



Domestic Abuse of Women in Later Life

**A Background Document Prepared for the Project:
Bridging Aging and Women Abuse**

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Domestic Abuse of Women in Later Life: A Backgrounder

Introduction

Domestic abuse of women in later life can be defined as the abuse of women aged 50 years and older, by a person in a trusted ongoing relationship such as a spouse or intimate partner, family member such as an adult child or sibling, and/or a caregiver (Brandl and Cook-Daniels, 2002). Domestic abuse is conceived as the misuse of power to hurt or control others who are less powerful and have no easy escape or means of resistance (Seaver, 1996). Domestic abuse of older women can take several forms including: physical abuse (infliction of physical pain or bodily harm, e.g. beating, hitting, pushing, restraining), sexual abuse (sexual contact or exposure without consent), emotional abuse (infliction of mental distress via threats, humiliation, intimidation, isolation), financial abuse (illegal or improper exploitation of finances or assets, e.g. stealing money or property, coercing the victim to turn over funds) and neglect (refusal or failure to provide required care by abandoning or isolating, denying basic necessities, withholding medication or assistive tools) (Brandl and Raymond, 1997; Zink, Jacobson, Regan, Fisher, and Pabst, 2006). Each of these types of abuse occur on a continuum from mild to fatal and there is a common pattern of escalation from intimidation and isolation, "destruction of the spirit" and increasing verbal, mental or physical abuse. Seaver described a repeating "cycle of violence" involving an initial stage of minor hostilities and attacks, a second stage in which the abuser explodes and a third stage in which the abuser requests forgiveness and intimacy before the cycle starts again (1996).

Domestic abuse of women in later life can come about in one of three ways: it can be a continuation of an abusive relationship that's existed for years; it can start in later life as a result of entering into a new relationship that is abusive; or it can start in later life in a long-term relationship that may have been growing increasingly strained (Zink, Jacobson, Regan, Fisher, Pabst, 2006; Straka and Montminy, 2006; Women's Aid, 2007). Studies have shown that when abuse begins or worsens in later life, it is likely linked to retirement, disability, changing roles of family members, or sexual changes. It's important to note that the research does not support the popular notion that domestic abuse is primarily perpetrated by a "stressed caregiver" against a frail, dependent older woman (Brandl and Cook-Daniels, 2002; Women's Aid, 2007).

Domestic violence is generally assumed to be a crime that is mainly perpetrated against younger women, which decreases with age and is thus not a problem for older women (Straka and Montminy, 2006). As such, domestic violence services in the community tend to target a younger population – women of child-bearing age who may have young children. Domestic abuse against older women in particular, however, is often categorized as ‘elder abuse.’ For this reason, older women experiencing domestic violence often find themselves caught between two social issues and may fall between the cracks of both the elder abuse and domestic violence systems (Sedger, 2001; Brandl and Cook-Daniels, 2002), or receive insufficient or inappropriate help from one or both of them. Because domestic abuse is an important cause of financial insecurity and homelessness (National Working Group on Women and Housing, 2006), older women experiencing domestic abuse may also receive some help from the homelessness and housing system which, again, may not be adequate or appropriate to meet their unique needs.

Conceiving of domestic abuse of older women as *elder abuse* is problematic; it is paternalistic and ageist in that it homogenizes older people and does not consider important individual differences related to gender and power (Hightower, 2002; Scott et al., 2004; Women’s Aid, 2007). The notion of elder abuse tends to rely on a narrow definition of violence and often excludes domestic abuse; it tends to focus on self-neglect, institutional abuse, and financial exploitation. Elder abuse research and initiatives are not gender specific, and they reflect a medical model which focuses on frail, vulnerable and dependant adults and they see the phenomenon as being rooted in an “inadequate care” paradigm rather than a family/domestic violence paradigm. (Phillips, 2000). Conceiving of domestic abuse of older women as elder abuse removes much of the responsibility from the abuser because the behavior is explained in terms of a stressed caregiver who ‘loses it’ in response to their difficult care provision demands (McDonald and Collins, 2000). Those defining abuse against older women as elder abuse may fail to recognize it in many cases because many older abused women are in good physical and mental health (Brandl and Raymond, 1997). Older women experiencing domestic violence are often marginalized and their experiences tend to be medicalized because the public services available to them, usually elder abuse services, are mostly health-based. Interventions for older women experiencing abuse, then, may be dangerous because they do not address the older women's unique safety needs. Given the heightened potential for social isolation and physical and cognitive impairment in

