

NEW YORK STATE OFFICE FOR THE PREVENTION OF DOMESTIC VIOLENCE

OPDV Bulletin/Summer 2011

IN THIS ISSUE

From the Executive Director	Cover
The NYS Elder Abuse Prevalence Study.....	Cover
Did You Know.....	Cover
Intimate Partner Violence and Sleep Disturbances	Page 2
Q&A About the NYS Elder Abuse Prevalence Study	Page 3
Legislative Update	Page 4
Shine the Light on Domestic Violence.....	Page 4
Probation and DV in Rural and Native American Communities.....	Page 4



October is Domestic Violence Awareness Month. Join us in our effort to turn New York State PURPLE and keep us posted on your plans and activities: http://www.opdv.state.ny.us/public_awareness/campaigns/shinethelight/shinethelight11.html

The NYS Elder Abuse Prevalence Study

Elder abuse is a serious problem in our society. One kind of elder abuse, albeit probably not the kind people first think of, is intimate partner violence (IPV) among older people. Older victims of IPV face the same challenges as other victims, but there may be additional challenges for this group. Medical problems, caretaker issues, and financial dependence are obstacles that can make it even more complicated for an older victim of IPV to be safe and escape abuse.

The NYS Elder Abuse Prevalence Study was conducted to assess the problem of elder abuse within the State. It is the largest study of its kind in any state in the country. The study was funded by the NYS Office of Children and Family Services and was conducted by three collaborative partners: Lifespan of Greater Rochester, the New York City Department for the Aging, and the Weill Cornell Medical College.

The findings of the study have recently been released, providing insight into the incidence and prevalence of elder abuse in New York State, including intimate partner violence among older people. To learn more, see the Q&A on page 3.

Did you know...

In 2010, almost 1,100 individuals under the age of 21 filed family offense petitions in New York State Family Courts under the expanded definition of "intimate relationship," a 22% increase from 2009.

This statistic is taken from the 2010 New York State Domestic Violence Dashboard, available at the end of July at: <http://www.opdv.state.ny.us/statistics/nydata/index.html>

From the Executive Director



Happy Fourth of July to all of our readers! While we welcome the arrival of summer to New York, we wish it brought with it lazy days. Since domestic violence does not take summers off (in fact often quite the opposite), neither do we. By the time you read this, several important criminal justice initiatives should be launched or underway: the State's Domestic Incident Report repository; police trainers from across the state being trained on delivering the newly updated model domestic incident policy and curriculum to police recruits; and a roll-call video for police on DIR completion, which will be issued soon to any and all interested departments. Taken together, these initiatives should help strengthen and standardize police response to domestic violence statewide.

In this issue of the OPDV Bulletin we interview Art Mason from Lifespan of Rochester about the largest elder abuse prevalence study ever done nationally. What they discovered will sound familiar to advocates: serious underreporting, ambivalence about criminal sanctions for perpetrators (often family members); and the need for enhanced services. Two researchers from the University of Rochester also give us a perspective on a health impact of domestic violence that is rarely discussed – sleep disorders. This impact of abuse can negatively affect a victim's ability to function in a host of essential ways. Also included in this Bulletin is information on our 2011 *Shine the Light on Domestic Violence* public awareness campaign. Learn how you can get involved so that this October, every New York county is counted as a participant.

Though the work never stops, we hope you enjoy the summer; you deserve it. Thank you for your ongoing efforts.

Amy Barasch
Executive Director

Intimate Partner Violence and Sleep Disturbances

Catherine Cerulli, J.D., PhD & Wilfred Pigeon, PhD

There is a long history of research that documents the physical and mental health symptoms associated with intimate partner violence (IPV).¹ Mental health burdens often include depression, post-traumatic stress disorder (PTSD), and suicidal attempts and intent.^{2,3,4,5} Physical health complications extend beyond the visible bruises and include systemic issues such as chronic fatigue syndrome and fibromyalgia, and chronic pain.⁶ Recent research has demonstrated that many of these burdens persist when the abuse is psychological. The medical cost burden born by IPV survivors is documented to persist for up to three years once the violence ends.⁷ While great attention has focused on the impact of IPV on health, less is known about its impact on sleep disturbances.

