



Older Women Face Psychological and Physical Abuse

André B. Rosay

This article examines psychological and physical abuse against women in Alaska who are aged 60 or older and compares these rates to national rates. In 1980, there were 9,581 women aged 60 or older in Alaska. From 1980 to 2016, the number of women aged 60 or older increased by 550 percent, up to 62,239. This is more than 7 times the percentage increase in general population over that same time period (Figure 1). In 2016, women aged 60 or older represented 17 percent of the total female population in Alaska. In the next 30 years, the number of women in Alaska aged 60 or older will continue to grow. Projections indicate that 81,566 to 111,833 women will be aged 60 or older in 2045 (Figure 2).

We know from the Alaska Victimization Survey (see sidebar, p. 4) that half of all adult women in Alaska have experienced intimate partner violence, sexual violence, or both in their lifetime. Unfortunately, little is known about the psychological and physical abuse experienced by older women in Alaska. Data from the 2006–2012 Alaska Behavioral Risk Factor Surveillance System (BRFSS) show that 0.8 percent of Alaskans aged 65 or older were threatened or hurt by an intimate partner in the past five years. Additional information is available from the FY 2015 Senior Survey administered to a convenience sample of 2,280 Alaskans (both women and men) aged 55 or older. Almost one in three (29.4%) had either personally experienced psychological



Former Alaska Pioneer Homes Director Vickie Wilson, left, and Fairbanks Pioneer Home resident Doris Poland share a hug at Wilson's retirement party.

and physical abuse or knew someone who had. When asked about the form of abuse they had experienced or witnessed, 72 percent reported financial exploitation, 69 percent reported emotional abuse, 48 percent reported neglect, 31 percent reported physical abuse, 22 percent reported abandonment, 8 percent reported self-abuse, and 5 percent reported sexual abuse. Respondents were also asked about their top concerns for older Alaskans. More than half (65%) indicated that programs to help prevent psychological and physical abuse and exploitation were very important for their quality of life.

This article provides additional estimates of psychological and physical abuse experienced by women in Alaska who are 60 years of age or older. Psychological abuse includes expressive aggression by intimate partners and coercive control by intimate partners. Physical abuse includes physical violence by

intimate partners. It also includes sexual violence, by both intimate partners and non-intimate partners. Estimates are provided for both psychological and physical abuse. This article compares the Alaska estimates to national estimates. Alaska estimates come from the 2010–2015 Alaska Victimization Survey (AVS). National estimates come from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) (sidebar, p. 2).

► One in Nine Experienced Psychological or Physical Abuse

The analysis in this article focuses on the 3,049 women in the NISVS and the 3,483 women in the AVS who were 60 years of age or older. All estimates are weighted to control for selection, nonresponse, and coverage. Estimates are provided for past-year

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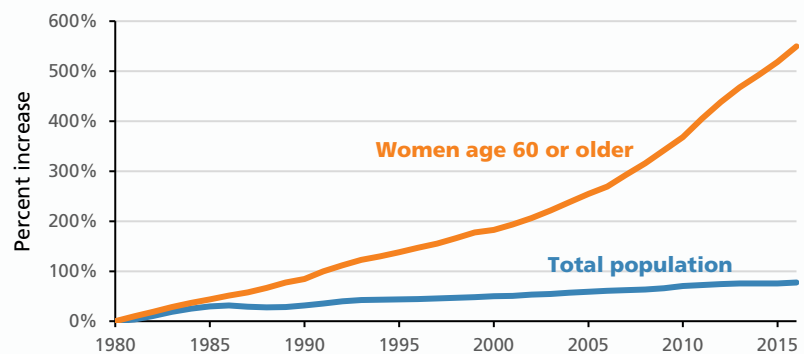
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experiences of psychological abuse, and for physical abuse.

Results show that one in nine Alaskan women aged 60 or older (11.5%) experienced psychological or physical abuse in the past year (Table 1). That includes one in 24 (4.1%) who experienced physical abuse and one in 12 (8.4%) who experienced psychological abuse (some experienced both). These rates are all significantly higher than the national rates. The Alaska rate for psychological or physical abuse is 1.7 times as high as the national rate. The Alaska rate for physical abuse is 2.4 times the national rate, and the Alaska rate for psychological abuse is 1.6 times the national rate (Figure 3). Overall, 7,148 women in Alaska aged 60 or older experienced psychological or physical abuse in the past year. This includes 2,574 who experienced physical abuse and 5,216 who experienced psychological abuse.

