including elder domestic violence in social work curricula. They noted that sexism and ageism affect how elder domestic violence is perceived and also impact the nature of intervention (or non-

intervention). They stressed the importance of heightening awareness among social work students regarding the potential for bias. At the same time, drawing on general social work values, these authors encouraged an individualized approach to working with women in mid or later life who experience DA. Although targeting social workers in particular, the points made by the authors generalize to education in a number of fields including psychology, sociology, allied health, law enforcement, public policy and administration, and medicine.

Mouton and his colleagues (2004) reported on the use of some new and some existing data to examine prevalence and incidence (over three years) of abuse among postmenopausal women. Their study focused on both physical and emotional abuse. At baseline, 11.1 percent of respondents reported exposure to abuse within the preceding 12 month period. Of these, 2.1 percent were exposed only to physical abuse, 89.1 percent were exposed only to emotional abuse, and 8.8 percent were exposed to both physical and emotional abuse. At three year follow-up 5 percent of women reported new abuse. This study, which concludes that postmenopausal women are exposed to abuse at similar rates to younger women, involves perhaps the largest sample of functionally independent older women ever used for a study about abuse in this population. Mouton and colleagues (2004) noted that most previous research, because of its focus on frail elders, was influenced by issues of caregiver abuse and neglect, and further, that the reported findings suggest a transition in abuse risk factors for women as they age. They concluded that risk factors for abuse against functionally independent women resemble risk factors identified in traditional domestic violence research, while increased vulnerability increases risk factors generally associated with caregiver abuse and neglect.

3. Health Issues Regarding DV and EA

In 1999, Mouton and colleagues published reports of a pilot study regarding associations between health and domestic violence in older women. This study documented that DV has a negative relationship to mental and physical health. In a more recent study Mouton (2003) concluded that domestic violence continues across the life span and again documented that exposure to abuse affects older women's mental and physical health. Coker and colleagues (2002) documented that physical DV was associated with increased risk for current poor health, depressive symptoms, substance use, developing chronic disease or mental illness, and injury in a large study that included men and women up to age 65.

Two articles by Campbell focus on health effects of domestic violence in the United States. In one article (2002) she reported on her review of research on mental and physical health consequences of DV and confirmed that well designed studies have consistently demonstrated increases in health problems as a result of DV, including injury, chronic pain, gastrointestinal and gynecological signs, sexually-transmitted diseases (STDs), depression, and post-traumatic stress disorder. Furthermore, studies have shown that such effects continue even after abuse has ended. Campbell and colleagues (2002) collected primary data to document physical health consequences of DV and reported that these include an increase in gynecological, central nervous system, and stress-related problems as well as more

headaches, back pain, STDs, vaginal bleeding, vaginal infections, pelvic pain, painful intercourse, urinary tract infections, appetite loss, abdominal pain, and digestive problems. They used these data to support their recommendation for routine universal screening of women who present in medical settings with these symptoms.

In 2002 McNutt and her colleagues reported on a study of 557 women age 25-44 in which they found a strong relationship between physical symptoms and risky health behavior and past interpersonal violence, childhood abuse, and economic hardship. Recent interpersonal violence showed the strongest relationship to these negative health outcomes. Mercy and colleagues (2003) looked at domestic violence and health in a global context by examining the cross-cultural literature on this relationship. This literature consistently showed that health and social consequences of domestic violence include not only death and injury, but serious physical, mental health, and developmental outcomes as well. The authors made an urgent plea for new focus on violence prevention.

Two articles addressed the need for professionals in various health settings to take more assertive steps to identify and assist DV victims. Scales (2004) talked about this kind of role for nurses in perianesthesia settings, and Hamberger and colleagues (2004) described the need for healthcare provider training to identify and help DV victims. The Hamberger article took a detailed look at outcomes of successful training initiatives for healthcare professionals.

Mandatory reporting of DV injuries to police has direct implications for how successful healthcare professionals may be in diagnosis and treatment of DV. Rodriguez, Sheldon, and Rao (2002) conducted telephone interviews with 358 female patients enrolled in a health network to examine women's preferences regarding mandatory reporting by medical clinicians and further, to examine the influence of certain demographic factors on reporting preferences. They found broad support among abused women for healthcare professionals to report DV-related injuries to police, but only if the victim's wishes about reporting can be considered. They identified no significant differences in reporting preferences by ethnicity, marital status, education, employment or the presence of children in the home. However, women who had been abused recently were more likely than women who had been abused in the more distant past, younger women were more likely than older women, and women whose primary language was English were more likely than Spanish speakers to oppose mandatory reporting. Smith and Winokur (2004) used logistic regression analysis to explore demographic, situational, and legal factors that impact battered women's views about mandatory reporting. They found that the factor "willingness to seek medical care in communities with a mandatory reporting law" produced statistically significant differences in battered women's views based on demographic, situational, and legal characteristics. As a result of these findings, and similar findings in other studies (e.g. Rodriguez, et al., 2002) Smith and Winokur (2004) recommended consideration of non-legal alternatives to assist domestic violence victims who are not ready for a response from law enforcement.

III. RESEARCH METHODS

In the current study the researchers sought to increase knowledge and understanding regarding domestic violence against older women by allowing older women themselves to speak about how they define domestic violence; their views about causes, reporting, interventions and consequences for perpetrators; factors that deter or prevent help-seeking from public safety, law enforcement, the courts, social service and healthcare agencies; and elements of outreach and intervention strategies they see as acceptable and/or desirable.

To accomplish this goal we employed focus groups of varying demographic compositions to explore relationships, to gather in-depth information about attitudes, understanding, and behavior, and to begin generating grounded theory that subsequent research will investigate, a methodology that has been used successfully in qualitative studies of younger DV victims as well as a number of other types of social problems. The process of collecting and analyzing the data, obtaining feedback on initial findings, developing a model for understanding domestic violence against older women from grounded theory suggested by the data, and conducting preliminary model testing through focus groups and expert critiques is described in this section.

A. Data Collection

1. Initial Focus Groups

a. Focus Group Protocol. The focus group protocol was crafted to ensure that useful information was elicited while maintaining sensitivity to the emotions, privacy, and culture of the women involved. The researchers focused probes around basic topics intended to elicit data needed to answer the research questions. Topics included setting the stage, defining normal vs. aberrant, further exploration of the language of domestic violence, causes, telling someone, getting help, and consequences for perpetrators. In order to understand participants' concept of unacceptable violence in intimate relationships, group discussions began with a probe asking participants to describe "normal" conflict in intimate relationships. Responses to this probe helped frame our understanding of how different women identify the threshold where conflict becomes abusive.

A draft protocol was tested with a group of employees and students in the School of Social Work at Florida International University. The team analyzed a transcription of the audio-taped session to determine how effective the prompts were in eliciting responses to the research questions and to identify any aspect of the protocol that was uncomfortable, inappropriate, or seemed in any way awkward for the facilitator or the participants. Slight modifications were made and we confirmed that nominal group technique was not necessary since women opened up relatively easily and the moderator was able to control discussion flow effectively with a less structured approach.

During facilitator training we had additional opportunities to test the protocol and some further modifications were made after the training. A copy of the final focus group protocol is included as Appendix A.

b. Initial Focus Group Sample. In order to maximize variation in the sample, four variables were selected as determinates of group composition: age, annual income, race/ethnicity, and previous identification as a victim, as shown in Table 1. We employed this maximum variation sampling approach to enhance capture and description of central themes or principal findings that cut across participant variation. By including in the sample individuals who might be expected to have had strikingly different experiences and attitudes it was possible to describe more thoroughly significant common patterns within that variation and to identify the full range of potential responses.

Ideally this stratification plan would have resulted in the following groups:

- a) Three racial/ethnic groups selected to represent the largest sub-groups in the local population: Hispanic⁴, Black non-Hispanic, and White non-Hispanic. Black non-Hispanic and Hispanic populations are of particular interest because they are projected to grow dramatically over the next 30 years – 164 percent for African-Americans and 342 percent for Hispanics (of all countries of origin) – compared to 77 percent for White non-Hispanics (*A Profile of Older Americans*, 2003, p.3). They already represent a relatively high percentage of the local population in comparison to other communities (62 percent Hispanic, 11 percent Black non-Hispanic and 25 percent White non-Hispanic in Miami-Dade County; compared to 5 percent Hispanic, 8 percent Black non-Hispanic, and 82 percent White non-Hispanic nationally (US Bureau of the Census, 2001).
- b) Three age cohorts selected to represent distinct generational groups: baby boomers (45-59), the currently un-served or under-served older population (60-74), and the population most likely to be frail and vulnerable, and therefore, to be currently served at least partially by the Adult Protective Services system (75+).
- c) Annual income selected to represent women with individual incomes above or below \$14,856 (rounded to \$15,000 to simplify screening), the level set by the Health Care Financing Administration for Qualifying Individuals (2) (*Dual Eligible Income Limits Based on Percentage of Federal Poverty Level*, 2000) as an approximation for poverty (versus above poverty).

⁴ Approximately 81% of Hispanics age 60+ living in Miami-Dade County are of Cuban descent (Condon, 2001). Therefore it is likely that most older Hispanic women who experience domestic violence would likewise be of Cuban descent. The number of U.S.-born Hispanics in the target population (≥45 years old) is negligible.

Table 1: Initial sampling plan

Black non-Hispanic Age 45-59, AI ≤ \$14,856	1	White non-Hispanic Age 45-59, AI ≤ \$14,856	7	Hispanic Age 45-59, AI ≤ \$14,856	13	19 Victims Age 45-59
Black non-Hispanic Age 45-59, AI > \$14,856	2	White non-Hispanic Age 45-59, AI > \$14,856	8	Hispanic Age 45-59, AI > \$14,856	14	
Black non-Hispanic Age 60-74, AI ≤ \$14,856	3	White non-Hispanic Age 60-74, AI ≤ \$14,856	9	Hispanic Age 60-74, AI ≤ \$14,856	15	20 Victims Age 60-74
Black non-Hispanic Age 60-74, AI > \$14,856	4	White non-Hispanic Age 60-74, AI > \$14,856	10	Hispanic Age 60-74, AI > \$14,856	16	
Black non-Hispanic Age 75+, AI ≤ \$14,856	5	White Non-Hispanic Age 75+, AI ≤ \$14,856	11	Hispanic Age 75+, AI ≤ \$14,856	17	21 Victims Age 75+
Black non-Hispanic Age 75+, AI > \$14,856	6	White Non-Hispanic Age 75+, AI > \$14,856	12	Hispanic Age 75+, AI > \$14,856	18	

The sample size was a product of the number of multi-factor cells in the research design, each of which represents a focus group, multiplied by the number of participants in each focus group (see Table 2).

c. Subject Recruitment. Initial recruiting focused on women who to our knowledge had not previously identified themselves as domestic violence victims or survivors. Volunteers from this recruitment initiative participated in groups 1 through 18. We then used criterion-related case sampling to assemble three focus groups with women previously identified themselves as domestic violence victims after age 45.

Several strategies were used to recruit volunteer participants for the non-victim focus groups. The most successful recruitment approach for Hispanics of all ages, White non-Hispanics of all ages, and Black non-Hispanics in the youngest group was advertising in the community activity section of the primary local newspaper (i.e., *The Miami Herald* and *El Nuevo Herald*)⁵, which is published bi-weekly in this daily newspaper. Advertisements stated that we were interested in talking with women age 45 and older about conflict in intimate relationships, and that each participant would receive \$25.00 for time and travel reimbursement. The number of the project telephone line was published. Similar ads appeared in several weekly Spanish language newspapers and weekly newspapers serving the Black non-Hispanic communities in the county. Additionally, volunteer recruitment flyers were posted in common areas at senior activity centers and senior housing facilities. A third strategy, which produced very few volunteers, was to contact clergy in various denominations by mail and ask them to post enclosed flyers about the research where their congregants were likely to see them.

For victim group subject recruitment we made personal contact with agencies in Miami-Dade County that provide services to domestic violence victims (of any age). These agencies were asked to post flyers regarding the research. Additionally a few agencies were willing to mail information about the project (along with a form indicating consent to be contacted) to their current and/or former clients in the target age range. Initially we described the topic for these groups as domestic violence against older

⁵ There was no cost to publish these notices.

women. Because of the very poor response, we rewrote the project description and flyers using the same neutral language – conflict in intimate relationships – we had used successfully for the non-victim group. This improved the victim recruitment somewhat.

Women who called in to volunteer were screened by the project coordinator, first to determine that they were at least 45 years of age, and then to identify the other demographic markers we would need to determine to which group they would be assigned. Additionally, women were asked how they found out about the project so that we would have information about the effectiveness of the various recruitment strategies used.

For the most part the recruitment strategies were successful. A total of 426 women who met the age criteria volunteered to participate in the non-victim groups. However, none of these strategies was very successful in recruiting for the oldest groups, particularly for minority respondents. For this reason groups 5 and 6 (high and low income for Black non-Hispanic women age 75+), were combined as were groups 17 and 18 (high and low income for Hispanic women age 75+).

Victims proved relatively difficult to recruit, and as expected older victims were the most challenging to identify. In fact we had only 40 volunteers for the three victim groups. As a result these groups were reformulated (originally respondents were to be grouped based on age cohort) to make the best combinations of available participants. Group 19, which included victims between 45 and 59 years of age, was conducted twice – one time in English and one time in Spanish. All participants in the non-Hispanic group 19 were Black. Group 20 and 21 were combined to include all Hispanic volunteer participants over age 60. Although there were enough White non-Hispanic women to form one small group, they lived all over the county and had conflicting schedules. We were unable to identify a time and place that would accommodate more than two of the nine White non-Hispanic victim volunteers.

We believe, however, that the potential negative impact of this challenge (i.e., recruiting victims) on the data was mitigated by the fact that we encountered an unexpectedly high number of women who reported having suffered domestic violence and abuse in the 18 non-victim groups; approximately 25 percent of women in these groups reported having experienced domestic violence in their intimate partner relationships. An additional 6 percent alluded to, but did not confirm, prior DV. Therefore the recruiting challenge for the victim groups did not significantly compromise our ability to capture both non-victim and victim perspectives.

Two focus groups, 1 and 13, were repeated due to problems with the moderator.⁶ The total sample for the initial 21 focus groups was comprised of 134 women between the ages of 45 and 85.

Actual stratification of the study sample is shown in Table 2 below.

⁶ In both cases the original group and the “make up” group sessions were transcribed, coded and analyzed. Although there were concerns regarding facilitation of the original groups, we did not want to exclude relevant comments elicited through protocol-related queries.

Table 2: Stratification of the actual sample

Group #	Description	# Participants
1a	Black non-Hispanic, 45-59, Inc < \$15,000	9
1b	Black non-Hispanic, 45-59, Inc < \$15,000	5
2	Black non-Hispanic, 45-59, Inc > \$15,000	5
3	Black non-Hispanic, 60-74, Inc < \$15,000	8
4	Black non-Hispanic, 60-74, Inc > \$15,000	6
5/6	Black non-Hispanic, 75+, any income	7
7	White non-Hispanic, 45-59, Inc < \$15,000	6
8	White non-Hispanic, 45-59, Inc > \$15,000	6
9	White non-Hispanic, 60-74, Inc < \$15,000	9
10	White non-Hispanic, 60-74, Inc > \$15,000	11
11	White non-Hispanic, 75+, Inc < \$15,000	8
12	White non-Hispanic, 75+, Inc > \$15,000	8
13a	Hispanic, 45-59, Inc < \$15,000	8
13b	Hispanic, 45-59, Inc < \$15,000	5
14	Hispanic, 45-59, Inc > \$15,000	7
15	Hispanic, 60-74, Inc < \$15,000	4
16	Hispanic, 60-74, Inc > \$15,000	7
17/18	Hispanic, 75+, any income	3
19a	Victim Hispanic, 45-59	5
19b	Victim Black non-Hispanic, 45-59	4
20/21	Victim Hispanic, 60+	3
TOTAL		134

d. Protection of Human Subjects and Informed Consent. The research protocol and informed consent forms were approved by Florida International University's (FIU) Institutional Review Board for the Protection of Human Subjects. One notable feature of our approach to ensuring confidentiality was our decision to allow women to use any name they preferred. This option clearly added comfort, as at least several women in each group selected a pseudonym. Moreover, with the exception of group 5/6⁷, women in each session had not previously met, which some respondents indicated added greater comfort. In order to keep consistent records, participants were asked to use the same name or pseudonym on all consent forms they completed. To further support the sense of privacy and confidentiality, participant stipends were paid in cash so that we didn't need to maintain any personally-identifying information on any respondent.

Each participant had three forms to sign at the focus group session. Before the session began participants were asked to read and sign informed consent to participate in the focus group. Participants were encouraged to ask questions regarding anything they didn't understand or feel comfortable with in the consent form. The tape recorders were not turned on and no session started until all questions were answered and all consent to participate forms had been signed.

Two additional forms were introduced at the end of each focus group session. As previously noted, FIU allowed the researchers to provide cash stipends (\$25) to participants. However, in order to account for all cash disbursed, each participant who accepted the stipend (one participant did not) had to sign a form indicating they had received the cash payment. Participants also were asked to sign a "consent to be

⁷ All participants in group 5/6 attended the same senior activity center.

contacted in the future” form if they were interested in participating in future phases of the research. Most participants signed this form.

e. Focus Group Facilitator Selection and Training. Facilitators were members of the research team or experienced focus group facilitators recruited from the University and professional communities. The research team trained focus group facilitators in two formal sessions. The curriculum emphasized proper and consistent use of the protocol and teased out and addressed potential problems arising from the subject matter or personal bias. The training also addressed strategies for creating rapport and encouraging open participation in the groups in anticipation of some reluctance on the part of participants to candidly discuss the issues of domestic violence against older women, and included instructions for responding to women who identified themselves as victims needing assistance. In the second session each prospective facilitator was asked to play the role of facilitator with other facilitator trainees acting as participants. The researchers observed these role plays and several potential facilitators were eliminated from further consideration at this point, mainly because they used a therapeutic approach to facilitation and were unable to change to the approach needed for successful data collection. A copy of the facilitator training handbook is attached as Appendix B.

Researchers planned to conduct each focus group in the primary spoken language of the participants. Even Hispanics who have lived in the United States for a long period typically mix English with their Spanish, so it was important for Hispanic group facilitators to be bilingual, enabling participants to express themselves in whatever language they felt most comfortable. Initially we recruited facilitators who would approximately match focus group participants on age and race/ethnicity. However, after conducting two groups where facilitators who had been trained for the project nevertheless used leading or otherwise inappropriate probes, we decided that the most important—and difficult to meet—criterion for the facilitators was skill in terms of data-collection oriented group facilitation.

In our initial plan, each focus group was to be attended by a facilitator and an assistant. However, because of the number of technical details, including payment and “catering” we decided that it would be best for a female team member and the bilingual project coordinator to attend all sessions, in addition to the facilitator. These members of the research team shared the assistant’s responsibilities, which included taking notes and operating the two audio recording devices that were used at each session. When the facilitator was a team member the project coordinator handled all of the assistant’s tasks.

f. Initial Focus Group Data Collection. Focus groups were conducted in community facilities that were centrally located for each group and were available at no cost. Settings included senior centers, community centers, or other comfortable locations. Sessions were always conducted in a completely private area, in most cases an enclosed room with a door. Food and beverages were offered at each session, which helped ease the potential formality of the situation and researchers observed that participants relaxed as they began to eat and drink together. This allowed us to run a two-hour group, including one short break, without participants

becoming distracted, losing interest, or tiring.

Focus groups lasted between one-and-one-half and two-and-one-half hours. At the beginning of each session participants were informed that a member of the research team would provide short-term case management and service referrals if they were needed. Only one participant requested assistance following a group session. This woman, a stalking victim, already had obtained an order of protection. She chose not to pursue any counseling or other additional interventions (beyond the OOP). In a follow-up conversation approximately six months after her focus group participation she said she was still somewhat frightened and was planning to move as soon as another apartment in her “complex” became available, a solution that she believed would help her feel less threatened. She did not, however, feel that she could handle leaving her immediate neighborhood.

At the conclusion of each session all participants were provided with packets of information about various resources available in the community to help women, including immigrant women, who experience domestic violence or elder abuse. The packets were prepared in Spanish for Hispanic groups. The information packet materials (in English) are included in Appendix C.

With very few exceptions respondents participated enthusiastically in the focus groups. They were eager to share their ideas and personal stories with other focus group participants and the researchers, and quite a few commented on how much they enjoyed this type of forum. Many exchanged telephone numbers at the end of the sessions, indicating that they wanted to continue the dialog that began during the focus group. Additionally, although we were clear in describing data collection as the reason for the focus groups, many respondents commented that they experienced therapeutic benefits as a result of their participation.

2. Workshop with Community Professionals

Qualitative findings are considered more credible when they can be confirmed by “peer debriefers” (Byrne, 2001; Newman, 1998). To that end, in June 2004 we conducted a half-day meeting of community professionals regarding the issues surrounding domestic violence and older women as a forum for sharing tentative findings of the initial focus group data analysis. The 18 attendees included representatives from law enforcement, domestic violence shelters, Adult Protective Services, fire rescue, several community mental health and social service agencies, and the Miami-Dade County Domestic Violence Oversight Board.

In addition to explaining the research project design, we presented concepts drawn from initial analysis of the focus group data to workshop participants. These included:

- a) In defining/describing domestic violence (DV), women in our study identified verbal/emotional abuse as equally or more damaging than physical violence, described fear as a predominant emotion, and a number of respondents described DV as potentially life-threatening.
- b) Focus group participants speculated on the causes of DV, which they often attributed to family history, communication problems between intimate partners, and abuser characteristics. Participants named aging-related causes

such as Alzheimer's disease, as well as characteristics that also affect younger populations such as addiction, unemployment, or immigration status.

- c) The most frequently described desirable/effective interventions included counseling, therapy, talking with a close friend, spiritual coping, discussion groups, and calling 911 in life-threatening situations.
- d) Many participants talked about interventions and therapies as the most desirable/appropriate consequences for perpetrators, and legal sanctions or incarceration were generally considered desirable only "if all else fails".
- e) Participants described pressure to protect family or keep family together, economic dependence, shame/embarrassment, submissiveness, fear, and ignorance of available help as BHS. Notably, while many participants believed that there was plenty of help available in the community other participants believed there were no community resources for older women who experience DV.

Workshop participants generally confirmed initial findings and offered valuable suggestions, which helped to guide subsequent analyses. Important comments made in the course of the discussion included:

- There was a general perception among community providers that organized religion, particularly the more "orthodox" or fundamentalist, is not supportive of legal and community interventions for women who experience DV. This confirmed the descriptions by some participants of results of help-seeking from clergy. However, many participants did speak about spirituality, prayer, and belief in God as being useful to DV victims.
- Community agencies confirmed that, in some cases, adult children dissuade a parent who experiences DV from leaving the relationships.
- A representative from the Public Defender's office noted that some victims are not happy with the manner in which they are "listened to" by intervention agencies and may therefore decide not to report again. This person also noted that state law now requires police to arrest an abuser, taking away the victim's discretion regarding legal intervention. He said that while this criminalizes domestic violence, it may be problematic because of "social issues", as has been documented in the DV literature.
- Representatives from several police departments (there are 27 PDs in Miami-Dade County) confirmed focus group participants' assertion that having a spouse or partner arrested was upsetting and that what they really want is for the abuser to calm down. In other words, law enforcement intervention is a temporary, and sometimes questionable, solution for present violence.
- One police officer noted, "It is hard for the police to deal with abusers, especially the very old ones. How do you deal with a 70-something year old man who is trying to hit you with a bat?"

- During a discussion of barriers to help-seeking, workshop participants confirmed focus group data results, i.e., that even when women know about available help, there are other barriers; the “messenger” and how the message is delivered may influence willingness to accept service based on perceptions and fears regarding loss of privacy or independence, or immigration status.

B. Analysis of Focus Group Data

Each focus group audio tape was transcribed verbatim into written text. Sessions conducted in Spanish were transcribed in Spanish and then translated into English by a bilingual translator, thus producing two sets of transcripts for each focus group conducted in Spanish. This allowed Dr. Beaulaurier and the project coordinator, both of whom are bilingual (English/Spanish), to monitor the quality of translations. There were obvious advantages to having all transcripts in a common language for coding. However, having access to transcripts in Spanish had the advantage of allowing the researchers easy retrieval of the idioms and expressions that Spanish-speaking respondents used. This will be of considerable use as we translate the instrument that we developed in English (see Appendix D) to Spanish for future research.

As previously noted, the computer assisted qualitative data analysis software program ATLAS.ti⁸ was used to organize and assist in the analysis of transcribed focus group data. Analysis proceeded in several stages. After some basic training in the use of ATLAS.ti, and discussion of coding parameters, including establishment of mutual exclusiveness and level of specificity necessary to code quotations in the text, researchers independently coded the same initial transcript. Once the first transcript had been coded, the team met to discuss and unify their coding strategies. When a strategy had been agreed upon, researchers coded the remaining transcripts independently. However, coded transcripts were reviewed periodically in order to assure that the researchers remained in agreement about the basic coding strategy and to eliminate redundant codes. During these periodic meetings emerging themes were reviewed. As a result, all codes used in subsequent analyses had been checked and agreed upon by multiple reviewers.

The initial coding procedure was essentially the process of breaking the transcript down into a series of quotations and assigning one or more codes or concept labels to each quotation. Most codes named concepts that emerged from the focus groups (i.e., “open” codes) and, as often as possible, respondents’ own words were used (i.e., “in vivo” codes). A few codes were developed *a priori* from a review of the literature (i.e., “theoretical” or “axial” codes). Whether codes were developed *a priori* or from open coding, the procedure for assigning codes to quotations was virtually identical.

⁸ For more information on ATLAS.ti, see the developer's internet homepage, <http://www.atlasti.de/atlasneu.html>. The relative advantages of this particular program for the proposed research are well described in Barry, CA (1998). "Choosing Qualitative Data Analysis Software: ATLAS.ti and NUDIST Compared." *Sociological Review Online*, 3(3). Available (Online) www.socresonline.org.uk/socresonline/3/3/4.html; and Drisko, JW (1998). "Using qualitative data analysis software." *Computers in Human Services*, 15(1):1-19; and Weitzman, EA (1999). "Analyzing qualitative data with computer software." *Health Services Research*, 34(5).

The next phase of analysis was to develop themes emerging from initial coding of the data. Themes regarding definitions and meanings of domestic violence, language used to describe it, causes, attitudes about reporting, preferences and appropriateness of potential intervention strategies, help-seeking behaviors, BHS, consequences for perpetrators, motivations for change, and other concepts were identified and explored using established qualitative procedures.

One advantage to the use of ATLAS.ti is that it allowed us easy access to the quotations upon which codes, themes, networks and other constructs were built. This facilitated continuous context-based checks on meaning that respondents assigned to concepts, and helped to avoid reifying concepts not contextually grounded in respondent quotations. This became especially important as higher order concepts and themes emerged from initial coding, potentially distancing the language and meaning assigned to focus group participants' words.

In addition to aiding and organizing open and axial codes and providing flexible "memoing", searching, viewing and note-taking techniques, ATLAS.ti contains powerful relationship-mapping capabilities. In the later phases of analysis this allowed us to explore linkages between codes, generate themes, map relationships and ultimately to produce a testable theory grounded in the response patterns of respondents.

IV. FINDINGS

Developing a theoretical foundation for future research has been an important goal of this project. The data were extremely rich and our analysis approach enabled us to identify a number of important issues and themes. Iterative analyses and discussion among team members led to development of the model described below in Section IV.A. In addition to the model, several other themes emerged in the analyses. These will be discussed in Section IV.B.

