



Domestic Abuse Later in Life

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Objectives



Types & Risk Factors

Describe the different types of abuse and risk factors for victims and perpetrators



Health Impacts

Describe signs, symptoms, and health impacts of domestic abuse in later life



Improve Identification

Describe how forensic nurses can reduce barriers to identification

Types of Domestic Abuse in Later Life



An orange circle with the text "Financial Abuse" inside it.

Financial Abuse

- Inappropriate use or exploitation of funds, property assets
- Misuse of debit or credit cards or bank accounts
- Coercion to deprive older adult of assets
- **Denied medications, medical procedures, assistive devices, or appropriate care because it is “too expensive.”**




Neglect

- Failure to fulfill obligations as caregiver
- Intentional or unintentional
- Failure to provide adequate food, water, or shelter
- **Limit or deny access to medical care**
- **Failure to provide adequate hygiene or clothing**
- Lack of social stimulation
- **Left in unsafe situations**



Physical

- Infliction of pain or injury
- Using physical force
- Hitting, kicking, biting, hair pulling
- Strangulation and/or suffocation
- Striking with an object
- **Give too much or not enough medicine**
- **Restraint**
- **Force-feeding**
- **Aggressive care**



Psychological Abuse

- Infliction of mental anguish, distress, or fear
- Verbal aggression or threat
- Social isolation
- Threats of institutionalization
- Humiliating or degrading comments
- Gaslighting
- **Taking away, breaking, or not purchasing assistive devices**
- Intimidation by displaying weapons
- Blaming or denying the abuse happened



Sexual Abuse

- **Non-consensual sexual contact of any kind**
- Forced penetration
- **Unwanted care/bathing**
- **Unwanted exposure to pornography**
- **Non-consensual pornographic photo taking**
- **Unwanted sexual talk**
- Sex trafficking
- Ageism and misconceptions about sexual assault make older adults more vulnerable

Risk Factors for Perpetration

- Mental illness
- Drug and alcohol abuse
- Physical health problem
- Past disruptive behavior
- History of traumatic event
- History of family conflict
- Inadequate coping
- Social isolation/lack of social support
- Past disruptive behavior
- Inadequate preparation for caregiving
- High financial or emotional dependence on a vulnerable older adult

Risk Factors for Abuse

- Social isolation
- Female gender
- Shared living space
- Physical frailty
- Substance abuse
- Cognitive impairment
- Having a caregiver
- Conditions that increase dependence on other



Dementia and Abuse



- About 50% of patients with dementia experience some form of abuse
- About one-third of all people aged 85 or older may have some form of dementia
- Increased vulnerability due to cognition and communication difficulties and functional decline
- Even when memory is impaired by dementia traumatic/emotional memory is spared

People with dementia can accurately describe traumatic and emotional events

Recalling Traumatic Memories

- Encoded differently
- Recall is non-linear
- May repeat themselves
- Requires patience
- Ask about sensations

“What were you feeling?”

“What were you thinking?”

“What did you hear?”

“What did you see?”

“What did you smell?”