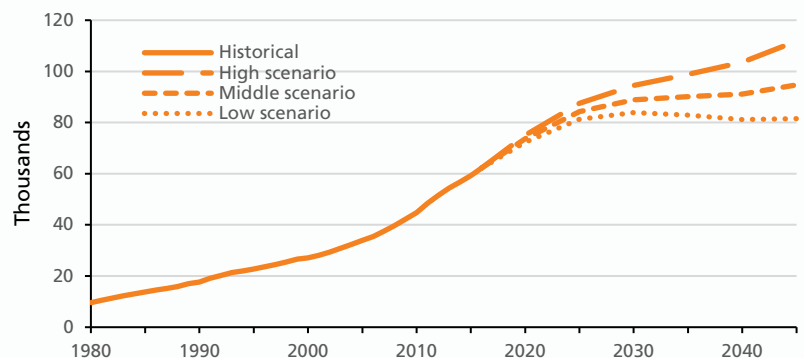
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Figure 1. Women Age 60+ Growing Faster than Total Population



Source of data: Alaska Department of Labor and Workforce Development, Research and Analysis Section

Figure 2. Women Age 60+ Projected to Continue to Grow



Source of data: Alaska Department of Labor and Workforce Development, Research and Analysis Section

National Intimate Partner and Sexual Violence Survey

The National Intimate Partner and Sexual Violence Survey (NISVS) is an annual survey conducted by the U.S. Centers for Disease Control and Prevention. It is a general population survey that is conducted by phone, using both landlines and cell phones. Respondents are asked detailed behaviorally specific questions about their experiences of expressive aggression by intimate partners, coercive control by intimate partners, physical violence by intimate partners, and sexual violence. Intimate partners include current and former romantic or sexual partners.

Expressive aggression includes times when intimate partners acted very angry in a dangerous way, told victims they were losers or failures, called them names like ugly or stupid, insulted or humiliated them in front of others, or told them that no one else would want them.

Coercive control includes times when intimate partners controlled victims by doing things like preventing them from seeing or talking to family or friends, keeping track of them, destroying things that were important to them, or making decisions for them that should have been theirs to make. It also includes times when intimate partners threatened to hurt themselves or others, including pets.

Physical violence includes times when intimate partners threatened to harm the victims themselves. It also includes times when in-

timate partners attacked victims by doing things like slapping them, pushing or shoving them, hitting them with a fist or something hard, choking or suffocating them, or burning them on purpose.

Sexual violence includes times when perpetrators used force, threats of physical harm, or drugs and alcohol to make victims perform oral sex or to make them receive vaginal, anal, or oral sex. It also includes times when perpetrators forced victims to participate in unwanted sexual situations such as kissing in a sexual way or participating in sexual photos or movies. Contrary to the other forms of abuse, sexual violence was not limited to violence by intimate partners.

It is important to note that the NISVS does not provide comprehensive measures of psychological and physical abuse. In particular, it does not include measures of financial exploitation (the most common form of abuse found in the FY2015 Senior Survey). In addition, it excludes adults living in assisted living facilities, unless they defined those facilities as private residences or had access to a cell phone. Despite these limitations, the NISVS provides comprehensive measures of abuse. It also permits comparisons between Alaska and national data. The 2010 data are publicly available. They include interviews from 3,049 women who were 60 years old or older.+



Editor's Note

For over 30 years, the *Alaska Justice Forum* has provided in depth research on justice topics. I am honored to take over as editor. I've spent the last 35 years working as a writer and editor. And, a few years as a trial and appellate lawyer. I've written about Alaska's territorial lawyers and judges and the beginning of Alaska's state court system as well as gender equality issues among lawyers. What draws me to the *Forum* is the importance of providing scholarly discourse on justice issues. At a time when there are deep divides and differing definitions of justice, clear writing that includes evidence and research is vital to grounding our understanding.

With this issue we are updating our design and enhancing our online presence. We are also asking you to help us go paperless. What will you find online? More stories, colorful charts and graphs, video, and expanded versions of print stories. We know some of you like to read hard copy, so we are including a

pdf of each issue for you to download and print.

To sign up for the online version of the *Alaska Justice Forum*, go to <http://bit.ly/AlaskaJusticeForum>.