A. Model Development

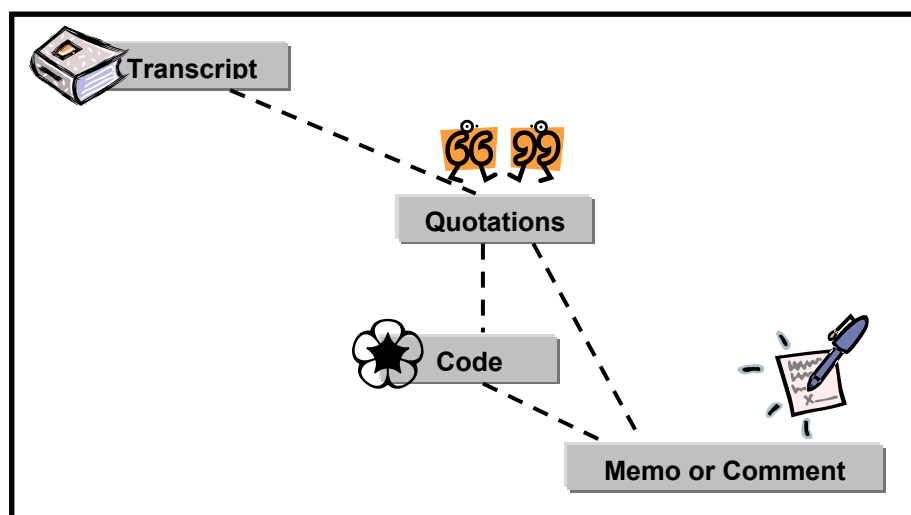
The analysis protocol required that every concept reported as "grounded" in the study data needed to be present in the transcribed texts in the form of one or more "quotations"⁹. The early stages of analysis essentially broke up transcripts into quotations that could be assigned codes¹⁰ or "memos", i.e., comments about a quotation, code, primary document, etc. (Strauss, 1987; Corbin, 1990) written by the researchers. Our analysis focused primarily on the relationship between codes and quotations.

The connection between transcripts (primary documents), quotations, codes, and memos are hierarchically arranged as shown in Figure 1.

⁹ A quotation is a selection of text to which one or more concept labels or "codes" can be assigned.

¹⁰ Also called "categories" by some authors (e.g., Corbin, 1990 #1744).

Figure 1: Relationship between objects in ATLAS.ti



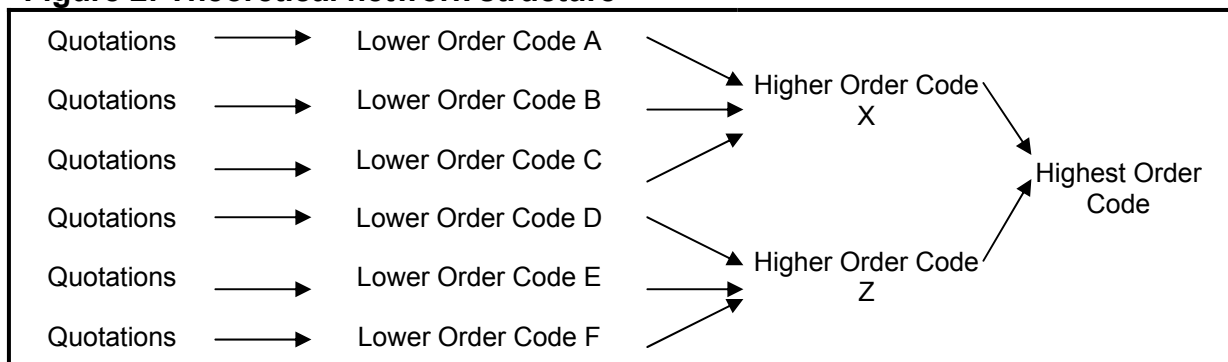
From: Macgowan, M, and Beaulaurier, RL (2005). "Using qualitative data analysis software in teaching about group work practice." *Journal of Teaching in Social Work*, 25(1/2).

Corbin and Strauss (1990) note that in qualitative grounded theory research "...Every concept brought

into the study or discovered in the research process is at first considered provisional. Each concept earns its way into the theory by repeatedly being present in interviews, documents, and observations in one form or another - or by being significantly absent..." As described above, operationally, we accomplished this by creating codes that were attached to quotations. In order for codes to "earn" their way into the theory it was necessary for them to be attached to multiple quotations from multiple respondents.

Lower order codes were linked directly to quotations. Higher order or more abstract codes are concepts that were linked to other, lower-order codes, rather than directly to quotations. The highest order codes were linked to other high level codes which were linked to lower order codes, which were linked to quotations, thus forming a theoretical network (see Figure 2 below). Therefore, all codes in the theoretical networks that emerged from this analysis are linked to respondent quotations either directly (low order codes) or indirectly (high order codes). Although the resulting model (see Figure 3) resembles a path diagram, it is important to note that the relationships are theoretical. The model was derived from the data but has not yet been tested using quantitative path modeling techniques.

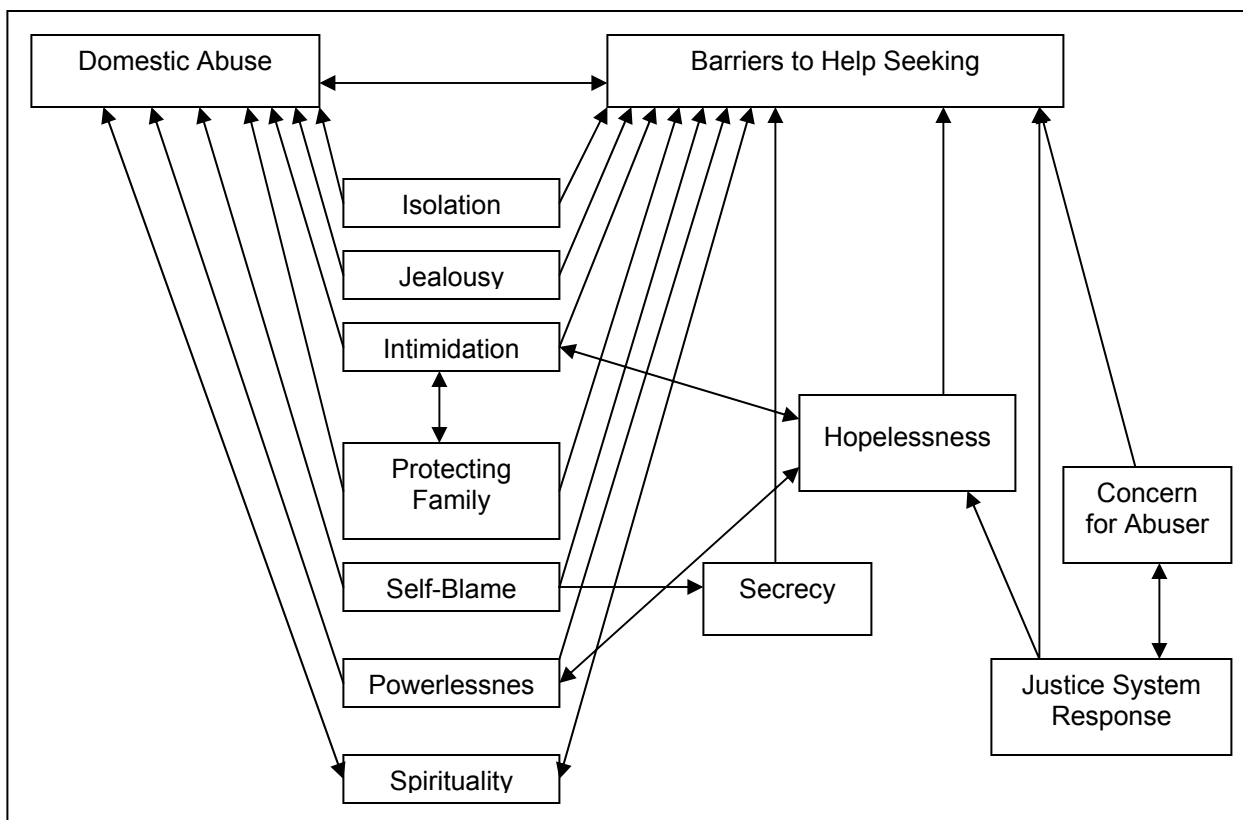
Figure 2: Theoretical network structure



1. Domestic Abuse and Help-Seeking Behavior

Our model (see Figure 3 below) identifies concepts that describe the experience of Domestic Abuse (DA), Barriers to Help-Seeking (BHS), and possible relationships between these concepts. A few recent studies have examined factors associated with DV, which are generally consistent with Figure 3. For example, Schofield and colleagues (2002) looked at four domains used in the Hwalek-Sengstock Elder Abuse Screening Test – vulnerability, dependence, dejection, and coercion – and confirmed relationships between indicators of these domains and elder abuse. Although DVAOW participants did not articulate the concept of vulnerability, the other three domains clearly relate to variables shown in Figure 3. Clements and colleagues (2004), who examined coping, perceived control, dysphoria, hopelessness, and self-esteem in a small sample of DV victims found that, after controlling for the effects of abuse severity and low self-esteem, self-blame uniquely contributed to dysphoria, and high expectations for control of future abuse uniquely contributed to hopelessness. Both Self-Blame and Hopelessness are strong concepts that emerged from the DVAOW data.

Figure 3. Model of Domestic Abuse and Barriers to Help-Seeking



NOTE: The association between Spirituality and both DA and BHS is not clearly one-way and may, in fact, work both ways. This also applies to the relationships between Hopelessness and both Intimidation and Powerlessness, as well as between the Justice System Response and Concern for Abuser.

One of the most important findings of this study relates to understanding the relationship between the themes of Domestic Abuse and Barriers to Help-Seeking. The model shown in Figure 3 depicts our evolving understanding of these two constructs and their relationship to the 11 concepts that have emerged from analyses of the DVAOW data. Seven of the concepts identified in the data appear to be related to both Domestic Abuse and Barriers to Help-Seeking. The interrelationships between DA and characteristics of BHS aversion is a concept that had not been described previously in the literature on older DV victims and survivors.

Several researchers have described aspects of the relationship between DA and BHS in reporting on small qualitative studies that focused on younger samples. For example, Belknap (1999) identified the resolution of moral conflict between needs of self and needs of others as contributing to the choices victims make regarding staying in or leaving an abusive relationship. She concluded, "Options chosen in the context of abuse are not freely made, but are coerced by the situation". [p. 402] Lutenbacher, et al. (2003) described three themes – living an unnatural experience, the experience of telling, and the experience of leaving – each of which merges aspects of experiencing DA with BHS.

To completely appreciate the significance of this finding in older victims it is essential to understand the concept of help-seeking as expressed by DVAOW respondents. Respondents who had been abused often said that abuse had occurred over the course of *most of their adult lives*. An important implication is that women who remain in such abusive relationships have found ways of accommodating and surviving the abuse, which is consistent with Grigsby and Hartman's (1997) speculation that behaviors often ascribed to "codependency" may in fact be adaptations that allowed women to survive relationships with a violent partner.

This characteristic of many DVAOW respondents stands in contrast with accepted DV intervention practices, which are geared primarily to eliminating abuse by removing victims from contact with their abusers. For the DVAOW women, help-seeking often was not synonymous with ending the violent relationship, but rather with minimizing and coping with the abusive behavior, an idea discussed by Dienemann and colleagues (2002). In a published report regarding their test of a DV survivor assessment tool, they stated that the goal of women who experience DV is seeking to end violence and conflict in the intimate partner relationship. They noted, however, that the current "standard" for DV intervention, usually thought to be permanent cessation of violence through leaving the relationship, may not be the ideal or appropriate solution, and in any case, does not necessarily stop the violence, ideas clearly expressed by DVAOW focus group participants. This finding also was noted in an earlier study (Campbell, et al. 1998) that examined women's responses to battering in contextual and longitudinal research on a small sample of younger DV victims. These authors reported that "a process of achieving nonviolence was identified for most of the participants, although relationship status did not necessarily correspond to abuse status, and there was continued abuse after leaving the relationship." [p.743]

2. Domestic Abuse

One of the major findings from the DVAOW study is that both victim and non-victim participants were largely in agreement that there is no clear line of demarcation between physical domestic violence and psychological, emotional, or verbal forms of abuse. The quotations below were selected from many examples of this assertion in DVAOW focus groups:

But, you know, mental cruelty can hurt just as much, if not more so. You know, a bruise can heal. A physical bruise on the skin can heal, but emotional scars take a lot longer to heal. They're inside, see. They're not outside. It's like when you have an operation, the stitches on the outside heal much faster than the stitches inside, because the inside stitches are not exposed to air, oxygen. Well, mental cruelty can be just as bad as physical violence.

Domestic violence is like in a situation -- it's not just physical. It's emotional...it's manipulation, it's control, it's criticism, pickiness, what they call crazy-making. It's all of that. And I was in it, and I was never hit. (W)

Moreover, while respondents clearly understood the distinction between physical and emotional abuse, they tended to insist that the emotional component was, if anything, worse. This notion was originally proposed by Walker (1979) who reported that battered women she had interviewed considered humiliation and verbal assaults to be more upsetting than physical violence, and then by Follingstad and colleagues (1990) who reported that 72 percent of physically abused women in their sample stated that emotional abuse by their partner had a more negative effect than physical violence. Henning and Klesges (2003) stated that the findings from their study of prevalence and correlates of psychological abuse in a sample of 3,370 court-involved, battered adult women demonstrated a need for continued evaluation of psychological abuse, independent of physical violence, to better understand its impact on victims. Both of these samples were composed of relatively younger women. DVAOW respondents made many related observations like the following two examples:

Domestic violence that **V**¹¹ just talked about, when it's mental, I think it is worse than physical, because the mental part doesn't go away. You can hide the physical part, or you can make excuses for the parts that show, but mentally, you can't hide it. You can try going around laughing and being nice, but in your heart you're breaking, you're hurting, you're screaming for somebody to help you. But you don't know who to scream to, who to go to, nothing. (W)

The psychological mistreatment is felt and it goes on destroying one from the inside. Many women don't know that this is worse than any other thing because it starts damaging a person's mind. Our entire life is damaged because of emotional violence.

This is not to say that they found physical violence acceptable. Rather their comments often seemed to be related to how important and unrecognized they felt the problem of non-physical abuse was. For example:

¹¹ When a respondent's name is mentioned, or when a quote captures more than one speaker, a bold initial is used to identify names, while retaining confidentiality.

Violence to me is more than – I mean, when you say violence, you mean physical abuse. There's many people who've never had physical abuse, which I have never had. You could do a heck of a lot by talking, innuendo, all sorts of things. And it's much worse than physical abuse...But they want to see bruises and the black eye and the teeth knocked out. (W)

...Whoever is on the receiving end of the abuse is still being abused. So they're being hurt. So there is no justification for hurting people in any regard, whether it's verbally, whether it's physically, emotionally, whatever the case... (B)

Some respondents acknowledged their awareness that emotional abuse is often trivialized, even by women who experience such abuse. The following quote from one focus group participant, who eventually came to realize that her own spouse was verbally and mentally abusive to her, is particularly instructive:

I volunteer at Switchboard of Miami, which is a crisis hotline...when I got calls from women that would say things like...'my husband is being really mean and he's doing this, but he's not hitting me, you know'... it would be very hard to label it. But then they tell you it's called domestic violence, so I would [look] under Safespace (a shelter) or under domestic violence counseling. And this was before I realized what mine was... And I used to always make fun of them. 'He's just being emotionally abusive or just doing this'. [Ha, ha] And all these years I kept working there thinking...something never felt right in my gut when I would get these phone calls... So imagine, I was even knowledgeable, but I didn't know...

A number of studies related to emotional abuse have been reported in recent years. Recently Kelly (2004) provided a detailed review of the research literature on the psychological abuse of women. She notes, particularly, that although the construct of psychological abuse of women is extremely complex, information throughout the literature has been relatively consistent. Our findings appear to confirm Kelly's (2004) results in older women.

In response to the beliefs expressed in this section and many times throughout the groups, in this report we use the term Domestic Abuse as an overarching description of the many abusive behaviors described by DVAOW participants. We selected the term Domestic Abuse at the suggestion of several respondents who articulated the importance of language that incorporated emotional as well as physical abuse, as shown in the quote below:

Instead of saying domestic violence, which makes it sound like it has to be violent, which has to be physical or hitting, it should be called domestic abuse. Because it isn't fair to people – if they say domestic violence hotline, and there's a woman that is being emotionally abused and her husband is putting her down, he's manipulating her, he's controlling her, she's afraid to come out of her room, but she's physically not being hurt. She might think this isn't for me, or mine's not that bad, you know? I'm not being hit yet so it's okay. (W)

Domestic Abuse as it is used in this report encompasses verbal, emotional, psychological, physical, and sexual abuse¹², violence, and battering. Although more research is needed, these concepts do not appear to represent a continuum, but rather different aspects of an overall behavior pattern, which may occur alone or in

¹² In their comments respondents implied that sexual abuse is part of domestic abuse. However while they discussed many instances (both personal and known to them) of emotional and physical abuse, there was relatively little overt discussion of sexual abuse.

various combinations. This contradicts some reported research findings that characterized the change from less physical to more physical abuse as a progressive, linear process.

The concepts of physical versus emotional abuse currently have different implications for law enforcement and the judicial system, making the definition of DA proposed by DVAOW respondents challenging to adopt in the justice system (JS). Even sexual assault has a meaning outside the context of either type of abuse, and elder abuse introduces several additional statutory definitions and prescribed JS responses. This emphasizes the need for more dialogue and research to better integrate victim needs with JS structure.

3. Barriers to Help-Seeking. This theme incorporates factors that influence help-seeking behavior among older women. The literature includes reports of many studies that confirm various aspects of our model (Figure 3) in terms of Barriers to Help-Seeking. For example, Dienemann and colleagues (2002) described concepts that fit nicely into our conceptualization of *Isolation*, *Jealousy*, *Protecting Family*, and *Intimidation*. Anderson and colleagues (2003), who explored their findings regarding why victims don't leave an abusive relationship, or leave and then return, compare their findings with the four rings of Grigsby and Hartman's Barriers Model, which includes most of our findings. Two studies addressed Barriers to Help-Seeking specifically in older women. Zink and colleagues (2003) organized reasons for remaining in abusive relationships into three categories: cohort effects, period effects and aging effects. All three of these concepts are consistent with our model. Also consistent with perceptions expressed by DVAOW respondents, Scott and her colleagues (2004) reported that barriers faced by all DA victims in obtaining help are multiplied in older age cohorts.

Even as we describe Barriers to Help-Seeking it is important to note, as shown in the quotations below, that many women in the study felt that there should be a zero-tolerance policy for abuse. This characterized both some of the women who had experienced domestic violence and those who had not.

...the minute your husband puts his hands on you, you say: 'What the hell are you doing? My father never did that.' My ex-husband rearranged my face. I mean, this is not the nose I was born with. But he became my ex-husband in a New York minute.

To me, if a man touches me, it is the last day of his life...

...but you have to see that every day there is violence and terrible abuses. I can't understand why women make excuses, well why? I don't know how I could be in love with someone who hits me...because the first day he hit her, she grabs her bags and goodbye.

4. Related Concepts. Eleven concepts emerged from the data, as depicted in Figure 3, and are described below. The first seven of these appear to be connected to both DA and BHS. The last four concepts seemed to relate more directly to BHS only. Additionally, although we do not believe there is any impact on the model, some concepts (*Isolation*, *Jealousy*, *Intimidation*) could be considered "abuser driven" while others (*Protecting Family*, *Self-Blame*, *Powerlessness*, *Secrecy*, *Hopelessness*, and

Concern for Abuser) are better described as “victim driven”. The *Justice System Response* concept does not appear to fit into either of these categories.

(1) *Isolation*

The concept of isolation is well-documented in the DV literature on younger women, and was clearly identified by DVAOW respondents as a significant concern in abusive relationships. Grigsby and Hartman (1997) noted that isolation often forces victims out of the workplace and even old friendships, and away from alternate sources of support. As a result, the relationship with her abuser may be the only significant relationship in a victim’s life. Rose and her colleagues (2000) noted that isolation was one factor that constrained women from seeking support. One difference in older women is that the *Isolation* tends to be longer term. The effect of long-term isolation may create more profound dependency (e.g. poor job skills, small or non-existent social support network) for older women compared to younger women.

In some cases *Isolation* seemed self-perpetuating. Respondents who felt they would otherwise be alone sometimes relied on their spouse for companionship. While most of the women who expressed this sentiment had not experienced domestic abuse, several had, including the woman who made the following statement who had, in fact, divorced her abusive spouse:

So how is my life? Sometimes I feel in a hole. It is very sad for the lonely people...” (H)

More often, however, *Isolation* appeared to result from the husband’s controlling behaviors. Respondents gave numerous examples of controlling behavior by the abuser, and many felt that abuse was a way that the abuser demonstrated his power and control over his spouse, as reflected in the following quotation from a DA survivor:

What you just described is isolation and that is what an abuser does, he isolates you from other people. Part of it is fear and they want to control you, they want to have you all to themselves because they want to control everything that goes into your mind, so that other people don’t get ideas into your mind like freedom, like they are abusing you, so they isolate you to have that control. That is one of the signs, one of the characteristics of an abuser. (B)

In some cases women described the act of escaping abuse or eliminating physical abuse as one of changing the power and control dynamics of the relationship:

My husband went through a period of being very physically violent towards me and you know when he stopped?...when I told him I didn’t care if killed me, when I took the control away, when I took the satisfaction of hurting me - - I mean, it was just like immediately...He just quit being violent towards me. (W)

While it is unclear whether older women perceived that *Isolation* actually caused abuse, respondents generally believed that it contributed to perpetuating the abuse once it occurred.

(2) Jealousy

Jealousy is a husband's/partner's (in these cases) rational or irrational fear that his wife/partner may have liaisons with one or more other men. One extreme example is articulated here:

The jealousy was terrible! He told me I had to be by him 24-hours a day. Not even to go to the bathroom [alone]. I had to go with him. (H)

Some women saw *Jealousy* as a provocation for abuse, as the next two quotations describe:

What happened was that my husband had this jealous rage and he would label me. Then he would start giving me the facts on what I must have been doing when he was not around.

...I did a lot of overtime, and he would say that I'd be out on the street with a man. But it wasn't so. I was working to help myself for the safety of my home and my children and my grandchildren...But he was very abusive. (B)

Jealousy seems to relate to some of the same controlling behaviors that lead to *Isolation*, as in the quotations above, and in the following one:

He was a sick man. He was ill with jealousy. You will never be able to establish communication with him, because he controlled everything. He wanted to know every thought in your head. (H)

(3) Intimidation

This concept describes a woman's sense that her spouse's abusive behavior poses a persistent danger to herself and her family. Respondents indicated that the same controlling behaviors that tend to isolate women, also may intimidate them and coerce them into doing what the abuser wants them to do, as demonstrated in the following quotation:

....the only thing I did on Sundays was visiting my father, and it had to be Sundays because he worked all week, so the punishment was not to let me see my mom and dad like if I was a small child...for any tiny thing. (H)

The added component here is the woman's fear for herself. This fear sometimes stemmed from a concrete history of physical or psychological harm at the hands of the abuser. For example:

Well I do believe that when a person has a problem with her husband, or anyone else, she should stay quiet, quiet. Because if one keeps talking the situation can get worse...things get forced more...and then you come to see that what is called domestic violence comes from there. In order not to get there, well one should shut one's mouth.

First the abuser will try to avoid her, control her, not give her economic independence, nor social...he isolates her, and then isolated, without money...because he does it gradually, like the drops of water eroding a stone. The persons who come to fear, and then, having fear, in order not to stimulate any more violence, they keep quiet, start to tolerate, [and] then the abuser

abuses more. I think that that is one of the reasons why, like you said, they feel they are the guilty ones...On another day he gives her a good beating. Then she says, 'poor thing, but he is so good, and I am guilty because he hit me'. (H)

...Being older people they think, well what if I do tell, so what? And if the other knows that I am telling, then it will be worse... then why would they tell? They are going to be afraid. They'll think it will be worse with the other person. If they have a place to go then it might be better to talk about it, but if they have no place to go and you have to stay there it is better to stay quiet and let them hit you and not make matters worse." (H)

...then caught in a situation where fear had me in a position that I was locked and couldn't come out of it, get out of it, just simply because of fear. You know, when you're caught in that situation, what they used to say, flee, fight or freeze. And for me it was those two things. I would freeze or just fail. The violence I experienced was horrific. This was mental abuse and physical abuse and I found myself where I was caught up where I just didn't know what to do, where to go. (B)

Intimidation may result from verbal threats and mental battering, which is consistent with respondents' overall sense of the great power of emotional abuse. As one respondent indicated, threats can take many forms, and need not be physical to be effective:

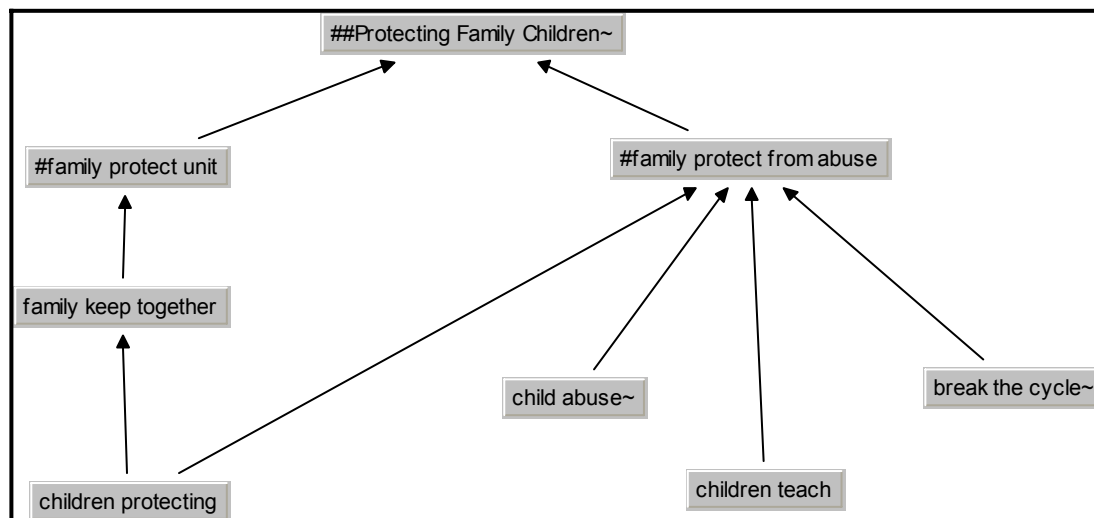
For me domestic violence does not mean that they hit you. Psychological mistreatment that is constantly given to us, threats of taking the children away, to deport you, for many things, or threats of not giving you any money, the jealousy...that is worse than violence. I lived that for five years...the constant threats. 'I am not giving you the papers', 'I am going to deport you', 'I am not giving you more money', 'You cannot go out'. All those things. Psychological violence is worse than the physical one because it traumatizes you...(H)

(4) Protecting Family

The family and their responsibility for children loomed large as concerns for most women in this study. A few of the younger respondents still had dependent children to care for, and some had grandchildren for whom they shared quasi-parental responsibilities. Even for women with adult children the relationship with their offspring was important.

The dynamics of "protecting" appear to be quite complex as indicated by Figure 4. Our findings support Belknap's (1999) study results showing that women often consider various aspects of "responsibility" for abuser, and more often for their children, when making decisions about whether to stay in or leave an abusive relationship. Related conflicts that Belknap described included: protecting self and children versus feels of love and sympathy for the abuser; protecting self and children versus threatened loss of own relationship with children; protecting self versus preserving the relationship between father and child; and protecting self versus loss of relationship with family and friends.

Figure 4. Protecting Family



In some cases *Protecting Family* meant that the respondent felt responsible for making sure that the spouse did not harm other family members. Respondents felt that they could either calm the spouse, or intercede between the spouse and the vulnerable other, especially in cases of child abuse.

The children would get hit. If the children didn't like to eat something, they had to eat it no matter what...[one time] the little one got out of bed and was playing with her toys and she shouldn't have been and he was pounding her on the back... and one night...the older one, she was pounding a hanger on the door and he told her to stop...she didn't do it. So he took her head and banged her head against the wall. And I said: 'I did not have children for you to make imbeciles out of them'. And he said: 'I told you to shut up'. (W)

As shown in the quotation below, some women felt that the most important aspect of “protecting” was to “break the cycle” of abuse; that is, to protect children from becoming abusers or DA victims in the future.

...and it gets passed on because we are allowing it to be passed on...I still couldn't stop contact with my son and my ex-husband... And my ex-husband had it in his family. His father was verbally abusive. Only verbally and emotionally abusive to his mother; he never hit her. So, it's passed on. And now, it's going to be passed on to my son. And I see it, and it's horrible. (W)

Everything was a disaster, and he transmitted that to our kids. That has been very difficult in the relations with my kids because it's what kids get from their homes that influence [and] cause great harm on the kids even today.

Other women felt that it was important to protect the *family* as a unit as opposed to protecting individual members, a finding that has not been addressed in the DV literature on older women. These women felt that it was important to shield the family unit through their silence about abuse.

