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Power and Control: Understanding Domestic Abuse in Later Life

By Bonnie Brandl

Shirley married Kenny when she was 20 years old. She was surprised when he noticed her and asked her out. He was outgoing and popular; she was quiet and shy. He had big dreams for their life together.

Kenny liked the house kept clean and meals on the table promptly at 6 p.m. In 1949, when Shirley got married, her job was to stay at home and take care of the house, as all her friends did. But keeping things perfect was harder when she got pregnant. She didn't feel good, and one night dinner wasn't ready on time. Kenny was furious. He threw the dishes across the kitchen and pushed her to the floor and kicked her.

That night was the beginning of fifty years of physical, emotional, and sexual abuse. Kenny was insistent that his needs should be met before those of Shirley or the children. Shirley became more and more afraid to visit friends or family. Soon, she did not have many people in her life other than Kenny and her children.

Last year Shirley had a stroke. She now lives at home with Kenny and receives some home health assistance. On one occasion, a home health nurse heard Kenny screaming at her and later found bruises on her arms, back, and thighs. The nurse called social services to do an investigation.

Well-meaning professionals sometimes unwittingly collude with the abuser.

Elder abuse takes a variety of forms, involves different relationships, and occurs in several types of settings. This article will focus on abuse perpetrated by family members or caregivers in community settings. Family relationships include longtime spouses or partners, new spouses or partners, and adult children or grandchildren. While institutional abuse and self-neglect are important topics, they are beyond the scope of this article.

Many professionals believe caregiver stress is the primary cause of domestic elder abuse. In fact, the majority of noninstitutional elder abuse is family violence (Administration on Aging, 1998; Wisconsin Department of Health and Family Services, 1999). This article will describe the dynamics of abuse that is grounded in the abuser's need to gain and maintain control over the victim—dynamics similar to those seen in cases of spouse abuse involving younger adults—and will show how relying on the caregiver-stress model may, in fact, place victims in greater danger. Understanding the dynamics of power and control can help professionals inter-

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vene in cases of elder abuse more effectively, breaking the fear-filled isolation of victims and ensuring their safety.

ABUSE TO EXERT POWER AND CONTROL

Older people get hurt from a variety of causes. Some older adults are injured in accidents. Others are harmed by people who are genuinely trying to help but lack the proper skills. Sometimes harm is caused by a person with a physical or mental illness that manifests itself in violent behavior. These cases are not intentional abuse or misuse of power and control.

Unfortunately, some caregivers or family members hurt older people to exert power and control. Many abusers harm older people to get their own needs met, believing they are entitled to use any means necessary to achieve their goals.

