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Older women and domestic violence in Scotland

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Older women, like younger women, experience domestic violence in large numbers and suffer significant physical, emotional and social consequences. Because of existing attitudes about women and age, these older women have been virtually invisible in policy and service provision. This briefing outlines findings of two projects that aim to address older women's invisibility, and start to develop a picture of what effective support for them might look like.

Key Points

- Older women have benefited from much of the generic provision for all women affected by domestic violence, however the specific needs of older women have received little attention in policy or practice
- Older women are more likely to have been exposed to long-term trauma, are more likely to currently live with an abuser and are more likely to remain within the relationship than younger women. Barriers to support and reasons why women stay in or return to abusive relationships are magnified for older women
- A lack of understanding amongst professionals about differences between 'elder abuse' and 'domestic violence' mean that older women experiencing domestic violence are marginalised and offered few or inappropriate services
- The familiar notion of 'older' women as vulnerable to abuse because of their frailty and reliance on carers was not supported by the research. Instead, women were often abused by men they cared for. Issues of dependence for women are complex and reflect their own lack of access to financial independence and their additional caring responsibilities
- Older women face serious barriers to accessing support and are offered few appropriate services when they manage to enter the service system
- Older women experiencing abuse have essentially the same needs as younger women, e.g. safety, security, access to health care, social and familial ties, but may require services and support that are delivered in different ways than those designed for younger women

Background

General attitudes tend to view domestic violence as a problem that affects younger women. As a consequence, much research on domestic violence examines the experiences of women up to age 50 only. The experiences and specific needs of older women are rarely identified, much less addressed.

Policy context

Domestic violence has featured to varying degrees on the public policy agenda in Scotland and the UK since the mid 1970s. Early state responses to domestic violence featured across a number of policy arenas, including civil and criminal law, housing, health, social services, health education and social security.

Since the late 1990s, domestic abuse has had unprecedented prominence in public policy in Scotland. The Scottish Partnership on Domestic Abuse, established in November 1998 produced the National Strategy to Address Domestic Abuse in Scotland two years later. This policy focus accelerated government activity at both national and local levels and increased support for voluntary sector initiatives on domestic abuse.

Older women have benefited from much of the generic provision for all women, however the specific needs of older women have rarely been addressed.

The studies

An initial research project was commissioned by Health Scotland in 2003 and carried out by researchers at the Centre for Research on Families and Relationships (CRFR) (Scott et al 2004). This project developed into a collaboration among Health Scotland, CRFR, Scottish Women's Aid and the then Scottish Executive – to make older women's experiences visible to the public, their voices heard by policy makers, and their needs reflected in service provision.

The first study was published in June 2004. Data were gathered from a variety of sources:

- a review of literature from the UK, North America, Australia, Sweden and Finland
- review of data sources
- interviews with survivors
- a telephone survey of service providers around Scotland
- key informant interviews

The follow-up study was conducted in 2007 (Scott 2008) and provided an update to the initial report in the form of a review of literature published between 2003 and 2007.

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Author

This briefing was prepared by Jennifer Flueckiger based on the reports, *Older women and domestic violence in Scotland (2004)* prepared for Health Scotland by CRFR and written by Marsha Scott, Linda McKie, Sarah Morton, Elizabeth Seddon and Fran Wasoff and *Updating older women and domestic violence in Scotland (2008)* by Marsha Scott.

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Findings

Systemic invisibility

Domestic violence is most typically portrayed as an issue affecting all women (of whom older women are an undistinguished subset) or women with children. The initial study found that women without dependent children, usually 50 years old or older, are nearly invisible as a specific group in public policy, data, and service provision.

However, the updated report found that since 2004 older women have become more visible on the research agenda. Much of the recent research focused on the prevalence of abuse among older women, a substantial portion were studies investigating older women's stories.

The different – and to a large extent contradictory – theoretical assumptions between the elder abuse and domestic violence fields provide conflicting explanations for older women's experiences of domestic violence. The term 'elder abuse' often excludes domestic violence, is usually gender-blind, and relies on a narrow definition of violence. Women who are carers for dependent partners seem to be particularly at risk. In practice, this means that older women experiencing domestic violence are marginalised and invisible, their experiences are medicalised, and they are offered inappropriate responses (e.g. increased support for dependent partner).

Long-term abuse

Prolonged exposure to trauma is a feature of many older women's experience of domestic violence. The first report showed that literature documenting the effects of, or the appropriate responses to, long-term domestic abuse was sparse.

However, the report update examined new research that showed older women are more likely to be living with their abusers than younger women and experience psychological/emotional abuse at high rates. One study (Zink et al 2006), commented that older women stay in or return to abusive relationships for the same reasons that younger women do. However, these reasons can be magnified in older women for a variety of reasons, including:

- more years invested in families and communities means more to lose, and less education and job skills means fewer supports (higher barriers)
- childhoods spent in worlds untouched by feminist activism and decades spent living with unidentified abuse
- loneliness, the fear of loneliness and health challenges for both victims and abusers

Health Outcomes

Investigation of health outcomes related to older women's experiences of domestic violence was largely absent from the literature reported on in the first report. However, in the update, several recent studies were examined.

One study (Fisher and Regan 2006) reported that older women experiencing domestic violence were "significantly more likely to report more health conditions than those who were not abused." Older women reporting psychological/emotional abuse... "alone, repeatedly, or with other types of abuse – had significantly increased odds of reporting bone or joint problems, digestive problems, depression or anxiety, chronic pain, and high blood pressure or heart problems" (200).

