

Gender Violence over the Lifecourse

Elder Abuse in Asian Families: Contexts and Dynamics

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Agenda

- ▶ Lifetime histories of gender violence
- ▶ Connecting lifetime trauma, abuse, and help-seeking
- ▶ Elder abuse in Asian families: Dynamics and Contexts

Focus on Family Violence & Gender Analysis

The vulnerability and dependence of elders, their diminishing health and cognitive capacity, ageism and sexism compound victimization and confound intervention.

Learning objectives:

1. Identify at least 5 trends and dynamics unique to elder abuse in Asian communities
2. Connect how lifetime histories of help-seeking, and of trauma affect individuals and families
3. Consider culturally relevant interventions that take context of Asian communities into account

Victimization in Later Life is Compounded by:

- ▶ Vulnerability and dependence of elders
- ▶ Diminishing health and cognitive capacity
- ▶ Ageism, sexism, and homophobia
- ▶ Undisclosed or untreated abuse and trauma
- ▶ Victims' own histories of perpetration
- ▶ Gender
- ▶ Three types of culture:
 1. Culture of gender-based violence makes abuse and sexism (instead of equality) normative
 2. Cultures of ethnic- or identity-specific communities prescribe gender norms, define gendered 'transgressions,' and blame (rather than empower) girls
 3. Culture of systems and programs can act as barriers (instead of gateways) to services

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Lifetime Histories of Gender Violence



What does the Lifetime Spiral convey?

Violence against women and girls is historical, not accidental (“wrong place/wrong time”), not bad luck (where a “nice” guy just “snaps”), not bad judgement, not a single event.


There are many types of abuses girls and women are vulnerable to, or may experience at different lifecourse stages:

- + Sex selected abortion or infanticide
- + Not being allowed to go to school
- + Being forced to have unprotected sex and risk HIV, STI infections
- + Denying mothers access to or custody of their children
- + Demeaning widowhood

What does the Lifetime Spiral convey?

Various perpetrators are located across the lifecourse and the ingredients of perpetration are predation, impunity, and abusive power:

- + Incest by father in childhood
- + Sexting by boyfriend in school
- + Forced marriage by parents
- + Molestation by coach in college
- + Rape by intimate partner
- + Sexual harassment by a coworker
- + Sexual assault of elders by familial or nonfamilial caregiver



Connecting Lifetime Abuse, Trauma, and Help-Seeking

Abuse affects health

- ▶ Head injuries: facial fractures, dental injuries, hearing/vision loss, Traumatic Brain Injury
- ▶ Bodily injuries: skeletal, muscular, organ injuries, chronic pain, disabilities, untreated injuries
- ▶ Neurological issues: Fibromyalgia, stroke, sleep disorders
- ▶ Sexual health: STIs, HIV, vaginal/rectal tears, cervical cancers (from untreated STIs, coerced initiation), fistulas, sense of sexual autonomy
- ▶ Maternal health: unintended pregnancy, spontaneous abortion, low birth weight babies, maternal mortality
- ▶ Mental health: Depression, suicidality, destructive coping strategies (such as substance abuse), dysregulation

Abuse affects well-being

- ▶ Sense of self, our relationship to our bodies
- ▶ Sexual pleasure and sense of sexual autonomy
- ▶ Attachment to and relationship with family and friends
- ▶ Resettlement, acculturation, belonging

Trauma disrupts time, memory and identity within individuals and groups

Abuse causes multiple types of trauma

- ▶ PTSD: Post-Traumatic Stress disorder
- ▶ Chronic trauma: Repetitive, prolonged
- ▶ Historical trauma resulting from historical oppression, intergenerational trauma
- ▶ Insidious trauma: Gradual, subtle, “death by a 1,000 paper-cuts,” daily micro-aggressions
- ▶ Community, cultural, and systems inflicted trauma
- ▶ Triple trauma in refugees due to conditions in (1) home country, (b) journey/camps, (c) resettlement
- ▶ Vicarious or secondary trauma from exposure to GBV experienced by coworkers, family, friends

Help-Seeking: Spider Web?

Help-seeking in the present is affected & influenced by past help-seeking attempts: Consider some of the factors

Exposure to multiple forms of familial abuses and abusers	➔	Shrinks the pool of potential helpers
Contexts of societal oppressions e.g., ageism	➔	Diminishes access, increases barriers to services
Negative actions and attitudes of helpers	➔	Colors the ability to trust others and/or one's own judgment; increases danger
Victim-blaming, questioning competencies, supporting abusers	➔	Diminishes credibility; deepens internalized devaluation; causes confusion; increases impunity

Caregivers: Histories of Intra-Familial Abuse

Caregivers' who were abused by elder have their own histories of:

- ▶ Victimization including physical and sexual violence, coercive control, neglect, rejection perpetrated by elder
- ▶ Using violence in other relationships
- ▶ Trauma: prolonged, chronic, intergenerational
- ▶ Negative help-seeking experiences
- ▶ Health problems
- ▶ Mental health problems

Help-Seeking: Pathways to Safety

- ▶ How can the culture of systems create pathways, not barriers, to help and services?
- ▶ How can the culture of intra-familial/interpersonal violence and victim-blaming change? Especially since elder victims may have been perpetrators
- ▶ How can elder abuse in Asian communities be met with culturally relevant and trauma-informed approaches?

Elder Abuse in Asian Families: Dynamics and Contexts



1. Devaluation of women

- ▶ Diminished value of uneducated, low-earning women
- ▶ **Impact:** Demeaning widowhood devalues seniors and internalized devaluation is deeper when there are multiple perpetrators of abuse.
- ▶ **For providers:** Staff may compound devaluation especially if family members are acculturated e.g. Asian seniors w/limited English proficiency can be seen as uneducated, or “model minority”, or treated w/bias
 - **Identify** how does the nexus of sexism, ageism, and internalized devaluation inhibit women’s help-seeking behaviors?