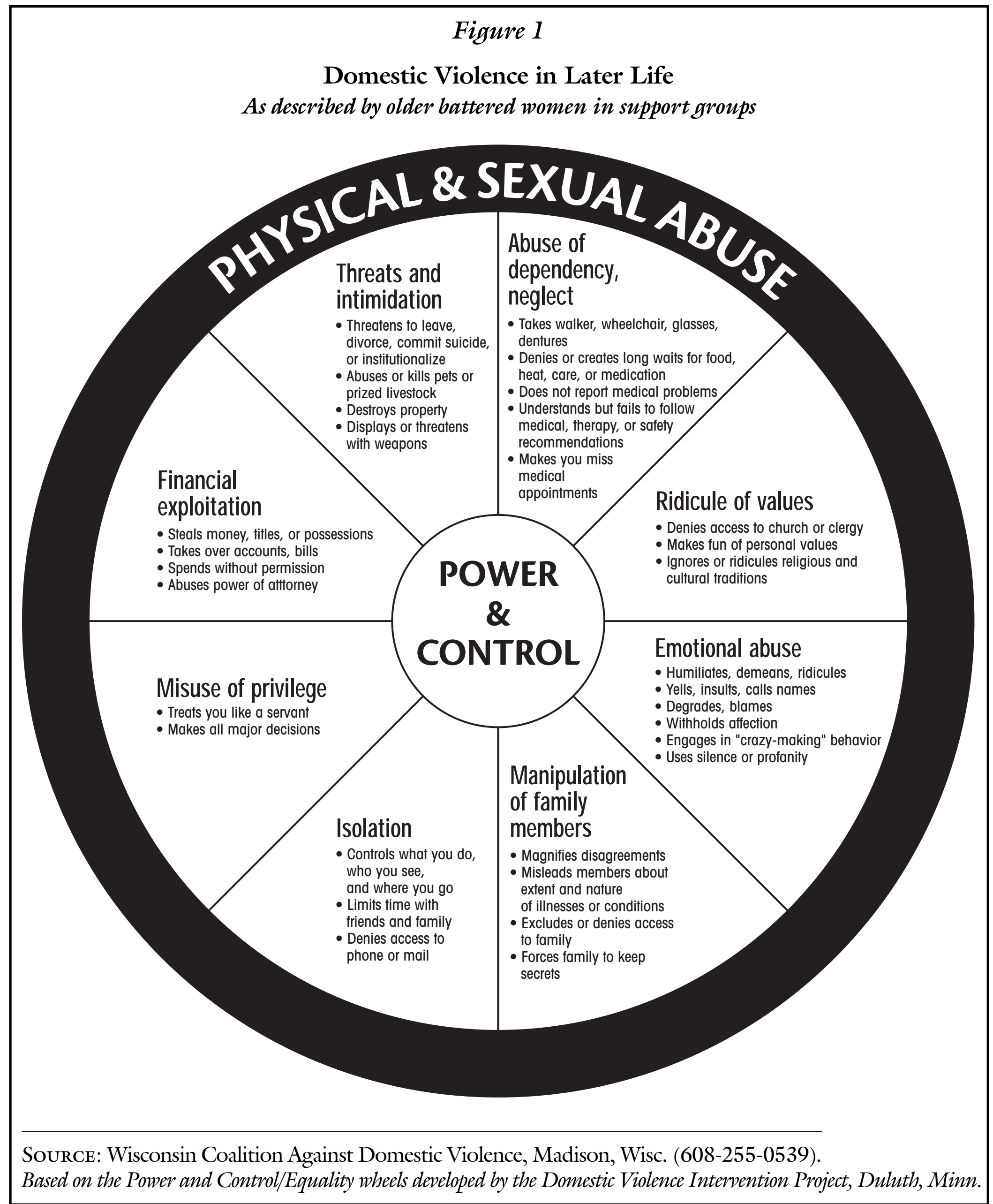

Figure 1

Domestic Violence in Later Life

As described by older battered women in support groups

SOURCE: Wisconsin Coalition Against Domestic Violence, Madison, Wisc. (608-255-0539).
Based on the Power and Control/Equality wheels developed by the Domestic Violence Intervention Project, Duluth, Minn.

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The abusers feel justified, believing they have a moral right to control their victims. Most hold rigid stereotypes about the people over whom they have power. Abusers like Kenny in the above case study believe that violence is an acceptable method of getting what they want (Schechter, 1987).

Some abusers desire control over all household activities, dictating when dinner is served, what television shows are watched, and who enters or leaves the house. Others strive to gain access to their victim's finances and property for their own benefit. Still other abusers may enjoy dominating, punishing, or humiliating their victims in various ways, including sexually.

Our experience at the Wisconsin Coalition Against Domestic Violence (WCADV) matches that of several researchers who have concluded that many victims are not dependent on the abuser for care—rather, the abuser depends on the victim (Pillemer and Finklehor, 1989; Podnieks, 1992). Many abusers are adult children who still live at home and who rely on their parents' resources. Many abusive husbands or male partners believe that women are responsible for taking care of men and responding to their every desire. The abuser's dependence may be financial, emotional, or simply practical (i.e., having dinner cooked and clothes washed). Many victims, in turn, are not dependent or significantly physically or cognitively impaired. They are older adults experiencing family abuse similar to that experienced by younger battered spouses.

Figure 1 illustrates the forms of abuse often used against victims to gain or maintain power as depicted by older women attending support groups for battered women, who created this illustration. They described the physical abuse, sexual violence, isolation, emotional abuse, and other tactics used against them by spouses, partners, caregivers, or adult children. Most abusers will use several or all of these tactics that the women presented.

Caregiver Stress Not a Primary Cause

Caregiver stress is often described as a primary cause of elder abuse. The caregiver-stress theory describes abusers as well-meaning individuals who want to be caring but have an isolated incident of abusive behavior when they lose control under significant pressure. And in fact, caregiving can be difficult and stressful. The work is often hard, and the hours are long. Many caregivers work for low pay, or are family members giving their time and resources. Because of these factors, many people believe that stressed caregivers occasionally snap, become abusive, and say or do things they would not do normally.

