Every year in the U.S., one in four women and one in ten men are harmed by intimate partner violence (IPV) or domestic violence (DV)\(^1\). Abuse can be used against anyone; however, older adults may be at higher risk. Nationwide, one in every ten adults age 60 and older have experienced abuse\(^2\). Data from the Texas Health and Human Services Commission (HHSC) Family Violence Program (FVP) shows that of the total 64,623\(^3\) people served in 2020, nearly 10% identified as age 50 and older\(^4\). These statistics may increase as life expectancy continues to grow. As of 2018, the life expectancy for women living in the U.S. is 81.20 years and 76.20 years for men\(^5\).

Elder abuse is abuse specific to older adults that can include elements of DV and IPV, including neglect. Elder abuse impacts one in ten people age 60 and older in the U.S.\(^6\). In 2020, Texas Adult Protective Services (APS) confirmed 52,506 cases of abuse of vulnerable adults age 65 and older or with a disability\(^7\). IPV, DV and elder abuse include emotional, physical, financial and sexual abuse\(^8\). IPV is abuse that happens within the context of a romantic relationship and DV includes acts by any family or household member\(^9\).

Decisions on whether to report incidences of DV and IPV to law enforcement are typically up to the survivor to make. If a survivor chooses to report, local law enforcement handles the report and any investigation\(^10\). In comparison, reports and investigations of abuse of older adults are handled by APS. Any adult in Texas that suspects or becomes aware of elder abuse is required by law to make a report to APS\(^11\). APS works with law enforcement, community members and social service providers as needed when investigating incidents of elder abuse.

**EXPERIENCES OF ABUSE**

A central component of DV, IPV and elder abuse is the abusers’ use of manipulative tactics, such as physical, emotional, financial and sexual abuse, to maintain power and control over someone. The Power and Control Wheel was developed to raise awareness of the various ways in which people that use violence abuse loved ones\(^12\). Although elder abuse often includes elements of DV and IPV, the frequency and pattern of violence used may look different than violence used against younger survivors.
Abusers may take advantage of an older adult’s limited mobility due to a chronic health condition or disability to gain power and control over them. They might withhold care, isolate the older adult from their family and friends, or exploit them financially. Research suggests that physical violence may lessen and transition into other forms of abuse, such as emotional, psychological or financial exploitation, as the individual using violence gets older. New incidences of elder abuse may be attributed to the strain of caretaking, the development of health issues that may make an older adult more vulnerable, or perceived lack of control in a relationship.

Research shows that compared to younger women in similar situations, older women may have a harder time accessing services that can help them escape violence. Older women experience abuse differently than younger women and when they do reach out for help, they often report that services offered do not meet their needs. A study of women over age 55 in abusive relationships showed that historically strict gender norms may influence decisions on whether to leave an abusive partner. Older survivors may feel trapped due to concerns of economic insecurity or stigma around divorce. Additionally, since many DV and IPV organizations target their services towards younger women with children, older women may not be aware of services available to help them.

**SERVING OLDER SURVIVORS**

To address this lack of resources specific to older survivors, the National Clearinghouse on Abuse Later in Life created the RESPECT toolkit to help IPV and DV organizations become more accessible for older survivors. The toolkit includes:

- **Responsive and Victim-Defined Advocacy** that focuses on addressing various forms of long-term trauma in older survivors and promoting confidentiality.
- **Elder-Informed** practices that create opportunities for older survivors to give feedback on how services can be made more relevant to their experiences.
- **Services, Safety Planning and Outreach Policies** that describes the importance of making policies, outreach materials, and safety plans that acknowledge the social identities of survivors, including the impact of age.
- **Equity and Access** to ensure facilities and services are accessible to survivors regardless of any mental, behavioral or physical challenges.
- **Collaboration** and how inter-professional work can help make services more relevant and effective for older survivors.
• **Training and Awareness** which encourages organizations to provide continuous opportunities for employees and volunteers to further their understanding of the needs of older survivors\(^{20}\).

The Family Violence and Prevention Services, Inc. (FVPS), a domestic violence center and shelter in San Antonio, has worked to ensure their services are accessible for older survivors. After noticing an increase in requests for services from survivors age 50 and older, FVPS decided to make improvements to their shelter and program offerings to better serve older survivors. Using feedback from clients, FVPS built a dining room and four accessible residential rooms specifically for older survivors residing in the shelter. They also designed age-specific therapeutic services and began including community health care and aging services providers in their case management. FVPS employees also have a close relationship with APS, allowing for older survivors at the agency to being involved in the reporting process\(^{21}\).

**CONCLUSION**

The prevalence of DV, IPV and elder abuse in conjunction with the increasing life expectancy indicate a growing need for services that address the needs of older survivors. When working with older survivors of DV, IPV and elder abuse, partnerships among direct aging service providers, like area agencies on aging, DV and IPV programs, and APS are important for addressing age specific needs\(^{22}\). Shelters or services should consider creating or increasing their programming targeted towards older adults experiencing DV, IPV and elder abuse. Additionally, existing shelters should review and modify their policies and implement trainings to make their services more accessible for older women. The use of best practices, like the RESPECT toolkit, can serve as a model for other programs looking to make their programs friendlier for older survivors.

**RESOURCES**

• If you suspect that an older adult you know might be experiencing abuse, contact APS at 800-252-5400 or online at [txabusehotline.org](http://txabusehotline.org).

• For confidential information and support, call the National Domestic Violence Hotline at 900-799-SAFE or chat online at [thehotline.org](http://thehotline.org/).

• Find an HHSC Funded Family Violence Program in Texas by visiting [txhhs.maps.arcgis.com/apps/webappviewer/index.html?id=ac994e4a3ed94fa6854b18c0e31651ca](http://txhhs.maps.arcgis.com/apps/webappviewer/index.html?id=ac994e4a3ed94fa6854b18c0e31651ca).

Note: Locations reflect only HHSC-funded programs and, for safety purposes, are approximate. If you do not find a shelter or non-residential center near you, contact the closest shelter or non-residential supportive services center. Regardless of the distance, you can still obtain services and support.
REFERENCES MENTIONED


3. The total number of people served by a crisis center or shelter funded by the commission.

4. Texas Health and Human Services Family Violence Program. (2020). FY20 FVP Older Adults Served [Data set].


11. Texas Human Resources Code, Chapter 48.252


20. Ibid


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