THE EFFECT OF INTIMATE PARTNER VIOLENCE ON SLEEP

Many survivors enter shelters and transitional housing with disturbed sleep patterns. Advocates report that new arrivals will walk the halls at night, unable to sleep soundly through the night. Even for those clients who do report having a full night sleep, many indicate that they awake tired, feeling as though their sleep was not restful. Other survivors report being repeatedly awakened during the night as a result of being startled, or worse, because of recurring nightmares. Nightmares and other symptoms of sleep disturbances are also symptoms of PTSD. Left untreated, these health burdens will have a significant impact on a survivor beyond the currently known IPV consequences and impact survivor's daily life and function.⁸

Given the intersection between sleep disturbances and a host of poor health outcomes (diabetes, hypertension, etc.) and mental health⁹, it is important to understand the intersection between IPV, sleep and health. Furthermore, many survivors must navigate complex paths through IPV agencies, social services, courts and child protective claims. Litigious perpetrators file false reports with the police and CPS, as well as frivolous lawsuits, further drawing down survivors' valuable resource of time.

Juggling transitions in housing and social support, fulltime job and parenting is enough for many to handle without the added burden of victimization. Helping professionals who assist IPV victims are often frustrated by their clients' inability to accomplish given tasks. Clients may seem eager to leave an abusive relationship and secure safety, yet they are overwhelmed by the burden of seeking freedom, too large to bear. It is possible that enhanced sleep may be a key ingredient in helping our clients.

MORE RESEARCH NEEDED

There is a dearth of research that explores IPV and sleep disturbance.¹⁰ Many IPV professionals fear that survivors with identified sleep disturbances will be provided medication or mental health treatment, potentially jeopardizing their legal cases. Additionally, a heavily sedated client may be unable to execute a safety plan or tend to her children. Currently, there are sleep treatments available that do not rely solely on medication. Cognitive Behavioral Therapy (CBT) for Insomnia, evidence-based intervention, has been modified to address sleep disturbances.¹¹ CBT is a brief psychotherapy that can help people change their responses to events, even if relationships and circumstances remain the same.

Findings from a recent study suggest that interventions are warranted given the overwhelming majority of women petitioning the court for IPV protection orders are reporting sleep disturbances.¹³ Furthermore, a recent survey of survivors recruited in a court-based setting and IPV shelter revealed that survivors are eager to address their sleep issues. In the absence of addressing sleep disturbances, the damage of the IPV may be compounded. It may be helpful when a client reports sleep issues to refer them to their primary care doctor to evaluate their need for intervention. The provider must be educated in the issues related to both IPV and sleep disturbances. Future efforts may include providing specific training to healthcare providers for this intersection of IPV, depression and sleep. Given the large number of returning veterans who will also have sleep disturbances and PTSD, perhaps progress is on the horizon.

1 Campbell J, Jones AS, Dienemann J, et al. Intimate Partner Violence and Physical Health Consequences. *Arch Intern Med.* 2002;162(10):1157-1163.

2 Coker AL, Davis KE, Arias I, et al. Physical and mental health effects of intimate partner violence for men and women. *Am J of Prev Med.* 2002;23(4):260-268.

3 Zlotnick CC. Intimate Partner Violence and Long-Term Psychosocial Functioning in a National Sample of American Women. *J Interpers Violence.* 2006;21(2):262-275.

4 Dutton MA. Pathways linking intimate partner violence and posttraumatic disorder. *Trauma Violence Abuse.* 2009;10(3):211-224.

5 Abbott J, Johnson R, Koziol-McLain J, Lowenstein SR. Domestic violence against women. Incidence and prevalence in an emergency department population. *JAMA: J Amer Med Assoc.* 1995;273(22):1763-1767.

6 Walling MK, Reiter RC, O'Hara MW, Milburn AK, Lilly G, Vincent SD. Abuse history and chronic pain in women: Prevalences of sexual abuse and physical abuse. *Obstet Gynecol.* 1994;84(0029-7844; 2):193-199.

7 Fishman PA, Bonomi AE, Anderson M.L., Reid RJ, Rivara FP. Changes in health care costs over time following the cessation of intimate partner violence. *J Gen Inter Med.* 2010;25(9):920-925.

8 Cerulli, C, Poleshuck, E, Smith, C, Veale, S, Chin, N. What Fresh Hell Is This? Victims of Intimate Partner Violence Describe Their Experiences of Abuse, Pain and Depression. Under Review.

9 Pigeon WR. Insomnia as a risk factor for disease. In: Buysse D.J., Sateia MJ, eds. *Insomnia: Diagnosis and Treatment.* New York: Informa Healthcare: 2010.