And children love their parents, whether they're alcoholics. And wives love their husbands, whether or not they're abusive. And, you know, we maybe should try to resolve the problems within the context of the family, and within the context of a marriage. (W)

Some respondents emphasized that they were protecting their families or children by keeping the family intact, even in situations where the children were grown, and sometimes when children were supportive of a separation:

So when my son was 15...once told me, "mom, why don't you separate?" He told me because he had witnessed one of the many [situations]... And the truth, I did not know what to answer...[but] I had six children. The responsibility was to give them education...Why would I leave them without a mother and a father, when I could more or less give them the appearance of a nice home? Better something like that than nothing...They all suffered because they all grew up in an environment that was not what I wanted, hearing these things, seeing these things, in the end, it was not what I wanted for them, but I stayed because of that. (H-O)

For some respondents, the idea that their children may have been at risk broke down BHS. However, for those who felt that they must protect the family unit at any cost, children actually kept them from seeking help, as indicated in the quote below:

You know...Everybody is telling me to leave...I don't know. Maybe [I don't leave] because of my daughter. My daughter is like really attached to him. So maybe I'm just staying because of my daughter. (B)

In response to this last quotation, however, another focus group participant made the following comment:

Your child is being hurt every minute you stay with that man. And sooner or later, it's going to do something to her mind. Because she needs to come up out of that environment. Get you another man. There's more fishes in the seas; cast your net out further. You got to wake up. (B)

Several respondents who had survived DA expressed similar concerns based on their own experience:

Not only because of shame, although sometimes it is. In my case I tolerated 27 years of violence...because of the children, and that is an excuse. I say it from my own experience. It is an excuse because right now my kids are affected the most just because I did not take a decision early on. So, my advice is, for all women, don't put the children as a pretext. If you want healthy homes, healthy children, and a good future for them, keep them away from violence neither verbal nor physical, because violence is harmful in every way.

(5) Self-Blame

This concept describes a woman's belief that she is responsible for and/or deserves the abusive behavior perpetrated by her intimate partner. As with younger populations that have experienced domestic violence or abuse, DVAOW women commonly feel a great deal of *Self-Blame*, including shame, for the abuse that they suffer.

Well, for me the hitting is strong but it is just hitting! But humiliation is the most sad and embarrassing... (H)

These feelings seem to be tied to a woman's conviction that a major part of her role as a woman is to make relationships in the family *work*. Family, upbringing,

religion, and respondents' role as women were integral parts of these feelings, as shown in the following quotes:

One gets a moral education at home where you have to respect the rules and all that. They educate us to believe that marriage is forever. One has to endure a lot of things, and when children come you don't want them to grow up without a father.

I've probably always felt we were very strong women...And I stayed in there. Because I kept trying to fix everything too. And that's the problem too. We try to fix. As women, we try to fix relationships; we try to fix this and that.

It's because I thought less of myself at that time to be placed in that situation because...I didn't have a history in my family of abuse to that extent so for me to be in that situation I felt less - - I felt almost like I was the black sheep of the family to be in that situation. And most of the time I didn't say anything. (B)

Most of the time you're too ashamed or embarrassed to talk about it. It depends on the person, but most of them are too ashamed or embarrassed. But sometimes they'll talk to a very close friend or so. But a lot of times they just hold it in. (W)

Many respondents seemed to think that these feelings are particularly intense in older women. In the words of one woman who had experienced violence in her relationship:

...it's hard for them to leave the relationship because they've invested so many years, and years of a serious investment. And you just don't give up something like that and admit that you failed...You thought you were going to reform him in all these years and you didn't. So giving up is a heavy thing. It can leave an older person feeling really bad about herself...

There were many comments, particularly from women who had experienced violence, to the effect that abusers exploit and emphasize these feelings over a long period of time:

I think that domestic violence, aside, between parentheses, is the aggression between the couple, the psychological subjugation that can come from either the man or the woman. They can put you down. "You cannot do anything right. You are not capable. You are not capable of doing that." They completely annihilate your personality as if you are not capable of thinking for yourself...They kill you psychologically. The psychological violence is worse than physical. It is total abuse. Then the time comes when the person gets mad. They get her crazy. By mistreating her psychologically the person gets emotionally sick [and thinks] I am not worth anything...

The person who is the perpetrator in the situation knows that and knew that I would be silent about the abuse and that's mostly why it continued. He knew I would never say. And that was because of pride, foolish pride, not to let anybody know that I was going through this. (B)

Such feelings may have the effect of preventing women from seeking help, as described above, or predisposing a woman to abuse, a theme reflected in the quotation below:

I think that they prefer to suffer in silence, than the shame of saying what is happening. Because the person that is being abused believes that it is their fault. (H)

Even at times when women did seek help, *Self-Blame* and shame were often dominant emotions, as expressed in the following quote:

I used the crisis hotline for that reason, whenever there's some kind of physical abuse and I didn't know what to do. And I went to a friend's house, because I couldn't call them there and talk about it. I knew I needed to do something. I never told my friends.

(6) *Powerlessness*

This concept describes a woman's acceptance of the perpetrator's total control, which is perpetuated by ongoing abusive behavior, and includes feelings of entrapment and dependency. Many women expressed feelings of *Powerlessness*, and said that they were staying, or had stayed in abusive relationships in part because they felt that they had little choice. The principal concepts that respondents indicated as contributing to these feelings were relationship momentum, fears about the loss of home and support, and acceptance of their *Powerlessness*.

Relationship momentum is the simplest of these concepts. Many respondents believe that, after a long marriage, women of their generation tended to accept the situation and were mostly convinced that change was impossible, as these quotes indicate.

I believe in minor adjustments in life. When you reach a certain age, people don't really make major change, they make minor adjustments.

I have a next door neighbor who was married for a long, long time. And every morning we heard such verbal abuse. He used all language, he called her prostitute, and it was terrible just even to listen to it. And I said: 'Ruth, why do you stay with him? Why do you take it?' And she said: 'Well, we've been married for a long time'.

There was a joke about a couple: one was 105 and she was 95, and they after 70 years of marriage decided to separate. When they were asked why they waited so long to separate, they said they were waiting for the children to die. [Laughter]...Well in some ways that joke, demonstrates that in older generations it was not they separate because of domestic abuse, disobedience...but it was like they didn't have the concept of separation. It is really rare to hear of an older couple separate, very rare, because it is not as if, well, you spend years 50 years together well, since we are here we pass the next 30 years too. But I think that there must exist, not that I know of, but violence, fights and arguments must exist, but it must be harder to make the decision being from another generation that wasn't raised with that option. Well if things really aren't good then let each one go their [own] way.

But, you know, if somebody is in their 70s or 80s and has had this relationship for 50 something years, I don't think there's much chance for a lot of change, to be realistic about it.

Some respondents noted that women, especially of their generation, and particularly if they were immigrants, were raised to be submissive, like in the following example:

Well I came from a European family; my mother and father were Russian...So my mother was extremely submissive. And when I got married, I married to take care of someone because it

was something that I had seen my mother do. So I married the same type of husband that she had. And I would be very submissive. (W)

Some immigrant women, as an earlier quote indicated, may fear that they will be deported, and either do not understand the system, or because of their immigrant status worry that they will not qualify for services.

Because of all the circumstances, that imply the adaptation to a totally different world, from the sky to the earth, of what we bring. Then, the doors will be closed, because an immigrant is not permitted to have access to those resources.

...here the immigrants have nowhere to go...and I think that the people that come from other countries, and we are immigrants, are faced with a totally different culture, that in a blink of an eye you say, 'but what is this...where am I'?

Many respondents noted that women their age fear that if they distance themselves from their abuser they face the loss of home and support. In some ways this is straightforward. Many older women live in families where the male is the primary earner. A woman may feel that she lacks the financial resources to provide for herself and her children without the abuser. Comments of this sort, including the example below, were very common. Again, this situation is further complicated by immigration status.

And, in general, due to a lack of work, because they isolate you from work and everything in general, one says, 'What am I going to do?' I have kids. I had no job or visa (papeles). And then you start meeting people and they want to help but up to a certain extent because they don't want to get involved...[I needed] a place like this [referring to the focus group] where one knows [they are] going to get help. I went to a place where they helped me a lot, but I arrived into a situation in which I did not have the money to pay my lawyer. I have been struggling for four years [to become] legal in this country. That part is very hard.

Quite a few respondents worried that if they were to seek help for domestic abuse they would lose the support of their family. Some worried that their children would not accept the "truth" about their fathers, and that this would put that very critical relationship in jeopardy. Others worried that their family would subject them to recrimination, as reflected in the following quotations:

He was so nice - - as a matter of fact, my mother, when she came to rescue me, she looked at me and she said, 'why are you such a nag'? The same woman who said she loved me. Black eye, bleeding - - and she said, 'why aren't you a good wife to him? He's such a nice man'.

My mother adored him. She knew how obnoxious [what a fool] he was...When I was still a newlywed... I told her, 'I am ready for a divorce' and she said: 'What? Are you crazy? After a hotel wedding that cost me an arm and a leg?!' I said 'but his jealousy is intolerable'. Jealousy was making him crazy. And she said, 'but you married him knowing he was like that...but you said he would change, but men do not change, so deal with it'. My mother was the type of woman who did not believe in divorce. She did not want a divorced daughter...But what I want to say is that my mother always gave me good advice. (H)

Others felt that family (and others) had been of little help:

I went to doctors, I got tranquilizers, and I went to a priest—I got advice to pray more. When I went to friends, they said, ‘oh, your husband is so wonderful’. When I went [to my] in-laws, ‘well he gives you the check!’... When I went to my family, it was like, ‘why don’t you get a job?’ And so nobody believes you. (W)

Unlike Scott and colleagues’ (2004) finding that adult children were the most likely referral source for older women, there were very few cases where respondents, particularly those who had been physically abused, indicated that talking to family had lead to feeling that they would be supported. Most often DVAOW respondents said they were subjected to rebuke for breaking cultural or familial taboos about “airing dirty laundry”. This is consistent with other research. For example, Rose and her colleagues (2000) found that some women in their sample felt pushed into isolation by a negative response from family and friends rather than feeling supported.

(7) Spirituality

Spirituality plays a very important part in the lives of the women who participated in this study. There were frequent uses of the language of religion and spirituality, even when overtly secular topics were being discussed.

Probably the clearest finding about *Spirituality* is that women who had not experienced DA expressed an inclination to seek counsel and help from religious leaders. Comments to this effect were given by women of Jewish, Catholic, and Protestant faiths. There were many strong indications that this would be a “first stop” for women who began to experience domestic violence if they were inclined to talk with any outsider.

The picture was somewhat different for women who had experienced domestic violence. Many said that they had talked with clergy about their abusive relationship. However, for the most part, these women indicated that they had not received help that was particularly useful to them from members of the clergy, as the following quotations indicate:

I know as a young person, I talked to my pastor. He helped, but he really wasn’t able to assist me with any resolution to the problem. (H)

I think we got the priest to get help with these things, but the priests are not very helpful. They should be. (W)

In some cases, as reflected in the quotations below, consultation with clergy created a significant barrier to leaving the relationship, if not to all help-seeking activity. This is consistent with the findings of Lutenbacher and colleagues (2003), and Manetta and colleagues (2003).

One thing that sometimes happens with the priest or ministers will say: ‘that’s your burden to bear’. And very often people get turned back away from their - - ‘sister, you’ve just got to pray on it. We’re going to pray on it that God is going to change his heart’. Okay. In the mean time, they can beat the hell out of you...I worked for seven years with battered woman, and I believe, and I know that many of the women have been told that God has given you this. ‘This is your trial, your test and you, but you have to stay with your man. You made those vows and you need to stay there’. In the mean time, sister is getting beat up. (B)

...but not even the church will support you in a situation like the one we have lived because the church, according to the word of God... if you talk to the pastor he will tell you that the Bible only accepts one cause for divorce and that is adultery. If my problem is not with adultery, what should I do? Stay married my whole life? (H)

In most cases women did not see speaking with clergy as antithetical to seeking other sorts of help. Rather, they often linked the two. It was common for respondents to connect more formal counseling services with pastoral counseling, as in the following statement by a respondent who had experienced DA:

I feel that psychological help for someone - - you can speak to them, someone you can talk to and give you directions. I think something - - if you should come to be abused - - someone, if you need to talk to a specialist, you can talk to, to give you points on which way - - like I said, someone, the pastor, who can point you - - give you directions to go.

It is not completely clear how or why women linked psychological counseling services with pastoral counseling. In general these quotations were in response to a question from the focus group leader about where women in this age group would be comfortable going for assistance. It is possible that these were simply the two most common "brainstormed" answers. However, their frequent concurrence is interesting and may indicate a hope or belief that clergy will be able to make a referral to professional counselors, as the quotation above indicates.

Independent of clergy, faith itself seems important to many women both as a mechanism of change and as a coping mechanism. For example, one respondent commented:

...My husband [and I] would see it like this. Marriage is a sacred and profound thing. It is not like drinking a glass of water. It is not like if I don't like it I will throw it away. No. No. No. Marriage is, first you are making a promise with God and second with your partner. So, based on that, from the first day we reached an agreement...I don't know how this is going to work, but it has to work.

In the case of the quote above, faith was helpful in coping with the stresses of remaining in a difficult marriage, but the same sort of faith seems to be as helpful to women who have gotten out of a difficult marriage, as described in the following quote by a DA survivor:

And, in general, due to a lack of work, because they isolate you from work and everything in general, one says, "What am I going to do?" I have kids. I had no job or visa (papeles)... You have to hold on to God...

There were also a number of women who believed that their faith had changed or transformed them and given them the power to act in difficult situations, as illustrated in the quotations below:

I have faith in the power of God - - with God, all things are possible. But, again, practically, you need to be concerned and take the step - - there are steps you take, and you need to get on those steps of doing and not just talking about it. But doing what needs to be done for the change, because it's not easy.

Once I received Jesus, God said: I removed myself from that man. I never went back to him. And that's how I got out. Never went back once...Thank God.

Although it has not been extensively explored in the literature on domestic violence, *Spirituality* appears to be a particularly important factor for older women in terms of coping with and surviving DA as well as in determining whether to stay in or leave the relationship. This is consistent with a fairly robust literature that documents the importance of spirituality and faith among older people in general.

(8) *Hopelessness*

This concept incorporates what respondents described as forces that tend to hold older women in abusive situations and effectively prevent them from seeking help, even when they are quite conscious of their abuse. *Hopelessness* seemed to be interrelated with the *Intimidation* and *Powerlessness* concepts. We believe several additional concepts cluster under this factor, as discussed in this section. For example, many women felt that there was no help available. This took several different forms. The quotations below show one of these, i.e., that some respondents don't think help is available for women their age:

But when you call them and you say: I'm a senior or an elderly person, I would like for us to come in for some information the machine goes: please leave your name and telephone number and we'll get back to you. They never get back to you, eh. Now there are, I agree with you, for resources, yes. [For] the young ladies...

I also think that the ladies of my age or older stay in a bad relationship. And some of them, maybe it's not the companionship, some of them do that also because there's no agencies that at our age we could go, talk to them and we tell them our problems. And I'm so embarrassed, really, let's say to go to our children or to our friends...We don't really have places that we could go.... a place that we older ladies can go and speak to people who can help us out mentally like hey, you don't have to stay with a man if he's abusing you verbally or physically, because of his money. ...You know, things like that...resources.

As shown in the next quotation, some women did not think that help was available for someone who "only" experienced emotional abuse.

P: There are some things you can look up, and places in the telephone directory that will tell you. I have noticed nowadays they...sometimes ...definitely at my church...and FIU, in the bathrooms inside doors when you sit down—

F: But that is for battered women.

According to some respondents there are not any good options for older domestic abuse victims, as described in the following quote:

I've looked at so many situations, but calling the police, what would the police do? Or if you call in a neighbor, it indicates that they're interested and so it calms down the situation. Or do like I did once, I called in my brother, and he came thousands of miles on an airplane to help me. What can you do, you know? It's rough. I mean, the ideal thing is if you've got money, then you can go to a psychologist, psychiatrist or whatever - - and even that isn't always satisfactory.

Immigrant women often felt they were presented with multiple barriers in accessing help, creating the sense of helplessness described below:

Then, the doors will be closed, because an immigrant is not permitted to have access to those resources. Now, if you are a resident ... being resident, then ... the poor [person] does not have a defined status. Then, one has to become a citizen, a second-class citizen.

While there were respondents, like the ones quoted above, who believed that women their age often felt a sense of *Hopelessness*, there were numerous examples of women who felt empowered, including some like those quoted below who came to this view late in life after having lived for a long time in a violent relationship.

This is what I am speaking of - - in my relationship there was abuse and I just got fed up with it...so on that Friday evening, I just, you know, sitting around and talk to myself and said it's time for a change. And I made the change and I never looked back. I never looked back one day ...I was glad to get out of the relationship.

And, frankly, the best thing he ever did for me was he walked out the door, and I never missed him because I became me again and able to express myself and do what I wanted. It took a while, but I found myself again, and I think I enjoy my life much better.

But I went on to get my divorce, and I never felt so much better. Like 20, 30 pounds came up off of me. Now [I could do what] I wanted to, I didn't have to look over my shoulder, I wasn't afraid to speak to people, afraid of him coming up talking about who the so and so is this, and to embarrass you and stuff like that. I felt so much better.

(9) Secrecy

This concept describes a woman's reluctance to have anyone know about how she is treated by her intimate partner. Many respondents remarked that domestic abuse was the sort of thing that people did not talk about, and described some complex reasons for this. For example:

Not only because of shame, although sometimes it is. In my case I tolerated 27 years of violence. First, because of my family. Second, because of what the people are going to say about me. Third, because I did not want anyone to lecture me on what was happening. Fourth because of the children...

There were numerous references to the need to keep abuse secret, including the following:

When I was a teenager, I was aware of a few violent moments between my mother and my father. I never spoke to them about that....I wouldn't, you know, have a discussion...There were people that say that my father hit my mother or something like that. (W)

Like this friend of mine, she is so ashamed and so embarrassed. And I said: You didn't do anything wrong. And I try to bring up the situation, Hilary Clinton, and [Prince] Charles' wife. I said: 'You can't get more public than that'...but she doesn't care. (W)

Personally, my friends and family do not talk about it. I'm sure that they heard somewhere -- I have one friend that I know it occurs with, but I know she does not talk about it. (W)

I think that many women like me tolerate many things because they don't want to talk about it, or they just don't know better. (H)

Indeed, one respondent went to extraordinary lengths to keep her "secret" while still seeking help:

I have two psychiatrists. One doesn't know about the other one and the other one doesn't know about the other one. But I need both because use one psychiatrist for one thing and the other psychiatrist for another thing...I have told my female psychiatrist everything. She knows more or less all about my life...and my other psychiatrist, he's strictly for medication. He's not the kind of gentleman that likes to talk a lot.

The motivation to keep things secret seems to be particularly powerful when women felt that it would embarrass not just themselves but their families as well.

They never talked about it other than that it was something that was supposed to be kept within the family and nobody should tell anybody outside the family.

Well, I went and talked to a cousin of mine about the situation with these relatives, and eventually she went and told. And, I mean, they were furious with her. They were absolutely, positively furious with her. And I think that's some of the things that happen, because they felt they'd been confronted. But it tormented me to hear, as somebody who had to stand by and watch something like this happen. And, I mean, it was a horrible thing for a teenager to see something like that. And I resented her being angry with me for telling my cousin. I had to have somebody to talk about it.

Secrecy seemed to be particularly urgent with women who come from a familial culture of concealment. For example, some Latina respondents felt that putting the best face on problems and keeping the family's "dirty laundry" a secret was particularly prevalent in their culture:

For example, in my case no one would have ever [thought] that something was happening because I always looked happy...I think that in South America there is something very important that is family education [about privacy], which you don't have here.

Many non-Hispanic women also expressed these feelings, but identified the generation as the influencing force.

Because of the way we were brought up, our generation, which was always to make the best of things, which I don't think is always bad. I think it's very -- and I think that's how marriages last a long time. But we're learning too. We're learning that at least we have some rights that I think we probably, most of us, would not tell. (W)

The motivation to keep abuse secret appears to have a relationship to *Self-Blame*. Women who felt *Self-Blame* often felt an acute need for *Secrecy* as some of the quotations in this section indicate. In combination, *Self-Blame* and a motivation to keep shameful, potentially embarrassing facts secret appear to create a powerful deterrent to help-seeking.

(10) Concern for Abuser

This concept describes a woman's perception that there is an ongoing emotional connection that makes the prospect of punishment of the abuser unacceptable. Although this emotional connection was more implied than explicit in our data, Griffing and her colleagues (2002) documented the same concept in their study of why DV survivors return to abusive relationships. They found that, compared to women leaving for the first time, participants with a history of past separations were significantly more likely to affirm continued emotional attachment to the abuser. Similarly, Lutenbacher and her colleagues (2003) noted that "helpers" often do not understand the attachment women have to their abusers. One of their research subjects said, *"He's still my husband and the father of my children. I know I shouldn't stay, but I love him."* [p. 60]

DVAOW participants described concern for the abuser as follows:

... and there was a time when I didn't say anything about it because I didn't want anything to happen to him, which should have been reverse. (B)

The next day...the police asked if she wanted to file a case, but she said no, to protect him, you know? 'Cause they were married.

Many respondents felt that the abuser needed help. For example:

I think when it comes to abuse and also relationships - - the person that's abusing someone else, whether it be verbal or physical, is truly mistreated. They have been mistreated, usually. So it means, usually, a passed down act or they have been in that kind of environment when they grew up. And so his father may have been [abusive] so that's the importance of getting help...These are angry people, people that have been hurt and they have no control - - they want to have - - what they're doing is exercising control. It's a control problem. And deep down they may be very sorry as opposed to the person they hurt. But they're out of control from wanting that control. (B)

I don't think they should be punished because it's a sickness. And I think they should go for help. (W)

As the previous quotations show some respondents felt that abusers should receive some kind of treatment. However, in some cases they said treatment should be preceded by separation, as the next quotations show:

I think the abuser needs help...I think the first thing we need to do, like anything else, is separate them and once you bring the proper authorities in...

But serious physical abuse there should definitely, in a case where definitely -- the police are called, there should be definitely separation, enforced separation. But there should also be therapy available. Therapy available to the abuser and therapy available while they're separated, and therapy available to the one who was abused...

(11) Justice System Response

Statements made in most groups indicated that respondents clearly saw the JS as the logical or likely resource for obtaining at least short-term and perhaps long-term assistance. Four JS-related themes were identified. *Concern for Abuser* and *Justice System Response* relate directly to BHS. *Justice System Response* in particular focuses on potential or actual negative consequences for older women in the JS when they experience DA. The other two themes, *Expect Help from Justice System* and *Ways to Improve Justice System*, reflect the belief that the JS can or does play a positive role in helping older women who experience DA. This apparent dichotomy is consistent with Dugan and colleagues' (2003) finding that policies and services designed to assist DV victims seemed to have two possible and opposing effects – either they decrease the abuse or they have the unintended result of increasing it.

Justice System Response emerged as one of the most significant systemic BHS in the DVAOW data. Respondents described compelling negative beliefs such as fear of police brutality toward the victim; negative thoughts about jail as a punishment; perception that arrest, restraining orders, or court interventions don't help (and may make things worse); concern that police won't understand the situation; fear that police will ridicule the victims; and a general sense among a few respondents that police officers are "bad".

A few respondents had actually witnessed police brutality toward the abuser and, even when there was some sense of satisfaction the prevailing feeling was aversion to this response:

...When I pressed that button and the police answered the call, they not only came out and arrested him, they beat him up... and they really abused him. It was amazing because they did it on the street; in the neighbourhood...It wasn't back in the woods...

So it ended up being that I was scaring of calling the cops - - and I thought, well, if I call them they're going to come in and kill him. And I really didn't want him dead.

Other respondents had not had personal experience with police, but had heard stories from friends or relatives, or seen things on television that made them believe that police officers might respond violently to an abuser and, further, that this might make calling 911 undesirable, as shown in the following quote:

...television programs, like Cops...is where you see black people usually crying and yelling. They come over to the house and you don't understand what they are saying and you see that a white cop comes over and they arrest the black guy because he just beat up his woman. Imagine what the scene would be like for an older couple...a man who is 75 and has been beating his wife for 50 [years].

Quite a number of respondents said that police or court-based interventions were unlikely to be effective or had not been effective in their own experience. For example:

E: He was put in jail, put in jail, caught doing the things that he did to her, and I mean, he even had a fight in the middle of Bourbon Street with my daughter, tore her jacket off, and beat her from the middle of the street....

V: And the jail time did nothing to stop the abuse, right?

E: And neither did abuse class.

I don't know the answer to that, but I do know that jail might be good for a first offense. But for repeat offenders, the violence, the deeper thing in men that's [something that] doesn't go away with jail.

...[I] dialed 911, by the eighth ring, she answered... when I told her what was going [on] she said, 'I will put you on to someone who can help'... They asked, 'did he hit you?' 'No.' 'Does he have a gun?' 'I don't know.' They tell me to hang up and dial 911, which I dialed in the first place. When I got them [911] the second time, I ended up hanging up on them. 30 minutes later two ladies came by, got my name, my age, his name, his age. When they left, that's when he called and said he was sorry that he upset me. Now he has humbled himself big time and always - - he is sorry. But, still, I'm uneasy because to me, he has anger in him.

A restraining order is [a court order] asking him to stay away from you, but it doesn't keep him away from you.

Yes but most importantly, increase the help a bit more, someone who will hear us out, because for example...911 ties our hands, they throw us to the police station...

In some cases women believed that going to jail or attending a treatment program was likely to make the abuser worse, or at least angrier:

I don't necessarily know that jail time is good, because they really would just get more pissed off.

And she called the police and complained. So they put the man in -- what's it called? Anger management? The courts sort of mandate the man to take those anger management courses. Now, I can tell you, it sure makes the man very angry to take those anger management classes. He was so angry.

One respondent, a retired police officer, described the frustration and ineffectiveness of current solutions as follows:

From the police perspective, people didn't talk about it until, you know, they were calling 911, and then they just go right back to the situation. They don't want to - - and I understand that restraining orders don't work. I understand the fear and all that. But as a police officer, it was very difficult to keep going back to the same house all the time to the same thing. But they didn't talk about it. You know, it was just solve the problem right then, and then it was over.

Another respondent described a tragic consequence, which she related to the arrest and incarceration of the abuser:

And after many years of, I'm sure, abusing her, of being abused verbally...[he] had been tossed out of the home, I believe. She pressed charges. He was in jail, released, up for the hearing, and he committed suicide. That seems a total tragedy. I'm not sure what sorts of intervention then could have saved the situation. But the grinding of justice and the community resources were not adequate with this.

Several respondents expressed concern that police won't understand the situation, as described in the following quote;

At the beginning of a relationship, if the first hand or contact from a man, cause a man knows he's stronger than a woman. So the woman knows the first thing she got to do is defend herself. Once she defends herself, who's going to jail? It's self defense. Cause now you got to go to court to prove that it's self defense. Everybody knows it's got to be self defense, unless she's like he-man and King Kong or something, you know.

Some women felt that law enforcement and the courts had little to offer that would be of help, and that short term benefits would not be worth the iatrogenic effects they were likely to produce:

It doesn't matter that he is 75. An abuser is an abuser! The important thing is that the police arrest him...to handcuff him and take him away. I think we are right with what we have seen and that women don't speak up and press charges. It is what Olga said...they arrest him and then they take him home after 10 minutes and abuse you double time. They abuse her twice. It is a vicious cycle that it is hard to break.

But I don't want him back. Why would I take counseling? I don't want him back. I'm done. Like you said, going to jail and make time and come back out and be mad 'cause they had to go to jail, because somebody put them in jail.

Several respondents expressed the belief that police ridicule or otherwise mistreat domestic abuse victims, or doubt that they would obtain justice from a system (i.e., the police) dominated by men who, some believed, might themselves be spouse abusers, as described in the following quotations:

If a man is like abusing a woman like his wife or girlfriend, and she reports it, she's always like laughed at. Where the police is – [they believe] she probably did upset him to do this...they do whatever they want to to their wife...The old men do it. So she would not report it, because like I said, she'd be laughed at. So if you grow up in a culture like that, and it happens to you now, you're [not] going to [call the police].

But the police, and working with battered women at the time, they were not helpful. So it's not - - I mean, they may be better now. Hopefully they're better now. But they definitely [were] not better at the point... 'cause a lot of them beat their wives.