However, research has found that in most cases of elder abuse the abuser-victim dynamics are more like the traditional domestic-violence model (Breckman and Adleman, 1988; Pillemer and Finklehor, 1989; Podnieks, 1991; Vinton, 1991; Wolf, 1998). Unfortunately, professionals too often assume that caregivers are experiencing stress. Well-intentioned social service professionals respond to instances of elder abuse based on what they have been taught about the caregiver-stress model. Most workers have had limited training about family violence. Since most older abused women have not sought domestic violence services, professionals in that area have not worked closely with social service agencies that specialize in aging.

Many professionals working in healthcare, the justice system, or faith-based fields have received training on working with battered women. However, such training typically does not address the concerns of older victims. Therefore, these professionals see domestic violence as a problem only faced by younger people and do not identify older victims or respond to them using strategies normally offered to younger victims.

Unfortunately, the consequences of this lack of information about the dynamics of domestic abuse in later life are that well-meaning professionals often respond inappropriately to victims by treating elder abuse as a case of caregiver stress. Using the case of Shirley and Kenny as an example, we can look at how easily this mistake can be made.

The social worker arrives at Kenny and Shirley's home. Shirley is asleep. The worker talks to Kenny. Kenny tells the worker that Shirley is the center of his universe. But since the stroke, things have been more difficult. Shirley can't take care of the house, herself, or him anymore. She bruises very easily when he tries to help move her. Maybe he was a little too

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rough last Friday. He assures the worker it will never happen again because he loves his wife. The worker doesn't need to bother to come back. Everything will be fine.

This worker has read about and been trained on the dynamics of elder abuse. She believes the primary cause of elder abuse is caregiver stress. This case seems to her to be a classic example. Kenny describes one incident of abuse—an episode rather than a pattern. Kenny also seems genuinely concerned about his wife. He expresses his love and promises not to hurt her again.

The worker talks more with Kenny about how difficult his life must have become since his wife's stroke. Yes, providing care can be challenging and not always rewarding. The worker suggests several strategies that can help reduce Kenny's stress level. She will arrange for home health services and chore services to come in periodically to give Kenny a break. She also encourages Kenny to contact her any time he is feeling overwhelmed. The worker believes that reducing Kenny's stress will end the abusive behavior.

After the worker leaves, Kenny wakes Shirley up and screams at her: "You told someone about me and now the government is poking their nose in our business. But I fixed it. I told the social worker that you are the problem. You are so difficult to care for, and she agrees with me. If you would just do what I say, I wouldn't have to hit you."

Shirley is terrified. She doesn't know who made the call to the social worker, but she vows to be even more careful about whom she sees and what she says. Certainly, she will support Kenny's version to the social worker. She doesn't want to get into any more trouble with him.

Clearly, the first mistake this worker made was to interview the abuser without first talking with Shirley alone. The worker would perhaps have learned that the yelling and bruises were not an isolated incident but a pattern of abuse that had been going on for fifty years. The second mistake was to simply assume that caregiver stress caused the abuse. Typically, offenders do not want to accept responsibility for their behavior. To avoid accountability, they deny or minimize the abuse, justify their behavior, and blame the victim.

Misassessment Can Be Dangerous

The diversionary language used by abusers, coupled with professionals' lack of information about the dynamics of domestic abuse in later life, can lead to misassessment and inappropriate response. Remedies such as stress reduction and improved communication may provide some relief. But when professionals do not analyze the potential power imbalances surrounding instances of abuse and instead automatically attribute the violent behavior to caregiver stress, they unwittingly may be doing the following: (1) blaming victims; (2) colluding with batterers' excuses; and (3) discouraging the involvement of the justice system.

Blaming the victim. Embedded in the caregiver-stress model is the implication that abuse occurs because caring for victims is too difficult. This message blames victims for being too needy and relieves perpetrators of the responsibility for abusive behavior. When Kenny blames Shirley, the focus of the intervention becomes how to make Shirley less demanding. Elder-abuse victims are given the clear message that if they just tried harder, the abuse would end. This is the message abusers have been giving their victims all along: If the victim would do exactly what the abuser wants, everything would be fine.