10 Lowe P, Humphreys C, Williams SJ. Night terrors - Women's experiences of (not) sleeping where there is domestic violence. *Violence Against Women.* 2007;13:549-561.

11 Deviva JC, Zayfert C, Pigeon WR, Mellman TA. Treatment of residual insomnia after CBT for PTSD: Case studies. *Journal of Traumatic Stress.* 2005;18:155-159.

12 Lancee J, Spormaker VI, Krakow B, van den Bout J. A systematic review of cognitive-behavioral treatment for nightmares: toward a well-established treatment. *Journal of clinical sleep medicine.* 2008;4:475-480.

13 Pigeon, W, Cerulli, C., Richards, H, He, H, Perlis, M, & Caine, E. Sleep Disturbances and Their Association with Mental Health Among Women Exposed to Intimate Partner Violence. Under Review. *Journal of Women's Health.*

Q&A About the NYS Elder Abuse Prevalence Study



This Q&A was conducted with Art Mason, Program Manager of the Elder Abuse Prevention Program, Lifespan of Greater Rochester.

Q: What is the NYS Elder Abuse Prevalence Study?

A: The NYS Elder Abuse Prevalence Study is a unique attempt to determine the self reported prevalence of elder abuse in New York State. It is the largest (over 4000 older adults surveyed) single state study ever to be done and unique in its format - comparing self reports to case data reported to agencies designated to intervene in these elder abuse cases in the community.

For the purposes of this study, elder abuse was defined as elder mistreatment in four general domains: (1) Neglect of a responsible caretaker in meeting ADL (Activities of Daily Living) and/or IADL (Instrumental Activities of Daily Living) assistance, (2) Financial Exploitation, (3) Psychological and (4) Physical Elder Abuse (including Sexual Abuse).

Q: Why was this study conducted?

A: The study was conducted for several reasons. First, the Hoyt Child and Family Trust Fund, which funds pilot programs for elder abuse prevention, wanted to determine which form of abuse was most prevalent in which geographic region of the state, so they

could better and most efficiently target their money. Since New York State is one of only four states that do not have mandatory reporting by professionals/public of elder abuse in the community, it is very difficult to determine the scope of the problem. As of the 2000 Census, New York State had the third largest number of people 65+ of any state in the country. For effective policy, education, intervention and systemic reasons, it is necessary to know how many New Yorkers are victims.

Q: What were the overall findings of the study?

A: Overall, the study found the following:

a.) There is a dramatic gap between self reports of elder abuse and the number of cases referred to the formal elder abuse service system. Specifically, only 1 out of every 24 cases of elder abuse in the community is ever reported to agencies that might intervene.

b.) Although psychological/verbal abuse was most frequently reported by agencies, the elder victims themselves reported financial exploitation, followed by physical abuse as the two most common self reported kinds of abuse.

c.) Applying the incidence rate estimated by the study to the general population of NYS, an estimated 260,000+ older adults were victims in the preceding year.

Q: What were the findings related to intimate partner violence and sexual assault among older New Yorkers?

A: As mentioned above, physical abuse/sexual assault (combined in the survey questions) was the second most reported form of elder abuse by older adults themselves (22.4%). Specifically for that category, only 1 in 20 cases is ever reported, with law enforcement being the top referral source at 22% and Com-

munity Agency (30%) being the top agency to which victims were referred. Domestic Violence agencies were the referral source in less than one percent of the cases and the "referred to" agency in 9.8% of the cases.

Q: How can the findings of this study help to inform and enhance the response to elder intimate partner violence and sexual assault in New York State?

A: I think these findings can be used for understanding the need for further education across many service systems. Additionally, one of the findings of the study was that most agencies that serve these victims do not have a common definition(s) for the types of abuse that occur. Systemic changes in information gathering would be a big step, at very little cost. Realizing that a significant number of older victims are victims of domestic violence in later life can be a "wake up call" to our existing systems to write better laws and cooperate more fully to address some of their unique needs. For example, the study found, among self reported cases, that *the victim's spouse/partner was the number one identified abuser/batterer*, just like younger victims of domestic violence.