older women, it is important that particular attention be paid to the domestic abuse of *women in later life*.

Prevalence of abuse against older women

Existing data on the extent of domestic abuse of older women are limited and unlikely to give an accurate representation of the incidence because so many of the cases are not reported and, thus, are not captured in the statistics (Women's Aid, 2007). The extent of the problem of older women abuse is also unclear because definitions of '*domestic abuse*' and '*older women*,' which are used in the research, vary, making it difficult to compare across studies and establish an accurate estimate of prevalence. Nevertheless, a number of studies and reports have cited data on incidence.

Statistics Canada data from 2003 indicate that older women are more likely than older men to be victims of family violence. While 39% of older female victims of violence were victimized by a family member, only 20% of older male victims of violence had been assaulted by a family member (AuCoin, 2005). An American study examining the prevalence of domestic violence of older women found that 3.5% of the women aged 65 and older experienced partner violence in the past 5 years and 2.2% experienced partner violence in the past year (Bonomi, Anderson, Reid, Carrell, Fishman, Rivara, Thompson, 2007). Brandl and Cook-Daniels cited a number of studies which found similar prevalence rates - 2%, 4.3% and 5.8% (2002). They also cite research which suggests that verbal and emotional abuse are the most prevalent type of abuse against older women (Brandl and Cook-Daniels, 2002; Bonomi et al., 2007).

Police statistics in Scotland suggest that 20-25% of all reported domestic violence is perpetrated against women over 40. The same statistics show, however, that just 1.2% of domestic violence is against women over the age of 60 (Scott et al, 2004). The 1992 British Crime Survey found less than 4% of women aged 60 and older said they experienced physical violence in a relationship. This is much less than the 17% of women aged 18-29 years who experienced physical violence in a relationship. Despite a much longer period of time for violence to have occurred, older women appear to be less often victims of violence.

Three explanations have been offered to account for the *apparently* low incidence of domestic violence against older women – especially those 60 years or older (Women's Aid, 2007). First, it's been suggested that older women may be less

likely to experience domestic violence. Three possible reasons for this are: 1) younger men who partner with younger women tend to be more violent than older men who partner with older women; 2) younger women tend to have more partners so have greater chances of encountering a violent partner; 3) younger women may be more vulnerable (Walby and Allen, 2004)¹. Second, it's been suggested that older women appear to experience less domestic violence because they are less likely to report domestic violence. Three reasons for the lower rates of reporting among older women are: 1) they experience more barriers to reporting (discussed further below); 2) they may not see their experience as relevant (as abusive); and 3) they may have forgotten incidents that happened a long time ago. Finally, the apparent lower incidence of domestic violence of older women may be due to the greater number of older women who, due to prolonged and repeated violence, die prematurely, resulting in smaller numbers (Women's Aid, 2007).

Despite the unclear statistics and explanations, the experts tend to agree that an alarming number of older women are experiencing domestic abuse at the hands of their intimate partners, family members or other loved and trusted ones in their home and that, regardless of age, issues of power and control underlie the abusive behavior. Older women, however, seem to experience more difficulty in seeking and accessing appropriate help that will meet their unique needs (Women's Aid, 2007).

