

Intimate Partner Violence and Elder Abuse in Later Life (Webinar)

HEALTH PARTNERS 
ON IPV + EXPLOITATION



Wednesday, March 11, 2026

*ASL and Spanish interpretation available.
ASL y Interpretación en español disponible.*



How To Access Language Interpretation on Zoom

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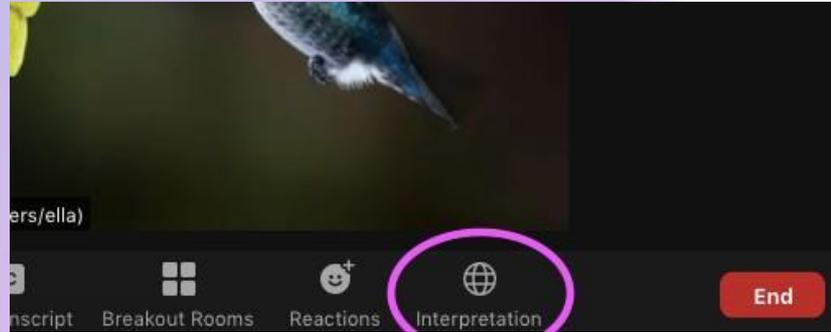
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andrea@linguaficient.com

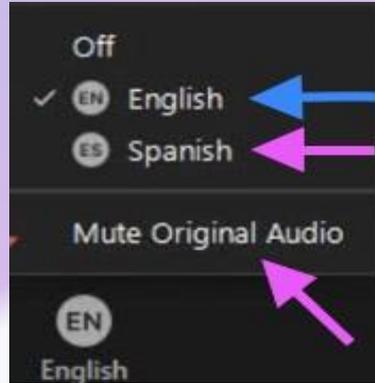


**On your computer, find the
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bottom of your screen**



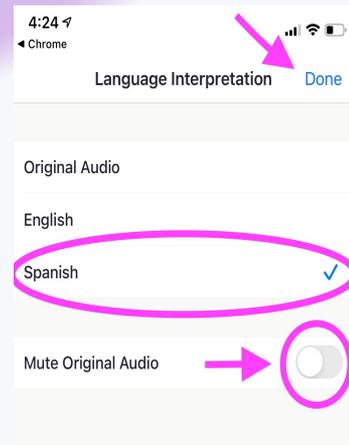
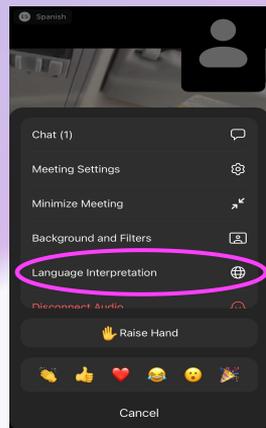
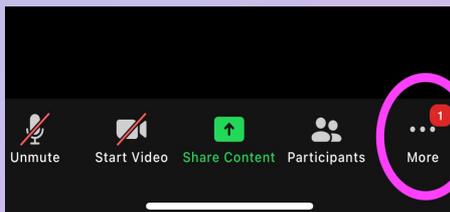
**En su computadora, busque el globo
terráqueo que dice Interpretación en la
parte inferior de su pantalla.**

Choose English as your language. Make sure to NOT mute original audio so that you can hear the main room



Seleccione Español. Asegúrese de Silenciar Audio Original, si solo desea escuchar al intérprete

If you are on a smart device, look for the three dot menu and choose Language Interpretation. Then, select English.



Desde un dispositivo inteligente, busque el menú de tres puntos y elija Interpretación. Después, escija “Español” y silencie el audio original.

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Health Partners on IPV + Exploitation

Led by Futures Without Violence (FUTURES) and funded by HRSA's Bureau of Primary Health Care to provide technical assistance to health centers to develop and implement evidence-based strategies, protocols, and partnerships to prevent, identify, and respond to intimate partner violence and human trafficking.

We offer health center staff ongoing educational programs including:

- Communities of practice on key topics for small cohorts
- Live webinars + an archive
- Clinical and patient tools, including for electronic health records (EHRs)
- Evidence-based approaches including our CUES Intervention

Learn more: www.healthpartnersipve.org





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About NCECE

Who We Are: Established in 2017, NCECE is a training and technical assistance Center that provides innovative models of care, inter-professional training and educational resources to health care professionals providing care to older adults.