The NYS Elder Abuse Prevalence Study is available in its entirety on the Lifespan Website: <http://www.lifespan-roch.org/documents/Under-theRadar051211.pdf>



Under the Radar:
New York State Elder Abuse Prevalence Study

Legislative Update

Two Domestic Violence Bills Signed Into Law

In 2008, New York State broadened the definition of family/household member in the Family Court Act and the Criminal Procedure Law by adding individuals who are, or have been, in an intimate relationship to the category of people who can petition for orders of protection in Family Court and to whom mandatory arrest applies. On April 13, 2011, the section

of Social Services Law that governs domestic violence programs and services was amended to include this expanded definition, explicitly extending eligibility for services to domestic violence victims who are, or have been, in an intimate relationship. ([Chapter 11 of the Laws of 2011](#)) The Social Services definition is used in other sections of law, such as determining eligibility for the Family Violence Option for public assistance waivers, and laws providing confidentiality.

A second bill that was signed into law on April 13, 2011, requires the court sentencing a convicted defendant to issue a final order of protection against the defendant from the date of sentencing, rather than the date of conviction. While the temporary order of protection remains in place until sentencing, this language change will provide additional time for the final order to remain in effect, resulting in extended coverage for the victim. ([Chapter 9 of the Laws of 2011](#))

Shine the Light on Domestic Violence: New Yorkers Connecting, One Light at a Time

For the fourth year, OPDV is gearing up to turn New York State purple in October to commemorate Domestic Violence Awareness Month! The "Shine the Light on Domestic Violence" public awareness campaign has grown each year; last year there were over 270 participants that helped turn New York State purple in creative ways, such as lighting buildings purple, hosting awareness days, encouraging employees to wear purple, and hanging purple flags. This year, we hope that you will be a part of it!

We have developed tools to help you in this effort, including a poster, flyer,

and sample press release – all of which can be customized to your organization and community. We also conducted a webinar, "Shine the Light on Domestic Violence: How to Go Purple", on June 28, 2011 which featured past participants describing how they successfully implemented the campaign in their communities, and giving tips for people just starting out.

Please help us increase participation and raise awareness of this important issue even more in October 2011. Start planning how your community will go purple now, and don't forget to let us know what you do so we can highlight it on our website! For more information and

access to the materials discussed here, visit: www.opdv.state.ny.us/public_awareness/campaigns/shinethelight/shinethelight11.html



Orleans County Courthouse

Enhancing the Probation Response to Domestic Violence in Rural and Native American Communities



The NYS Division of Criminal Justice Services, Office of Probation and Correctional Alternatives (OPCA) is committed to improving the probation response to domestic violence across the state. OPCA, in partnership with the NYS Office for the Prevention of Domestic Violence and the New York State Coalition Against Domestic Violence, has made a significant impact over the last 12 years on how probation officers handle cases where domestic violence is an issue. In

2009, OPCA was awarded funding under the American Recovery and Reinvestment Act of 2009, US Department of Justice STOP Violence Against Women Formula Grant Program to enhance a consistent probation response to domestic violence by providing advanced training for traditionally underserved rural jurisdictions and departments that provide services for Native American offenders and victims.

Based on U.S. Census Bureau data, 44 of the 62 counties in New York State are considered "rural areas" as defined in Executive Law §481 Article 19-F, of the Rural Affairs Act. Data from local probation Annual Plans for 2009 indicate there are 11 counties that share borders with federal or state-recognized Native American territories. NYS Integrated Probation Registrant System data from 2007 indicates that 492 Native Americans were supervised in 46 of the 58 probation jurisdictions statewide.

OPCA began this project by convening two focus groups in June 2010 consisting of probation staff, subject matter experts from Native American communities, and victim service providers. The primary goal of these meetings was to identify unique barriers and creative solutions for probation officers working within these communities. The secondary goal was to solicit recommendations for a training plan and curriculum development process. During December 2010, OPCA delivered the newly created training and resulting products, such as a comprehensive resource packet, to 48 probation professionals via a regional training series held at five sites across New York State. Consistent with the recommendations of the original focus groups as well as regional training participants, OPCA made this information available to all probation professionals via a statewide training forum in Albany in June 2011.

NYS Office for the Prevention of Domestic Violence www.opdv.state.ny.us

Please send any comments or content ideas to: opdvbulletin@opdv.state.ny.us

If you would like to subscribe to the OPDV Bulletin, visit www.opdv.state.ny.us/public_awareness/bulletins/subscribe.html

Permission to copy, use, and distribute content from The OPDV Bulletin is granted for personal, private, and educational purposes, except that reproducing materials for profit or any commercial use is strictly forbidden without specific permission from OPDV. Any reproduction or distribution of this material must expressly credit OPDV in a prominent manner, such as, "From the NYS Office for the Prevention of Domestic Violence, OPDV Bulletin, Summer 2011". This statement does not pertain to material from other sources.