Perpetrators of abuse against older women

Research suggests that the abusers' characteristics are a better predictor of abuse than the victims' traits. Perpetrators of older women abuse are typically individuals with whom the women are in an ongoing relationship, and who are in a position of trust such as a spouse or partner, adult child or other family member, or a caregiver (Brandl and Cook-Daniels, 2002). The majority of family-related assaults take place in the older woman's home and in many cases, the abuser lives there as well (AuCoin, 2005). According to statistics Canada, in 2003, 34% of older women experiencing abuse were being abused by their spouse (AuCoin, 2005) and research suggests that up to 33% of cases where older women are abused, the perpetrator is an adult child (Vinton, Atholz, and Lovell-Boesch, 1997; AuCoin, 2005). Financial abuse is common in this situation, especially where adult children live with and are financially dependent on their mothers. In studies where spousal abuse and parent abuse were compared, it was found that spouses were more likely than adult

¹ Cited in Women's Aid 2007.

children to commit physical abuse and adult children were more likely than spouses to commit financial abuse. Other family members have also been found to be the perpetrators in 24% of the cases where older, Canadian women are being abused (AuCoin, 2005).

Studies in this area have shown that a significant number of abusers suffer from some form of condition such as substance abuse, mental illness and/or depression, or cognitive impairments (Brandl and Raymond, 1997). In many cases, the abuser is unemployed and/or is dependent on the victim for income, housing, transportation or care. Some studies have suggested that abusers may also be isolated, lack social supports and have problems with relationships (Brandl and Cook-Daniels, 2002).

Brandl and Raymond (1997) note there is no single profile of a domestic abuser; domestic abuse is perpetrated and experienced by people from all socioeconomic backgrounds, races, religions and occupations. They did note, however, that abusers often exhibit common behaviors including: denying or minimizing the abuse; displaying extreme jealousy and possessiveness often leading to isolation of the victim; denying responsibility for the abuse and blaming it on stress, alcohol etc.; and holding firm, traditional views of gender roles or negative attitudes toward women in general.

Barriers to taking steps to be safer

In her evaluation of the Older Abused Women's Program in the Milwaukee Women's Center, Seaver (1996), who was the manager of the program, noted the three most important factors affecting women's efforts to escape domestic violence, in priority order: 1. the women's resources (access to housing, income, informal support and support from public organizations); 2. the systems' response (police, public agencies); and 3. the woman's traditional views about gender roles. A review of the literature suggests that barriers to action tend to be related to either characteristics of the women themselves or to characteristics of the broader societal and systemic context.

Characteristics of Older Women

Barriers to reporting domestic violence such as not knowing where to turn, fear of increased violence, and fear they won't be believed appear to be similar for younger and older women. However, older female victims of domestic violence are

different from their younger counterparts in a number of ways and, as such, have different reasons for not recognizing or reporting their abuse or for taking steps to be safer. It is important to note that, according to research, the difference between older women experiencing abuse and younger women experiencing abuse is less to do with age and mostly to do with life stage and life history. That is, even within the group of “older women” there is heterogeneity in terms of sexuality, ethnicity, disability, marital status and so on which affects their experience of domestic abuse (Scott et al., 2004).

As a result of generational and cultural norms, older women may have different attitudes about marriage and their role in the home (Morgan Disney and Associates, 2000b)². For example, older women and those from particular cultures may be more accepting of male authority over women, they may see their role as mainly domestic, they may be more private, they may accept marital violence as routine or normal, and they may have a more “death do us part” philosophy about marriage and see divorce as more stigmatized and/or less of an option (Phillips, 2000). Older women may also feel more shame and embarrassment and believe marital matters should be kept private as a result of the generation or culture in which they matured and married. Many older women experiencing abuse have been married for decades and have lived in the same home for equally as long. Leaving the “home of a lifetime” – their community, friends and neighbours, pets, belongings - and starting over again can be very a difficult and intimidating prospect for older women, many of whom may have never lived on their own.