Finally, I'd like to hear from you. Let me know justice topics you'd like to read about, what we're doing well and how we could improve.

Sincerely,

Pamela Cravez

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Alaska women

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► Alaska Rates Higher than National Rates

Both nationally and in Alaska, psychological abuse was more prevalent than physical abuse. Five percent of Alaskan women aged 60 or older experienced expressive aggression by intimate partners in the past year (versus 3.3% nationally) and 4.9 percent experienced coercive control by intimate partners (versus 3.6% nationally). Physical violence by intimate partners was experienced in the past year by 1.5 percent of Alaskan women aged 60 or older (versus 1.0% nationally) and sexual violence was experienced by 2.8 percent (versus 0.9% nationally). The past-year prevalence of sexual violence against women aged 60 or older was significantly higher in Alaska than nationally. More specifically, the Alaska prevalence rate was 3.2 times as high as the national rate.

► Protecting Older Alaskans

On average, from 2010 to 2015, 7,148 women in Alaska aged 60 or older experienced abuse in the past year. With the number of women in Alaska aged 60 and older in Alaska expected to grow, unless prevalence rates change, we can expect that 9,367 to 12,843 will experience abuse in 2045.

The Alaska Commission on Aging recently released its FY 2016 to FY 2019 State Plan for Senior Services. One of their goals is to protect older Alaskans from abuse, neglect, self-neglect, and exploitation. Specific strategic objectives to achieve this goal include:

(a) promoting primary prevention of psychological and physical abuse, neglect, and exploitation and reducing the rate of recidivism through education and awareness;

(b) promoting awareness and identifying issues pertaining to elder justice by developing a resource directory for seniors;

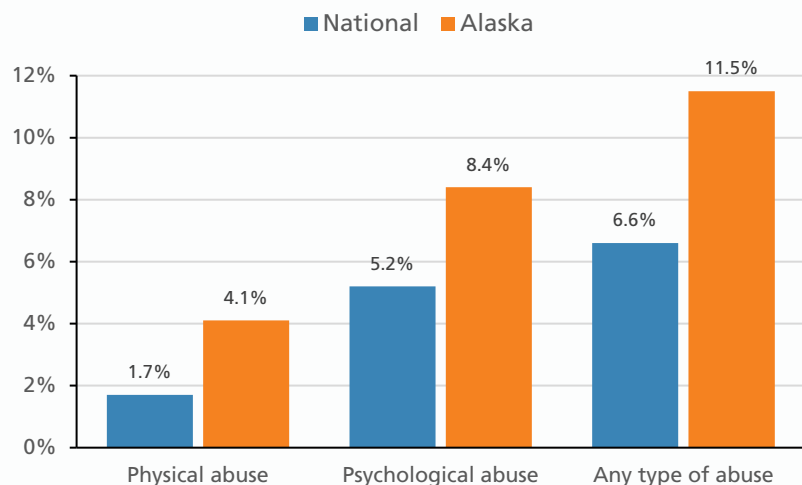
(c) improving access to quality legal assistance for seniors;

(d) coordinating with the Elder Justice Taskforce to review Alaska's guardianship and conservatorship systems to ensure they meet the needs of older Alaskans; and

(e) improving the recruitment of volunteers for the Office of the Long-Term Care Ombudsman to increase the number of visits to long-term care facilities.

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Figure 3. Percentage of Women Age 60+ Experiencing Psychological or Physical Abuse Per Year, Nationally and in Alaska



Note: All differences between national and Alaska percentages are statistically significant ($p < .05$).

Sources: Alaska Victimization Survey (2010-2015) & National Intimate Partner and Sexual Violence Survey (2010)

Alaska Victimization Survey

The Alaska Victimization Survey (AVS) was an annual survey conducted by the Justice Center at the University of Alaska Anchorage with funding from the Alaska Council on Domestic Violence and Sexual Assault. The AVS used the same behaviorally specific questions and the same methodology as the NISVS. Statewide surveys were conducted in 2010 and 2015. Regional surveys were conducted from 2011 to 2014 in the Aleutian/Pribilof Island region, the Municipality of Anchorage, the Bristol Bay region, the Fairbanks North Star Borough, the City and Borough of Juneau, the Kenai Peninsula Borough, the Ketchikan Gateway Borough, the Kodiak Island Borough, the Matanuska-Susitna Borough, the Nome Census Area, the North Slope Borough, the City and Borough of Sitka, and the Yukon-Kuskokwim Delta. The AVS provided prevalence estimates for intimate partner violence, sexual

violence, and stalking. Of the 10,885 adult women in Alaska who participated in the AVS from 2010 to 2015, 3,483 were 60 years old or older.