The authors point out that practitioners should understand that ". . . women who are experiencing abuse may not report lower general health compared with women who are not being abused, yet are more likely to experience detrimental effects to their health if one examines for specific health conditions" (208). Specified conditions were depression, anxiety, digestive problems and chronic pain.

Issues of dependency

A central issue regarding older women and domestic violence is dependency. Dependence on others and dependence of others come together in sometimes surprising ways for older women.

The familiar notion of 'older' women as vulnerable to abuse because of their frailty and reliance on carers was not supported by the research. Instead, women's dependence seems to be a product of limited economic assets, constricted access to income and housing and progressively fewer avenues for obtaining financial independence as they age.

The other, less familiar and perhaps more salient, issue around dependency is the data from the elder abuse field indicating that the dependence of her partner (or another adult family member) increases an older woman's risk for abuse.

Adult children

The influence of family and of adult children on women's options for dealing with domestic abuse is significant and complex. A familiar theme in the literature was the conflict for women when their children pressured them to stay with their abuser or to deny the abuse. Interviews with survivors in the original study provided a contrasting story in which adult children provided significant support, often helping their mothers make contact with local Women's Aid agencies. Findings from provider interviews indicated that sons and daughters were the most likely referral source for older women.

Loss of contact with children and grandchildren was a traumatic consequence for some women, and the threat of such a loss could be enough to prevent women from seeking safety or support or to make them return to living with an abuser.

Barriers to support

Older women face serious barriers to accessing support and are offered few appropriate services when they manage to enter the service system. The barriers all women face in accessing support when experiencing domestic violence are multiplied for older women.

Cultural and professional attitudes

Women's attitudes about their roles in marriage, their reluctance to identify their abuse as abuse, their sense of shame and their inclination to prioritise other women's needs ahead of their own were all consistent themes.

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Attitudes towards older women may be as important as the attitudes of older women. These attitudes reflect not only the lower status associated with being older and female but also the victim blaming that is so prevalent in public discussions of domestic violence.

Other barriers

Systemic barriers such as inappropriate housing and refuge options, ill-informed gatekeepers to services – particularly physicians and others in health services – and inadequately resourced aged and domestic abuse services all add to the enormous challenges faced by older women seeking safety.

Talking to survivors

> *"I mean, I've just had a birthday, and it's the first birthday I've had in years that I haven't said, please God make this the last. I just, honestly, have said please God make this the last."*
>
> Interviewed survivor

The first study identified that research with survivors and their voices are nearly absent from the field.

The update identified several studies that offered insights based on women's stories. Findings highlighted:

- some older women may be less able or less willing to identify their partners' or ex-partners' behaviour as abuse or violence (Fisher Regan 2006)
- foremost among older women's concerns was being unable to survive financially or being inappropriately placed in residential care and losing their homes, families, and social networks (Mears 2003,1486)

Talking to service providers

The provider survey in the initial study revealed varied community responses and perspectives with, however, some common themes. These included:

- the limited number of agencies serving older women
- frustration about both the invisibility of older women in the system and the lack of resources for providing appropriate services
- lack of coordination and integration of service with housing and social work were rare and identified as a priority

Most providers surveyed did not think that older women need special services. However, while most explained that older women have the same needs as younger women, older women may need similar services delivered differently. This was seen as an important distinction that underscored the need to offer appropriate choices to all women. Service options usually available do not include appropriate choices for older women (for example, shared or self-contained accommodation).

Improving access and services

The initial project showed innovations at Women's Aid projects and reports in the literature offer a multitude of creative strategies for reducing these barriers. Innovative projects, particularly in Australia and North America, provide some guidelines for other effective strategies.

General practitioners and other health service workers are often the only contact with the service system for older women. Interventions that supported these providers to screen, support and connect women with appropriate services could be pivotal in helping older women gain entry to the service system.

Collaborative efforts between domestic violence and elder abuse agencies are one practical strategy. A working group in Florida consisted of older women survivors (service users), staff from elder affairs and from the domestic violence policy-level agencies, and representatives from domestic violence and social work agencies working at the coal face (Vinton 2003). Implementation included:

- 'Domestic Violence: A Crime at Any Age' public education campaign
- cross-training in social work, domestic violence and elder services agencies
- renovating a refuge to be "elder ready"
- community-based assisted living facilities and senior centres provided space for older women experiencing domestic violence

Policy Implications

- Specific needs of older women need to be put on the agenda. For example shifting the service focus from women with children and providing housing options better suited for women in need of both self-contained and shared living spaces
- Listening to older women's stories, involving older women in service design and re-design and including older women in policy and decision making are all tools for developing and delivering better policy and appropriate services
- Health professionals play key roles as gatekeepers for services. Increased screening of older women for domestic abuse and adequately trained and supported GPs and A&E staff are needed
- The fact that adult children were the most likely referral source for older women has clear implications for service providers wishing to develop effective outreach strategies to improve older women's access
- Inappropriate housing and refuge options and inadequately resourced aged and domestic abuse services all add to the enormous challenges faced by older women seeking safety
- As older women are more likely to live with their abusers, new services designed to be delivered to women who live with abusive men needs to be investigated
- Mutual participation by both domestic violence professionals and elder services in community-based, multi-agency groups addressing violence against women may be the best way to address the needs of older women. In addition, cross-training and integrated referral systems could be building blocks for cooperation and collaboration in future

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