Another reason older women may struggle with reporting their abuse or seeking help is fear of losing or harming the relationship they have with their abuser who is most often their spouse or child (AuCoin, 2005). Because, in cases of domestic abuse, the older women are in an ongoing, long-term relationship with their abuser, they often want the relationship to continue but the abuse to end (Brandl and Raymond, 1997).

Many older women have adult children who may affect their experience of and response to domestic abuse. They may, for instance, pressure their mother to deny the abuse and stay with her abuser or, conversely, they may help their mother be safer and/or leave. Additionally, the loss of older children or grandchildren is traumatic and may prevent women from seeking safety or support or staying away from their abuser.

² Cited in Scott et al, 2004.

Dependency is an important issue for older women experiencing abuse. Due to little or no formal education, a lack of access to paid work, independent income and appropriate housing, many women in later life are often *dependent on* others for financial support (Scott et al, 2004). Older women may not be aware of their financial entitlements and the pensions and social security benefits to which they are entitled are often insufficient to meet their personal and medical needs. For economic reasons, then, older women tend to stay in abusive situations. Similarly, older women can have more health needs than younger women and may be less able to leave an abusive situation because of physical frailty, mobility problems or other disabilities which make them dependent on a care giver (Women's Aid, 2007). On the other hand, independent women may fear forced dependency. That is, some women are afraid that if they begin talking about their abuse their cognitive capacity will be questioned; they will be deemed mentally incapable, have their decision-making rights taken away and will be institutionalized (Brandl and Cook-Daniels, 2002). Blood (2004) notes the patriarchal tendency to view older people as 'vulnerable adults' who are confused and unable to look after themselves or make independent decisions.

For some older women, the issue is not about being dependent but, rather, about being *depended on* for physical and financial support. These women may feel their abusers are dependent on them for emotional, physical or financial support and they feel responsible for them. In fact, Pillemer (1985) argues that it is the financial and physical dependency of the abuser rather than the dependency of the abused that appears most significant in the relationship between dependency and abuse. He argues that the sense of powerlessness associated with the abusers dependency often drives the abuse.

Older women, more so than younger women, are often socially and geographically isolated, making it difficult to reach out for help and support. Women from rural or isolated communities where social services are less readily available are more cut off from others (Schaffer, 1990; Smith and Hightower, 2000). Certainly, in such rural and remote communities where populations are small, it is difficult for women to talk about their abuse or attend a meeting without people knowing, and anonymous resettlement in the same community or area is just as difficult if not impossible (Blood, 2004). Certainly, even English speaking women living in large urban centers can be cut off from others if their abuser prohibits use of the phone or monitors conversations (Seaver, 1996).

Older women from ethnic minority communities are less likely than their younger counterparts to speak English and, thus, face additional barriers to accessing appropriate support (Blood, 2004). In cases where older immigrant women were brought to Canada in their later years, they may not have access to the Canada Pension Plan, and may have fewer financial resources than their Canadian counterpart (Smith and Hightower, 2000).

For older women, domestic abuse can be a long-term trauma, the effects of which they've suffered for years. This kind of long lasting abuse can have a "debilitating effect on the ability of women to cope with either staying or planning and successfully leaving" (Morgan Disney and Associates, 2000b)³. Women who may have experienced abuse for 30, 40 or even 50 years will need more support over a longer period of time before they are ready to change their situation and, possibly, transition to living alone. Furthermore, if the abuse is prolonged and began in the woman's younger years, she would have had access to far fewer services than younger women have available to them now.

Finally, older women experiencing abuse, like many younger women, are often not aware of their options and the services available to them should they want to access help and support. In cases where older women knew domestic violence services existed, they believed they only helped younger women (Straka and Montminy, 2006).