Previous survey results showed that about half of adult women in Alaska have experienced intimate partner violence, sexual violence, or both in their lifetime. One in three adult women in Alaska have experienced stalking in their lifetime. Among women who experienced intimate partner violence or sexual violence in their lifetime, half were also stalked in their lifetime. It is important to note that the measure of sexual violence used in this article is broader than the one previously used. As a result, estimates of sexual violence in this article are not comparable to previously published estimates from the Alaska Victimization Survey.

Video Alert

Listen to Dr. André Rosay and L. Diane Casto, Executive Director of the Alaska Council on Domestic Violence and Sexual Abuse, speak about elder abuse:

<https://youtu.be/DT5KdyOmNJE>

Table 1. Weighted Prevalence of Past-Year Psychological and Physical Abuse Against Women Age 60+

Type of abuse	% abused nationally	% abused in Alaska
Physical abuse	1.7 %	4.1 %
Physical violence by intimate partners	1.0	1.5
Sexual violence	0.9	2.8
Psychological abuse	5.2 %	8.4 %
Expressive aggression by intimate partners	3.3	5.0
Coercive control by intimate partners	3.6	4.9
Any type of abuse	6.6 %	11.5 %

Sources: Alaska Victimization Survey (2010-2015) & National Intimate Partner and Sexual Violence Survey (2010)

Alaska women

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► Risk Factors

Unfortunately, there is very little research on how to prevent psychological and physical abuse of older persons. However, recent research has shown that the risk of

Rates of abuse were highest among those who needed to see a doctor in the past year but could not afford it.

psychological and physical abuse increases the more a person is isolated. Recent research using the NISVS data also shows that the greatest correlate of psychological and physical abuse is health care insecurity (Rosay and Mulford, 2017). Rates of abuse were highest among those who needed to see a doctor in the past year but could not afford

it. The odds of experiencing abuse were 4.5 times greater for those who experienced health care insecurity than for those who did not (and the odds of experiencing physical abuse were 14 times greater). As Rosay and Mulford (2017:12) explain, "this is important because disparities in access to health care will hinder efforts to screen elders who are being abused, and this could be precisely why they are being abused."

Identifying and helping victims of abuse remains a significant challenge, particularly in Alaska.

André B. Rosay, Ph.D., is a Professor of Justice and the Director of the Justice Center. He is the Principal Investigator for the Alaska Victimization Survey, funded by the Alaska Council on Domestic Violence and Sexual Assault. He was also the principal analyst for the National Intimate Partner and Sexual Violence Survey at the National Institute of Justice.



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Alaska's Lack of Psychiatric Beds and Consequences

Pamela Cravez

Dr. Anne Zink, Medical Director at Mat-Su Regional Medical Center (MSRMC) and head of Mat-Su's Emergency Department (ED), is seeing more and more psychiatric emergencies. The first quarter of last year the ED saw 68 psychiatric emergencies; this year it was 283, according to Zink. The problem is that MSRMC, like most hospitals in the state, does not have a psychiatric emergency department or behavioral health unit. This means that psychiatric patients may wait days until one of the state's few psychiatric treatment beds becomes available.

MSRMC's ED has 22 beds total, including two lock down rooms next to the cardiac unit. Dr. Zink has sewn up the lip of a child while a patient suffering a psychotic break pounded on a nearby locked door. She's treated a person suffering a heart attack while a severely depressed patient lay in the next bed.

Among those with psychiatric emergencies, according to Dr. Zink, are people abusing alcohol and drugs, little kids with awful home situations who are threatening to hurt themselves, people who've cycled through over and over when they've gone off their medication, the acutely psychotic and severely depressed.



API's current capacity is 80 beds.

Zink refers patients to Alaska Psychiatric Institute (API) in Anchorage, but they frequently must wait four to six days before being admitted. API, the state's sole psychiatric hospital and provider of inpatient services has 80 beds. There are two additional state Designated Evaluation and Treatment (DET) hospitals: Fairbanks Memorial Hospital (20 beds) and Juneau's Bartlett Regional Hospital (12 beds) provide care for acute psychiatric emergencies

"We are calling (API) every day, asking what place they are on the list," Zink said. "Our system is set up for acute care, not boarding patients. People are ill. We know we're not doing the right thing just holding them."