Underrecognized in Later Life

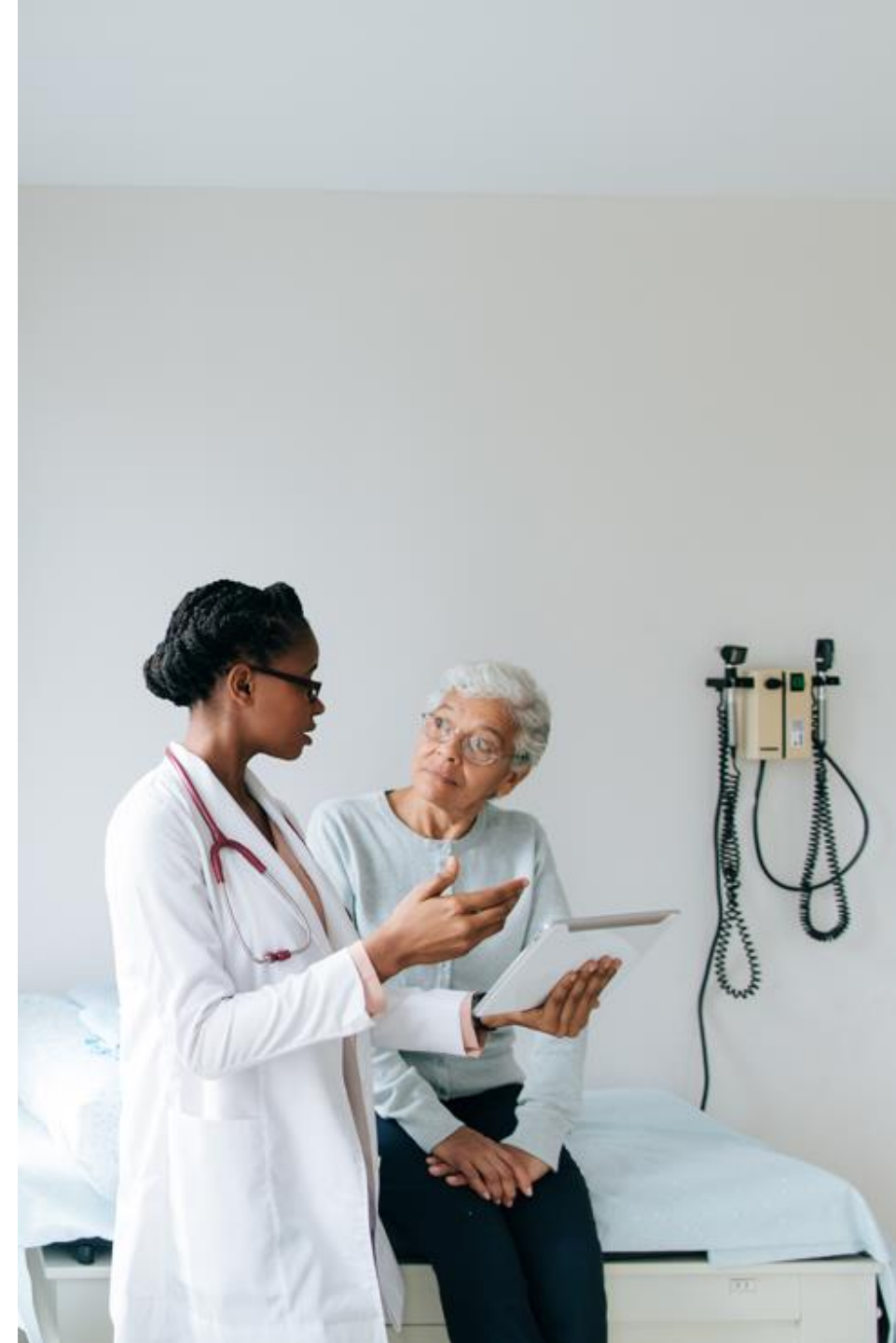
- Historical lack of services
- Historical narrow gender roles
- Generational views about relationships
- Less acceptable to talk about
- Some victims don't realize they are being abused
- Relationship dynamics
- Abuser is their caregiver or vice versa


(Stevens, 2023)



Barriers to Identifying Abuse in Healthcare

- Lack of awareness/inadequate training
- Lack of time/space for thorough history
- Lack of screening
- Absence of protocol
- Denial by patient
- Unsure of patient's capacity
- Difficulty distinguishing abuse from accidental trauma or illness, infection, or normal aging changes



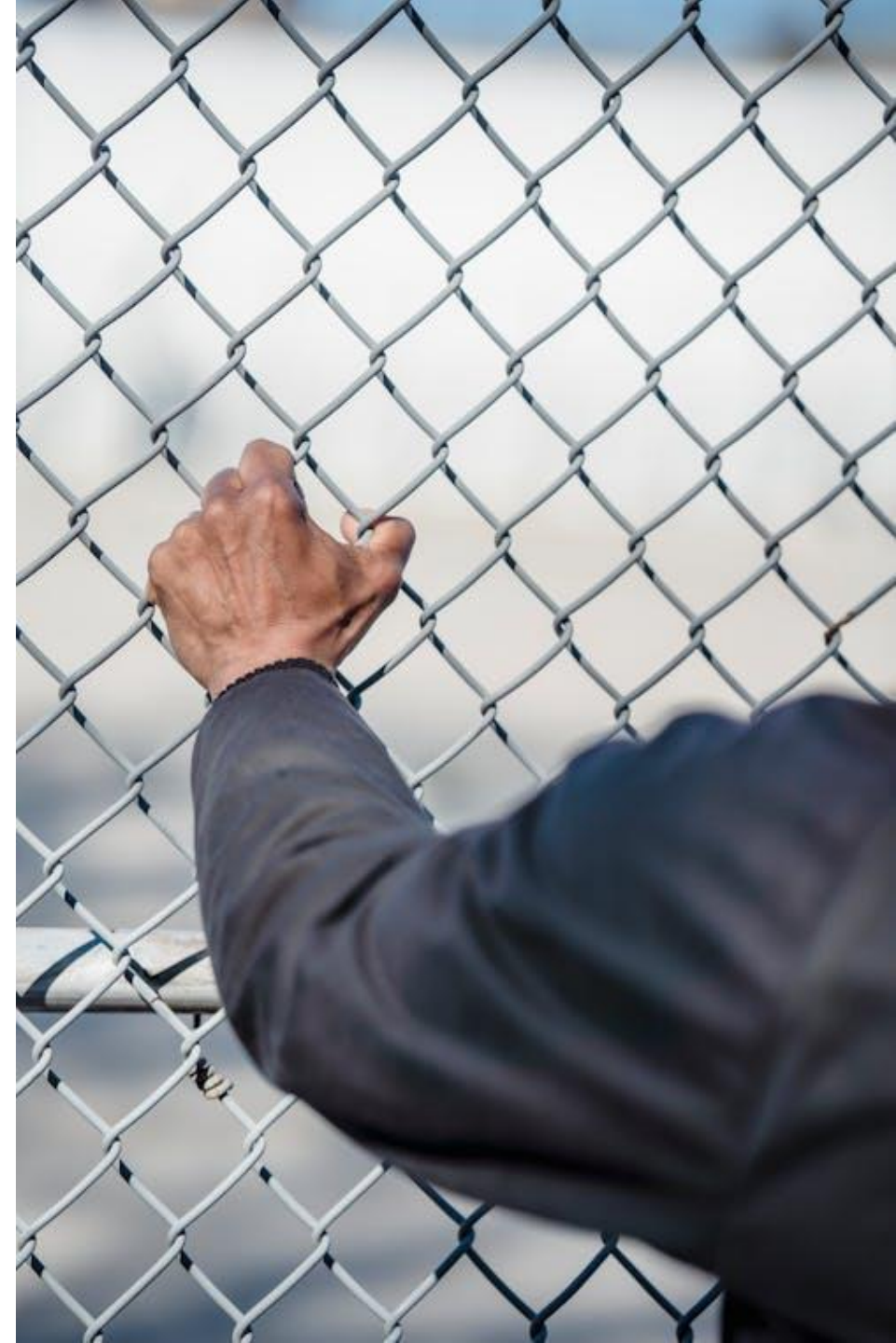
A close-up, slightly wrinkled rainbow flag with horizontal stripes of red, orange, yellow, green, blue, and purple. A white rectangular box is centered over the flag.