Characteristics of the societal and systemic context

Societal attitudes toward older women in general constitute a barrier to seeking and accessing support for older women experiencing domestic abuse. Older women may be seen as inferior due to the lower status which is often associated with being older and female (Scott et al, 2004). Vinton (1999) describes a number of factors that contribute to the oppression of older women such as images that portray them as ugly or ridiculous, lacking worth in a society that values participation in the workforce and stereotypes women as incompetent and dependent. It is likely that many older women internalize these messages and blame themselves for their abuse (The Older Women's Network, 1998). They are also subject to the victim-blaming attitudes which have pervaded discussions of domestic violence. Seaver (1996) highlights the tendency for some service providers to, sometimes unintentionally,

³ Cited in Scott et al, 2004.

blame older female victims of domestic abuse. She offers exemplary quotes to show how easily it can happen: "You've been with him how long?" Or "You took him back again?" Blood (2004) found that many women may have told others' about their abusive situation but gave up looking for help after years of negative reactions. Societal attitudes about domestic abuse can also affect whether older women see themselves as abused. Images of domestic abuse seen on television, films, magazines and even advertisements aimed at victims of domestic abuse, show abused women as younger women, often with children. These portrayals of abuse convey the impression that domestic abuse doesn't happen to older women (Brandl and Cook-Daniels, 2002). For this reason, older women may believe domestic abuse services are only for younger women and they may not be aware of services available to them (Pritchard, 2000⁴; Blood; 2004; Scott et al., 2004).

As suggested above, professionals' attitudes and lack of awareness can alienate older women and deter them from disclosing details of their abusive situation. Even health and social work professionals often do not see domestic abuse as a problem experienced by older women (Blood, 2004); they may see older men as less of a threat and/or think domestic violence decreases with age. As such, they do not ask their older female clients questions that would screen for abuse and they assume injuries, confusion, etc. are due to the women's older age. In her study, Pritchard (2000) found that some professionals would discourage disclosure because they either did not know how to respond or were under pressure to finish the session quickly. In their study, Scott et al (2004) spoke to older women who described frustrating encounters with professionals (doctors, psychiatrists, marriage counselors and police) who knew about the abuse but did not offer useful support such as a referral to an appropriate agency. As a result, the women began to lose faith in these professionals and had little hope that they could (or would) help and protect them.

Blood (2004) found that take-up of the services available to older women experiencing abuse is generally low except for where special services dedicated to them as a unique group have been developed. Older women often don't report their abuse or seek help because they believe no appropriate supports exist. In many cases where older women try to access help, they discover that existing domestic violence and housing services are not appropriate for meeting their specific needs, which are quite different from those of younger women (Smith and Hightower, 2000). Shelters that serve younger women with children may be too noisy and

⁴ Cited in Women's Aid, 2007

stressful. Most shelters are inaccessible for older women with disabilities and are not equipped to deal with complex health or mobility issues (Blood, 2004). Many shelters will not accommodate older women who care for older/adult children or grandchildren and they do not offer intensive counseling which many older women fleeing abuse may need. Shelter staffs are usually unfamiliar with aging and the needs of older adults, and most do not offer older women assistance with the arrangement of and travel to medical appointments etc. Additionally, many shelters have limitations on the length of time clients can stay, which is often inadequate for older women with complex situations and few informal supports (Straka and Montminy, 2006). Existing elder abuse services are also inappropriate as they do not recognize the unique needs of women, they tend to see clients as frail, older adults needing medical care and they often see the abuser as a blameless, over worked caregiver. As service providers in the Scott et al study (2004) noted, older women are invisible in the system.

Working alone, the existing domestic violence, housing and elder abuse services and programs in the community are failing to fully meet the needs of older women experiencing domestic abuse. The current lack of communication and coordination between these services only further impedes their possibility of providing appropriate, comprehensive support to this unique group. With little coordination of services, agencies and front line workers are not aware of the kinds of supports that are available outside their sector and, as such, do not make referrals to suitable programs that could significantly improve their clients' situation (Scott et al, 2004).