And I think some of it is because the system is, basically, is run by men, they let men leave, get off the hook easy so men - - they give men authority to go out and continue this...

For the most part respondents were acutely aware that help from the justice system was likely to be temporary, either because it would only stop the immediate abuse, but not deal with underlying problems, or because they were afraid of consequences when the abuser was released.

B. Other Themes Identified in Analyses

There were some themes that are not described in detail in this report that merit additional analysis in the future, including mutual violence, focus groups as therapy, and causes of domestic violence.

We asked focus group participants about causes of domestic abuse. Reasons included: (a) family history of the victim and abuser; (b) poor communications between the partners and/or expectations not understood; (c) abuser characteristics or habits

including mental illness, jealousy, Alzheimer's, gambling, alcohol and drug abuse and "womanizing"; (d) uncertain immigration status of the victim and/or members of the victim's family; (e) life situations such as unemployment, financial problems or catastrophic illness. Some of the data regarding causes was incorporated into other themes we have discussed, but there is much more to be mined from the data on this topic and it might be particularly useful to look at these data in prevention-oriented research.

1. Importance of the Justice System

Consistent with Dutton and colleagues (1999), the preponderance of DVAOW participants, both victims and non-victims, view the JS as the correct and appropriate cluster of institutions to address individual incidents of DA. In some cases respondents even believed the JS should have a general role in terms of prevention and dissemination of information about help options in the community.

Two positive themes about the JS emerged. One of these is that older women expect [and need] assistance from the JS when they experience DA. As reported by Wilkinson and Hamerschlag (2004), this is consistent with Block and colleagues'¹³ finding that contacting the police was the most common type of formal help-seeking. The second positive theme addressed ways the JS could be improved to better meet the needs of older women.

Many women commented on the importance of engaging the JS in cases of abuse, and in particular in cases of physical abuse, as the following quotations demonstrate:

I believe that many people accept or put up with the violence because they do not know where to go. But I would at least call 911 or the police so that they can do something. Or so that at least...there is a grievance filed if nothing happens. This way there is proof that something has happened and that in the future it can be taken care of responsibly.

If you call the police and they see you all beat up, it's automatic. It's automatic. Even if the wife says: oh, no, don't touch him, he's got to go to work'. Uh-uh, he's out of there.

Things are much better than before...one of my [friends is a] prosecutor of domestic abuse in the department of domestic abuse in the state attorney's office, and there's a few prosecutors in that [unit that handle domestic violence] cases so they are doing something about it. And they are sending people to jail.

F: [Call] 911.

J: You take that first step. It wouldn't be for everything. That would be like a spring board.

But I think the abuser has got to be dealt with, regardless who does it. But it has to be somebody in authority. Somebody - a police man, somebody, maybe from the court. I don't know how this works; I have no idea. But I think the abuser has to be dealt with because if he isn't, if he isn't dealt with, this could happen again.

¹³ Block, CR, Skogan, WF, Fugate, M and Devitt, C (2001). Collective efficacy and community capacity make a difference 'behind closed doors'? Washington, DC: National Institute of Justice.

So he has to be dealt with. I don't know who has to do it, but somebody has got to do it. It's not a neighbor, it's not a cousin, it's not a brother, it's the authority. The police have got to come in on this.

There were quite a few women who felt that abusers should be punished, and that even police excesses might be justified, as described in the examples below:

Well, my opinion is that the violent person in the relationship should suffer as much as the other person... (B)

...in my way of thinking they should be punished. (W)

I think that should be the first step. They should be prosecuted. First and foremost, if you've committed that crime, that's a violent crime against another person, bodily harm another person, they should be prosecuted.

...because they kicked his butt so bad and they sprayed him and the next day he was all beat up. And secretly I was glad. Good, you got a little bit of what you do to me. (W)

Other respondents believed that the police or the courts should play a more therapeutic role, as in the following quotations:

I think the abuser needs help...I think the first thing we need to do, like anything else, is separate them and once you bring the proper authorities in...I think there is a law in terms of female/male battering, there's a law whether you press charges or not, the police will still take over. But, yes, I think the person needs counseling. But not at the moment when the abuse is going on, or at the moment the abuse is going on, they need to be arrested and restrained in any fashion that you can restrain them.

...when there is a case of violence and the police is called the law immediately should put him in a rehabilitation program...

In a case where...the police are called, there should be definitely separation, enforced separation. But there should also be therapy available...to the abuser...and therapy available to the one who was abused...I think the solution is that the money is available for community help for these people while they're forcibly separated.

I think that they should go to the court. I know people say the court can't do anything, but after he left one or two times, they should be sent to some sort of counseling, and then after that...if he keeps coming back, a sentence.

I think that there should be legal consequences. Sometimes, the same judge dictates that the person, who is the aggressor, receives therapy...and the person who received the abuse needs therapy too.

Either way there is little doubt that law enforcement and 911 are where many DVAOW respondents, both victims and non-victims, are prone to go first. Many felt that even if the ultimate consequences were unlikely to be beneficial, the JS was still the first place to turn, especially in cases where the woman feels endangered.

"Call your local police station. Don't hesitate to call if someone is beating on you. Grab a phone. Call the police. That will stop them temporarily and then try to solve the situation."

Yes. But I'd call in a heartbeat, because I remember when I was that person getting beat up. I just wished that somebody would have come to the door, appeared, and helped me.

Since I don't have it [DV] at this time, I am a little bit disconnected...but if it happened to me now I would call 911 because I don't have any other number to call.

The one thing I want to add, I think 911, I think would be the first point of contact—

If I was in that position I would go to the yellow pages...maybe if I didn't think of the yellow pages, out of desperation, I would just call 911 and ask for help. You know, I'm sure they know an agency or half way house or whatever they call it, that I could go to.

Respondents were quite aware of the power of the police to arrest the abuser, and some had a vague understanding that this might be the first step in acquiring treatment for the abuser. For example:

When the police come...and they see the woman all beat up and she's saying, 'no, don't take him to jail. Give him another chance.' They take him automatically...and so some degree of punishment is already set in motion. But he definitely has to go to anger management ... Regardless of whether the wife accepts what is going on, she's not ready yet to admit that she's being abused...but there are things now that this man has got to pay dues.

Moreover, some women believed that the ultimatum of "jail or treatment" might provide the abuser with the necessary motivation to seek help for the problem.

...either you go to treatment or you go to jail, and so most times people choose treatment.

So you don't have a choice. You either go for therapy or do you the next step that you take, which is get the cops [involved]...so it becomes mandatory.

I think that first thing should be some type of therapy and it should be mandatory not voluntary. Because men don't usually volunteer, and sometimes they won't even go even if it's mandatory. I've worked in the court system with the DCF and I've sat in court and selected cases of abuse and men would not seek therapy unless it's absolutely mandatory. And [if they don't comply] they need to go to jail.

Interestingly, a few respondents appeared to believe that the primary reason for engaging the justice system is for the sake of retributive justice, rather than to produce an outcome of safety or other relationship-oriented outcome for the woman experiencing the abuse, although this certainly was not the prevailing belief.

The men or someone who is very abusive, very abusive, - - punishment, jail and not for a few days. They should stay there for a year. Because some of these men...they shoot you, cut you, and beat you so bad, you keep to yourself and nobody else. They beat you up, stomp you...

What should happen...I really think they should go to jail and I think that they should be made to realize...

Finally, some participants felt the JS should take an expanded role in responding to DA in older women, as reflected in the quotation below:

I think that the most important people are the police. I think the police can really be instructed where there's help available, because they're the ones that are the first on the scene. I think they should really be educated on the possibilities.

Notably, while the majority of participants agreed that emotional abuse was as bad as, or worse than, physical abuse, most of the discussion on appropriate JS response was focused on incidents of physical abuse. Respondents were generally silent on the role of the JS when the "crime" was emotional abuse. For example, in the quotation below, the woman expresses the need for assistance when mental abuse occurs, but appears to accept that it does not constitute criminal behavior:

That's what I think - - mental abuse can be worse than physical abuse. You have no proof of it. You have nothing to show and you can't have them arrested. And all you can do is get up and leave...

In fact, there was a sense that emotional abuse, while terribly destructive, was not "criminal" even among respondents who were comfortable with criminal sanctions for physical violence, as shown in the following quotation:

That's the thing, being in an abusive -- I think where there's serious abuse, where one partner seriously hurts another, and we're not even talking about emotional abuse. You know, that's a tough one. But serious physical abuse there should definitely...the police [should be] called.

Nevertheless, a few respondents did believe that emotional abuse was in fact criminal, even if they were not clear about appropriate legal remedies. For example:

I imagine that in this country the psychological mistreatment, many women don't know it, but [it] is the worse crime. It is the worse because you cannot see it. The psychological mistreatment is felt and it goes on destroying one from the inside. Many women don't know that this is worse than any other thing because it starts damaging a person's mind. Our entire life is damaged because of emotional violence...In this country we don't know it and many women hold on without knowing that it is a crime. (H)

Recommendations for improving how the JS responds to DA in older women included helping victims with the process, placing police and court personnel who specialize in DA in neighborhood centers, increasing education for women about DA and available help resources, and helping immigrants.

2. Abusers Include Adult Children and Parents

Although the focus of our research was intimate partner violence in older women, a number of respondents described past or ongoing abuse from children and (less frequently) parents. This theme is important because, from our analysis of the transcripts it often was not clear what distinctions, other than relationship of the perpetrator to the victim, could be made between descriptions of spousal or partner violence and violence by offspring or parents. In terms of adult children, quite a few participants had grown children living with them and described conflicts of varying intensity, including physically abusive behavior.

But even old people are getting battered by their children now.

I saw that in a building I was working - - there were two sons, and they were big bruisers, and they were beating up their mother all the time.

My son hit me -- more or less pushed me back against the bookcase and slit my arm ...
[Someone] called the police. When the police came, they filed a suit against my son for pushing me...[an] older person...It's a domestic offense. Now that is domestic violence.

Abuse by a parent that was described by several women appeared to be a long-standing pattern and in these cases there was no indication that the abuse was related to dependence or caregiving.

The last time...it was during Hurricane Andrew, the one that attacked me...was my mother. And she told me how much she hated me, how much she despised me...and when the police got there and saw all the blood on my body, they wanted to put her jail and I say: 'That's my mother, you can't put her in jail'.

3. Accommodation and Survival. This theme, which was mentioned earlier and confirmed by participants in our focus groups (see quotes below), is documented in existing DV literature. For example, Grigsby and Hartman (1997) noted that behaviors often ascribed to "codependency" may actually be adaptations that allowed women to survive relationships with a violent partner. Goodman and colleagues (2003) described development and application of an instrument to, in fact, measure the strategies women use to survive domestic abuse.

We believe that better understanding about how this works across an adult's lifetime, particularly as it relates to older victims' acceptance of intervention, should be explored in future research.

...there are persons with whom you cannot establish communication, even if one tries, the other cannot establish it. So it is better to be quiet, swallow, and say, well this is my destiny, what can one do? Continue as God wills it.

...but when he came angry I, with all the calm in the world, with the soft answer to cool down the fury...

And then I had a husband for 29 years always threatening me all the time and he was hitting me... I got a book in the library...[about] Karate ...and he figured I'd learn it. So he stopped hitting me and started insulting me all the time. I started reading the Bible over and over, so I didn't even have to hear him because I had to concentrate on what I was reading. And just using psychology: 'Please, dear, I'm trying to read the Bible'. I learned how to crochet: 'Please, dear, I'm counting stitches'. You know, anything that would put him off.

C. Observations Regarding Variations by Age, Ethnicity, and Race

1. Variations by Age. Most of the DV studies cited throughout this report were conducted with relatively young samples. In many instances the [older] women in the DVAOW study described the same feelings and opinions about DV as the young women in these other studies. However, there were a few notable age-related differences. *Secrecy*, as described by DVAOW respondents, was a cultural and/or generational behavior. Repeatedly respondents observed that people of their

generation did not air “dirty laundry”. *Concern for Abuser* also appears to be particularly strong with older women. This seemed to result partially from the length of time in the relationship, and partially from an awareness of abusers’ advanced age and increasing needs for assistance. Finally, *Hopelessness* seemed to have a strong age-related component which was expressed as a feeling that it might be too late, or if things had gone on “this long”, one might just as well continue to endure the abuse.

In a rare study that included data on both younger and older women¹⁴, Mezey, Post, and Maxwell (2002) found that, as had been previously reported, rate of physical abuse is negatively related to age. They learned, however, that the rate of non-physical abuse does not have the same inverse relationship to age. In fact in the two oldest age groups (58-62; 62-69) rates of non-physical abuse rose from the rates determined for women 53-57. Mezey and colleagues observed that prevalence rates for combined physical violence and non-physical violence were higher for women over 58 years of age than for women between ages 18 and 42. This is consistent with the DVAOW finding that many respondents believed emotional or verbal abuse was as bad as, or worse than, physical abuse, and shows that this observation becomes particularly relevant for older DV victims.

Mouton and his colleagues (2004) found that exposure to abuse among postmenopausal women in their study was associated with younger age and lower income. They noted that, while this is consistent with other DV studies, it contradicts existing elder abuse data. Mouton and colleagues (2004) speculated that this contradiction may have occurred because their study focused on functionally independent women, while elder abuse studies generally focus solely on frail elders. They concluded: “*If a woman remains functionally independent, the risk factors for abuse mirror those for intimate partner violence.*” [p. 609]

2. Variations by Ethnicity and Race. The methodology used in this study lends itself better to the identification of similarities between groups rather than differences, due in part to the emphasis on the discovery of themes and patterns in the data. It is occasionally possible to identify differences between sub-groups; however, the prevalence of differences must be interpreted with caution, since the sample is both small and non-random

In fact, there were few concepts or themes that emerged from the DVAOW data that were not present among Hispanic, White non-Hispanic and Black non-Hispanic women. Our findings suggest that older women of all three ethnic-racial groups talk about DA in much the same terms, and all showed similar evidence that it occurs with some regularity in their communities. At least some Black non-Hispanic, White non-Hispanic, and Hispanic respondents had experienced DA and DV, and virtually all were aware of its occurrence among people they knew.

This seems to contradict some existing literature. For example, some authors extrapolate from findings with younger populations that the prevalence of DV is likely to be higher among older minority women than non-minority women (Grossman, 2003; Pearlman, 2003). Others suggest that older women are regarded with such great respect in Black non-Hispanic and Hispanic communities that there is likely to be little or no domestic violence (Griffin, 1999; Hall, 1999). The literature on dependency also

¹⁴ Women ranged in age from 18 to 69 years.

suggests that there may be cultural variations. Hispanic women, in particular, are thought to be relatively more economically dependent on their husbands. Statistically Latinas are less likely than their non-Hispanic White and Black counterparts to work outside the home (Bowleg, 2000; Dixon, 2001; Salabarria-Pena, 2003; Saul, 2000).

While we found few differences among DVAOW groups on any of the concepts related to dependence and powerlessness, or in the way they discussed their relationships with or dependency on other family members, some differences were identified. Both Hispanic and non-Hispanic Black women expressed more overt spirituality. They were more likely to find strength in God, and to seek help from the faith community, either through clergy or other activities in their places of worship or at home. These sentiments were expressed by White non-Hispanic women, but with far less frequency.

There also were differences between the groups with regard to their orientation toward the justice system. Black and White non-Hispanic women suggested that they were more likely to seek help from police and the courts than Hispanic women, and talked considerably more about both positive and negative experience with aspects of the law enforcement and justice systems. Many indicated that they viewed “911” or law enforcement as their primary source of help in cases of physical abuse. By contrast, both groups indicated that negative experiences were quite prevalent in cases where law enforcement or the courts had been engaged. There were two cases where respondents reported that the perpetrator had been “beaten” by the police. In one case the respondent was White, in the other Black.

Hispanic women rarely talked about seeking help from law enforcement or the courts even in cases where there was physical violence. They reported few positive or negative contacts. Rather, they seemed to avoid the topic even when brought up by the focus group leader. In almost every case where they referred to the justice system they turned discussion quickly to other topics. For example, several suggested that the police or a judge might be mandate “psychotherapy” or “counseling” for the perpetrator. Few talked about “arrest” or “incarceration”. It is possible that Hispanic older women are more reluctant to seek help from formal sources rather than from friends and families. This would be consistent with a recently published study that found Hispanic older women to be less likely to be referred to social services by their friends and families than their White and Black counterparts (Grossman, 2003).

Not surprisingly, Hispanic women most frequently expressed concerns that related to immigration issues (there was one exception, from a women who emigrated from Europe). It seems reasonable to speculate that the reluctance of women to engage with the JS may relate to their fear of deportation or their perception that services that are available to citizens are not available to them. This was very clearly articulated by one respondent:

Then, the doors will be closed, because an immigrant is not permitted to have access to those resources. Now, if you are a resident...Then, one has to become a citizen, a second-class citizen....Then, the doors will be closed, because an immigrant is not permitted to have access to those resources.

As previously noted, even in the cases where ethnic or racial differences were identified, there were usually exceptions. Clearly there were White non-Hispanic

women who sought solace or concrete forms of assistance from religious groups and clergy. There were some Hispanic women who were inclined to seek help from law enforcement in full understanding that it would mean arrest or more severe consequences for the perpetrator. There was even one White non-Hispanic respondent who articulated concerns related to her immigration status. Since the actual prevalence of such sentiments in the general population is unknown, we again emphasize the need to be very cautious when attempting to generalize the DVAOW findings to larger populations.

V. PROJECT PRODUCTS

A. Draft Survey Tool

Grounded theory based on data collected in initial focus groups and interviews, and informed by feedback from health and social service professionals, formed the basis of a draft instrument developed to explore women's experiences with an array of "symptoms" or problems associated with DA and BHS. The instruments will be used to test the model of DA and BHS suggested by the current research in future research initiatives. The intervention readiness component, which is currently being pilot-tested in a three-year demonstration project that provides a community-based advocate to work with older victims and assist them in obtaining needed services across multiple service systems, also may be used in future research.

These models emerged from frameworks identified in the data. Survey development was aided by the use of the networks feature of ATLAS.ti, which facilitated analysis of linkages between codes, quotations, families of codes, etc. Frequent referencing of quotations, that is, respondents' words verbatim, helped insure that items created for the survey, or adapted from existing surveys, were worded appropriately and related to important concepts in a way consistent with the communication patterns and cultural norms of respondents.

After testing, the instrument also may have at least two additional uses. It may be a useful tool for persons who respond to situations involving older women who experience domestic violence because it provides a framework to (a) help responders and victims identify the indicators of abuse present in the situation and (b) individual BHS, and (c) specify receptiveness to and readiness for various intervention options. Additionally, the instrument may be useful at the community level to assess community-specific needs of older women who experience domestic abuse, leading to development of community-level responses that will increase help-seeking among victims and effectiveness of efforts to assure victim safety. Notably, it is our goal to produce a final tested instrument with three or four items per factor.

We conducted preliminary member checking of the draft survey tool with two follow-up focus groups of women who had participated in the original study. Women were asked to participate if: (1) they participated in a known-victim group or indicated they had been a DV victim at some time in their life; (2) they expressed themselves understandably in the original focus group; (3) they speak English well enough to participate in an English-speaking group. The latter was necessary because both

follow-up groups were conducted in English. Although several Hispanics who spoke English were invited to participate, none of these women actually came to either of the follow-up group sessions. Each group lasted approximately two hours. Participants were paid \$25 for time and travel reimbursement.

Seven women participated in the follow-up groups. Both groups completed review of all three sections of the questionnaire. A profile of follow-up group participants is shown in Table 3 below:

Table 3. Profile of participants in follow-up focus groups

Group 1			
Victim?	Race/Ethnicity	Age	Income
Yes	White non-Hispanic	48	High
Yes	Black non-Hispanic	45	Low
Group 2			
Victim?	Race/Ethnicity	Age	Income
Yes	Black non-Hispanic	65	Low
Yes	Black non-Hispanic	47	Low
Yes	Black non-Hispanic	52	High
Yes	White non-Hispanic	70	Low
Possibly	White non-Hispanic	61	High

The group discussion focused on the survey pre-test goals established by Czaja (1998), as summarized below:

A. Respondent Comprehension, Burden, and Interest

1. Do respondents have difficulty understanding words, terms, or concepts?
2. Is the sentence structure too complex? Do respondents understand the question, the task required, and the answer format?
3. Do respondents interpret the question as the researcher intends?
4. Do respondents use different response categories or choices than those offered?
5. Are respondents willing and able to perform the tasks required to provide accurate and complete answers?
6. Are respondents attentive and interested in the questions?

B. Other Questionnaire Issues

7. Do the sections of the questionnaire and the questions within the sections have a logical flow?
8. Is there evidence of question order effects?

A ninth question was added to Czaja's goals, i.e., participants were asked to suggest any items they thought should be on the questionnaire, but weren't.

Participants' responses were extremely useful. In terms of questions 1 through 6 above, participants identified items that were problematic for each of these criteria. Notably, participants were attentive and interested in the questions, despite the length of the questionnaire. Both groups insisted on completing a review of the entire instrument. This is in contrast to feedback from a few professionals who reviewed the

instrument and felt it was too long and would not retain women's interest. Of course, extra items are included in the draft to allow for robust testing of the instrument and the model. A final version of the instrument, which will emerge after future research, will in fact be much shorter.

In terms of other questionnaire issues, participants did comment on some problems with question flow. Additionally, order effects were somewhat problematic, mainly because questions were presented in concept clusters rather than "mixed" throughout the survey. Some focus group participants were confused by the number of items that seemed to be asking the same thing.

We made adjustments to the draft instrument accordingly. Each individual item was carefully reviewed by the research team and (1) retained unchanged (this only occurred when there was no specific feedback from the focus groups), (2) retained but modified, or (3) deleted. New questions also were added as suggested by the participants.

We did observe that the second group, with five women from very different backgrounds, was relatively difficult to facilitate. This confirmed the value of our original methodology, i.e., talking with women in "like" groups, particularly in terms of age and ethnicity/race.

While it would have been desirable to test the survey with a larger number of older women, given the financial and time constraints of the study, it was not practical to do so. However, the research team is in the process of developing research proposals for subsequent studies that will explore these issues.

The draft survey, included as Appendix D, reflects the feedback from the follow-up focus group participants.

B. Draft Practice Guidelines

The research team also developed practice guidelines. We recognized that each law enforcement, public safety, healthcare, and social service agency has its own policies and procedures, some of which are statutory. Therefore, the purpose of the Practice Guidelines is to provide first responders and other professionals who may interact with older women who experience DA with an initial assessment and triage tool to enhance responsiveness and effectiveness of personnel who carry out existing procedures. This may increase the likelihood that when they respond to older victims, the victims receive assistance that the victim will accept, and that will not exacerbate the situation.

This tool, while similar to others familiar to researchers and professionals in the DV field, conforms to findings from the DVAOW research related to particular concerns and language used by older women. The document is organized around a series of assessment questions applied in decision tree-type alternative paths.

We solicited feedback on the draft Guidelines from approximately 20 field "experts", including law enforcement, courts, prosecutors' office, shelters, and community service agencies. Six people responded. Modifications were made based on this feedback. Notably, responses were mixed regarding both the usefulness and user friendliness of the Guidelines.

The Draft Practice Guidelines are included as Appendix E.

C. Dissemination of Results

1. Community Involvement

Over the past two years, our involvement in this research has connected us to local domestic violence service community. Most team members have joined the Domestic Violence and Sexual Assault Council of Greater Miami, and one member of the team serves on that group's executive board. Members of this council include representatives of all aspects of the justice system, services providers, and researchers from several of the local universities. Last year we participated in a community effort to obtain funding for a Family Justice Center in Miami-Dade County and we will be participating in another effort to obtain such funding when another request for proposals is released.

One of the DVAOW researchers has worked with a local group for the past two years to successfully obtain three-year funding to pilot establishment of a community-based advocate for older victims of domestic violence and sexual assault, as previously described. Notably, the Project Director of an NIJ-funded training grant also is a partner in this pilot program. The Elder Abuse Coalition, which was established by a group of community agencies following publication of the results of our 1999 study on Elder Abuse and Intra-Family Violence, has recently been revived, with support from The Center on Aging. Several years ago this group was successful in obtaining ongoing funding for an Elder Abuse Team designed to intervene for Adult Protective Services in cases that were particularly complex or that had a history of multiple APS investigations.

2. National Dissemination and Continued Research

During the next twelve months we will produce at least two articles for publication in peer-reviewed journals, in addition to the article we will submit to NIJ. Also we plan to submit applications for presentation of our findings at two or three national meetings. With the approval of NIJ, the technical report will be posted on both The Center on Aging's and the Department of Social Work's web sites.

This project produced a large and robust database on which we plan to base a number of proposals for future research. Two research proposals already have been submitted, and a third proposal is currently under development.

VI. CHALLENGES AND LIMITATIONS OF THE STUDY

Participation in this research has been a remarkable experience for our team. We are grateful to the women who volunteered to talk with us, and especially the very special 134 women who were willing to share their stories and their ideas with us in the focus groups. Nevertheless, there were several significant challenges in completing this project.

One of the biggest challenges involved recruiting subjects, particularly in certain demographic subgroups. These issues were discussed in detail in Section III.A.1.c. Another challenge involved analyzing the large amount of data generated. Data

analysis (see Section III.B.) was extremely labor intensive. Our initial project plan had not allowed sufficient time for this process to be achieved, requiring us to request an additional six months (after the initial 24 months had passed) to complete the analysis and write this Technical Report. In particular we learned that iterative review of transcript data from the approximately 40 hours of group dialogue was essential to clarifying concepts and assuring that we made the correct interpretation of participants' statements. This meant that transcripts were read several times each by more than one member of the research team. While ATLAS.ti was an invaluable tool, we may have over-anticipated the amount of time it would save and, indeed, saving time is probably not its greatest value.

There are quite a number of limitations in our findings, which are discussed below, in no particular order. Some limitations are inherent in the study approach. Although we employed a sampling strategy designed to maximize variation, all participants were residents of Miami-Dade County and therefore do not necessarily represent all older women living in any other community. There is an extraordinarily broad cross section of people living in Miami, and this is reflected in the sample; however there is always the possibility of bias based on residency in any single geographic area. In a related limitation, to the extent that our participants' comments were based on experience with local justice system and service providers, again we cannot generalize their observations to other communities without additional research.

While we used screens in the selection of focus group participants, respondents answered advertisements about a study of "conflict in intimate relationships". It is possible that the emphasis on "conflict" in the advertisement may have produced some self-selection bias. However, it is notable that the advertisement did *not* use the word "violence".

There is some inherent limitation in the use of a grounded theory approach. Maximum variation sampling helps to insure that the pool of respondents in the study is as broad as possible. The grounded theory approach then searches for similarities and themes that generalize to some or all of the study respondents. The strongest findings are those that can be generalized to the majority of respondents, since those findings appear valid for respondents in spite of relatively large demographic or other differences. Such findings appear more stable and are therefore the primary findings used to generate grounded theories that are the product of such studies. However, maximum variation sampling does not insure that there will be a *representative* sample, particularly of minority classes (e.g., race, age, income) in the sample. Therefore grounded theories based on the differences between classes, while possible, must be viewed with considerably more caution. The current study emphasizes similarities between respondents. This should not imply that there are no important differences, but rather that more research, especially research using large numbers of respondents and quantitative techniques, will be necessary to fully explore such differences.

Another limitation of the study is that it is based on self reports of older women about their experiences and perspectives on domestic abuse, in some cases, long after the problems they discussed had occurred. While this has the benefit of grounding the theory generated from the study in their genuine viewpoint, and at times

even their own words, it has the obvious limitation that there were no direct observations or checks on their behavior.

Results of this study are based entirely on concepts and themes that could be verified through actual responses of participants in the form of quotations. This relates to the principal strength of the approach, in that the theories generated are “grounded” in the perspective of the subjects under study, and are therefore relevant to them. Corbin and Strauss (1990) have described this as a process by which concepts and themes and theories “earn” their place in the results by being present in participant responses.¹⁵ However, this approach can also be seen as a limitation, in that there may be relevant concepts that were simply not discussed by respondents. Similarly, concepts and other theoretical propositions that could not be verified through actual responses from participants were omitted from results. Indeed, several concepts and propositions suggested by members of the research team at the outset of the study were dropped from subsequent analyses due to a lack of support in the responses of participants. It is important to note that this does not mean that concepts suggested in previous theoretical and empirical writings are “invalid”. Rather, such theories and conceptualizations were simply not found in this particular sample.