Our Mission is to build strong, innovative and competent health care models by partnering with health centers & Primary Care Associations to provide quality care for older adults.

For more information, visit: <https://ece.hsdm.harvard.edu/>



Today's Agenda

- New Educational Brief: Intimate Partner Violence and Elder Abuse in Later Life
- Definitions & Prevalence of IPV + Elder Abuse
- Health Impacts of IPV + Elder Abuse
- The Value of Universal Education: CUES
- Building Meaningful Partnerships
- Q & A with Seema Kak, Executive Director of Kiran Inc.
- Webinar Evaluation
- Upcoming Webinar and CoP
- Close



Intimate Partner Violence and Elder Abuse in Later Life: Educational Brief

Intimate partner violence (IPV) and elder abuse represent significant public health concerns affecting millions of older adults every year. While there is currently insufficient evidence for universal screening of older adults for abuse, emerging evidence suggests that universal education approaches can support at-risk individuals and connect them with vital resources.¹ This brief explains the importance of developing effective IPV protocols that are specifically tailored to older patients served in health centers.

HEALTH PARTNERS
ON IPV + EXPLOITATION



NATIONAL CENTER
FOR EQUITABLE CARE FOR ELDER



Terms/Definitions

- Elder Abuse
 - ◆ financial exploitation
 - ◆ abandonment/neglect
 - ◆ emotional or psychological abuse
 - ◆ physical abuse
 - ◆ sexual abuse

- Intimate Partner Violence (IPV)
 - ◆ IPV can encompass **all categories** of elder abuse, particularly when the intimate partner is also the caregiver



Prevalence of IPV + Elder Abuse

- At least 1 in 10 community-dwelling older adults experience abuse annually
- Rates are significantly higher among those with mild cognitive impairment or Alzheimer's Disease and Related Dementias (ADRD)
- Research suggests only 1 in 24 cases comes to the attention of authorities



Caring for an Aging Population

- Older adults (65+) are the FASTEST growing patient group served by health centers
- Informal (including family) caregivers are unpaid and often untrained individuals who help older adults to safely age in place
- Older adults may need support with activities of daily living (ADLs), care plan adherence, medication management



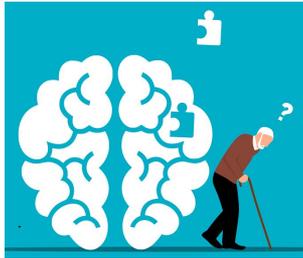
Pathways to IPV/Elder Abuse

- Long-term or Chronic Abuse - "IPV Grown Old"
- Late-Onset IPV - New Experiences/Relationship dynamics
 - New experience with established partner
 - New relationship with controlling dynamics
- Cognitive and Physical Decline
- Substance Abuse (by perpetrator and/or survivor)
- Retirement and Lifestyle Changes
 - Financial strain
 - Constant cohabitation
 - Loss of routine
- Caregiver Strain (Gerino, E et al. 2018)



Influential Factors

- **Physical:** functional impairment or overall frailty
- **Cognitive:** impairment that leaves older adults less able to seek help
- **Relational:** complex emotional dynamics, level of dependency, caregiver strain
- **Financial:** fixed incomes, shared assets, lack of familiarity



Health Impacts of IPV/Elder Abuse

Health Impacts include both behavioral and physical health:

- Social withdrawal
- Depression or anxiety
- Insomnia
- Anorexia
- Frequent falls
- Physical injuries
- Pelvic pain
- Urinary burning
- STIs
- Poorly controlled chronic conditions



Experiencing elder abuse is associated with increased risk of nursing home placement, hospitalization and death



Current Recommendations

- The U.S. Preventive Services Task Force (USPSTF) currently recommends screening for IPV and referral for women of reproductive age (B recommendation).
 - This recommendation was **not** extended to all older and at-risk adults due to “insufficient current evidence to assess the balance of benefits and harms of screening for abuse and neglect in this broader population” (I statement*).
- Despite gaps in research, there is general consensus on the importance of **creating safe environments** for patient disclosure and supportive referrals.