Consequences for women

An alarming fact about the effects of long term domestic abuse against older women is that they are largely invisible because the victims are silenced by denial (McCullough, 1995). Women being abused in later life are often found to be depressed, feeling unhappy, ashamed and guilty and, in some cases, wish to end their lives (Osgood and Manetta, 2001)⁵. McCullough (1995), through twelve years of working with older women experiencing domestic abuse, found that prolonged domestic abuse often results in symptoms which are frequently misattributed to aging. They include: depression, loneliness, insomnia, anxiety, panic attacks, phobias, paranoia, confusion and disassociation, psychosomatic complaints, alcohol

⁵ Cited in Women's Aid, 2007

and substance abuse, low self-esteem and a broad range of physical health problems related to stress. Physical consequences of abuse, which include permanent physical damage and/or disability, chronic pain, chronic eating disorders, self-harm and self-neglect (Women's Aid, 2007), are extremely common and can be relatively more serious for older female victims than for their younger counterparts because older women have likely suffered the abuse for a long time and, as a result of their age, are more frail (AuCoin, 2005). Certainly, the most serious and all too common effect of domestic violence against older women is premature death, the risk of which is three times higher for older women experiencing abuse than older women not experiencing abuse (Mouton, 2003),.

Older women's needs

Pritchard (2000) conducted a study looking specifically at the needs of older women who had experienced domestic abuse. She found that they had a number of practical and emotional needs that could be categorized into four main types of needs. First, older women reported a need for supportive discussion of their earlier and/or current abuse experience. Women reported that despite being discouraged from talking by professionals, they felt they needed to tell their story; to talk about their abuse and to sort out related problems before it was too late. Second, women indicated that they needed practical advice and information about what would happen if they left their situation, where they could go for housing, income support, legal advice etc. Third, women reported a need for appropriate housing. They expressed fundamental concerns about food and warmth. Finally, women indicated a need for ongoing support during periods of decision-making or change in personal circumstances without having to repeat their story to several individuals from different agencies. The three key areas of necessary information that abused women identified were: information about housing opportunities after the immediate crisis of leaving home, information about money such as any benefits to which they are entitled and access to accounts jointly held with their abuser, information about legal entitlements and procedures (e.g. planning for a divorce). The full list of needs that the older women in this study identified is attached in the appendix. Additionally, a list of sources of practical help and support as identified by older women with experience of abuse as well as a summary of practical resources that they found helpful are included in the appendix.

Recommendations

General

There are a number of recommendations that apply not only to those agencies that serve older women experiencing abuse but also apply to society in general as well as to any organizations or agencies that may encounter older women. Some of these recommendations include the need to:

- Recognize that domestic violence happens to women beyond middle age (Women's Aid, 2007).
- Listen to older women to better understand their experience and to identify their specific needs (Pritchard, 2000; Brandl, 2003).
- Believe older women when they tell you they are being abused. Don't assume they are confused or showing signs of dementia because of their age (Women's Aid, 2007).
- Educate service providers, including medical and legal professionals, counselors and religious leaders, about sexism, racism, and ageism (Vinton, 1998).
- Recognize the role of gatekeepers in addressing barriers to access i.e. friends and family acquaintances, community groups and community gatekeepers, organizations with a duty of care and specialist services. Health care providers, in particular, act as important gatekeepers to services for older women experiencing abuse.
- Try to see/visit with older women alone occasionally – without their care givers or family – so they have the opportunity to disclose information about abuse.
- Ask questions and look for signs that might suggest abuse (Blood, 2004). Make this part of any initial assessment of older women (Phillips, 2000; Fulmer, Guadagno, and Bolton, 2004).
- Make older women more visible and valued in organizations by having them work in positions of power etc. (Brandl, 2003).
- Raise public awareness. Ensure that all domestic violence publicity material uses women of all ages, uses large print and is displayed in places where older women will see it. Share information that describes appropriate behavior in relationships and breaks down traditional/generational views about gender roles etc (Zink et al., 2006).