► API is Full

May, 31, 2017, API Chief Executive Officer Gavin Carmichael held a list with the names of 18 people waiting to get into API that day. Nine are at MSRMC's ED. Others on Carmichael's list include four patients at Providence Alaska Medical Center Psychiatric Emergency Room (PPER) — the psychiatric emergency department in Southcentral Alaska. Two at Central Peninsula Hospital, one at Yukon Kuskokwim Health Center and one more in Barrow. Another two patients are forensic cases — one is in jail and another is waiting to be evaluated for competency to stand trial.

API is full all the time, Carmichael said. API will discharge five people and five people

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In May 1968, at the time of this photo, API had 225 beds. Christine M. McClain papers, Archives and Special Collections, Consortium Library, University of Alaska Anchorage. Jim Balog, photographer.

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from the list will be admitted on the same day. The first to be admitted will be those coming from rural Alaska. If patients are in a relatively safe place, they are farther down the list. MSRMC's ED is a safe place according to Carmichael.

who need extended care that is unavailable elsewhere in the state including individuals suffering from Alzheimer's Disease (10 beds). The low number of beds and high demand create high admission rates and low average length of stays (ALOS).

According to the privatization report API does not operate like most state hospitals around the country:

ger, more complex intervention as a routine form of inpatient treatment.

This has not always been the case.

► Full-Service Hospital

When API opened in 1963, it was a 50-bed state-of-the-art hospital that provided complete medical care, including surgical, obstetrics, dental and ex-ray departments for

Table 1. A Twenty-Five Year Snapshot of Alaska Psychiatric Institute Utilization

Calendar year	Official bed capacity	Total number of admissions	Total number of actual bed days used as a percentage of maximum days possible		Average number of admissions per month	Number of days in the year with 5 or more admissions in a single day	Number of discharges
			Number	%			
1990	160	831	33,147	57%	69	32	831
2000	74	1,448	23,954	88%	121	140	1,448
2011	80	1,489	25,225	85%	124	143	1,506
2015	80	1,547	23,276	88%	129	166	1,555

Source of data: API Dashboard, Alaska Division of Behavioral Health (http://dhss.alaska.gov/dbh/Documents/api/API_Dashboard.pdf)

Before a patient can be transferred to API an assessment must be done to show they are gravely disabled and/or a danger to themselves or others and a magistrate must make that finding in accordance with the civil commitment statutes (AS 47.30.700).

Last year, the Alaska State Legislature passed SB 74, requiring a study of the feasibility of privatizing API with the goal of determining whether privatization could improve service delivery at a potentially lower cost without sacrificing quality of care. Released in January 2017, the "Feasibility Study of the Privatization of the Alaska Psychiatric Institute," by Public Consulting Group (PCG/Health) found state management to be the best option. The report offered insight into how API operates given the high demand for beds.

► API: High admission rates, short stays

Although API has 80 beds, only 50 of them are available for adult acute psychiatric care. The other 30 beds are reserved for adolescents 13–17 years old (10 beds), medium security forensic cases (10 beds) and people

• **Utilization per 1,000 people in Alaska is more than triple the national average** for state hospitals (1.66 compared to .44 in FY 2015).

• **Admission rates are significantly higher than the national average** and continue to grow. In FY15, of the 1,683 admissions at API, the hospital served 1,219 unduplicated individual patients at a rate of 1.38 per 1,000, compared to the .83 national average.

• **ALOS at API was 13 days in FY15, far below the national average of 244.**

• **Readmission rates within 30- to 180-days are 160 percent to 180 percent higher than the national average.**

API's admission rates and ALOS are more similar to hospitals that provide short-stay acute treatment and stabilization. Acute-care hospitals — often privately run — act as gatekeepers to state hospitals which serve more complex cases requiring longer term care.

According to the privatization report there is no infrastructure in Alaska to support lon-

gitudinal with acute mental illness. By 1965 it reached its capacity of 225 beds, including 38 for children and adolescents. In 1967, it added public school classrooms and two-full-time teaching positions.