All LGBTQ+ people who
experience intimate
partner abuse or sexual
violence are under
identified and under served

Barriers to Leaving

- Unaware that help is available
- Fear or shame
- Historic social norms
- Chronic health conditions
- Lack of social support
- Deteriorating health
- Survivor dependent on abuser financially or vice versa
- Vulnerability to homelessness

(Stevens, 2023)



Healthcare Presentation

- Behavior changes or combativeness
- Altered mental status
- Delayed presentation
- Worsening illness
- “Accident” or “Fall”
- Infection
- Pain or injury



Impacts of Abuse Later in Life

- Earlier death
- Increased hospitalizations
- Increased nursing home placement
- Increased mental illness
- Increased substance use
- Decreased quality of life
- Increased cognitive decline
- Homicide/suicide



Signs & Symptoms of Physical Abuse

- Fractures or sprains
- Dislocated joints
- Broken or missing teeth
- Oral injuries
- Hair loss
- Head injuries
- Burns, cuts, bruises, petechia
- Cognitive changes
- Behavior changes



Accidental Bruises

- Occur in predictable places
- Over hard bony prominences
- Most often on extremities
- Forehead, nose, or cheekbone
- Consistent with medical history
- Consistent with reported mechanism of injury



Non-Accidental Bruises

- On soft parts of the body
- Patterned or clustered bruises
- Not consistent with reported mechanism of injury
- Not consistent with patient's functional ability
- Suspicious if >5 cm
- People who were abused are more likely to remember the cause of their bruises