*[The U.S. Preventive Services Task Force \(USPSTF\) assigns one of five letter grades \(A, B, C, D, or I\).](#)



Current Recommendations



“The physician should routinely screen all patients for past and ongoing violence, fully integrating the questions into the medical history.”



“Screen all patients older than 60 years for signs and symptoms of elder abuse...”



“Physicians should... routinely inquire about the family violence histories of their patients as this knowledge is essential for effective diagnosis and care.”



Examining Our Own Perspectives on Aging

- Outdated beliefs about older adults and later life can negatively impact the identification of and response to mistreatment.
- Misconceptions that certain conditions are inevitable as we age (depression, dementia, pain/discomfort, social isolation) lead to poorer health outcomes.
- Valuing older adults as members of the community includes improving access to structural supports and services.



Screening As Part of Health History

- Currently no *evidence-based* screening tools specifically oriented to older adults.
- Recommendations from multiple professional organizations to integrate questions about abuse into the health history.
- Confidential environments are key to facilitating conversations:
 - Older clients are frequently accompanied to visits
 - See cognitively intact patients alone for at least part of the visit
 - If cognitively impaired may need to rely on indirect methods
 - Caregiver surveys
 - Reports from Social Services
 - Physical indicators



Key Concepts to Explore

- Reliance on others for activities of daily living
- Ease of access to essential supplies or services
- Ability to determine own schedule/social contacts
- Experiences of feeling shamed, threatened, forced, or afraid

Example questions:

- How would you describe your relationship with {caregiver}?
- What have been your experiences living alone, and now with the support of {person's name or role}?
- What change, if any, have you noticed in your routine since the last time we met?

(Wang, X, et al. 2015)



Why Might a Survivor Choose Not to Disclose IPV When Screened by a Healthcare Provider?

- Shame, judgement, stigma
 - Fear, threats
 - Fear of systems/police involvement
 - Afraid children can be taken away
 - Lack of awareness of victim status and rights
 - Lack of knowledge of U.S. laws
 - Limited English Proficiency and illiteracy
 - The experiences are not captured in the screening tool
 - Screening was conducted in a way that is not person-centered
 - Screening process creates a power differential between health care staff and patients
-



Universal Education = Eliminating Health Care Gaps

Provides a strategy to treat clients with respect by giving them key information about healthy and unhealthy relationships and where to get support without requiring disclosure in order to access it.

**We strongly recommend first doing universal education prior to IPV screening*

CUES: An Overview



C: Confidentiality

- See patient alone, disclose limits of confidentiality

UE: Universal Education

- Normalize activity
- Make the connection—open the card and do a quick review

S: Support

- Provide a "warm referral" to your local domestic/sexual violence partner agency or national hotlines



Safety cards are available for different settings, communities and in a variety of languages at store.futureswithoutviolence.org/



“Aging With Respect” Elder Safety Card Tool



[Aging with Respect](#) is an intervention addressing elder abuse, neglect and intimate partner violence with those later in life. It is developed for those patients/clients with agency and capacity in non-crisis, non-emergency situations that provides information about healthy and safe relationships, and the impact of unhealthy relationships on health and wellbeing.

Topics include financial, emotional, and physical abuse and exploitation, education and prevention strategies, and information on seeking support.



Resources

- ✓ National Domestic Violence Hotline offers confidential information and referrals to local programs: **1-800-799-SAFE (1-800-799-7233) | TTY: 1-800-787-3224**
- ✓ Eldercare Locator for services for older adults and their families: www.eldercare.acl.gov | **1-800-677-1116**
- ✓ For a list of local and national resources, go to:



www.futureswithoutviolence.org/elders
www.ncall.us/for-victims-allies



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Elder Abuse Prevention

Order free hard copies and download PDF:

<https://store.futureswithoutviolence.org/product/aging-with-respect-elder-safety-card/>

Caregiver Engagement & Support

Promising results from pilot programs targeting caregivers show decreased incidence of abuse.

Components include:

- Caregiver education
 - Caregiving tools
 - Coping strategies
- Social engagement to enhance social support
 - Honing communication skills
 - Building a personal support system
 - Supportive presence of the care coach
- Tangible assistance in connecting to community services/resources to support practical needs



Redefining Success

Success is measured by our efforts to reduce isolation and improve outcomes for safety and health.