- Provide information about domestic violence and make contact information available to women of all ages.
- Recognize that social support, community involvement and religious and spiritual beliefs can help reduce mental distress and isolation associated with domestic abuse. Help women connect with these supports (Zink et al., 2006).
- Conduct more research to attain accurate estimate of prevalence as well as to measure use of existing services. (Blood, 2004).

Agency-specific

The above recommendations can improve the well being of older women experiencing abuse by changing attitudes and making the problem better understood at a broader, societal level. There are specific recommendations, however, that can improve the services provided by the agencies that are dedicated to helping vulnerable populations, including older women experiencing abuse. Agencies and organizations aiming to better serve older women experiencing abuse should consider the following recommendations for service and program models:

- Provide training in meeting the specific needs of older women experiencing abuse (Blood, 2004).
 - Training in how to acknowledge and address barriers to access
 - Training in legal matters and how to involve the criminal justice system (Brandl and Raymond, 1997).
 - Provide staff with access to educational programs about ageism and its effects, as well as specific issues for older women.
 - McCullough (1995) suggests on-going training, skill-building and support which focuses on the many dimensions of abuse: family and social contexts in which abuse takes place, the nature of the trauma, the processes of denial, and the storage, repression, triggering, retrieval and processing of traumatic memory.
 - Training in how to help the women use language they are comfortable with to describe their abuse. Phillips (2000) suggests helping women use their own words to describe the abuse and provide feedback which clearly states that the behavior is not acceptable. Seaver (1996), however, argues that naming the types of abuse and learning the dynamics and tactics of power and control can have a powerful effect

on victims because it can raise their consciousness and free them from self blame and hopelessness.

- Focus on women's rights and strengths. Focus on their abilities to make their own choices (Straka and Montminy, 2006)
- Educate all staff about available services in the community so they can describe them to women, make referrals and offer to advocate (Phillips, 2000). Actively participate in the referral as an advocate to limit the number of times women have to tell their story to different service providers (Pritchard, 2000).
- Develop clear guidelines and policies for access, equity and action (Duncan, 2002) and provide sufficient resources to implement policies.
 - Ensure vigilant respect of clients' right to autonomy and confidentiality (Smith and Hightower, 2000).
- Agencies which offer individualized support and case management can better serve a diverse client group (Seaver, 1996; Vinton, 1998). Ensure services are flexible and suitable for a range of needs. Examples include:
 - Counseling which can focus on current vs. past abuse (Blood, 2004);
 - services such as drop-in classes and support groups to accommodate women who wish to stay in their home vs. those who wish to leave (Seaver, 1996). Where women wish to stay in the abusive relationship, help them identify the factors that give rise to abusive behavior so they can prevent future episodes (Phillips, 2000) and help them access other services such as homecare (Brandl and Cook-Daniels, 2002).
 - Hiring bilingual and bi-cultural staff to address language barriers and culturally-specific concerns (Brandl and Cook-Daniels, 2002)
- Ensure services are appropriate, accessible and safe (Vinton, 1998; Brandl, 2003). Physical accessibility and emotional accessibility are equally important i.e. may need to allow more time for older women to feel secure enough to talk about their abuse.
- Raise awareness about the services your organization offers through partnering organizations as well as through community centers, post offices, hair salons and other locations that older women frequent.
- Provide community outreach to older women through senior centers and home services, health clinics and physicians, civic associations, and public