We know from working with younger victims of domestic violence that changing the behavior of the victim will not end abuse. Abusers often change the rules, always finding a new fault that "causes" the battering. Only abusers can take responsibility for their actions and end the abuse. "Improving the victim" remedies are especially dangerous because they take power away from the victim—just as the abuser has done—rather than restore his or her sense of self-determination. Most important, the safety of the victim is overlooked.

Colluding with batterers' excuses. Professionals who believe that abusers are stressed caregivers are likely to believe the rationales abusers proffer, such as "I lost control." Professionals may support abusers like Kenny by telling them that the social support system recognizes how difficult it is to provide care; professionals understand how someone could snap under all the pressure. This is exactly what abusers already believe: They are entitled to use any method necessary to get what they want. The professional has unwittingly colluded with the batterer. A more

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appropriate response would be to hold the abuser accountable by pointing out behaviors that are abusive and giving the message that the abuse must end.

Most abusers do not lose control when they become abusive: They choose how and when to respond in anger. Most will not yell at their victims in the presence of others. Victims of physical violence often have bruises on the stomach or back—spots where the injuries are not readily detectable, rather than on the face. This indicates that the abuser has placed the blows strategically. Professionals should closely examine the placement of injuries and look for potential patterns of abuse to refute this "loss of control" excuse.

The bottom line is that stress is not an acceptable justification for abusive behavior. Everyone experiences stress. Each of us makes choices about how to deal with stressful situations. Most people do not relieve stress by hitting or emotionally abusing other people (Schechter, 1987). We all find ourselves in positions of power over others at some point in our lives, whether as a parent, supervisor, teacher, or caregiver. Each of us makes choices about how to use or abuse that power.

When stress is accepted by professionals as an excuse for violent behaviors, interventions focus on taking care of the abuser by teaching stress-reduction techniques, lightening workloads, and offering access to support groups and counseling. While these techniques may reduce the abuser's stress, they may not make the victim safer. As with anger-management classes for younger batterers, stress reduction does not address the primary problem—abusers' belief systems and sense of entitlement. In fact, their belief systems are reinforced, their victims are further isolated, and the abuse may continue and even escalate—all supported by social service agencies that believe they are helping the victim.

Discouraging the involvement of the justice system. The caregiver-stress theory leads to elder abuse being labeled a social services issue rather than a crime. Interventions may be handled informally or by using social services programs. However, when the behavior is a crime such as battery or sexual assault, these social services responses are inappropriate; furthermore, they leave the victim exposed to further exploitation and abuse. Many abusers only examine their behavior once they have been arrested—a message that their behavior is not just inappropriate but also illegal.

Interventions with Older Victims.

In instances of domestic violence, the primary focus of intervention must be victim safety. Work with younger victims has demonstrated that effective intervention breaks the victim's isolation and provides resources whether the victim stays in the relationship or not. Twenty-four-hour crisis lines, emergency shelters, legal advocacy programs, support groups, and peer counseling services all may prove helpful.

Holding abusers accountable is the second goal. For these interventions to occur, often a collaborative, coordinated response (say, combining resources of social services and law enforcement agencies) is required.

When planning interventions in cases with power and control dynamics, professionals should keep in mind two key points: First, isolation creates an environment that is ripe for abuse and, second, restoring a victim's power and control is an essential aspect of any remedy.

Breaking isolation. In some cases, asking victims about abuse can be the first step in breaking their isolation. Many older victims do not seek services because they are never asked about abuse. While some victims are not willing to talk about "private family matters," many are looking for a caring person who will listen to them and direct them to available services.

Isolation is a key tactic used by abusers to keep victims from getting help. Friendly visitors or home health services may play an essential role in linking homebound elders to outside help. Sometimes family and friends are willing to visit when they know in advance that the abuser will be away from the home—say, for a regular meeting. Victims who are able to leave home may find strength and support by attending community or religious programs. Others may enjoy participating in support groups. Support groups tailored specifically for older abused women have provided tremendous support and comfort for those who have had the opportu-

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nity to participate—although few such groups currently exist (Brandl, 1997; Nexus, 1995; Seaver, 1996).