Concerning Places for Bruises

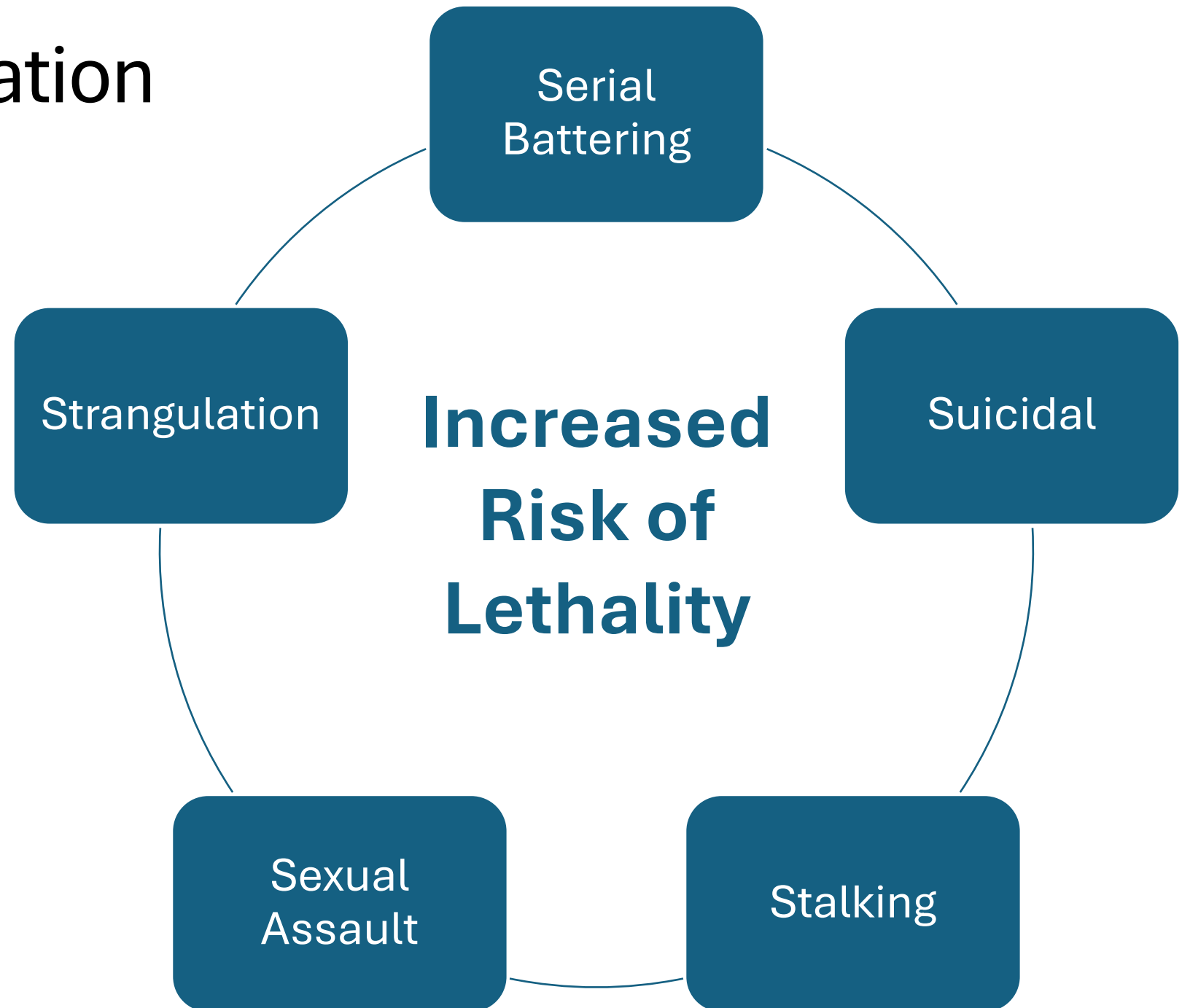
- Ears or behind the ears
- Cheeks
- Neck or jawline
- Upper back or torso
- Thighs
- Buttocks or genitalia
- Soles of the feet



Neglect Findings

- Pressure sores
- Poor foot care
- Poor oral hygiene
- Poor body hygiene
- Soiled clothing/adult briefs
- Inappropriate clothing
- Missing/overusing medications
- Lack of assistive devices
- Lack of hearing aids, glasses, or dentures
- Dehydration
- Malnutrition
- Poorly controlled medical problems

Poly-victimization



Sexual Violence in Later Life

- Heighten risk of physical injury
- Symptoms/injury not recognized or attributed to something else
- Different forms of sexual violence
- Not being screened for abuse
- Less likely to report
- Less likely to be believed



(EVAWI Start By Believing Campaign, 2024)

Signs & Symptoms of Sexual Violence Later in Life

- Genital or anal injuries, bite marks & pattern injuries
- Grab or ligature marks on wrists or ankles
- Thigh, buttock, breast, face, neck bruising
- Dramatic behavior changes
- Altered mental status
- Intraoral soft tissue injuries
- Sexually transmitted infections



40% of stalking victims are stalked by current or former intimate partners.

Smith, S.G., Basile, K.C., & Kresnow, M. (2022). The National Intimate Partner and Sexual Violence Survey (NISVS): 2016/2017 Report on Stalking. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.



Stalking increases the risk of intimate partner homicide by three times.

Spencer, C.M. & Stith, S.M. (2018). Risk Factors for Male Perpetration and Female Victimization of Intimate Partner Homicide: A Meta Analysis. *Trauma, Violence, & Abuse*, 21(3): 527-540.



77% of older victims of stalking were told they were overreacting and 66.7% of older victims were not taken seriously by the police.

Sheridan, L., Scott, A. J., & North, A. C. (2014). Stalking and Age. *Journal of Threat Assessment and Management*, 1(4), 262–273.