- benefits officers to encourage disclosure and reduce isolation (Vinton, 1998; Blood, 2004; Scott et al., 2004).
- Consult and partner with older women's advocates and ensure that older women are represented on management committees and employed in service delivery (Seaver, 1996; Duncan, 2002).
 - Offer peer support groups (Brandl and Cook-Daniels, 2002; Straka and Montminy, 2006)
 - Develop specific services and designate special workers that will focus solely on older women clients experiencing abuse (Blood, 2004). Designate separate workers for providing services to the abuser (Women's Aid, 2007).
 - Where it is part of the agencies' services, ensure that the housing provided is appropriate to meeting the needs of older women i.e. clustered houses with on-site support (Blood, 2004). Smith and Hightower (2000) found that transition houses are often the most appropriate option for older women seeking emergency shelter.
 - Help older women to become financially independent so they may have increased options and improved chances of escaping their abuse (Women's Aid, 2007).
 - Because the risk of lethality in domestic abuse often increases if the abuser believes the woman reported the abuse, is about to leave or has left (Brandl and Raymond, 1997) it is important that women are assisted in developing safety plans so they can be safer in their home or escape their abusive situation as safely as possible.
 - Communicate and partner with other agencies to raise awareness and facilitate referrals (Duncan, 2002). Studies in Australia and Finland found that women tend to approach health services more than specific women's violence services and, thus, coordination between these two types of services needs to be supported. Findings suggest that the most common agencies approached were health services, followed by police and family counseling (Scott et al, 2004).
 - Strive for consistency between policies from agencies in different sectors as well as coordination of services in the domestic violence, elder abuse and housing sectors (Vinton, 1998; London Department of Health, 2000).
 - Evaluate effectiveness of strategies and collect data on progress (Duncan, 2002).

Policy Recommendations

Scott et al. (2004) reviewed the literature on domestic violence against older women from a number of countries and identified a number of policy-related recommendations. Whittaker (1995), a feminist researcher in the UK, for example, identified two primary policy areas that should be addressed: 1. Housing and other services to help women move and escape abusive men i.e. alternative forms of care in the community, the development of safe places for older women who need respite from abuse but who do not want to be placed in a residential home; and 2. Law - a legal framework which neither treats older women like children or invalids by making decisions for them nor fails to provide the protection that older women experiencing domestic abuse need. Scott et al. cite Elder's Australian research (2000) which argues that policy needs to reflect diverse experiences (degrees of violence, younger experiences, different abusers) and to include past as well as present violence from other family members.

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Appendix A: Needs of older women experiencing abuse

Older women's needs

- Advice
- Choice/options
- Companionship
- Control over own life/own affairs
- Counseling
- Feeling able to trust other people
- Food and warmth
- Health
- Hobbies/interests
- Housing
- Information
- Money/benefits/pension
- People (helpers of various kinds)
- Physical help
- Place of safety
- Practical help
- Privacy
- Telephone numbers of possible helpers
- The support of religious beliefs
- To be believed
- To be listened to
- To be safe
- To feel safe in the house/community
- To forget what has happened
- To get out and about
- To know who to go to for help
- To leave the abusive situation
- To protect the family/abuser
- To reduce fear of crime
- To stop the abuse/violence
- To talk

From:

Pritchard, J. (2000). *The Needs of Older Women: Services for Victims of elder abuse and other abuse*. Bristol: The Policy Press.

Appendix B: Sources of practical help and support identified by older women
experiencing abuse

Sources of practical help and support

- Hospital doctors
- Psychologist
- Psychiatrist
- GP
- Nurse - hospital and in the community
- Counsellor/therapist
- Citizens' Advice Bureau
- Department of Social Security
- Housing department/officer/associations
- Police - domestic violence officers/CID/community bobby
- Victim Support
- Social services/social worker
- Solicitor
- Volunteer
- Visitor/befriender
- Advocate
- Workers in day centres/residential homes
- Vicar/priest

From:

Pritchard, J. (2000). *The Needs of Older Women: Services for Victims of elder abuse and other abuse*. Bristol: The Policy Press.

Appendix C: Practical resources identified by older women experiencing abuse

Practical Resources for older women experiencing abuse

- Personal alarms;
- Alarm systems linked to a specific person;
- Closed-circuit television cameras near their homes;
- Telephone;
- Entry telephones (to sheltered accommodation);
- Telephone numbers for use in crises, including local police telephone numbers;
- Leaflets with information, readily available in all settings which old people are likely to use.

From:

Pritchard, J. (2000). *The Needs of Older Women: Services for Victims of elder abuse and other abuse*. Bristol: The Policy Press.