Finally, there is an inherent subjectivity in the analysis that is inescapable. The research team has partially dealt with this by insisting that all important concepts resulting from these data be verified by multiple members of the research team, but there is no way to entirely eliminate subjectivity in this type of research.

VII. CONCLUSIONS AND RECOMMENDATIONS

This study addressed a very limited literature in the area of DV and older women by employing an ethnically and economically diverse older sample who gave voice to what it is like to experience DA as an older woman. Many of the concepts that emerged in the DVAOW study have been discussed in domestic violence literature. However, our findings are unique in the following ways:

- Using a relatively large (in terms of qualitative research) and diverse sample, we were able to use qualitative data analysis software and qualitative analysis techniques to effectively generate a number of important themes and a proposed model. This was especially important because the findings were grounded entirely in what older women themselves said in response to the research questions.
- The relationship between the experience of DA and BHS that was suggested by the data is a new conceptualization of the response to the often asked question, “why do they stay?” in terms of older women, and consistent with findings from smaller qualitative DV studies with younger subjects.
- The idea that some older women believe that preserving the family unit is an essential part of their family role and responsibility, and described this as a value

¹⁵ Corbin, J., & Strauss, A. (1990). Grounded Theory Research - Procedures, Canons and Evaluative Criteria. *Qualitative Sociology*, 13(1).

distinct from the obligation to protect individual family members from the direct or indirect effects of DA, has not been previously reported in the DV literature.

- Although some of the concepts presented in this report are consistent with existing DV literature, there are no reports in the literature regarding how older women think and feel about DA and the related issues we explored in this study.
- The role of the justice system in responding to DA against older women was discussed in some detail in the focus group sessions. Notably, this occurred in the absence of any question about the justice system, but rather in response to a probe regarding what should happen when older women experience DA. Therefore, the frequent mention of the justice system can be interpreted to reflect respondents' independent identification of the justice system as the most likely place to seek help.
- Several of the findings have major implications for the justice system.
 - o If the relationship between DA and BHS proposed in our model is confirmed in future research, it would suggest an urgent need for updated training of justice system professionals as well as consideration of modifications to laws, sentencing guidelines, and law enforcement policies and procedures.
 - o Although we gained many insights from DVAOW respondents, it would be important to conduct quantitative research regarding why older women don't seek help from the justice system, and further, to develop tools so that individual communities can fine-tune the justice system response to DA based on the unique characteristics of their older citizens as well as the impact of state and local laws, policies, procedures and judicial culture.

Overall, we recommend continued funding of research regarding older women who experience domestic abuse. Additionally, research is needed to better understand how the experience of what is traditionally called "elder abuse" differs from the model proposed in this report and to identify common themes in DV and elder abuse models.

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APPENDICES

APPENDIX A

FOCUS GROUP PROTOCOL

FOCUS GROUP PROTOCOL

The primary objective of the protocol is to get respondents to talk openly. Remember that prompts are to be used sparingly, and only to help elicit responses. Many times you will not need them because respondents will cover the areas without prompting!

MODERATOR RULES OF THUMB

- Moderator must be attentive to what issues are important and to when discussion moves out of focus or to other themes.
- Use of common language as in everyday talking, chatting.
- Moderator has to be attentive and sensitive to reactions among participants about the issues.
- All questions, probes, prompts need to be asked in the third person...use "someone", "people in your group", "people", "people you have heard about", etc.

TOPIC 1: SETTING THE STAGE

Everyone lives with or near other people with whom they have an intimate relationship, like spouses, family, or their partner.

We want to talk with you today about how you believe women in our age group and cultural background think about handling conflict in these relationships at this point in their lives.

TOPIC 2: DEFINING NORMAL VS. ABERRANT

We all know that when you spend a lot of time with people, there are bound to be things that you disagree about, or even fight about and have conflicts. This is normal for most people even in intimate relationships.

- Maybe you can think of some examples of "everyday" conflict in intimate relationships?
- What kind of things do people do?
- What kinds of things do people say?
- How do they say it (...yelling, keeping it all inside...)
- Do you know of people getting physical?

What happens if conflict gets "out of hand"?

- Have you heard of such situations?

- What is that like?
- What kind of things do people do?
- How do these things end?
- How do they get resolved?

(Note: probing for mutual violence is implicit in these questions as they are asked in a "gender neutral" way and allow for participants to describe aggression by the male, female or both parties)

If the “why’s” come up here, look at prompts for Topic 4.

TOPIC 3: DOMESTIC VIOLENCE (EXPLORING LANGUAGE FURTHER)

How many of you have heard the term "domestic violence"?

- What does that mean to you?
- Would you consider any of the stories we've shared examples of DV?
- Could this happen to someone like us?
- Who does this happen to?

Note to trainer: After Topic 3, facilitator should use term that respondents use.

TOPIC 4: CAUSES

Refer to any stories that have already been shared. If no good stories have been elicited, may use vignettes here.

1. How do situations get "out of hand"?
 - Why do you think these things happen?
 - What if the couple is older? (Note to trainer...prompt ONLY if they are not talking about people in their age group.)
 - Are there different reasons for older people?
2. Is this kind of behavior ever appropriate?
 - Can you think of a reason this kind of behavior would be justified?
 - Are there people who think its okay for people to behave this way with their spouses or partners?

TOPIC 5: TELLING SOMEONE

Again, use stories told by group and/or vignettes to focus discussion.

1. Do people talk about it when there is violence?
 - Do people in our age group talk about it with anyone? Who?
 - Do they tell everything? Is there some particular way they say it?
 - Do they leave anything out or add anything to the story, do you think?
 - Is this different for people who are older? How?
2. Some people don't tell...why do you think that is?
3. Is there someone people might tell who is not a friend or relative?
 - Doctor or nurse
 - Pastor or priest
 - Help line
 - Police
 - Agencies – Social Services
 - Why this person?
 - Do you think there is someone like that who should be told?
 - Are there times when telling would absolutely not be the right thing to do?
4. Where do you think someone like us generally finds out about people who can help?
 - Have you ever seen or heard information or advertisements about how people in bad or violent relationships can get help?
 - Do you think these are good resources for people our age who want to tell someone who is not a friend or relative?
 - Do you think most people our age know about these resources?

TOPIC 6: GETTING HELP

1. What happens if they tell a friend or family member about DV?
 - To them?
 - To the other person?
 - Are the consequences different for older people?
 - What's the best thing that could happen?
 - What's the worst thing that could happen?
2. Does something different happen if they tell someone who is not a friend or family member?
 - To them?
 - To the other person?
 - Are the consequences different for older people?
 - What's the best thing that could happen?
 - What's the worst thing that could happen?

TOPIC 7: CONSEQUENCES FOR PERPETRATORS

1. What do you think happens to people who are violent with their spouses or partners?

Use stories told and/or vignettes to discriminate between potential consequences for different levels of conflict and violence.

- Is this what you think should happen?
- What do YOU think should happen?
- Is this different for people who are older?

APPENDIX B

FACILITATOR TRAINING HANDBOOK

Domestic Violence and Older Women Interviewer Training



Florida International University

The Center on Aging

In partnership with:



Description of the Project

- Most research on elder abuse has focused on caregiver abuse and neglect rather than domestic violence.
- We want to know how older women think about violence and what solutions they feel might work for them.



Description of the Project



- ≡ Focus groups of middle age and older women
- ≡ Learning about how they describe conflict and abuse in relationships their words about abuse
- ≡ Learning what they would be willing to do to protect themselves
- ≡ Learning about the problem in their own words.

Focus Groups



- ≡ Groups of 8-12 people, with one facilitator and one recorder/process observer.
- ≡ Facilitator uses guide or protocol to make sure the group discusses the topics of interest to researchers.
- ≡ Facilitator draws out responses from participants, and makes sure that all discussants have a chance to express their views without being judged.
- ≡ The recorder/observer takes notes, monitors recording equipment, watches interactions between group member, and occasionally assists the facilitator.
- ≡ Discussions are relatively free-flowing and last about 1-2 hours.

Advantages of Focus Groups

- Focus groups are more efficient than interviews since they allow several people to share their viewpoints in a single session.
- Focus groups allow for more free flowing information than surveys or “quantitative” methodologies, and allow discussants to say things in their own words.
- Peer groups are sometimes capable of eliciting information from each other that an interviewer would not otherwise get.



Focus Group Disadvantages



- ≡ Focus groups are more efficient than interviews, since they allow several people to share their view points in a single session.
- ≡ Focus groups allow for more free flowing information than surveys or “quantitative” methodologies, and allow discussants to say things in their own words.
- ≡ Peer groups are sometimes capable of eliciting information from each other that an interviewer would not otherwise get.

Before the Interview



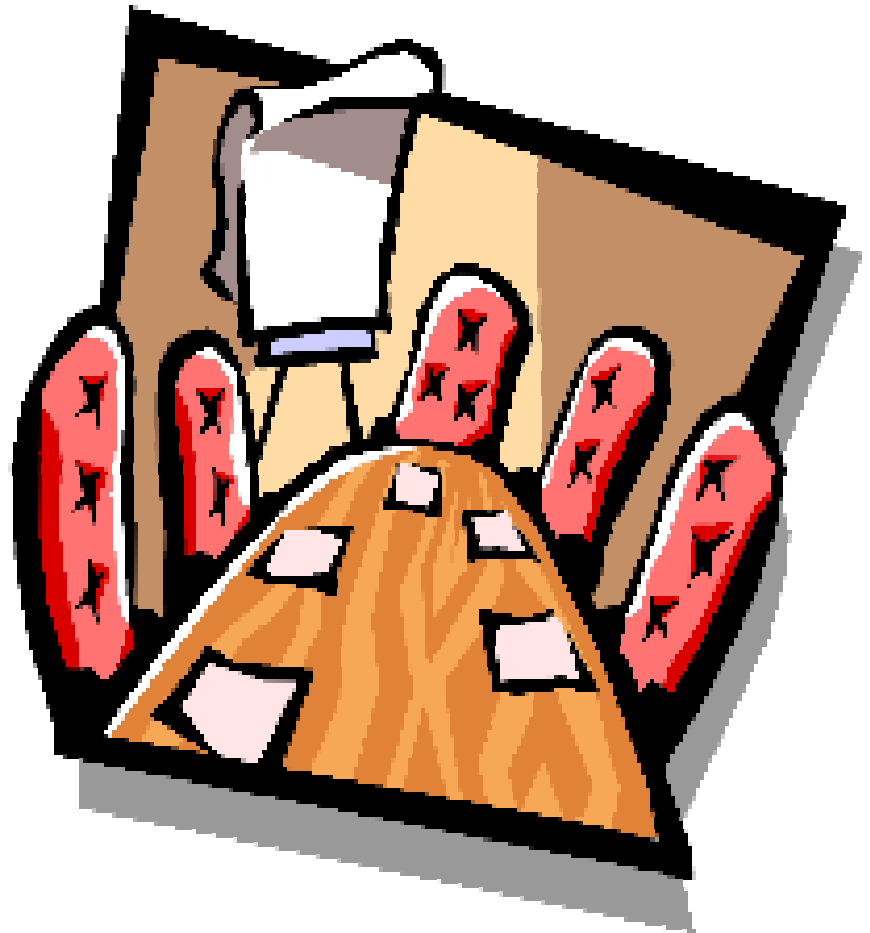
TAKE WITH YOU:

- ≡ Digital recorder
- ≡ Cassette recorder
- ≡ Working pens
- ≡ Tissues
- ≡ Correct Interview Schedule
- ≡ Money to pay participants

Before the Interview

PREPARE THE ROOM:

- ≡ Refreshments
- ≡ Enough Chairs
- ≡ Clean tables
- ≡ Interlopers ejected
- ≡ Know locations of bathrooms



First Contact

- ≡ Give your name and the name of the project (COSP Project)
- ≡ Introduce the recorder and explain their function
- ≡ Provide brief project summary (do not mention domestic violence specifically!)
- ≡ Explain use of aliases
- ≡ Explain rules for how to respond
- ≡ Explain consent forms
- ≡ Sign consent forms



Facilitator & Recorder



FACILITATOR'S ROLE:

- ≡ *Facilitate* rather than *lead*
- ≡ Ask questions
- ≡ Help the shy to speak
- ≡ Help the bold to let them!
- ≡ Keep us on topic
- ≡ Keep us on time

Facilitator and Recorder



RECORDERS ROLE:

- ≡ Monitor recording equipment
- ≡ Listen to discussion while facilitator concentrates on who is speaking
- ≡ Assist facilitator
 - Troubleshooting
 - Watching process
 - Monitoring protocol for coverage
- ≡ Quietly communicate with facilitator if needed

Facilitator and Recorder

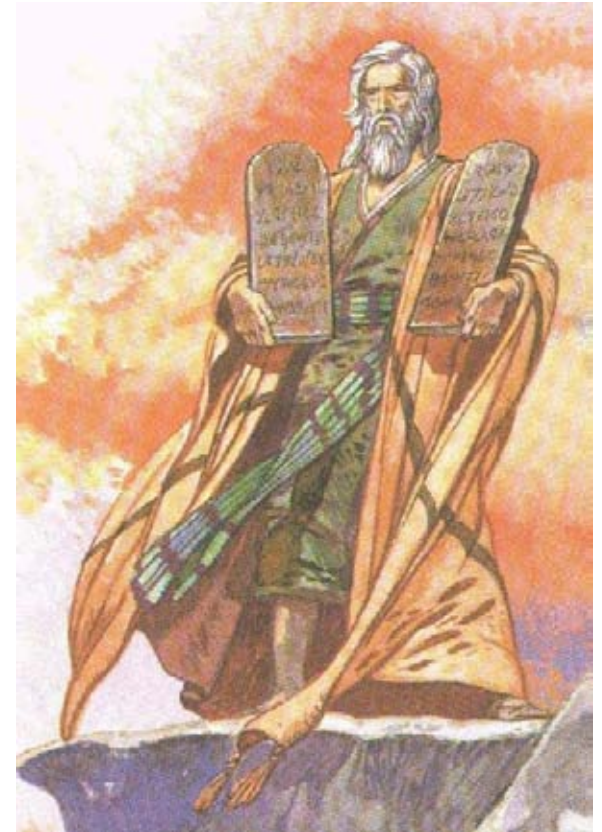


RECORDERS ROLE CONTINUED:

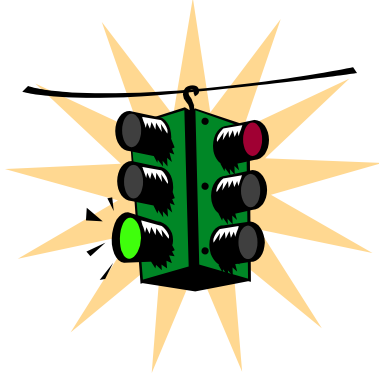
- ≡ Track whether every question has been answered
- ≡ Clue the facilitator in when there has been a skip
- ≡ Clue the interviewer in when there are group dynamics forming that the facilitator may not see.

Focus Group Rules

- ≡ Use name before speaking
- ≡ The idea is to get all thoughts out...and...
- ≡ All thoughts are good thoughts!
- ≡ We are here to talk, to listen, but NOT to judge
- ≡ What we say here, stays here
- ≡ We need everybody and truly want to hear what everyone has to say.



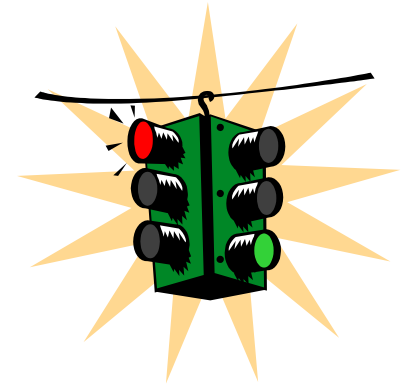
Interviewers should:



Be as neutral as possible
Reward discussion rather than content

Interviewers should refrain from:

Touching other than to shake hands
Acting out (yelling, slamming furniture)
Using profanity



Listening Skills



Good listening skills
help interviewers:

- ≡ Probe for more information when necessary
- ≡ Gauge the respondent's level of comfort or discomfort with the questions
- ≡ Hear and understand the respondent's answer so that it is recorded correctly

Body Language

Non-verbal cues can be conveyed through:

- ≡ Facial expressions
- ≡ Posture
- ≡ Hand and foot movements
- ≡ Communicating what you want to with your body.



Non-verbal Cues

Do use:

- ≡ The therapist's hum
- ≡ The traffic cop's hand
- ≡ The pregnant pause

Don't use:

- ≡ Unclear gestures
- ≡ Large movements



Be aware of cultural variables:

- ≡ Spanish “no”, the heat wave, crowded, cheap...
- ≡ Eyes up...eyes down...

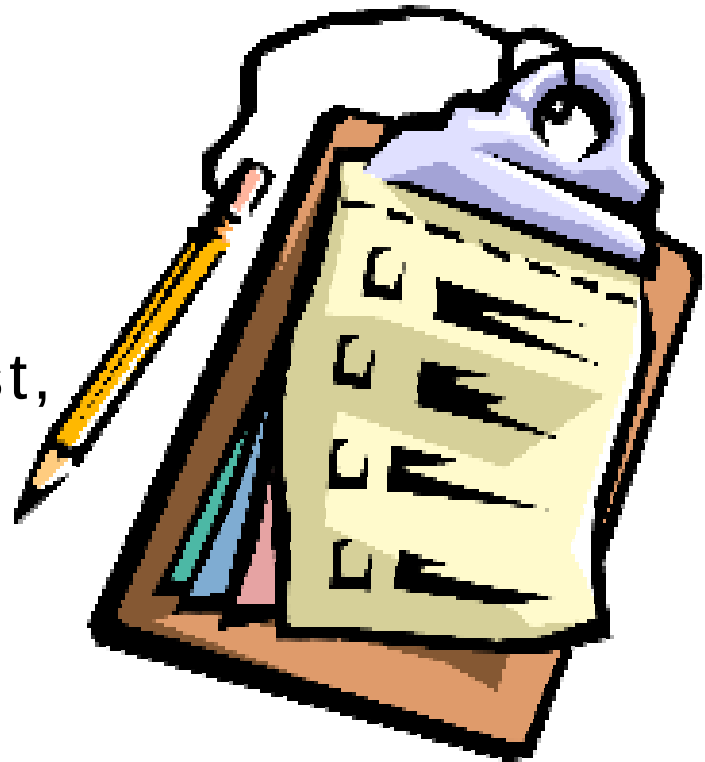
Avoid Creating Facilitator Effects



- ⌘ Do not offer your own opinion during the session
- ⌘ Do not display approval or disapproval through your tone of voice, facial expression, or side comments
- ⌘ Do not discuss your own experiences with respondents
- ⌘ Do not read questions using your own words instead of those written on the schedule/protocol
- ⌘ Do not use words that might offend

Using the Focus Group Schedule

- ≡ Ask questions in a natural way rather than reading if you can.
- ≡ Use a tone of voice that conveys assurance, interest, and a professional manner that is neutral and non-judgmental
- ≡ Cover every question
- ≡ Follow the *natural order*...



...The Natural Order



- ≡ The Focus Group Schedule is a suggestion only.
- ≡ If discussion shifts naturally to another area of the Schedule, allow it to do so
 - Mark the questions that have not been covered so you can return to them.
 - Keep track of what has been covered and what has not
- ≡ Be reluctant to leave *productive* discussion
- ≡ Try to steer only when discussion goes off the research topic.
- ≡ Steer as gently as possible and as infrequently

Using Probes

On the schedule:

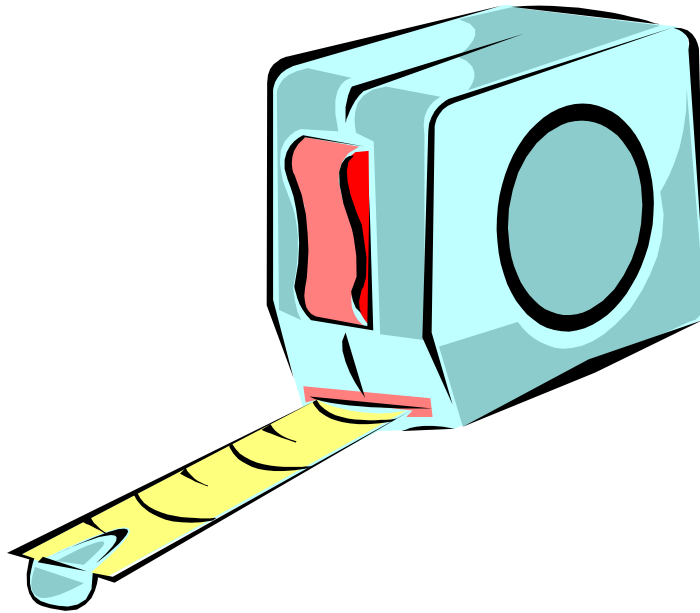
- ≡ Use only if they don't come up naturally
- ≡ Use to give clarification of questions

Not on the Schedule:

- ≡ Get clarification
- ≡ Ask respondent to be specific
- ≡ Ask a neutral question



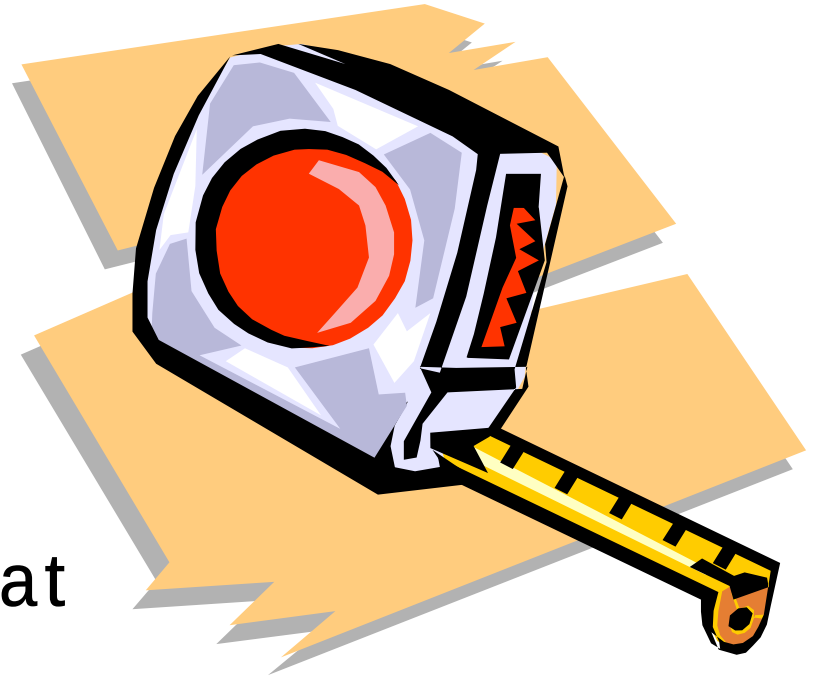
Short Feedback Phrases



- ≡ I see...
- ≡ Uh-huh/Um-hmmm
- ≡ Thank you
- ≡ Thanks

Long Feedback Phrases

- ⌘ That's useful/helpful information
- ⌘ It's useful to get your ideas on this
- ⌘ Thanks, it's important to get your opinion on that
- ⌘ I see, that's helpful to know



Taking Breaks

Be aware of signs that may indicate that a break is needed:

- ⌘ Fidgeting
- ⌘ Non-verbal behavior that might mean the respondent is tired, restless or experiencing extreme emotion
- ⌘ Need for a drink or snack so that medication can be taken
- ⌘ This is a good time to check with the Recorder about things to cover before returning



What about the respondent who gives an “I don’t know” answer?

Consider what she might really mean:



The respondent...

- ≡ may not understand the question
- ≡ may be thinking about her answer
- ≡ doesn't want to answer the question
- ≡ doesn't have an opinion on the subject

When talking to a person with a hearing loss:

- ⌘ Make sure the respondent always has a clear and direct view of your face while you are talking
- ⌘ When communicating through interpreter, always look at the respondent, not at the interpreter
- ⌘ Speak with a normal voice, neither shouting nor whispering is appropriate



When talking to a person with a visual disability:

- ≡ Speak in a normal manner, unless you have learned that the person also has a hearing loss
- ≡ Read absolutely everything; do not rely on visual information
- ≡ If other people enter the room, always verbally describe what is going on and who is entering



When talking to a Person with a Physical Disability:



- ≡ Use “person first” language
- ≡ Do not hesitate to shake the person’s hand if offered.
- ≡ Do not express sympathy for the person because of their disability

About Elder Abuse and Domestic Violence

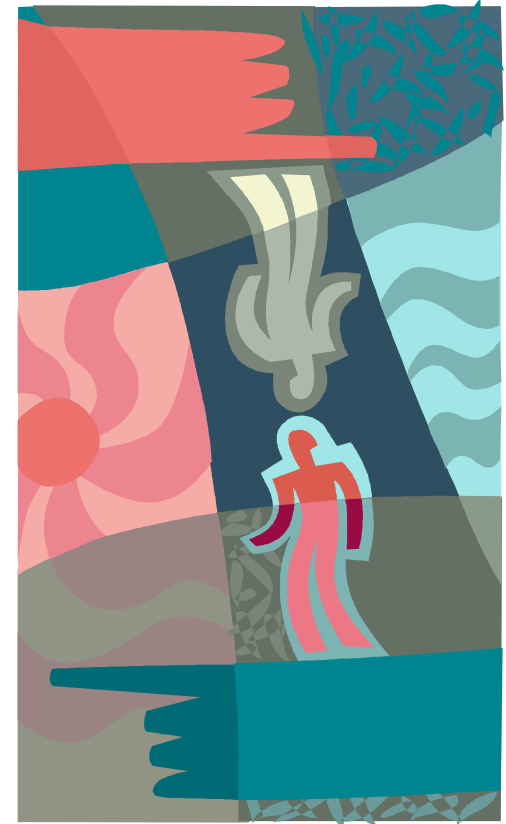


Types of Abuse

- Physical
- Sexual
- Psychological/emotional
- Financial/material/economic
- Intentional neglect

Myths and Misconceptions

- DV against older women is not a major problem in the U.S.
- DV happens to them, not to us
- We know everything we need to know about older abused women
- DV against older women is a family matter
- I know why DV happens



About this Project



The issue of domestic violence against older women has received only slight notice in DV or elder abuse research. Moreover, little has been done to develop responsive community prevention and intervention programs for older women who experience DV.

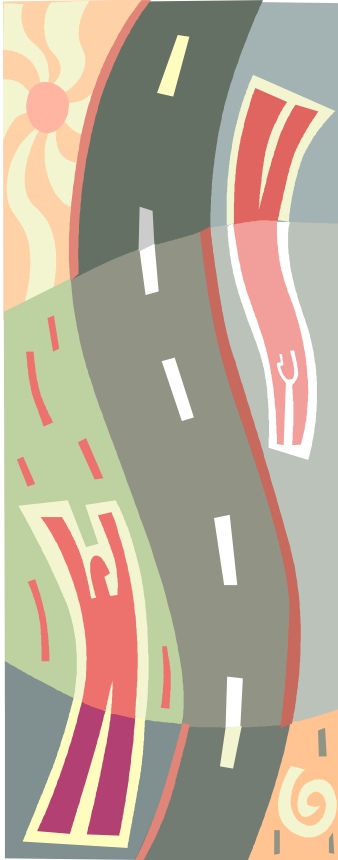
About this Project

Voices of older women about:

- ≡ How they define DV
- ≡ Language they use to name “it” and the behaviors associated with “it”
- ≡ Causes of DV
- ≡ Attitudes toward reporting
- ≡ Desirable/acceptable interventions
- ≡ Consequences for perpetrators
- ≡ Barriers to help-seeking



About this Project



- ≡ Talking to non-victims & known victims
- ≡ Will do 30 one-on-one interviews after focus groups
- ≡ Will meet with law enforcement and providers regarding issues
- ≡ Will develop draft survey to collect quantitative data re: DV and older women
- ≡ Will develop practice guidelines for law enforcement and community providers

If you suspect a participant is a victim...