Strangulation and Suffocation in Later Life

Is a true medical emergency

Under appreciated in older adults experiencing domestic abuse and sexual violence

Injuries may go undetected or be discounted



Strangulation

- *External pressure applied to the neck until blood flow and/or oxygen is compromised*
- *Can lead to unconsciousness, brain injury, or death*

Types of Strangulation

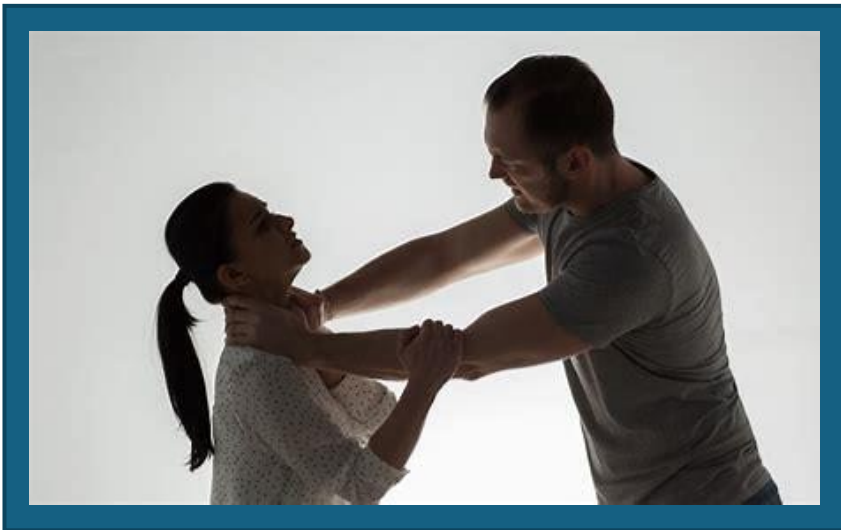
- *Manual – pressure is applied to the neck by hands or another body part*
- *Ligature – pressure is applied around the neck with a rope or similar object*
- *Hanging – involves use of a rope or similar object to suspend the body by the neck*



Strangulation vs Choking

Strangulation

- *Occurs externally*
- *Pressure on the neck*
- *Breathing and/or blood circulation are impeded*



Choking

- *Occurs internally*
- *Something lodged in throat*
- *Blocked airway*



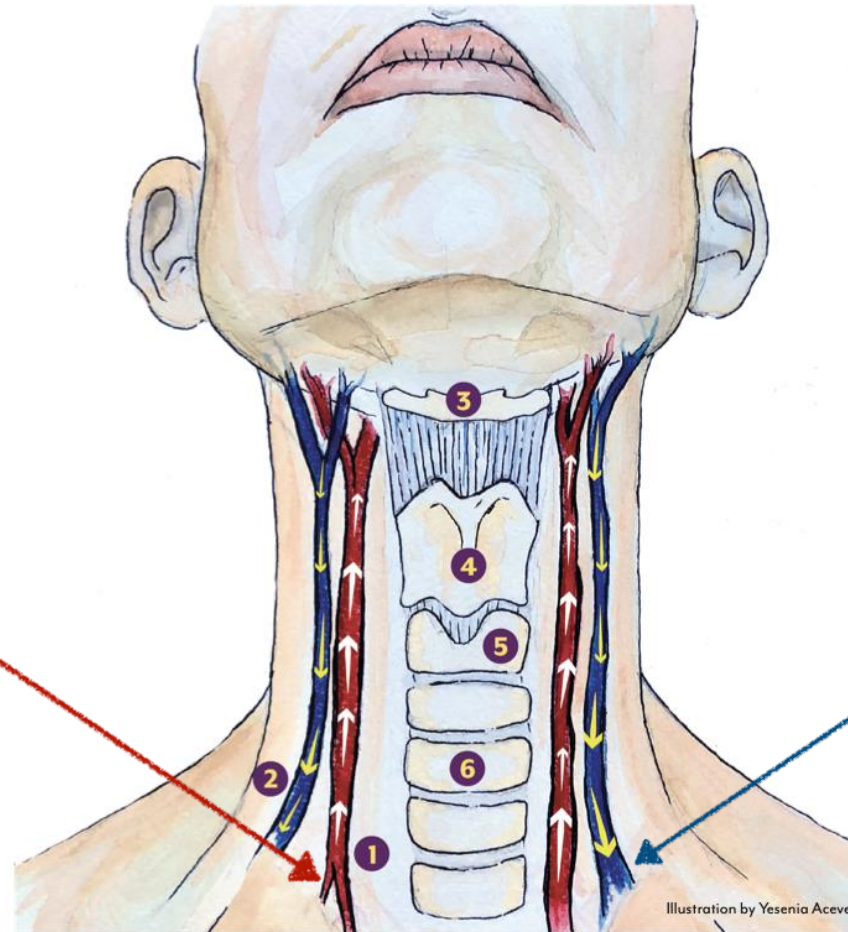


Suffocation

- *Stopping or impeding breathing*
- *Choking - airway blocked/constricted internally*
- *Smothering - mechanical obstruction of airflow into the nose and mouth*
- *Mechanical/positional asphyxia - external limiting of chest and/or upper abdomen movement*