- ★ CUES approach versus screening alone
- ★ Confidential environment: see patients alone for part of every visit
- ★ Offer patients supportive messages
- ★ Offer patients strategies to promote safety and health
- ★ Make warm, supported referrals to DV advocacy programs
- ★ Grow strong partnerships with DV advocacy programs



The Heart of the Model: Building Meaningful Partnerships

Partnerships help promote bi-directional warm referrals for clients/patients and increase staff engagement and support.



DV Advocacy Partner

Supports survivor safety, self-determination, and connection



Warm referral from domestic violence agency to health center



Warm referral from health center to domestic violence agency



Community Health Center Partner

Supports survivor health and well-being



Call 1.800.799.SAFE
(7233)



Chat live
now



Text "START" to 88788

Visit our page for Privacy Policy. Msg & Data Rates May Apply. Text STOP to opt out.

NATIONAL DOMESTIC VIOLENCE HOTLINE

Get Help

What is a Safety Plan?

Local Resources

Healthcare, IPV, and Health
Centers

Legal Help

Deaf Services

Native American Services

Identify Abuse 

Plan for Safety 

Support Others 



<https://www.thehotline.org/get-help/healthcare-and-abuse/>



844-7NATIVE (762-8483) <https://strongheartshelpline.org>

StrongHearts Native Helpline is a 24/7 safe, confidential and anonymous domestic and sexual violence helpline for Native Americans and Alaska Natives, offering support and advocacy.

StrongHearts advocates offer the following services at no cost:

- Peer support and advocacy
- Information and education about domestic violence and sexual violence
- Personalized safety planning
- Crisis intervention
- Referrals to Native-centered domestic violence and sexual violence service providers
- Basic information about health options
- Support finding a local health facility or crisis center trained in the care of survivors of sexual assault and forensic exams
- General information about jurisdiction and legal advocacy referrals



Key Action Steps

1. Assess the needs of your community
2. Identify champions in your health center and community
3. Connect with community-based advocates
4. Define the partnership
 - a. **Adapt a Memorandum of Understanding (MOU)**
5. Promote privacy and confidentiality
6. Develop a procedure for bi-directional warm referrals between your health center and CBOs
7. Track your success
8. Identify and address challenges



- ✓ [Bi-directional Infographic](#)
- ✓ [Sample MOU \(English/Spanish\)](#)
- ✓ [Building and Sustaining Fruitful Partnerships](#)
- ✓ [DV Advocates' Guide to Partnering with Health Care](#)
- ✓ [Enrollment Strategies](#)



Q & A with Seema Kak, Executive Director of Kiran, Inc.



[Kiran, Inc.](#)



www.kiraninc.org

Office: (919) 831-4203

24/7 Crisis Line:

1-877-625-4726

Email: kiran@kiraninc.org

Evaluation Zoom Poll



PREVENTION AS SAFETY PLANNING: ADDRESSING THE INTERSECTIONS OF HIV AND IPV(WEBINAR)



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HOUR



REGISTER NOW

DATE: THURSDAY, MARCH 19, 2026
TIME: 9:00 AM HST/11:00 AM PST/
12:00 PM MST/1:00 PM CST/2:00 PM EST
(60 MINUTES)

THIS WEBINAR WILL BE PRESENTED IN ENGLISH WITH
SPANISH AND ASL TRANSLATION



Upcoming 4-Session Community of Practice

Addressing the Health Impacts of Intimate Partner Violence in Collaboration with Health Centers and Community-Based Organizations

Session Dates:

- April 29, 2026
- May 6, 2026
- May 13, 2026
- May 20, 2026

All sessions are 1 hour @12pm PST/
1pm MST/2pm CST/3pm EST

[Register Now!](#)

Deadline to register: April 15, 2026

Who should register? Staff from health centers, PCAs, HCCNs, community and state partners

THANK YOU!



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webinars available on our website:**

<https://ece.hsdm.harvard.edu/>

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e-list: Catalyst for Change
(see bottom of page):**

www.healthpartnersipve.org

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