- ≡ Listen, but DO NOT PROBE
- ≡ DO NOT make suggestions, recommendations
- ≡ Make sure woman knows about information packet
- ≡ Offer Pam Stack's phone number ("would you like information about how to contact...?")
- ≡ If woman indicates she needs immediate help, contact Pam Stack right away



Before Ending the Focus Group



- ≡ Check with the Recorder for any areas not covered
- ≡ Offer participants information package regarding elder abuse and domestic violence

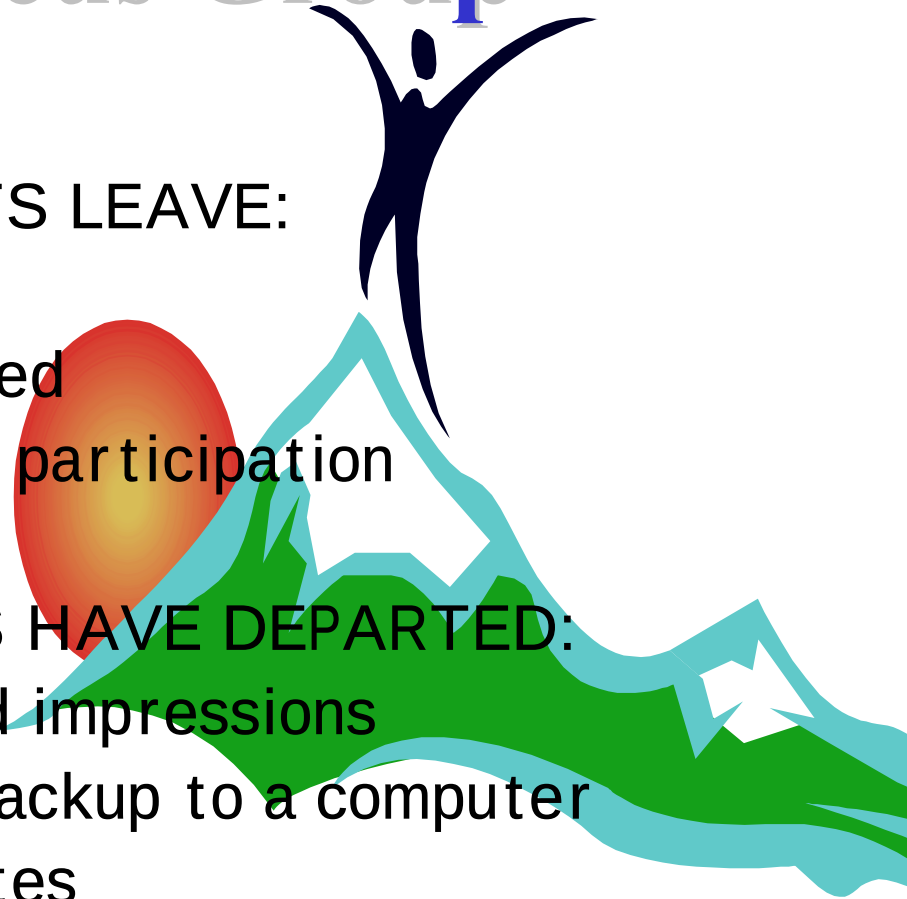
After the Focus Group

BEFORE RESPONDENTS LEAVE:

- ≡ Pay respondents
- ≡ get receipt form signed
- ≡ Thank them for their participation

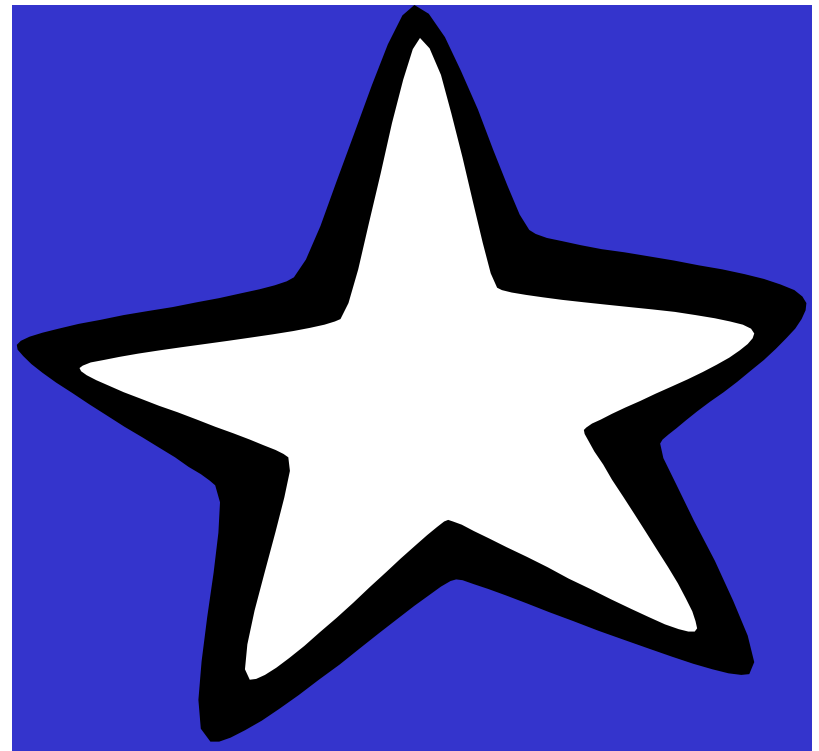
WHEN RESPONDENTS HAVE DEPARTED:

- ≡ Write down notes and impressions
- ≡ Save interview, and backup to a computer
- ≡ Break tabs on cassettes



Facilitators have an important job

- ⚡ The whole study hangs on how well you do your job.
- ⚡ Nothing in the study is more important!



APPENDIX C

FOCUS GROUP PARTICIPANT INFORMATION PACKETS

Domestic Violence: Any Family, Any Age

About Domestic Violence and Resources in Miami-Dade County

This information was compiled by
The Center on Aging at Florida International University
as part of a research grant from the National Institute of Justice
(Project # NIJ 2002-WG-BX-0010)

Domestic Violence: Any Family, Any Age

Domestic violence is not only for the young. It can occur in older families, too. This booklet discusses domestic violence and includes issues that are specific to older adults.

Domestic violence can include not only physical violence, but emotional and financial abuse, as well. Domestic violence legally differs from elder abuse in that it is committed against a physically and mentally healthy adult and occurs at the hands of a spouse or companion.

For many older victims of domestic violence, there has been ongoing violence for many years. Yet for others, it does not begin until later in life, often aggravated by the change in lifestyle that comes with retirement, declining physical and mental health, and reduced sexual ability.

Regardless of which category you fall into, domestic violence is wrong, and it is not your fault. No one deserves to be hurt.

Persons who may be included in domestic violence cases are:

- ▶ **wife or husband**
- ▶ **parent of your child**
- ▶ **family member**
- ▶ **someone you have lived with as if a family**

If you know someone who is being abused, do not look the other way.

- ▶ **Let her/him know you are concerned about her/him.**
- ▶ **Offer to listen.**
- ▶ **Respect her/his choices, but encourage her/him to talk with professionals about safety issues.**
- ▶ **Offer as much help as you can, but do not take risks with your own safety.**
Examples of help: transportation, a place to stay, a job, lending money.
- ▶ **Give her/him a copy of this safety planning worksheet.**

What is Domestic Violence?

PHYSICAL ABUSE:

- **Infliction of physical pain or injury, physical coercion, confinement, restraining, burning, cutting, pushing, striking, slapping, kicking, pinching, or use of weapons.**

PSYCHOLOGICAL ABUSE:

- **Demeaning you, name-calling, insulting, ignoring, humiliating, frightening, threatening, isolating, harassing, intimidating, denying you a home or personal possessions.**

SEXUAL ABUSE:

- **Sexually molesting you, forcing you to have sex when you say no, using weapons to coerce you into having sex, using weapons during sex.**

NEGLECT:

- **Intentionally withholding medication, shelter, food, personal hygiene products, or clothing; infliction of physical or emotional stress or injury; abandonment.**

If you have been forced to do something sexual that you didn't want to do or if you have been kept from food, medicine, or a doctor's care, you are a victim of domestic violence. It is not your fault. The abuser is responsible. There is someone who will listen and support you and your decisions. There are steps you can take to help end the abuse. If any of these things are happening to you, you do not have to face them alone.

Is This Happening to You?

- ▶ **Do you feel isolated? Are you being deprived of contact with the outside world?**
- ▶ **Are you being denied private space or time?**
- ▶ **Are you being controlled and not allowed to make decisions for yourself?**

- ▶ **Is your spouse or companion withholding or mismanaging your scheduled medications?**
 - ▶ **Are you being deprived of good personal hygiene or proper cleanliness when you need assistance?**
 - ▶ **Does your spouse or companion make false accusations against you?**
 - ▶ **Is your spouse or companion verbally, mentally, emotionally, physically, or sexually abusing you?**
-

No one deserves to be abused. You have the right to feel safe in your own home. If you are not safe in your home, it is sometimes necessary to make changes to become safe again.

WHAT ARE SOME OPTIONS YOU MAY CONSIDER?

- ▶ **Call the police in an emergency.**
- ▶ **File a police report about the violence.**
- ▶ **Call the domestic violence hotline to talk, get information or ideas, find a shelter, or make a safety or escape plan.**
- ▶ **Have the abuser ordered by the court to stay away from you by getting an Injunction for Protection.**
- ▶ **See a doctor for injuries (and consider having him/her write down the cause of the injuries).**
- ▶ **Talk to a friend, family member, neighbor, or someone else for support and ask for help.**
- ▶ **Make a personal safety plan.**

When violence does seem close, avoid the kitchen, bathroom, and rooms without any doors to the outside. Begin action on safety plan at any sign of trouble.

Planning for Safety

WHO SHOULD CONSIDER MAKING A SAFETY PLAN?

- ▶ **Living with an abuser - *because the danger can occur at any time***
- ▶ **Planning to leave - *because few abusers allow their victim to leave peacefully***
- ▶ **Living separately - *because danger often increases after a survivor leaves or stops a relationship***

If you are living in an abusive situation, there are several precautions you can take to stay safe in your home and to be prepared to leave quickly if necessary.

- ☐ **Keep important phone numbers where you can get to them quickly and easily.**
- ☐ **Keep any restraining orders or protective orders easily accessible.**
- ☐ **Have an emergency contact you can turn to if or when the abuse recurs.**
- ☐ **Keep important documents hidden in an easily accessible location in case you must leave quickly. These might include:**
 - ✓ **your birth certificate,**
 - ✓ **Insurance, Medicare, and Medicaid cards,**
 - ✓ **bank account passbook,**
 - ✓ **passport,**
 - ✓ **Social Security card,**
 - ✓ **power of attorney documents,**
 - ✓ **financial documents,**
 - ✓ **marriage license,**
 - ✓ **the deed to your house.**
- ☐ **Keep your money, medications, spare keys, and clothing readily accessible in case you must leave quickly.**

- ☐ **Take your glasses, hearing aids, and other personal items such as photographs when you leave.**
- ☐ **Make financial arrangements to secure a personal bank account, credit cards, or a safety deposit box.**
- ☐ **Make arrangements for a safe place to go if you are in danger.**

Safe Place #1 Address: _____

Phone: _____

Safe Place #2 Address: _____

Phone: _____

- ☐ **Make arrangements for someone to give you a ride in case of an emergency.**

Emergency Ride Phone #1: _____

Emergency Ride Phone #2: _____

- ☐ **Make arrangements to house your pets.**
- ☐ **Develop an emergency signal with a friend or neighbor to let them know when you are in danger and need help.**
- ☐ **Keep any evidence of physical abuse, such as ripped clothes and photos of bruises and injuries.**
- ☐ **Keep a list with you at all times with your doctor's name and phone number, the names of all of your medications, and the name of your drugstore.**

Emergency Telephone Numbers

FLORIDA DOMESTIC VIOLENCE HOTLINE: 1-800-500-1119

TTY: 1-800-621-4202

ELDER ABUSE HOTLINE: 1-800-96-ABUSE (1-800-962-2873)

ELDER HELPLINE: 1-800-96-ELDER (1-800-963-5337)

EMERGENCY SERVICES: 911

Using telephone services or a special device may play a role in getting help or documenting threats.

Some telephone companies offer services that may help domestic violence survivors. These services may also be used by abusers to harass, stalk, threaten, or find survivors. Most require phone company charges. Some of the services include:

Operator Assistance: Operators can dial police and other emergency numbers if you cannot do it or do not know the number. If you do not have some of the services listed below, operators in your area can advise you of other services if they exist.

Voice Mail: Allows you to have a phone number and get messages without answering the phone. No one has to know it's just voice mail.

Caller ID: Shows and records the numbers that call your phone. You have to buy a special electronic box to plug into the phone.

Call Block: Keeps caller ID from recognizing your number.

Trap and Trace: Local telephone companies may be able to mechanically check repetitive calls. This allows for outside documentation of violations of protective injunctions and stalking.

Call Tracing: Dialing *57 on a touchtone operated phone or 1157 on a rotary phone verifies to the police the last call into your number.

Last Number Redial: Dialing *69 on a touchtone operated phone or 1169 on a rotary phone obtains the last number called and can dial back to the caller.

Collect calls and calls billed to another number: Use caution when making these calls. They can be traced. If calling the batterer, make these calls from payphones out of your neighborhood or town. Consider buying a pre-paid calling card.

The information above was prepared by FCADV in cooperation with the U.S. Department of Justice. It was originally published February 15, 1999 as a project supported by grant No. MJ940 awarded by the Violence Against Women Grants Office, Office of Justice Programs, U.S. Department of Justice. Information contained within this brochure do not necessarily reflect the official position or policies of the State of Florida, the U.S. Department of Justice, or any other agency of the state or federal government. Reprinted on FCADV website October 14, 2002.

Shelter Resources in Miami-Dade County

NOTE: SHELTERS OFFER RESIDENT AND NON-RESIDENT SERVICES.

Metro-Dade Advocates for Victims, Safespace (North)

Serving Miami-Dade County and

Serving the cities of Miami, Coral Gables, Hialeah, Homestead, and Opa Locka

Hotline numbers: (305) 758-2546

7831 NE Miami Court, Miami, FL 33138

Administration: (305) 758-2804, ext. 224

FAX: (305) 756-1347

pls@miamidade.gov

Metro-Dade Advocates for Victims, Safespace (South)

Serving Miami-Dade County for South Miami, Kendall, and Pinecrest and all points south, and Monroe County

49 West Mowry Street

Homestead, FL 33030

Hotline (305) 758-2546

Administration: (305) 247-4249

Women in Distress of Broward County

Serving Broward County and

Serving the cities of Ft. Lauderdale, Hallandale, Hollywood, and Pompano

Hotline number: (954) 761-1133

PO Box 676

Ft Lauderdale, FL 33302

Phone: (954) 760-9800

FAX: (954) 687-0733

Aid to Victims of Domestic Abuse

Serving Palm Beach County and

Serving the cities of Delray Beach, Boca Raton, Boynton Beach, and West Palm Beach

Hotline numbers: (561) 265-2900 or 1-800-355-8547

PO Box 667

Delray Beach, FL 33447

Congratulations!

You have just taken the first step toward creating a safe home for yourself and your children by reading this brochure. The next step is to seek the assistance of organizations listed in the following list of resources, or to make your own list of resources in your area.

RESOURCES

National Domestic Violence Hotline

Interpreters for various languages are available

1-800-799-SAFE or

1-800-799-7233

You Have A Right To Be Free From Violence In Your Home

Questions & Answers

For Immigrant and Refugee Women



Originally written by Donna Norton and produced by the Family Violence Prevention Fund (FUND). Updated by Minty Siu Chung of AYUDA Inc., and Leni Marin of the FUND. Funding provided in part by the San Francisco Commission on the Status of Women. This translation was funded by The California Department of Health Services.

For more in depth coverage, consult the manual, *Domestic Violence in Immigrant and Refugee Communities: Asserting the Rights of Battered Women*.

This brochure and manual can be ordered from the

Family Violence Prevention Fund
383 Rhode Island Street, Suite 303
San Francisco, CA 94103-5133
415/252-8900

Camera-ready versions of this brochure can also be ordered. The publisher grants its permission for you to reproduce this brochure in full.



WHAT IS "DOMESTIC VIOLENCE"?

Is your partner extremely jealous and does he discourage you from speaking to friends or family? Does he prevent you from getting a job or learning English?

Has your partner ever threatened to take away your children? Has he told you that he will have you deported?

Have you ever been hit by your partner? Has he forced you to have sex when you did not want to? Has he ever threatened to harm you with weapons like guns, knives or other objects?

Does your partner claim that his violence is your fault? Has he ever told you his violence is not serious? Does he blame drugs or alcohol for his violent behavior? Does he make you feel like you are crazy? Does he call you names that are demeaning to you?

If you answered yes to some of these questions, you are not alone. Many other women like you are in the same situation. Your partner's behavior is not your fault. Help is available to you.

Domestic violence tends to get worse over time. It does not go away on its own. This brochure will outline some things you can do to protect yourself and your children from continuing violence.

This brochure will refer to the abuser as "he." Some women are abused by other women. While not all the legal remedies will apply to lesbian relationships, this brochure will still provide some basic information about things you can do to make yourself safe.



WHAT CAN I DO?

There are a variety of services available to assist you to stop the violence in your home: shelters, hospitals, police, legal aid and other community services.



SHOULD I LEAVE MY HOME IF I AM IN DANGER?

YES. Go to a friend's house or a battered women's shelter. Shelters are usually free and will often have information about other services available in your community. If you stay with a friend or a family member, keep your location

secret if possible. You have the right to keep your immigration status private.

If you leave your home, make every effort to take your children with you. It is also helpful if you can bring documents, such as a driver's licence, identification, passports, and visas for yourself and your children, birth certificates, documents from any public assistance programs, rental agreements, checkbooks, credit cards, paycheck stubs, marriage license, copies of tax returns for yourself and your husband/intimate partner. Information about your husband can also be helpful. If you cannot get a copy of his resident alien card or certificate of naturalization, copy down the information from those documents on a piece of paper. If you think you may need to leave in the future, pack these items in a bag so you can find them quickly as you leave or take them to a friend's home.



SHOULD I CALL THE POLICE?

YES. Domestic violence is against the law. The police can escort you and your children out of the house if you want to leave and often can transport you to a safe place. Officers may arrest your husband/intimate partner if they believe a crime has been committed. If the police officer does not speak your language, find someone other than your child or abuser to interpret for you.

Always ask the police to complete a report about the incident and get an incident report number so that you can get a copy of the report. Also ask for and write down the name and badge number of the officer making the report.

If your husband/partner is taken into custody, he may be released in as soon as two hours. Use this time to find a safe place to go. The police generally will not turn in a woman reporting domestic violence to the Immigration and Naturalization Service (INS).



I HAVE HEARD OF PROTECTION ORDERS. WHAT DO THEY DO?

A protection order can prohibit the abuser from coming near, attacking, sexually assaulting or contacting you, your children, or other family members. Along with this protection order, in most states you can also ask for custody of your children, child support, that the batterer be removed from your home and that the batterer not interfere with your immigration status. You do not need to be a citizen or legal resident to get a protection order. For a protection order to be effective, you must be willing to call the police to enforce the order.



CAN I GET A PROTECTION ORDER EVEN IF I AM NOT A U.S. CITIZEN?

YES. You do not need to be a citizen or legal permanent resident to get a protection order. A lawyer may be helpful, but it is not necessary to have one in order to get a protection order. Applications are generally available at court-houses, women's shelters, legal services offices, and some police stations. Civil courts generally do not ask about a woman's immigration status when she asks for a protection order, a child custody order, or a dissolution. Ask a legal services attorney, i.e., attorneys who provide free legal services to low income individuals, or an immigrant advocacy group in your area about the policy in your court.



HOW CAN I GET LAWFUL PERMANENT RESIDENCY WITHOUT MY HUSBAND'S HELP?

The Violence Against Women Act (VAWA) creates two ways for women married to US citizens or lawful permanent residents to get their residency. The first is called "self-petitioning." Instead of depending upon your husband to apply for your residency with INS, you can apply on your own for yourself and your children. Your husband plays no role in the process and does not have to know you are applying for residency. Because the law is complicated, you should not go to the INS without first consulting a shelter worker, immigration attorney, or one of the agencies listed on the back of this brochure for assistance.

The second method for obtaining residency is called "cancellation of removal." This method is only available to you if you are in, or can be placed into, deportation proceedings. If you qualify for cancellation, the court may waive your deportation and grant you residency. However, because you must be in deportation proceedings before you can apply, be certain to see an immigration attorney before proceeding.

If you don't seem to qualify under VAWA, don't despair. There may be other ways you could get immigration status, such as a new visa Congress has created for crime victims. The best thing to do is to discuss your situation with an immigration or domestic violence advocate (do NOT call INS.)



MY HUSBAND IS THREATENING TO TAKE MY CHILDREN AWAY IF I LEAVE HIM. WHAT CAN I DO?

If your husband/intimate partner is threatening to take

your children away or take them to his home country, you should:

1. Immediately get a custody order. The order can include an order to prohibit your husband/intimate partner from removing the children from the country in which you live.
2. If the children are U.S. citizens, send a copy of this order to the embassy of your husband's/ intimate partner's home country and a copy to the U.S. Department of State to prevent the issuance of passports and visas for the children.
3. Give a copy of the order to the children's schools and tell the schools not to release the children to anyone but yourself.
4. Make sure that you have recent photos, passports and birth certificates for the children. Keep a list of addresses and phone numbers of your husband's/intimate partner's friends and relatives in his home country.



HOW CAN I SUPPORT MYSELF AND MY CHILDREN IF I LEAVE MY HUSBAND?

The law requires that the father of your children support them, even if you are living apart, even if you were never married to him and without regard to immigration status. You should contact a family lawyer or a domestic violence advocate to find out how to obtain child support in your state. Some married women may also be eligible to receive spousal support or alimony.

Lawful permanent residents may use their "green cards" or resident alien cards to demonstrate their eligibility to work. Refugees and other immigrants must apply for authorization to work. An immigration attorney will be able to tell you whether you are eligible for work authorization. It is very important that you do not use false papers to work or make false claims of United States citizenship.



I AM A LEGAL PERMANENT RESIDENT. AM I ELIGIBLE TO RECEIVE WELFARE AND MEDICAID?

Some legal permanent residents are eligible for Food Stamps, although most legal permanent residents will no longer be eligible after August 1997. Eligibility for Medicaid, Temporary Aid to Needy Families, and general assistance by legal permanent residents varies from state to state. Please consult an immigration or domestic violence advocate in your area.



I AM A REFUGEE. AM I ELIGIBLE TO RECEIVE WELFARE AND MEDICAID?

In the first five years after they arrive in the United States, refugees are eligible for Food Stamps, Temporary Aid to Needy Families, Medicaid and other public benefit programs to the same extent as US citizens. Most refugees who have been in the United States for five years or more will no longer be eligible for Food Stamps. Eligibility for Medicaid, Temporary Aid to Needy Families, and general assistance by refugees who have been in the United States for five years or more varies from state to state. Please consult an immigration or domestic violence advocate in your area.



I AM UNDOCUMENTED. AM I ELIGIBLE TO RECEIVE WELFARE AND MEDICAID?

If you are a battered undocumented woman whose husband has applied for legal permanent residency on your behalf or if you have applied for legal permanent residency under the Violence Against Women Act, you are eligible for the same benefits as a legal permanent resident. (See above.)

If you are not eligible to apply for legal permanent residency, you will be ineligible for most forms of welfare. However, you are still eligible for emergency Medicaid. Contact an immigration or domestic violence advocate to help you find "safe" hospitals that will not report your undocumented status. You are also eligible for services from community groups, such as food distribution by churches and assistance from domestic violence shelters.



ARE MY US CITIZEN CHILDREN ELIGIBLE FOR PUBLIC BENEFITS AND MEDICAID?

YES. Even if you are undocumented, your US citizen children are eligible for public benefits just as other citizen children are. However, if you are undocumented, DO NOT reveal your immigration status when applying for benefits on behalf of your children, even if you are asked. The welfare office does not need to know what your status is in order to give benefits to your citizen children.



WILL I BE DEPORTED IF I TAKE ANY OF THE ABOVE ACTIONS?

If you are now a U.S. citizen, lawful permanent resident or possess a valid visa, you cannot be deported unless you entered the United States on fraudulent documents, violated conditions of your visa or have committed certain crimes.

If you are undocumented or are unsure about your immigration status, you should seek the assistance of an immigration attorney to see if you can legalize your status. Until then, you should do what you need to do to make yourself safe. Even if your husband/intimate partner were to report you to the INS, deportation may not follow, would not be immediate, and, in most cases, you would have the opportunity to present your cases to a judge.



WILL MY HUSBAND/INTIMATE PARTNER BE DEPORTED IF I TAKE ACTION?

Seeking assistance from shelters or lawyers is extremely unlikely to result in the deportation of your husband/intimate partner.

If you contact the police and your husband/intimate partner is convicted of a crime, he may be deported, depending on his immigration status and the seriousness of the crime.

It is important to remember that you must keep yourself and your children safe. It is your husband/intimate partner that has put himself at risk by his actions.



DO I NEED TO SEE AN IMMIGRATION ATTORNEY EVEN IF I CANNOT AFFORD ONE?

Do not go to the INS without a lawyer or consulting with a lawyer. Your conversation with the attorney will be confidential and he or she cannot report you to the INS. If you cannot afford to pay an attorney, contact the nearest legal services office or call one of the immigration organizations listed in the referral section of this brochure.



Elder Abuse

Resources for Older Adults in Miami-Dade County

This information was compiled by
The Center on Aging at Florida International University
as part of a research grant from the National Institute of Justice
(Project # NIJ 2002-WG-BX-0010)

About Elder Abuse

No one wants to be abused. Sometimes it just happens suddenly. Sometimes it's been going on for a long time. Other times, you just don't know if there is anything you can do to stop it.



Abuse can happen to anyone, and it can take many forms.

- Abuse can be physical, if someone hits you, pushes or shoves you, or treats you roughly.
- Abuse can be psychological, if someone calls you names, harasses you, or threatens you.
- Abuse can be financial, if someone steals your personal belongings or uses your money as his or her own.

Unfortunately, the most common abusers are the people you should be able to trust, such as your spouse, family members, and caregivers. Abusers can also be strangers on the street or a nice young person who befriends you over the phone.

What You Should Know

Some precautions you can take to avoid becoming a victim of abuse:

Stay Sociable

- Maintain and increase your network of friends.
- Keep in contact with old friends and neighbors if you move to a new address.
- Have a "good buddy" you can talk to openly.
- Have friends come to visit you at home.

Stay Active

- Accept opportunities to do new things.
- Volunteer or join a group or organization.
- Have regular medical, dental, or beauty appointments.

Stay Organized

- Keep your belongings neat and orderly.
- Make sure others are aware that you know where you keep everything.
- Open and post your own mail.
- Arrange to have your Social Security or pension check deposited directly to your bank account rather than mailed.
- Use an answering machine to screen your phone calls.

Stay Informed

- Talk to a lawyer about arrangements, such as powers of attorney for health and finances, that you can make now for possible future disability.
- Get legal advice before making arrangements for someone to take care of you in exchange for your property, possessions, or money.
- Review your will periodically.
- Know where to go for help if you think you are being abused.
- Ask for help when you need it.

Some Don'ts

- Don't live with a person who has a background of violent behavior or alcohol or drug abuse.
- Don't leave your home unattended. Notify the police if you are going to be away for a long time.
- Don't leave cash, jewelry, or prized possessions lying about.
- Don't sign any document unless someone you trust has reviewed it.
- Don't allow anyone to keep from you the details of your finances or property management.

If you think you are being abused—in any way, by anyone—feel confident that you can get help. Some of the agencies in your community you can contact are:

- Adult protective services office. Many states have instituted a 24-hour, toll-free number for receiving reports of abuse. Calls are confidential. In Florida, the Elder Abuse Hotline number is 1-800-962-2873.
- State unit on aging or area agency on aging. The Elder Helpline phone number in Miami, Florida is 305-670-4357, TDD 305-670-7721.

The bottom line:

If you think you are being abused, there are many places to go for help.

- Law enforcement agencies such as police department, district attorney's office, sheriff's department. Miami-Dade Police Department Elder Abuse and Domestic Violence Units: 305-418-7200.
- State long-term care ombudsman's office (for help with situations related to nursing homes, assisted living facilities and adult family care homes. Long-Term Care Ombudsman Council of North Dade: 305-626-6144. Long-Term Care Ombudsman Council of South Dade and Monroe Counties: 305-663-2085.

REPORTING ABUSE/NEGLECT/EXPLOITATION TO THE FLORIDA ABUSE HOTLINE

BE PREPARED TO PROVIDE:

1. Victim name, address or location, approximate age, race and sex;
2. Physical, mental or behavioral indications that the person is infirm or disabled;
3. Signs or indications of harm or injury, including a physical description if possible;
4. Relationship of the alleged perpetrator to the victim, if possible. If the relationship is unknown, a report will still be taken if other reporting criteria are met.