By 1971, API coordinated services with 96 community agencies. During the mid-1970s and early 1980s, as Alaska's economy and population grew, API continually operated at or above capacity. Throughout the rest of the country, though, the deinstitutionalization movement was in full swing. The drive to rely less on state institutions and more heavily on community-based services began to gain support in Alaska. By 1993, there were 31 Community Mental Health Centers (CMHC). In 1993, Bartlett Memorial Hospital added six DET beds, and in 1999 Fairbanks Memorial opened six DET beds.

► Downsizing

In Alaska, the deinstitutionalization movement coincided with a downturn in the economy and the need to address API's deteriorating physical condition. In 1990, after five assessments, the state decided to replace

the building. API 2000, a community planning process, defined API as a “tertiary” care facility that provided acute short-term care and/or longer term care for those with highly complex or high security needs.

In 1993, Governor Walter Hickel authorized a 114-bed facility at a cost of \$64.9M. The Alaska State Legislature appropriated only \$28.9M — reducing the number of beds to 79, relying upon assertions that fewer beds would be needed if non-hospital/community types of treatment were established.

► New Admissions Policy

Simultaneously, budget cuts shut down existing beds at API. Between 1992 and 1994, capacity dropped from 160 to 79 beds. To accommodate its smaller capacity, a new admissions policy gave priority to consumers who were acutely suicidal, homicidal, or gravely disabled. A new discharge policy expedited the release of individuals from the facility once their behavior stabilized. Hospitalization would not be prolonged for the sole reason that the consumer, family, referring agency, or community did not concur with API staff diagnoses or treatment recommendations.

In 2003, Providence Alaska Medical Center Psychiatric Emergency Room (PPER) opened, with money from the state, to provide An-

chorage residents psychiatric emergency services. PPER supported the goals to reduce the need for beds in API. In July 2005, API’s new building opened with 80 beds, virtually the same number as in 1994 and today. In 1994, Alaska’s population was 608,308; latest U.S. Census figures for 2015 are 739,828, an increase of more than 140,000 people (21.62%).

A 25-year snapshot of API from 1990 to 2015 shows that the number of yearly admissions and discharges have nearly doubled, while the number of beds have been cut in

Every week API experiences nearly a complete turnover in patients.

half. In 1990, API had 160 beds, 831 admissions and 831 discharges. In 2015, API had 80 beds, 1,547 admissions and 1,555 discharges (Table 1).

Since the mid-1990s CMHC’s have limited their services in Alaska, currently only providing service to those with severe mental illness.

According to API CEO Carmichael, API no longer operates as a “tertiary” hospital. It is an acute care facility where the high volume of consumers needing treatment means that

every week API experiences nearly a complete turnover in patients. There is no routine capacity for long-term care.

► Fewer Hospital Beds, More Prison Beds

In-Step, Alaska’s 5-year mental health plan for 2001-2006, produced by the Department of Health and Social Services (2001), traced the path between lack of capacity to treat those with mental illness in the community to growing numbers entering the corrections’ system. When there was no place to commit a person who was a danger to themselves or others under Title 47, they were placed in jail for their own safety. Those who would have been sent to state hospitals because they’d committed a minor crime due to mental illness, substance use disorder or developmental disability were now being sent to jail.

In 1997, Alaska Department of Corrections determined that 37 percent of inmates were either mentally ill, chronic alcoholics and/or developmentally disabled (*In-Step*). By 2007, that number was 42 percent, and in 2012, a one-day snapshot found 65 percent of inmates to fit the description (Hornby Zeller 2014).

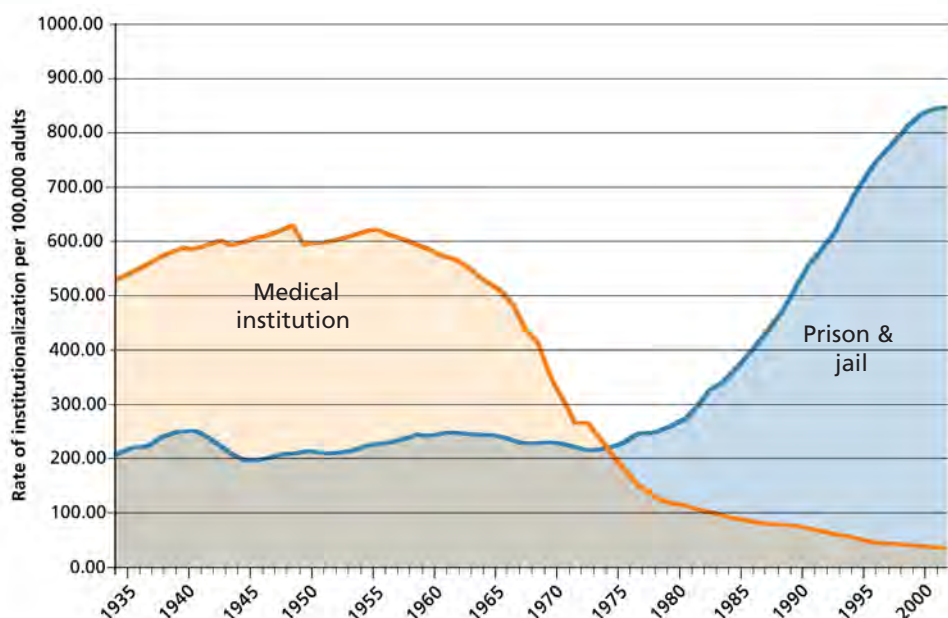
In 2005, the Bureau of Justice Statistics found that more than half of all inmates of correctional facilities in the United States had a mental illness.