**Carotid Artery
carries
oxygenated
blood to the
brain**

**Jugular Vein
carries
deoxygenated
blood away
from the brain**



- | | | |
|-------------------------|----------------------------|----------------------------|
| 1 Carotid Artery | 3 Hyoid Bone | 5 Cricoid Cartilage |
| 2 Jugular Vein | 4 Thyroid Cartilage | 6 Tracheal Rings |

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and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Blood Vessel Occlusion

Carotid Artery Occlusion

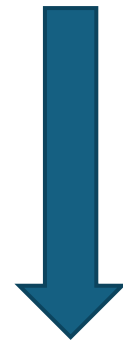
- *Anterior neck (front)*
- *11 lbs. of PSI for less than 10 seconds*



UNCONSCIOUSNESS

Jugular Vein Occlusion

Lateral neck (sides)
4.4 lbs. of PSI for less than 10 seconds



UNCONSCIOUSNESS

Unconsciousness



Is not an on and of switch



It's more of a dimmer switch

Examples of Applied Pressure

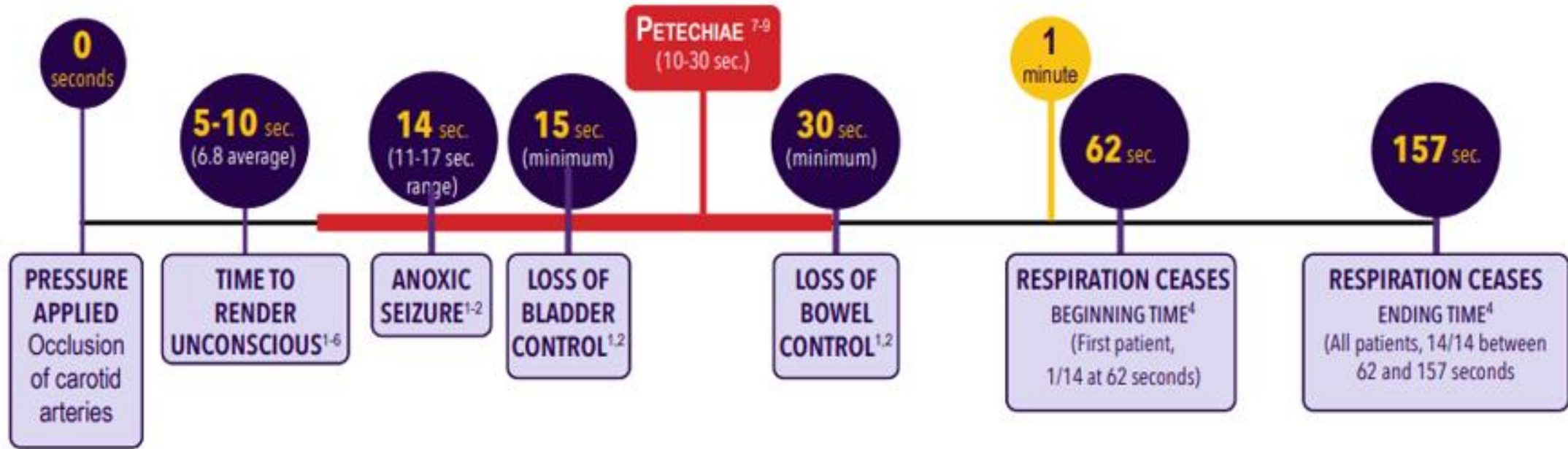
- *Handgun trigger pull – 6 PSI*
- *Opening a can of soda pop – 20 PSI*
- *Average adult male handshake – 80 to 100 PSI*
- *Maximum adult male handshake – 160 to 180 PSI*



PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION

Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

CREATED BY: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Sean Dugan, MD; Marisol Martinez, MA ; Yesenia Aceves; and Ashley Peck



Was there a loss of consciousness? Gaps in memory? Did they wake up in a different room than they remember being assaulted in? Is there petechia? Was there loss of bladder or bowel control? Has the patient changed their clothing since the assault?

Strangulation

Signs

- Neck pain
- Voice changes
- Sore throat
- Difficulty swallowing
- Breathing changes
- Dizziness
- Unconsciousness
- Visual changes
- Incontinence

Symptoms

- Redness
- Bruising
- Petechiae
- Scratches
- Bruises
- Bloodshot eyes
- Nausea/vomiting
- Coughing
- Upper rib fractures

Petechiae

- ***Small, non-raised, round, reddish-purple spots***
- ***Found in skin or mucous membranes***
- ***Caused by burst capillaries (small blood vessels)***
- ***Occur above the point of pressure***
- ***10-30 seconds of sustained jugular vein occlusion to cause facial petechiae***
- ***No petechiae if only carotid occlusion***