Restoring power and control to the victim. Understanding family violence as the victim's loss of power and control logically leads professionals to make empowerment the key component of an effective remedy. Interventions should focus on providing a sense of hope through use of an empowerment model (not colluding with abusers) and working collaboratively with others. An empowerment model restores, to the degree possible, decision-making and control to the victims (Brandl and Raymond, 1997; Herman, 1992). This framework recognizes cultural experiences and respects racial, ethnic, class, and gender differences. It builds on victims' strengths, resourcefulness, and survival skills. An empowerment model should have the key components listed below:

- Empathetic listening.
- Making time to document abuse.
- Providing information on abuse in later life.
- Offering options.
- Working with experts in the field to learn the dynamics of abuse in later life.
- Encouraging safety planning.
- Referring to local agencies (Brandl and Raymond, 1997).

Empathetic listening requires workers to ask questions sensitively and privately. Since victims are often in the greatest danger of serious harm or death when they are seeking help or leaving an abusive relationship, they may be very guarded in telling their stories. Therefore, professionals must ask open-ended questions and demonstrate that they believe the victim's account.

Documenting abuse with photographs, detailed descriptions of injuries, and statements can help victims if they need evidence for court. This documentation can be used in criminal proceedings as well as civil procedures such as hearings for restraining orders or competency proceedings. Therefore, it is extremely important to document facts and not opinions or judgments such as "he's drunk and obnoxious" or "she's hysterical and overreacting." These opinions may not be accurate in fact, and might be used to cast doubt on the validity of the victim's testimony.

Providing victims with information and offering them options are central components of the empowerment model. Often abusers give victims inaccurate information about what will happen if they talk about the abuse or leave. Victims need to know what will happen if they decide to stay or to leave, so they can make the decision that is in their best interests at present.

Safety planning helps victims anticipate how to respond if their abusers continue to live with them or contact them. Professionals can pose victims a series of questions that help them plan how to stay safe and seek help if they find themselves in a dangerous situation. Sample questions include the following:

- If your son (abuser) stops by, can he get into your home?
- If he gets in, are there some rooms that might be safer than others? Consider knives in the kitchen that might be used as weapons, for example.
- Can you signal a neighbor, family member, or friend if you are in danger? For example, call someone with a code word for trouble, or hang a towel in the window.
- Do you have somewhere to stay if you need to leave your home? What important papers, medications, and other belongings do you need to take with you?

While safety planning does not guarantee a victim's safety, the process can assist victims in getting ready for potential problems and preparing to respond in a crisis. Excellent safety-planning tools are available from local domestic violence programs or statewide domestic violence coalitions (WCADV, 1996).

Victim safety also is jeopardized if actions further isolate, blame, or discourage victims. Professionals must avoid the following:

- Telling the victim what to do ("You should leave immediately!").
- Passing judgment on a victim who returns to an abusive relationship.
- Ending services—or threatening to end them—if a victim does not do what a professional thinks is best.
- Breaking confidentiality by sharing information with the abuser or other family members.
- Blaming the victim for the abuse ("If only

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you had tried harder, the abuse might not have happened.").

• Reporting abuse to the authorities without permission from the victim. If practitioners are mandated to report, they should tell the victims what they are doing and why, and then help with safety planning or find someone who can.

The messages and information professionals give victims should offer hope and support. It is also important to avoid colluding with the abuser. Interventions unintentionally give the abuser more power and control when professionals do the following:

• Accept excuses from the abuser and suppor the violence ("I can understand you are under pressure. These things happen.").

• Blame alcohol or drug use, stress, anger, or mental illness for the abuse. Abusers must be held accountable for their actions before they will change their behavior.

Professionals must always minimize the potential danger to the victim or themselves when offering help. A crucial step is to arrange for appropriate security for the victim, oneself, and all other staff. If the victim is in danger, everyone who tries to help may be as well.

Finally, professionals should work collaboratively with other systems and organizations. Some tips for working together:

• Learn more about potential interventions. For information and advice, professionals may contact the local agencies that deal with domestic abuse, sexual assault, victim-witness protection programs, and adult protective services or elder abuse.

• Bring challenging cases to a multidisciplinary team for review. Ensure client confidentiality.

• Raise awareness in the community that domestic abuse may occur at all stages of life.

•Offer cross-training on domestic violence in later life to staff from aging units, adult protective services, domestic violence and sexual assault programs, victim-witness protector programs, and other related agencies.

Effective interventions that take into account the dynamics of domestic violence in later life focus on safety and breaking isolation. These remedies can make a difference in the lives of victims. Together, we can create strategies to end abuse and improve safety, support, and services for victims. ☙

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