THREE WAYS TO MAKE A REPORT:

- **TELEPHONE: 1 - 800 - 96ABUSE (1-800-962-2873) OR TDD (Telephone Device for the Deaf): 1-800-453-5145**
- **FAX: 1 (800) 914-0004**
- **VOICE MAIL MESSAGE: 1 (800) 770-0953**

When lines are busy and you are unable to wait, you may leave the report information in the voice mailbox. It is extremely difficult for hotline counselors to attempt call-backs so **IT IS ESSENTIAL THAT YOU LISTEN CAREFULLY AND LEAVE COMPLETE INFORMATION AS REQUESTED ABOVE OR A REPORT MAY NOT BE TAKEN.** You have five minutes to leave the information.

NOTIFICATION OF REPORT:

- Telephone reporters will always be told prior to concluding your conversation, whether the information provided has been accepted as a report.

Immigration and Violence Against Women

Resources for Immigrants in Miami-Dade County

This information was compiled by
The Center on Aging at Florida International University
as part of a research grant from the National Institute of Justice
(Project # NIJ 2002-WG-BX-0010)

Immigration and Violence Against Women

REFUGEES

The immigrant population within Florida is continuously expanding. These immigrants face many barriers when they claim Florida as their residence. Many battered immigrant women face three primary barriers. First, as in all domestic violence situations, their batterers isolate them from family and friends. In addition, their situation is compounded with the issues of race, language, and cultural barriers which serve to magnify the isolation of battered immigrant women. For example, when they are originally from countries in which political repression is acute, they often exhibit a profound fear of law enforcement, criminal justice professionals, and the government. Most often, battered immigrant women see themselves as the mercy of the batterer particularly when the batterer uses threats of deportation as a means of control.

If you are a Refugee or Asylee or if you are an advocate for someone who is, please note that refugees and asylees may adjust status on their own regardless of whether their spouse/sponsor cooperates with the INS. This means that a refugee's sponsor/spouse may not withdraw his/her sponsorship for the refugee's immigration and that the refugee/asylee may adjust status when they become eligible whether their spouse/sponsor adjusts status or not. Refugees are also eligible for public benefits and refugee services.

Shelters in Dade, Broward, and Palm Beach counties provide the Hispanic and Haitian-Creole communities with many services, including: translation services, injunction assistance, information & referral, safety planning, and education/training programs to a variety of civic & community based organizations.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF REFUGEE SERVICES

Refugees are admitted each year subject to an established numerical limit, generally in the range of 80,000 to 90,000 individuals. Refugees are identified internationally by the United Nation High Commission on Refugees and processed for admission by the INS. Once approved to travel, the U.S. State Department contracts with voluntary agencies to arrange their travel and initial resettlement. The voluntary agencies work through local affiliates to resettle refugee clients. Cuban

and Haitian Entrants, as defined in the Refugee Education Assistance Act, are also eligible for refugee services.

State, local and private agencies have developed linkages to provide federally funded services to refugees/entrants and specific classes of legal aliens. Governor Graham, by Executive Order, established the Secretary of HRS (now known as the Department of Children of Families) as the State Refugee Coordinator. The State Refugee Coordinator's main purpose is administrative and operational coordination of federally funded refugee and immigration-related services, federal immigration policy, and efforts to obtain and maintain federal funding. The function of Refugee Services is to provide assistance to refugees of all nationalities and Cuban and Haitian entrants.

Resources for Refugees in Miami-Dade County

Florida Immigrant Advocacy Center

3000 Biscayne Blvd., Suite 400
Miami, Florida 33137
(305) 573-1106

Church World Service

5040 NW 7th Street; Suite #920
Miami, Florida 33126
(305) 774-6770

Catholic Charities Legal Services

7101 Biscayne Blvd
Miami, Florida 33138
(305) 758-3301

HOW TO APPLY FOR IMMIGRATION BENEFITS AS A BATTERED SPOUSE OR CHILD: Excerpts from the Violence Against Women Act FAQ sheet provided by INS.

Generally, U.S. citizens (USC) and Lawful Permanent Residents (LPRs) file an immigrant visa petition with the Immigration and Naturalization Service (INS) on behalf of a spouse or child, so that these family members may emigrate to or remain in the United States. INS Form I-130, Petition for Alien Relative is filed by the USC/LPR, **the petitioner**, on behalf of the family member who is **the beneficiary**. The petitioner controls when or if the petition is filed. Unfortunately, some U.S. citizens and LPRs misuse their control of this process to abuse their family members, or by threatening to report them to INS. As a result, most battered immigrants are afraid to report the abuse to the police or other authorities.

Under the Violence Against Women Act (VAWA) passed by Congress in 1994, the spouses and children of United States citizens or lawful permanent residents (LPR) may **self-petition** to obtain lawful permanent residency. The immigration provisions of VAWA allow certain battered immigrants to file for immigration relief without the abuser's assistance or knowledge, in order to seek safety and independence from the abuser. Victims of domestic violence should know that help is available to them through the **National Domestic Violence Hotline on 1-800-799-7233 or 1-800-787-3224 [TDD]** for information about shelters, mental health care, legal advice and other types of assistance, including information about self-petitioning for immigration status.

WHAT ARE THE BASIC REQUIREMENTS?

The self-petitioning spouse:

- ▶ Must be legally married to the U.S. citizen or lawful permanent resident batterer. A self-petition may be filed if the marriage was terminated by the abusive spouse's death within the two years prior to filing. A self-petition may also be filed if the marriage to the abusive spouse was terminated, within the two years prior to filing, by divorce related to the abuse.
- ▶ Must have been battered in the United States unless the abusive spouse is an employee of the United States government or a member of the uniformed services of the United States.
- ▶ Must have been battered or subjected to extreme cruelty during the marriage, or must be the parent of a child who was battered or subjected to extreme cruelty by the U.S. citizen or lawful permanent resident spouse during the marriage.
- ▶ Is required to be a person of good moral character.
- ▶ Must have entered into the marriage in good faith, not solely for the purpose of obtaining immigration benefits.

If victim is not married to a LPR or a U.S. Citizen?

- ▶ May be eligible to file for U-Visas (crime victim visas), but U-Visa regulations have not yet been written and the forms have not yet been developed.
- ▶ Immigrants with children who were born in the U.S. may be at an advantage.
- ▶ In some cases, they may be eligible for political or gender-based asylum, depending on the country of origin and conditions they can be expected to face if they return.

Undocumented immigrants who are not married to LPRs or U.S. Citizens:

- ▶ May be eligible to file for U-Visas (crime victim visas), but U-Visa regulations have not yet been written and the forms have not yet been developed.
- ▶ Immigrants with children who were born in the U.S. may be at an advantage.
- ▶ In some cases, they may be eligible for political or gender-based asylum, depending on the country of origin and conditions they can be expected to face if they return.
- ▶ These will be the hardest to assist and you should help prepare them in case their petition is denied.

Refugees and Asylees:

- ▶ Refugees and Asylees are eligible for public benefits.
- ▶ Refugee and Asylee spouses retain their status and can adjust status on their own a) regardless of whether they remain married to their spouse, and b) even if the spouse does not adjust status.
- ▶ There are many public programs, particularly in Florida, dedicated to serving Refugees and Asylees, including the Haitian Refugee domestic violence program in Dade, Broward, and Palm Beach Counties.

Victims of Trafficking (non-immigrant status):

- ▶ When VAWA was reauthorized in 2000, it was attached to the Trafficking Victims Protection Act, which formally made trafficking in persons a crime by combining slavery laws with laws regarding organized crime.
 - ▶ Trafficking victims are generally used for sexual or labor purposes and their immigration papers are often held hostage too, if they have immigration papers at all.
 - ▶ Victims of trafficking are eligible for a T-non-immigrant Visa, which allows them to remain in the United States if they can prove that they will suffer if they return to their home country and if they cooperate in the prosecution of their captors. This is a difficult visa to get, and it does not grant immigrant status, though it does give work authorization and public benefits eligibility and refugee services eligibility.
-

WHAT ABOUT LEGAL ASSISTANCE?

Florida Immigrant Advocacy Center: LUCHA, a Women's Project

LUCHA: A Women's Legal Project is a membership organization which helps low income immigrant women and children overcome domestic abuse and empowers them to become active in the broader community. The word lucha in Spanish means "the struggle." LUCHA assists battered immigrant women with their individual struggles, while providing the vehicle for them to become involved in a larger struggle on behalf of other women.

LUCHA represents battered immigrant women married to US citizens or legal permanent residents and assists these women in legalizing their immigration status without the cooperation or participation of the abuser under the 1994 Violence Against Women Act (VAWA). LUCHA is the only project in Florida specializing in representation of battered immigrant women under the VAWA's immigration provisions. While LUCHA focuses in VAWA, LUCHA also provides representation to battered women who may have immigration relief under other laws. You can contact FIAC's LUCHA Project at (305)573-1106.

AREN'T IMMIGRANTS INELIGIBLE FOR PUBLIC BENEFITS?

Public Benefits Eligibility for Immigrant Victims of Domestic Violence

After 5 years in the U.S. and 40 quarters of work requirements, immigrants may be eligible for TANF. There are exceptions. Victims of domestic violence with approved VAWA self-petitions, victims of trafficking, and refugees and asylees are all eligible for public benefits. Click on the link for more comprehensive information regarding immigrant eligibility for public benefits.

APPENDIX D

DRAFT SURVEY INSTRUMENT

DRAFT

Response and Intervention for Older Women who Experience Domestic Violence

Draft Survey Tool

Prepared for

The National Institute of Justice

by

**The Center on Aging
of Florida International University**

NIJ #2002-WG-BX-0100

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Section A: Indicators of Domestic Abuse and Barriers to Help-Seeking

Directions: On a scale of 1 to 5, please indicate how often in your current relationship with a spouse or intimate partner you have the thoughts reflected by each statement:

1=Never 2=Sometimes 3=About Half the Time 4=More Often Than Not 5=All The Time	
Isolation	
	This person doesn't like me talking to other people.
	This is the only person in my life I talk to.
	This is the only person in my life I spend time with.
	This person makes it difficult for me to spend time with my friends.
	This person makes it difficult for me to spend time with my family.
	This person makes it difficult for me to get out and do things I enjoy.
	I don't feel attached to anyone except for this person.
Jealousy	
	I have no privacy from this person inside my house.
	When I go out my partner accuses me of meeting other men.
	My partner gets angry if I go out by myself, even for a short time.
	My partner would be angry if he learned I had been talking with another man.
	My partner would be angry if he learned I had been talking to anyone he does not know.
	He would be concerned if he learned I had been talking to any of his friends when he was not around.
	When I leave the house this person is with me.
	This person follows me when we are not together.
	He doesn't like me to go places without him.
	When I talk on the telephone my partner interrupts.
Intimidation	
	I am afraid of this person.
	If my partner asks me to do something, I'm afraid of the consequences if I say no.
	My partner would hurt me if I told anyone about the problems between us.
	This person would hurt me if I tell anyone about any problems I have with him.
	Talking with outsiders will make my partner more abusive to me.
	If I upset my partner I know that he will abuse me.
	If I upset my partner I know that he will hurt me.
	If I upset my partner I know he will say hurtful or threatening things to me.
	My partner will abuse me even if I try not to upset him.
	I am careful not to do anything that will upset my partner.
	I feel forced to engage in unwanted sexual activity with this person.
	My partner gets angry about who I talk to, how I dress or even who I look at.
	He makes me feel unsafe even in my own home. (WEB)
	He can scare me without laying a hand on me. (WEB)
	I try not to rock the boat because I am afraid of what he might do. (WEB)
	He has a look that goes straight through me and terrifies me. (WEB)
	My partner threatens me about things like deportation or preventing contact with our children.
	Even when I am at work I am afraid my partner will do something bad to me.
	My partner won't allow me to pursue my own interests.

1=Never 2=Sometimes 3=About Half the Time 4=More Often Than Not 5=All The Time	
	My partner holds me back from my personal goals.
Protecting Family	
	I have to choose between what is best for me and what is best for my family.
	I have to choose between my safety and what is best for other people I care about.
	No matter what this person does to me, the most important thing is to keep the family together.
	I have to choose between what is best for me and what is best for my partner.
	I took a vow to stay with the person and I plan to keep that vow no matter what happens.
	Something bad will happen to someone I care about if I tell anyone about how this person treats me.
	My being there keeps others safer from him.
	This person would hurt someone I care about if I tried to leave.
	I don't want the authorities to make decisions about my family.
Self-Blame	
	I deserve it when this person hurts me.
	If I just do what he says, this person will stop hurting me.
	When this person gets angry at me I believe I deserve it.
	People who know us would think its my fault if I told them how this person treats me.
	This person only hurts me when I do something wrong.
	If I really wanted this person to stop hurting me I would just leave him.
	This person hurts me because I let him.
	If I just tried harder this person wouldn't be angry at me so often.
	If I told anyone about the problems I have with this person they would think badly of me for continuing the relationship.
Powerlessness	
	I will have nowhere to live if I am not with this person.
	I will not have enough money to get by if I am not with this person.
	I will lose everything if I leave this person.
	If I tell someone about my problems, they may decide to put me in a nursing home or some other place where I don't want to go.
	If I asked for help, no one would believe me about the problems I have with this person.
	If I asked my family for help, they would not believe me about the problems I have with my partner.
	If I asked my friends for help, they would not believe me about the problems I have with my partner.
	If I asked a pastor, priest, or rabbi for help, they would not believe me about the problems I have with my partner.
	If I asked the police for help, they would not believe me about the problems I have with my partner.
	No one will take care of my basic living needs like food and shelter if I am not with this person.
	This person would never allow me to leave him.
	This person would never allow me to end my relationship with him.
	If I tell someone about my problems, I will not get to decide what happens to me after that.
	If I tell someone about my problems, I will not get to decide what happens to my family after that.
	If I don't take care of my partner there is no one else who would.
	If I don't take care of my partner there is no one else who could.
	Without my partner's help I can not provide things like food, housing or transportation for myself.
	Without my partner's help I can not provide things like food, housing or transportation for other people I take care of.

1=Never 2=Sometimes 3=About Half the Time 4=More Often Than Not 5=All The Time	
	I need this person to make sure that no one else can do bad things to me.
	I feel like this person keeps me prisoner (WEB)
	This person makes me feel like I have no control over my life.
	I feel controlled by this person.
	I just need to be with a man no matter what he does to me.
Spirituality	
	I have to accept the way this person treats me because God has given me this burden.
	This person would not hurt me unless it was God's will.
Hopelessness	
	Even when things are bad with this person, I know he can't help doing what he does.
	A woman my age has no choice but to tolerate abuse by her partner.
	When an older woman has lived with abuse for a long time, there's really nothing she can do about it.
	As long as my partner doesn't hit me I think other kinds of abuse are okay.
	Problems in relationships are not really bad unless there is physical violence.
	There is no place to go to get the kind of help I want.
	There's no place for someone like me to get help for the problems I have with this person.
	I know there are places that help women whose husbands abuse them, but they are for younger women.
	If my partner were abusing me, I would not know how to find a program that could help me.
	Programs for battered women would not be right for me.
	They can't accommodate women my age in domestic violence shelters.
	Unless my partner hurts me physically I am not eligible for any help.
	I know how to find places or services that are available to help women in my situation.
	I wouldn't know how to find any places or services that are available to help women in my situation.
	I believe my partner will change for the better some day.
	I believe it's normal for a man to beat a woman.
	No matter what he does to me I've already invested too many years in this relationship to end it now.
	I've already invested too many years in this relationship to end it now.
	No matter how bad things got I could never live in a place like a shelter.
	No matter how bad things got I could never live in a place just for older people like a nursing home or group home.
	There is no where I could go to be safe from my partner.
	I believe my partner can find me and hurt me no matter where I go.
	My partner would kill me if I end my relationship with him.
	When things are bad with this person, there's no way to make it better.
	You can't really change things in a relationship at our age.
	If I tell my family about any problems I have with this person they will take his side against me.
	If I tell our friends about the problems I have with my partner they will take his side against me.
	If I tell our priest, pastor or rabbi about the problems I have with my partner they will take his side against me.
	If I tell the police about the problems I have with my partner they will take his side against me.
	If I leave, there is no place I can go where he would not find me.
Secrecy	
	I believe that what happens in the family, stays in the family.

1=Never 2=Sometimes 3=About Half the Time 4=More Often Than Not 5=All The Time	
	A woman my age should not talk with people outside the family if she is abused by her partners.
	A woman my age should not tell anyone if she is abused by her partner.
	Even if it happens, a woman my age just does not talk about being abused by her partner.
	No matter how bad things get between this person and me, it wouldn't be right for me to tell anyone else about it.
	No matter how bad things get, you don't talk about family problems with people outside the family.
	There is no way for someone like me to get help for the problems I have with my partner without people who know us findings out.
Concern for Abuser	
	I would not want anyone I asked for help to hurt this person.
	I would not want anyone I asked for help to put this person in jail.
	I'm not willing to do anything that would cause this person to be charged with a crime.
	If I tell someone about my problems, I will not get to decide what happens to my partner after that.
	This person could not make it if I was not taking care of him.
	My partner says he will kill himself if I end our relationship.
	I think my partner would kill himself if I ended our relationship.
	I am the only one who can help this person.
	No matter how bad it gets for me, I would never want this person to go to jail.
	If he ever hit me I would not be concerned about what happened to him afterward.
	I'm afraid the police would hurt this person if I call 911 for help.
	If don't want anyone to know how he treats me because they would think badly of him.
Justice System Response	
	I would not want anyone I asked for help to hurt this person.
	I would not want anyone I asked for help to put this person in jail.
	I'm not willing to do anything that would cause this person to be charged with a crime.
	If I tell someone about my problems, I will not get to decide what happens to my partner after that.
	No matter how bad it gets for me, I would never want this person to go to jail.
	If he ever hit me I would not be concerned about what happened to him afterward.
	I'm afraid the police would hurt this person if I call 911 for help.
	If I tell the police about the problems I have with my partner they will take his side against me
	If I asked the police for help, they would not believe me about the problems I have with my partner.
	If I tell someone about my problems, I will not get to decide what happens to me after that.
	If I tell someone about my problems, I will not get to decide what happens to my family after that.

Part B: Identify readiness and plan individual-specific interventions for functionally independent women age 55+ who experience domestic abuse.

Directions Part B: There are many ways to change a difficult or dangerous situation. Deciding what is right for you can be very confusing. Remember that you don't need to do anything today that does not seem like the right thing to do. Also, it would be perfectly normal and appropriate if, over time, you change your mind about what you want to do. This final section of the questionnaire will help you make some decisions about needing or getting help for the problems you have with this person. This section can be reused over time and your responses are likely to change as you continue to look at this relationship in different ways.

For each statement listed below, decide: A. I don't think I'll ever want this kind of help B. I want more information about this kind of help so I can decide if it would be useful for me. C. I've made up my mind. I want this kind of help. If you select A, circle the letter A in the box next to the statement. If you select B or C, select one of four options that describe when you believe you will be ready for this activity. B1 or C1 – Not ready to set specific time goal. B2 or C2 – Within the next month. B3 or C3 – Within the next week. B4 or C4 – Right now, today. For each statement numbered 1 to 20, please only mark one response.		A I don't think I'll ever want this kind of help	B I want more information about this kind of help so I can decide if it would be useful for me.				C I've made up my mind. I want this kind of help.			
			B1	B2	B3	B4	C1	C2	C3	C4
			Not ready to set specific time goal	Within the next month	Within the next week	Right Now - Today	Not ready to set specific time goal	Within the next month	Within the next week	Right Now - Today
200	Learn how to develop a plan for my safety if things get out of control but I don't want to leave.	A	B1	B2	B3	B4	C1	C2	C3	C4
201	Learn how to develop a plan for my safety if things get out of control and I decide to leave.	A	B1	B2	B3	B4	C1	C2	C3	C4
202	Without giving my name, meet with a counselor or social worker once or twice to get more information about my situation and my options.	A	B1	B2	B3	B4	C1	C2	C3	C4
203	Have someone I can talk to who will not expect me to do anything specific about my problems with this person.	A	B1	B2	B3	B4	C1	C2	C3	C4
204	[Even if I cannot afford to pay] meet regularly with a counselor or social worker who will help me deal with my relationship with this person.	A	B1	B2	B3	B4	C1	C2	C3	C4
205	Join a support group with other women who have the kinds of problems I have.	A	B1	B2	B3	B4	C1	C2	C3	C4
206	Find books to read that may help me make decisions about my situation.	A	B1	B2	B3	B4	C1	C2	C3	C4
207	Get legal counsel about my immigration status or about the immigration status of my parents, children or others I care about.	A	B1	B2	B3	B4	C1	C2	C3	C4
208	Get legal counsel regarding protecting my property.	A	B1	B2	B3	B4	C1	C2	C3	C4
209	Get legal counsel regarding actions that may be taken against me to prove I am impaired and unable to make decisions in my best interests.	A	B1	B2	B3	B4	C1	C2	C3	C4
210	Get help with financial planning so I can prepare for a time when I may choose not to live with this person.	A	B1	B2	B3	B4	C1	C2	C3	C4

For each statement listed below, decide: A. I don't think I'll ever want this kind of help B. I want more information about this kind of help so I can decide if it would be useful for me. C. I've made up my mind. I want this kind of help. If you select A, circle the letter A in the box next to the statement. If you select B or C, select one of four options that describe when you believe you will be ready for this activity. B1 or C1 – Not ready to set specific time goal. B2 or C2 – Within the next month. B3 or C3 – Within the next week. B4 or C4 – Right now, today. For each statement numbered 1 to 20, please only mark one response.		A I don't think I'll ever want this kind of help	B I want more information about this kind of help so I can decide if it would be useful for me.				C I've made up my mind. I want this kind of help.			
		B1 Not ready to set specific time goal	B2 Within the next month	B3 Within the next week	B4 Right Now - Today	C1 Not ready to set specific time goal	C2 Within the next month	C3 Within the next week	C4 Right Now - Today	
211	Learn how I can talk to my doctor about the problems I have with this person.	A	B1	B2	B3	B4	C1	C2	C3	C4
212	Make police and fire rescue personnel in my neighborhood aware of my situation.	A	B1	B2	B3	B4	C1	C2	C3	C4
213	Have this person arrested for hurting me.	A	B1	B2	B3	B4	C1	C2	C3	C4
214	Make this person move out of my house.	A	B1	B2	B3	B4	C1	C2	C3	C4
215	Make this person stay away from me.	A	B1	B2	B3	B4	C1	C2	C3	C4
216	Find a safe place I can go to in an emergency.	A	B1	B2	B3	B4	C1	C2	C3	C4
217	Find another place to live.	A	B1	B2	B3	B4	C1	C2	C3	C4
218	Move my things out of my house.	A	B1	B2	B3	B4	C1	C2	C3	C4
219	Get personal items like clothes, bed linens, towels, cleaning supplies, etc. so I can live on my own.	A	B1	B2	B3	B4	C1	C2	C3	C4

APPENDIX E

DRAFT PRACTICE GUIDELINES

"There's some older women that are still getting black eyes, beat up...But some older people [have] been together so long... they feel like, you know, when they married long time ago, they married till death do you part...And so a lot of old people is ... still getting whoopings. Because they figure, well that's my husband. Whatever you do is alright. And they tolerate it, you know?"

"Now in my case my husband tends to be manic-depressive...I said to the doctor, you know doctor, I could very easily provoke physical abuse because I can see it's on the verge. So he said, 'well, don't provoke it'."

"I have a feeling that with health problems [in] people our age...there might be physical abuse in a relationship that never existed [in the relationship] before...Health problems, financial problems. The end result could be physical abuse."

*Excerpts from Focus Group
Transcripts*

DRAFT

Response and Intervention for Older Women who Experience Domestic Violence

Practice Guidelines

Prepared for

The National Institute of Justice

by

**The Center on Aging of
Florida International University**

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“And I called the cops on him a couple of times...but what scared me was one time I called them on him and the police officer started beating him up before he could get a chance to get [his ID from his] wallet...So it ended up being that I was scared of calling the cops...I thought, well, if I call them they’re going to come in and kill him. And I really didn’t want him dead...Secretly I was glad. ‘Good, you got a little bit of what you do to me.’ But I was also scared generally because violence is not the answer, neither from the cops nor [my husband]...I was really scared at what I saw, so what happened wasn’t right either.”

A little later in the discussion from the same participant: *“I don’t blame the police at all...I’m glad they kicked his butt because it sort of shifted his brains a little bit to say, ‘Okay, now you’ve got a little bit of it.’ I mean, secretly I was in there saying yeah, yeah, but I didn’t like to see the violent display...It’s still violence either way; it’s still violence.”*

*Excerpt from Focus Group
Transcripts*

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IMPORTANT PHONE NUMBERS

Local DV Program with Elder Expertise	
Local Police DV Unit	
Local Court DV Intake Unit	
State Adult Abuse Hotline	
Local DV Protection Team	
Local SA Protection Team	
Other:	
Other:	
Other:	
Other:	

“This is not one-size-fits-all work.

Domestic violence interventions must be case specific and based on an ongoing analysis of the totality of risks the victim faces. Being in a relationship with an abusive partner – and surviving – requires considerable skill and resourcefulness. Although she may not be fully aware of it, every victim of domestic violence has already been doing risk assessment and safety planning; attempting to manage rising tensions, to head off crises, to protect themselves [and their children], and to keep an already bad situation from getting worse. It is important to remember that whatever the potential benefits, everything we suggest that battered victims do – or that we offer to do on their behalf, or that we do **without** their consent – also carries with it some kind of potential risk or cost. Responsible intervention isn’t possible unless we seriously consider and account for those risks and costs, as well as the risks she’s contending with before she encounters us.”

Excerpt from Metro Nashville Police Department: A Guide to Domestic Violence Risk Assessment, Risk Reduction and Safety Plan. Available: www.nashville.net/~police/abuse/stalking.htm.

Introduction: The research literature acknowledges that many older women who experience domestic abuse are poorly served by the systems that target domestic violence and elder abuse, respectively, and that the attitudes and needs of this population are poorly understood. Researchers at The Center on Aging (COA) and the School of Social Work (SSW) of Florida International University have recently completed a research study (Domestic Violence Against Older Women [DVAOW], NIJ #2002-WG-BX-0100) to increase knowledge in this area. Through analysis of data collected in 21 focus groups with a sample of 134 women, we have documented what a group of women between 45 and 85 years of age think about domestic violence in older age, its manifestations, its causes, appropriate and acceptable assistance and intervention, barriers to help-seeking, and consequences for perpetrators.

Purpose: Recognizing that each law enforcement, public safety, health care and social service agency has its own policies and procedures, some of which are statutory, the purpose of this document is to provide first responders and other professionals who interact with older women who may experience domestic abuse with an assessment and decision-making tool that may be used for initial screening and short-term follow-up. This document, based on findings from the DVAOW research, is organized around a series of assessment questions applied in decision tree-type alternative paths. The Guidelines and the assessment tool are offered so that women who are seen by staff in these agencies will receive assistance that will not exacerbate the situation and so that assistance will be offered in a way that minimizes non-acceptance of help.

Guiding Principals:

1. Treat women and their suspected abusers with dignity, respect, and compassion, and with sensitivity to age, culture, ethnicity, and sexual orientation. Older women express great concern regarding the safety and protection of their [abusive] partners.
2. While accepting that no one deserves to experience domestic abuse, respect a woman’s right and ability to make decisions about her relationships and living situation.

“Well what I have seen I think the elderly are not treated with the same respect that you would give to someone else who was younger. When they ask me for something, when they complain...you say there goes that old person complaining again. Yes, they bother you a lot so you don’t care for them as much as you would a child. There is a lack of respect for their feelings and their necessities. You don’t look out for them, you leave them talking to themselves, you don’t give them importance or listen to what they are going through or about their needs.... you just leave them talking. That happens.”