Mat-Su Regional’s Dr. Zink sees another impact of too few inpatient beds and the lack of outpatient community options.

One man suffering from anxiety kept coming back into the Emergency Department. His primary care physician didn’t have the time and he had two stays at API, she said.

ED physicians can only see and treat immediate and life threatening situations, according to Zink. She saw him in the grocery store and could tell he wasn’t doing well. “You guys just send me through, I’m struggling,” he told her. She told him to come back and that she would help him with a safety plan. Zink learned later that he died by suicide. “It just breaks my heart,” she said.

Figure 1. Location of Adults with Mental Illness: Medical Institution vs. Prison and Jail in the U.S., 1934–2001



Adapted from "An Institutional Effect" (Harcourt, 2011).

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Mental Health Problems High Among Inmates, Especially Females

In June 2017, the Bureau of Justice Statistics (BJS) released a study showing that female inmates both experienced serious psychological distress (SPD) while incarcerated and had been told in the past by a mental health professional that they had a mental health disorder at higher rates than male inmates.

The BJS study found that incarcerated people experienced serious psychological distress (SPD) at three to five times the rate of the general population. Fourteen percent of state and federal prisoners and 26 percent of jail inmates reported experiences that met the threshold for SPD. In comparison, the BJS study found that one in 20 persons (5%) in the U.S. general population with similar sex, age, race and Hispanic origin characteristics met the threshold for SPD.

The report examined the prevalence of mental health problems among inmates based on two indicators: self-reported experiences that met the threshold for SPD in the 30 days prior to the survey and having been told at any time in the past by a mental health professional that they had a mental health disorder.

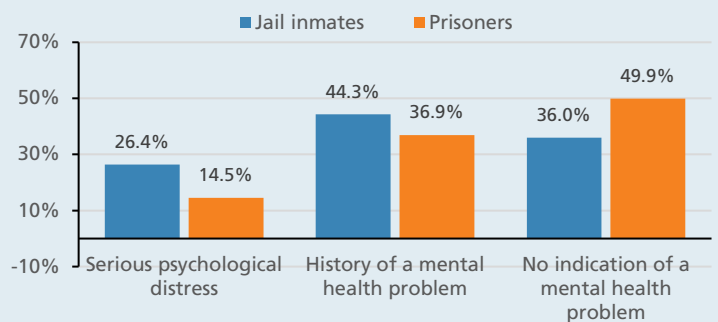
The report found that 37 percent of state and federal prisoners had been told by a mental health professional in the past that they had a mental health disorder. Among jail inmates, 44 percent

had been told they had a mental health disorder. Female inmates experienced both at higher levels than male inmates.

In state and federal prisons 20 percent of females met the threshold for SPD, compared to 14 percent for males. In jails, 32 percent of females and 26 percent of males met the threshold.

Two-thirds of female inmates in both prisons (66 percent) and jails (68%) had been told they had a mental health disorder compared to around one-third (33%) male prisoners and 41 percent of male jail inmates.

Mental Health Status of Prisoners and Jail Inmates, 2011–2012



Source of data: Bureau of Justice Statistics

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In June, Mat-Su Regional applied for a certificate of need to add 36 psychiatric and substance abuse inpatient beds.

Pamela Cravez is editor of the Alaska Justice Forum and author of the recently published "The Biggest Damned Hat: Tales from Alaska's Territorial Lawyers and Judges."

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