*‘A girl belongs to her father, a woman to her husband,
a widow to her son.’*

2. Domestic violence and elder abuse parallels

- ▶ 3 similar abuse dynamics across from early to later life: (a) Multiple perpetrators-single victim (b) with-holding necessities (c) push factors affect help-seeking histories
- ▶ Extent & severity of abuse may abate but coercive control may increase
- ▶ **For providers:** Victim-blaming by family and increased use of self-defensive/retaliatory abuse, as husbands become weaker, may be misidentified as perpetration
 - **Train** staff to identify primary aggressor and coercive control as a domestic violence tactic

3. Sexual violence by state and family actors

- ▶ Refugees in conflict zones, camps, unsafe escape routes are particularly vulnerable
- ▶ Undisclosed histories of childhood sexual abuse
- ▶ Increased shame attached to rape, incest, and danger from disclosure silences victims
- ▶ **Impact:** Disclosure used to malign competency, characterize women as ungrateful of caretakers; bodily humiliation of early years may re-surface
- ▶ **For providers:** Sexual violence can start early in the lifecourse, but disclosures may only be in later life. Such disclosure may not seem pertinent to elder abuse, but it gives information about chronic trauma.

4. Health problems in later life are compounded by:

- ▶ Constraints on women's autonomy re: their bodies
- ▶ Improperly diagnosed problems from exposure in wars, disaster, refugee camps, dangerous borders, trafficking
- ▶ Reproductive coercion in early years to bear sons
- ▶ Lack of access to healthcare is used to cover up abuse
- ▶ Family-coerced and self-neglect of health problems over the lifetime
- ▶ **For providers:**
 - **Be cautious** about cultural explanations, especially about women family members
 - **Identify** which family members will ensure care, build support for them to resist family pressure
 - **Identify** resources for newly arrived elders given 5-year bar for legal immigrants

5. Mental health problems

- ▶ Severe stigma blocks disclosure and treatment
- ▶ Seniors' mental illness is hidden, denied, 'managed' by daughter or in-law who can be blamed for care failures
- ▶ Suicidal ideation can be minimized as 'drama'
- ▶ Suicidal intent can be invented to explain abuse
- ▶ **For providers:**
 - **De-stigmatize** mental illness by educating all generations in family (don't assume generational change)
 - **Assess symptomology** without abusive informants
 - **Scrutinize** 'cultural' explanations

6. Death | Homicide | Homicide-Suicide

- ▶ Mercy killings, joint suicide pacts, assisted suicides can be coercive
- ▶ If there is history of domestic violence, suicidal abusers are at high risk for homicide, homicide-suicide
- ▶ Even in a domestic violence related homicide, adult children may not want parent investigated/charged, and family will close ranks
- ▶ **For providers:**
 - **Rule out** homicide
 - **Conduct fatality review**, being cautious of proxy interviewers
 - **Assess** batterer's suicidal ideation.

7. Hyper-exploitation of household labor

- ▶ Babysitting, cooking, cleaning, laundry, etc. to extreme levels of servility/entrapment enforced by adult children
- ▶ Coupled with extreme isolation because senior parents don't drive, or speak English fluently, or have friends
- ▶ **For providers:** Seniors may appear as participating actively, being productive in home, not warehoused, but:
 - **Investigate** restrictions, rules, sleep habits, consequences for breaking rules, ability to travel to home country, access to travel documents

8. Financial abuse

- ▶ Immigrants & refugees may be less familiar with banking and financial institutions and how they work
- ▶ Women are expected to leave fiscal matters to spouse or son, and hesitate to challenge them

9. LGBTQ elders

- ▶ Rejection, isolation, blocking access to grandchildren
- ▶ Abuses are heightened in homophobic communities

10. Abuses connected to immigration status

- ▶ Immigration status used to threaten loss, deportation
- ▶ Deporting the batterer can either be financially crushing or liberating
- ▶ Barriers, subtle & crude, to access due to:
 - ▶ Anti-immigrant policies
 - ▶ Limited English proficiency can be used as justification by accompanying adults to constrain elders from communicating
 - ▶ 5-year bar on access to public benefits for legal immigrants
- ▶ **For providers:** Language access has to be provided for all parties with limited English proficiency, by qualified interpreters or bilingual staff. Conduct exam or interview with only a professional interpreter present

“The police, attorneys, judge didn’t understand my language...but they understood my pain”

LANGUAGE ACCESS: A Few Key Reminders

- ▶ It’s the law! It puts limited or non-English speakers on a par with fluent English speakers via the use of interpreters
- ▶ Family members should not be used to interpret
- ▶ Use trained medical spoken language interpreters
- ▶ Bi-lingual speakers should not be used for interpretation
- ▶ While sign language interpreters are used for deaf patients, elders with age related hearing loss and non-English speaking elders do not use ASL

Activism! Gender Justice, Elder Justice

Asian activists organize to:

- ▶ Counter gender-based violence, build advocacy agencies
- ▶ Challenge traditional community leaders and norms
- ▶ Mobilize cultural change to build gender democracy

Elder justice advocates organize to:

- ▶ Link research, policy and practice
- ▶ Address gendered harms in elder abuse
- ▶ Strengthen defenses against threats of elder abuse
- ▶ Make dignity & safety, instead of abuse, normative

Together, we strive to replace relationships of power with relationships of meaning



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