*Excerpt from Focus Group
Transcripts*

3. Recognize that the purpose of the assessment and intervention process is to empower older women who experience abuse. Even subtle coercion or pressure to make certain decisions may reinforce existing barriers to help-seeking or create new ones.
4. Educate women about the “commonness” of this problem and about options in the community for support, counseling, and intervention. Establish at least one line of communication for women, which will remain open and available even if assistance is not accepted at the time of initial screening.
5. Discuss safety planning with all women. Acknowledge the safety planning behaviors they have adapted over the course of their relationship with the abuser, while expanding their awareness of additional options. Take at least a few minutes to help women begin the process of forming a safety plan. If more time is available, try to complete a safety plan.
6. Help women assess their lethality risk by helping them to better understand the specific risk factors they face, with the goals of increasing personal safety and empowering decision-making.
7. Understand that the process of leaving an abusive relationship is often long and gradual, or may never occur, and that some complex issues faced by older women in making this decision may be similar to issues faced by younger women in like situations, while other issues may be unique to this age group.
8. There is a somewhat broader range of abuse in the case of older women than in younger women. Examples of abuse characteristics that may be specific to older women:
 - a. In some cases what needs to be addressed is abuse that results from behavior changes related to aging or caregiving. Some older women experience domestic violence at the hands of a spouse who is dependent because of disease or other infirmity, or an adult child who is dependent because of mental health and/or substance abuse issues that prevent the adult child from living on his or her own. In both kinds of cases, responders should understand that the victim may not accept any intervention strategy that does not include

M: *“Well, I happen to know that a lot of the police will ask a person, a wife that has been abused by a husband, [but] she won’t tell them. So what happens? He abuses her again. The cops come right back to the same house.*

GG: *But they want to see the bruises and the black eye and the teeth knocked out.*

M: *They don’t know sometimes mentally...it’s even more damaging.*

GG: *That’s what’s hidden. That’s what never comes out.”*

Excerpt from Focus Group Transcript

appropriate care for the dependent abuser, whom they see as their responsibility to care for.

- b. Dependent victim issues also must be addressed. Victims who rely on the abuser for daily care worry about how their needs will be met if the abuser is removed from the home. This was one of the most important findings in the study. Older women who experience abuse at the hands of their spouses, whether emotional, psychological, sexual, or physical, do not want to live with the abuse, but very often they literally *do not believe they can live without it*.
- c. Diseases such as aging-related dementia or Alzheimer’s can cause a sudden onset of aggressive behavior that was not present for most of the partners’ time together.
- d. In many cases abuse is longstanding. Women in these types of relationships often commented that while they continue to feel the effects of emotional and psychological abuse, they have developed strategies for mitigating the worst of physical abuses. In other words, older women sometimes have learned to live with the abuse. This can produce feelings of resignation and hopelessness, but may also have resulted in some concrete strategies for de-escalating dangerous situations.
- e. Although women in longstanding abusive relationships may have developed strategies that help them avoid or survive the worst effects of physical abuse, they indicated that this is often a precarious balance. Responders need to be aware that intervention may affect this uncertain balance and thereby create a dangerous situation.

“I’ve never seen domestic violence in my immediate family. My husband and I were not violent. Although two or three times I’ve seen my mother crack a pot across the back of my father’s head.”... I don’t know if you’d call what my mother did domestic violence, really. Do you think so?”

“Because of the way we were brought up, our generation, which was always to make the best of things, which I don’t think is always bad... I think that’s how marriages last a long time. But we’re learning too. We’re learning that at least we have some rights, but I think we probably, most of us, would not tell.”

*Excerpts from Focus Group
Transcript*

Practice Guidelines for Assessment and Intervention:

These Practice Guidelines are organized around the results of brief screening questions that may be used to identify situations with no abuse, emotional abuse only, or physical and emotional abuse. The chart on page seven shows the entire process, including decision points. Assessments, findings, and follow-up recommendations are color-coded. You will find more detailed explanations of the Guideline components in the matching colored tables that follow the chart.

The following five screening questions are referred to in both the chart and the explanation that follows it:

- A. Are you afraid of your partner or scared for your safety?
- B. How often does “he” sulk, refuse to talk, storm out of the room or do something in spite?
- C. How often does “he” insult, swear, make you feel humiliated, tell you you are worthless, threaten to leave you, threaten to hit or hurt you or someone you care about?
- D. How often does “he” push, shove, grab, or slap you or throw something?
- E. How often does “he” kick, bite, punch, hit with something, beat up, choke, burn you, or force you to have sex against your will?

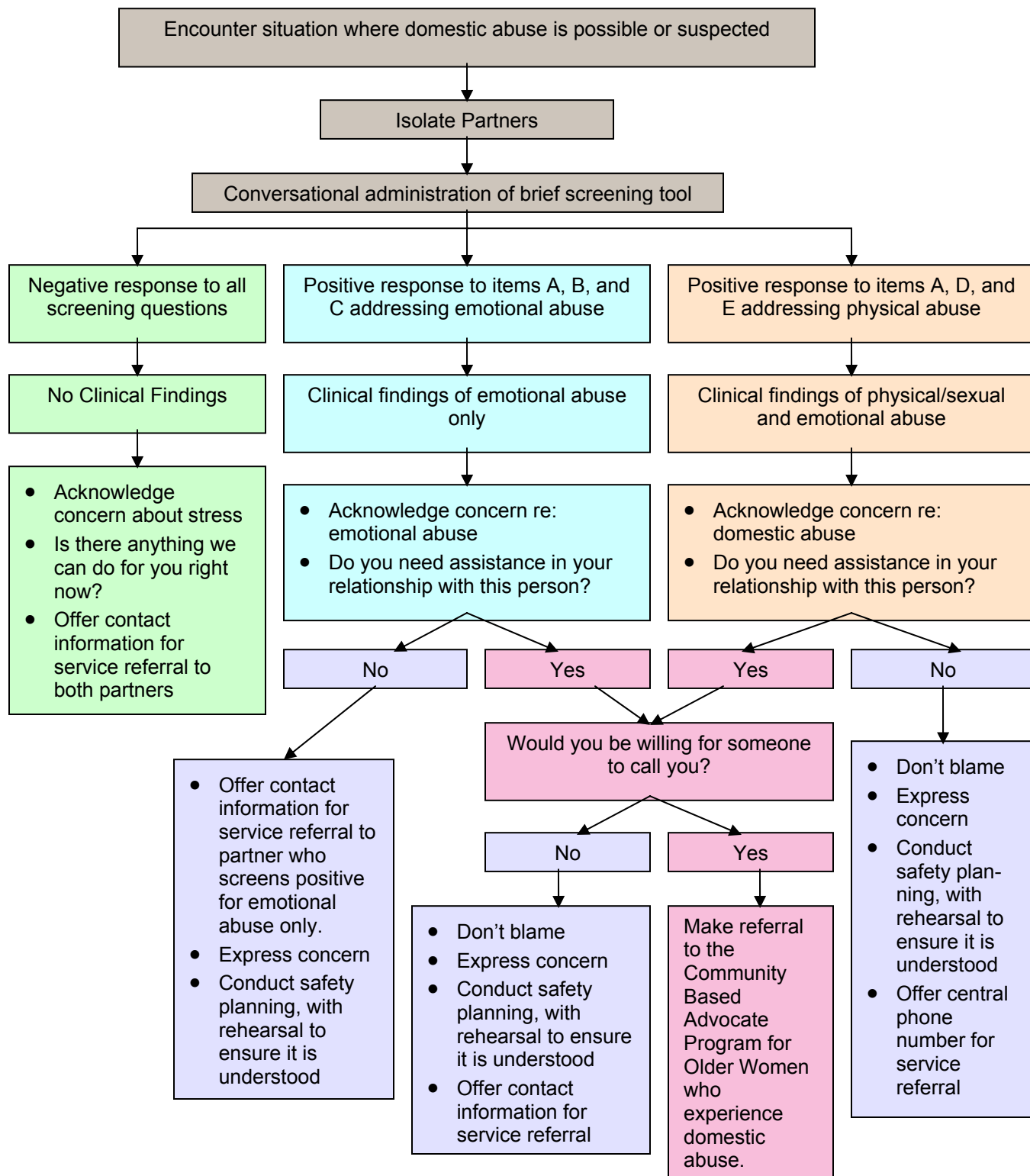
RESPONSE SCALE: often, sometimes, rarely, never

Any reply on the above scale other than “never” indicates a need for follow-up discussion or possible action as described in the Guidelines. Also, keep in mind that false negatives can occur. Therefore you should use caution in interpreting results.

NOTE: This screen would not meet any standard for evidence collection and is not intended to be used that way.

We suggest that you read through the remaining material in the Practice Guidelines carefully before using the screen or any other recommended actions.

DOMESTIC VIOLENCE AGAINST OLDER WOMEN PRACTICE GUIDELINES FOR ASSESSMENT AND INTERVENTION



CAUTION: If either the victim or the perpetrator appears to be at significant risk of harm, or if either appears to be physically hurt or cognitively impaired, more assertive action may be required.

“Domestic violence...when it’s mental, I think it is worse than physical, because the mental part doesn’t go away...You can try going around laughing and being nice, but in your heart you’re breaking, you’re hurting, you’re screaming for somebody to help you.”

“Violence to me is more than – I mean, when you say violence, you mean physical abuse. There are many people who’ve never had physical abuse, which I have never had. And I don’t know anybody – You could do a heck of a lot by talking, innuendo, all sorts of things. And its much worse than physical abuse...But they want to see bruises and the black eye and the teeth knocked out.”

“Anger management? The courts sort of mandate the man to take those anger management courses. Now I can tell you, it sure makes the man very angry to take those anger management classes.”

Excerpts from Focus Group Transcripts

Using the Practice Guidelines: The Practice Guidelines are easy and quick to use in most situations where domestic abuse involving an older women is possible or suspected. The following explanation is color coded to match the diagram of the Guidelines on page seven.

- When you encounter a situation where domestic abuse is possible or suspected, the partners should be separated before any questions are asked. The importance of separate questioning in terms of the honesty of the answers, particularly for the victim, has been well documented in domestic violence literature.
- After the partners are separated, ask five brief screening questions using a conversational approach:
 - A. Are you afraid of your partner or scared for your safety?
 - B. How often does “he” sulk, refuse to talk, storm out of the room or do something in spite?
 - C. How often does “he” insult, swear, make you feel humiliated, tell you ‘you are worthless’, threaten to leave you, threaten to hit or hurt you or someone you care about?
 - D. How often does “he” push, shove, grab, or slap you or throw something?
 - E. How often does “he” kick, bite, punch, hit with something, beat up, choke, burn you, or force you to have sex against your will?

RESPONSE SCALE: often, sometimes, rarely, never

NOTE: Any reply on the above scale other than “never” indicates a need for follow-up discussion and possible action as described below.

Examples of conversational approach:

“Things seem uncomfortable. I’m wondering if you are scared for your safety or afraid of what [John] may do?”

“Seems like things got a little out of control here. How often does [John] refuse to talk to you or storm out when he’s angry?”

“Sometimes in situations like this the [husband] insults, swears at, humiliates, threatens to leave or to hurt his [wife], or people or pets she cares about. How often would you say

“But if one keeps talking, the situation can get worse...things get forced more...and then you come to see that what is called domestic violence comes from there. In order not to get there, well one should shut one’s mouth. But that kind of love is not good.”

“You know that the abuser is going to be taken away, but sooner or later they are going to return and the person who is abused is going to be scared and not willing to speak up again so that they don’t go through that again.”

“Many times I think women are afraid to do this. Especially as you get older, you become very used to the way you live. And if somebody hurt you, you can’t imagine why, but they do it. And you put up... and you may put up with it.”

*Excerpts from Focus Group
Transcripts*

If the woman responds “never” (or equivalent) to the five questions there are no positive findings. However, we know that even if they are separated from the abuser, some women will not admit to any abuse. Therefore it is important to convey a message of CONCERN without implying that you don’t believe her. To do this you can:

- Acknowledge concern about stress: “You seem to be experiencing a lot of stress. You know stress can pile up so high that it gets to be really hard to handle alone. It can start affecting physical health and people’s happiness – even how much they feel emotionally stable. I’m concerned that stress may become a problem for you.”
- **ASK: “Is there anything [we] can do for you right now?”** By asking this question you assure the woman that she can choose any kind of assistance she is ready for without losing independence or autonomy.
- Determine resources for reaching out to get help. Offer contact information for service referral for both partners. Explain that this is a general referral and when she uses this contact information, she will be referred to other agencies based on the kind of help she wants. If there is no phone in the home, offer to make contact right then using your cellular phone.

“If a man is like abusing a woman like his wife or girlfriend, and she reports it, she’s always like laughed at.... The police [think] she probably did upset him to do this... The old men do it. So she would not report it, because like I said, she’d be laughed at. So if you grow up in a culture like that, and it happens to you now, you’re going to [not tell]...and then we still have things where if you report it, you have to prove it and you don’t want to go through all that type of scandal.”

“Yes. But I’d call in a heart-beat, because I remember when I was that person getting beat up. I just wished that somebody would have come to the door, appeared, and helped me.”

*Excerpts from Focus Group
Transcripts*

NOTE: Regardless of the response to the screening questions, if there is convincing physical evidence that criminal domestic violence and/or elder abuse, as defined by state statute, has occurred, responders must follow the course of action prescribed by law. If this is the case:

1. Calmly and clearly explain what is happening and why. Check for understanding and take time to answer questions.
2. Even if the abuser is resisting, make the arrest process as calm as possible. Remember that the victim is likely to “pay” for any outrage or violence shown toward the abuser. Therefore you can best assure the woman’s safety by making any required arrest process calm and “supportive”.
3. Make it clear to the abuser that he has broken the law and that regardless of his partner’s wishes, you are required by law to arrest him.
4. Do not leave a victim alone without assistance who is medically, emotionally, or cognitively impaired and dependent on the abuser. In this situation the abuser is often also the primary or only caregiver.

Many women in our study said that emotional abuse was as bad as or worse than physical abuse, but there was reluctance to bring this kind of abuse to anyone’s attention because it might not be taken seriously or it might not, in fact, be considered a serious problem.

The first three screening questions, A, B, and C, are used to identify the presence of psychological, mental, verbal, or emotional abuse.

If the screen for A, B, and/or C is positive it is important to convey a message of CONCERN and RECOGNITION of the potential negative consequences of emotional abuse. To do this you can:

- Acknowledge concern about emotionally abusive behavior **without labeling the behavior**. You might say something like, “it seems like your [husband] [sometimes/often] says things that make you feel very bad or afraid. Sometimes this kind of situation can get worse over time. Feelings can pile up so high that it gets to be really hard to handle alone. This can start

Safety Planning

Safety planning is a well-used strategy for preparing for emergency situations. For example schools and businesses maintain alarm systems, which sound in case of fire. Students or staff are asked to practice leaving the premises from time to time so they will be prepared in the case of a real fire.

Likewise, women who live in relationships that involve anger, threats or violence should develop and practice a safety plan in case their situation becomes dangerous. These plans may be written or even just mentally designed and rehearsed.

Regardless of whether the plan is written, women at risk should be encouraged to think about four issues in particular:

- Increasing safety at home with the abuser
- Increasing safety in the workplace, if applicable
- An emergency escape plan to flee the home (and workplace, if applicable)
- The safety of her person and others she cares about (including pets) after she leaves the relationship.

A sample of a detailed safety plan is provided in Appendix B.

affecting physical health and people's happiness – even how much they feel emotionally stable. I'm concerned that this may become a problem for you."

- **ASK: "If someone were to help you, what would be the best kind of help right now?"** By asking this question you assure the woman that she can choose the kind of assistance she is ready for without losing independence or autonomy while encouraging her to be open to getting help.

When a woman who screens positive for emotional abuse says **she does not need assistance** in her relationship with the abuser you can:

- Offer contact information for service referral. Explain that this is a general referral and when she uses this contact information, she will be referred to other agencies based on the kind of help she wants.
- Encourage her to look for help with the things that are difficult for her to handle now. Assure her that help is available for people in situations like hers.
- Talk about safety planning and how it might be important if a woman becomes frightened that verbal abuse is out of control and the situation might escalate. Ask her to think about under what circumstances she should ask for help if she is not ready for help now. Try to develop at least a brief safety plan that includes thinking about where to go if things get out of control, and when it might be good to get outside help.

Women in our study said that there are many reasons why abuse victims hide the abuse, even physical abuse with readily observed injuries.

The first screening question, A, and the last two questions, D and E, are used to identify the presence of physical abuse, including sexual abuse. Women who experience physical and/or sexual abuse also would experience emotional abuse.

If the screen for A, D, and/or E is positive it is important to convey a message of CONCERN and RECOGNITION of the potential negative consequences of abuse. To do this you can:

“There are times when you don’t feel confident you’re going to get the help from law enforcement...My husband had a gun one time and he wasn’t beating me but he was threatening me. And I called, then came, and then the lady gave him a break...and they left me here with him...the police, working with battered women at the time, they were not helpful...they may be better now. Hopefully they’re better now.”

*Excerpt from Focus Group
Transcript*

- Acknowledge concern about abusive behavior **without labeling the behavior**. You might say something like, “it seems like your [husband] [sometimes/often] hurts you physically or makes you feel very bad or afraid. Sometimes this kind of situation can get worse over time. Feelings can pile up so high that it gets to be really hard to handle alone. Sometimes women experience minor or even serious injuries. This can start affecting physical health and people’s happiness – even how emotionally stable they feel. I’m concerned that these things may become a problem for you.”
- **“If someone were to help you, what would be the best kind of help right now?”** By asking this question you assure the woman that she can choose the kind of assistance she is ready for without losing independence or autonomy while encouraging her to be open to getting help.

When a woman who screens positive for physical or sexual abuse says **she does not need assistance** in her relationship with the abuser, **OR** if she needs assistance **but is not willing for someone to call her** you should:

- **Don’t blame and don’t judge.**
- Repeat expressed concern regarding the possible escalation of the behavior and the impact on health and sense of well being.
- **Take 5 minutes to do a safety plan, with rehearsal to ensure it is understood.** Acknowledge that women who experience abuse routinely have already developed a keen sense of how to survive; build on strategies she already uses. Try to get the woman to articulate as many plan details as possible; focus on essential components like access to important legal documents and medication. See Appendix B for more ideas regarding what to include.
- Offer contact information for DV services. Offer to make call while you are there (even if she initially refused assistance), or allow her to use your cellular phone to make the call.
- Encourage her to look for help with the things that are difficult for her to handle now. Assure her that help is available for people **in situations like hers**.

“They...don’t believe that they are doing something wrong. They say, ‘but my father hit me and he hit my mother the same way.’ They see that as normal. My ex-husband still tells my son, ‘I had to straighten you and teach you to grow and be a well-to-do person and I had to teach your mother that she had to respect me and do what I asked.’ The man is 65 years old and still thinks that.”

Excerpt from Focus Group Transcript

When a woman who screens positive for emotional or physical abuse indicates **she needs assistance** in her relationship with the abuser you can ask:

Would you be willing for someone to call you?

If the woman **is willing for someone to call her**, you should:

In Miami-Dade County: Make a referral to the Elder DV/SA Advocate Program. See the column at the left for a brief description of this program and information regarding how to make referrals.

Elsewhere: Identify the best service option in your community. Look for a program or agency with:

- A staffed telephone intake line 24/7.
- At least one staff member who is trained specifically to work with older women who experience domestic abuse.
- Access to an “elder friendly” temporary shelter bed, in case shelter is requested by the victim.

C A U T I O N

If either the victim or the perpetrator appears to be at significant risk of harm, or if either appears to be physically hurt or cognitively impaired, more assertive action may be required.

If you believe you need to take such action, continue to try to maintain calm but speaking in a normal tone (don’t yell) and explaining what is going to happen. Explaining why may be less useful and may provoke anger. A good response to “why” is “this is my job and my supervisor expects me to do it this way”.

Never leave a victim alone without assistance who is medically, emotionally, or cognitively impaired and dependent on the abuser. In this situation the abuser is often also the primary or only caregiver.

ADDITIONAL CONSIDERATIONS

Statutory Requirements: In order to make good decisions regarding both the process and outcome of risk assessment, first responders and counselors or advocates involved in treatment must understand all statutory requirements. Relevant Florida statutes are listed below with a brief summary of the situations they cover. Full text copies of statutes for all states are available on-line, generally through the state's web site.

F.S. CHAPTER 784: ASSAULT; BATTERY; CULPABLE NEGLIGENCE

(Note: Section 784.08 contains specific instructions regarding assault or battery on persons 65 years of age or older.)

F.S. CHAPTER 825: ABUSE, NEGLECT, AND EXPLOITATION OF ELDERLY PERSONS AND DISABLED ADULTS

(Note: This chapter defines criminal activity and penalties for such activity.)

F.S. CHAPTER 415: ADULT PROTECTIVE SERVICES

(Note: Definition of persons covered under the statute is found in Section 415.102; mandatory reporting guidelines are in Section 415.1034.)

F.S. CHAPTER 39: PROCEEDINGS RELATING TO CHILDREN PART

XIII DOMESTIC VIOLENCE (Note: This Part covers confidentiality of information for women in shelters.)

F.S. CHAPTER 741: MARRIAGE; DOMESTIC VIOLENCE

(Note: Relevant information regarding judicial protection for victims is found in Sections 741.28 through 741.465.)

F.S. CHAPTER 744: GUARDIANSHIP

(Note: Certain situations may require understanding of various aspects of this statute; sections that specifically pertain to elders are highlighted.)

F.S. CHAPTER 90: EVIDENCE CODE

(Sections 90.5035 and 90.5036 describes privilege for sexual assault counselors and domestic violence counselors, respectively.)

Agency-specific Policies and Procedures: Virtually all agencies, whose employees and/or volunteers come in contact with victims, have agency-specific policies and procedures to follow. The process described in these Practice Guidelines obviously does not replace existing policies. In order to use these Guidelines most effectively, therefore, they must be interpreted and operationalized within the context of existing policies and procedures.

Clarification of Roles and Responsibilities: It is important to clearly advise a victim regarding (1) the extent to which confidentiality applies to your communication with her

and what information you are legally required to disclose (and to whom), (2) any existing limits regarding protective actions that “the system” may undertake on their behalf, (3) how the public systems that are available to offer them assistance “work”.

Additional Resources Regarding Domestic Violence and Older Women: Appendix A provides contact information regarding existing community programs and other available resources to further explore the issues surrounding domestic violence against older women.

Sample Safety Plan: A number of safety plan formats are available, many of them through one or more of the resources listed in Appendix A. A sample of one such plan is provided in Appendix B. It is important to note, however, that formal safety plans are lengthy and detailed. In situations that are not conducive to completing such a long form the concept of safety planning should still be introduced, briefly described and encouraged.

APPENDIX A ADDITIONAL RESOURCES

AARP Foundation National Legal Training Project (re: domestic abuse in later life) at:
<http://www.aarp.org/ntp>

Abuse in Later Life publications from the Wisconsin Coalition Against Domestic Violence. Available on line at: <http://store.wcadv.org> or (608) 255-0539

Adult Abuse Review at: <http://www.wordbridges.net>

Domestic Abuse in Later Life at:
<http://www.vaw.umn.edu/documents/vawnet/arlaterlife/arlaterlife.html>

Domestic Abuse in Later Life Prevalence and Incidence (2002) at:
<http://www.elderabusecenter.org/pdf/research/statistics.pdf>

Health Canada National Clearinghouse on Family Violence, article on Emotional Abuse at: www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/emotion.pdf

National Association of Adult Protective Services Administrators (NAAPSA) at:
<http://www.elderabusecenter.org/default.cfm?p=naapsa.cfm>

National Center on Elder Abuse at: <http://www.elderabusecenter.org>

National Clearinghouse on Abuse in Later Life at: <http://www.ncall.us/>

National Committee for the Prevention of Elder Abuse at:
<http://www.preventelderabuse.org/elderabuse/domestic.html>

National Sexual Violence Resource Center (NSVRC): www.nsvrc.org

Office of Violence Against Women at: www.ojp.usdoj.gov/vawo

Violence Against Women Library at: www.vawnet.org

APPENDIX B SAMPLE SAFETY PLAN

This information was generalized from a plan found at [Metro Nashville Police Department](#). Below is a seven step safety plan. Please take the time to print this and fill it out with a friend, family member or a woman in need. Even if you feel you will never need this information...

Step 1. Safety during violence I can use the following options:

- a. If I decide to leave, I will _____
- b. I can keep a bag ready and put it _____ so I can leave quickly.
- c. I can tell _____ about the violence and have them call the police when violence erupts.
- d. I will use this word code _____ for my children, friends, or family to call for help.
- e. If I have to leave my home, I will go _____
(Be prepared even if you think you will never have to leave.)
- f. When an argument erupts, I will move to a safer room such as _____
- g. At the same time, I will avoid the most unsafe rooms or places in my home. These are _____
- h. I will use my instincts, intuition, and judgment. I will protect myself until I am out of danger.

Step 2. Safety when getting ready to leave. I can use the following strategies:

- a. I will leave money and an extra set of keys with _____
- b. I will keep important documents and keys at _____
- c. I will open a savings account by this date _____ to increase my independence.
- d. Other things I can do to increase my independence are: _____

- e. The domestic violence hotline is _____
- f. The shelter's hotline is _____
- g. I will keep change for phone calls with me at **ALL** times. I know that if I use a telephone credit card, that the following month the telephone bill will tell the batterer who I called after I left. I will keep this information confidential by using a prepaid phone card, using a friend's telephone card, calling collect, or using change.
- h. I will check with _____ and _____
to know who will let me stay with them or who will lend me money.

- i. I can leave extra clothes with _____
- j. I will review my safety plan every _____ (time frame) in order to plan the safest route. I will review the plan with _____ (a friend, counselor or advocate.)
- k. I will rehearse the escape plan and practice it with a family member or friend who may help me.

Step 3. Safety At Home. I can use the following safety methods:

- a. I can change the locks on my doors and windows as soon as possible.
- b. I can replace wooden doors with steel doors.
- c. I can install security systems- i.e. additional locks, window bars, poles to wedge against doors, electronic sensors, etc.
- d. I can purchase rope ladders to be used for escape routes from the second floor.
- e. I can install smoke detectors and buy fire extinguishers for each floor of my home.
- f. I can install an outside lighting system that lights up when someone approaches my home.
- g. [If applicable] I will tell the people who care for my children who has permission to pick up my children. My partner is NOT allowed to. Inform the following people:

School _____

Day Care _____

Babysitter _____

Sunday School _____

Teacher _____

And _____

Others _____

- h. I can tell the following people that my partner no longer lives with me and that they should call the police if he is near my residence:

Neighbors _____

Church Leaders _____

Friends _____

Others _____

Step 4. Order of Protection. The following steps will help enforce the order of protection:

- a. I will keep the protection order _____ (the location).
Always keep it with you.

- b. I will give my protection order to police departments in the areas that I visit my friends, family, where I live, and where I work.
- c. If I visit other counties or states, I will register my protection order with those counties or states.
- d. I can call the local domestic violence agency if I am not sure how to register my protection order with the police departments.
- e. I will tell my employer, my church leader, my friends, my family and others that I have a protection order.
- f. If my protection order gets destroyed, I know I can go to the County Courthouse and get another copy.
- g. If my partner violates the protection order, I will call the police and report it. I will call my lawyer, my advocate, counselor, and/ or tell the courts about the violation.
- h. If the police do not help, I will call my advocate or my attorney AND I will file a complaint with the Chief of the Police Department.
- i. I can file a private criminal complaint with the district judge in the jurisdiction that the violation took place or with the District Attorney. A domestic violence advocate will help me do this.

Step 5. Job and Public Safety. I can do the following:

- a. I can tell my boss, security, and _____ at work about this situation.
- b. I can ask _____ to help screen my phone calls.
- c. When leaving work I can do the following:

- d. When I am driving home from work and problems arise, I can

- e. If I use public transportation, I can _____

- f. I will shop at different grocery stores and shopping malls at different hours than I did when I was with my partner.
- g. I will use a different bank and bank at different hours than I did when I was with my partner.
- h. I can also do the following: _____

Step 6. Drug and Alcohol Use. I can enhance my safety if I do the following:

- a. If I am going to use, I am going to do it in a safe place with people who understand the risk of violence and who are committed to my safety.
- b. I can also _____
- c. If my partner is using, I can _____
- d. I can also _____
- e. To protect my loved ones, I can _____

- f. To protect my pets, I can _____

Step 7. Emotional Health. I can do the following:

- a. If I feel depressed and ready to return to a potentially violent situation/ partner, I can _____
- b. I can call _____
- c. When I have to talk to my partner in person or on the phone, I can _____

- d. I will use "I can..." statements and I will be assertive with people.
- e. I can tell myself " _____ " when I feel people are trying to control or abuse me.
- f. I can call the following people and/ or places for support: _____

- g. Things I can do to make me feel stronger are: _____