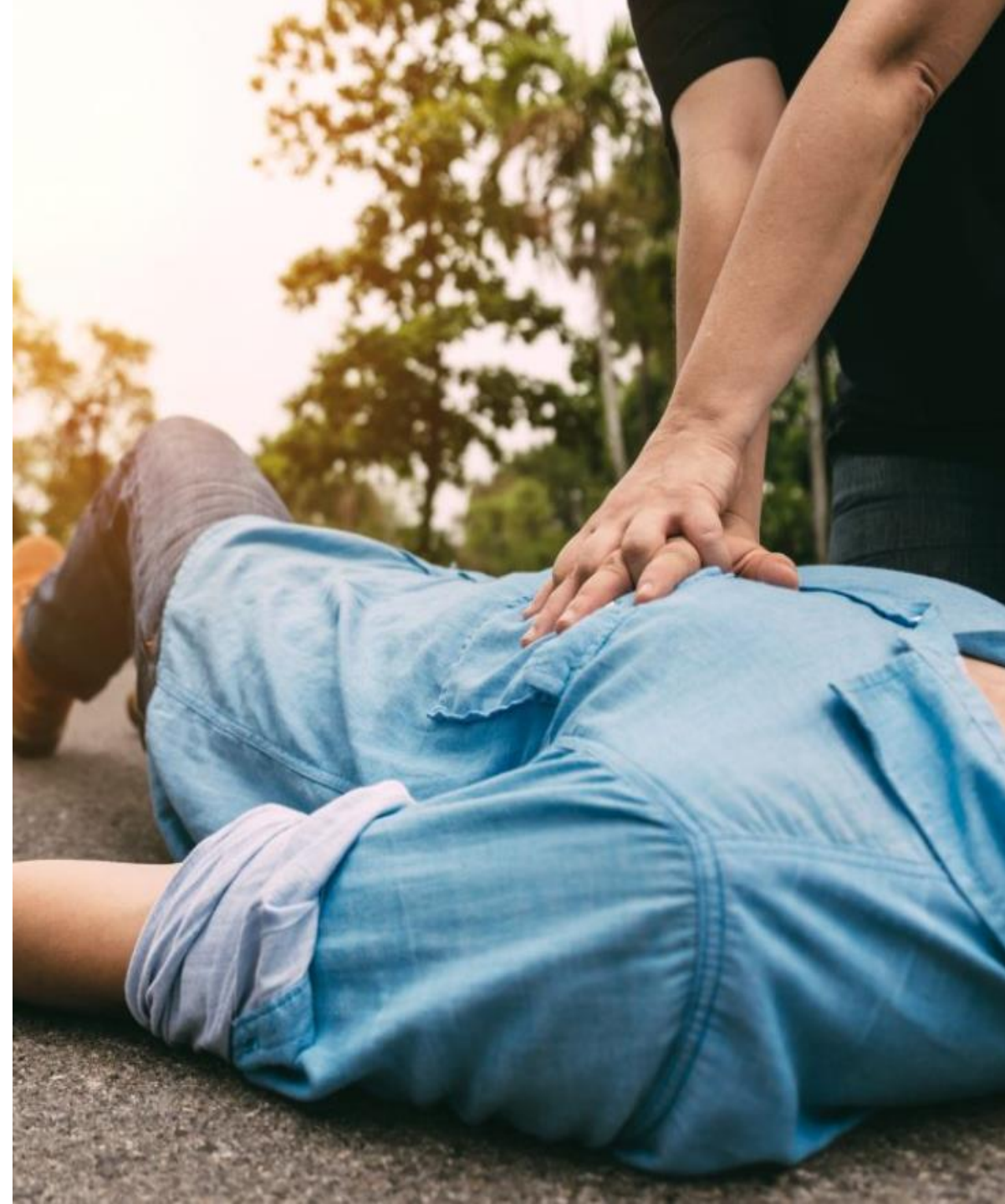


Dead or Alive

Approximately 50% of
strangulation victims
have no visible injuries

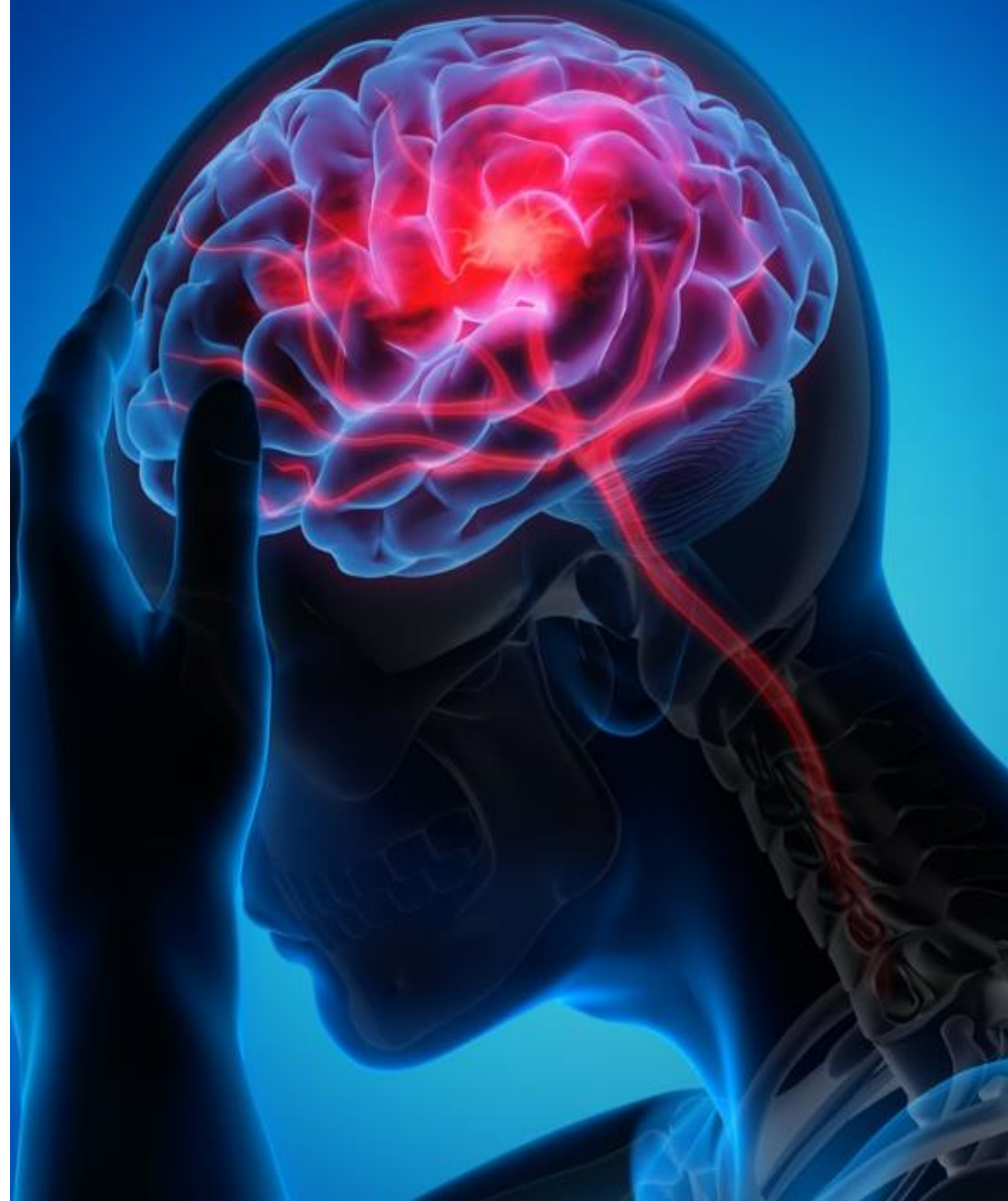
Significant Health Consequences

- *Cardiac arrest*
- *Carotid/vertebral artery dissection*
- *Brain bleeding or swelling*
- *Respiratory distress*
- *Thyroid storm*
- *Vertebral fractures*
- *Miscarriage*



Long-term Health Consequences

- Traumatic brain injury (TBI)
- Cognitive impairment
- Mental illness
- Difficulty swallowing
- Movement and speech disorders
- Seizures
- Stroke deficits



Indicators for Radiology

- Loss of consciousness
- Bowel or bladder incontinence
- Neurological signs/symptoms
- Visual changes
- Petechiae
- Ligature marks or neck contusions
- Neck swelling/tenderness
- Difficulty swallowing or breathing
- Subcutaneous emphysema



CTA of Head & Neck



Forensic Nurses

Sexual Assault Forensic Examiner (SAFE)

Sexual Assault Nurse Examiner (SANE)



What is a Forensic Nurse?

Registered nurse or advanced practice nurse with specialized education and training to provide care to patients across the lifespan who have experienced violence, abuse, or neglect

Intersection between
healthcare and the
legal system

Collect evidence to aid
in the criminal justice
process

Testify in court as fact
or expert witnesses



Medical Forensic Examinations

- History taking
- Head-to-toe assessment
- Identify injuries and infections
- Evidence collection/forensic photography
- Recommend treatment and testing
- Make referrals and reports
- Safety and discharge planning





Documentation

- Reported circumstances
- History of event
- Detailed description of injuries on body maps
- Description of hygiene and dress
- Nail and dental care
- Safety screenings
- Presence/use of assistive devices
- Evidence of dehydration or excessive weight loss
- Lab results
- Imaging results

How do Forensic Nurses Improve Outcomes?

- Trauma informed, one-on-one care
- Specialized training and experience
- More likely to receive disclosures
- More likely to identify patterns
- Thorough documentation
- Forensic photography
- Evidence collection
- Collaborate with community partners



Questions?

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