

OLDER WOMEN
AND DOMESTIC
VIOLENCE
IN SCOTLAND

‘... and for 39 years I got
on with it.’



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SUMMARY

What do we know about older women and domestic violence? Who are they, how many of them are there, do their experiences and needs differ significantly from those of younger women? These are the essential questions addressed in this report. Data were gathered from a variety of sources:

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

The literature

A number of common themes emerged from the literature: the theoretical differences between the elder abuse and domestic violence fields are deep and difficult. Older women face serious barriers to accessing support and are offered few appropriate services when they manage to enter the service system. These barriers include cultural and professional assumptions that older women are not experiencing domestic violence, traditional attitudes about marriage and gender roles, exposure to long-term abuse, lack of independent income, isolation from and lack of familiarity with the service system.

The interviews and surveys

A conspicuous gap in the literature in all regions is research with survivors, and their voices are nearly absent from the field. Section 4 features the stories of five survivors. The following section looks at service provision issues as identified in our surveys and key informant interviews. The themes here echoed those in the interviews with survivors and in the literature: the scarcity of resources; the need for outreach targeting older women and for service choices appropriate to their needs; the focus of service development on women with children; the lack of support from health care, police and other public service professionals and the need for coordination in community planning.

Policy and findings

Our review of public policy looks at family, criminal and civil law, and housing and homelessness policy. Although the Scottish Executive, in collaboration with women's advocates in the community and in the public and voluntary sectors, have offered innovative policy and policy making through the Scottish Partnership on Domestic Abuse and its National Strategy, addressing the needs of older women experiencing domestic violence is simply not on the broad domestic abuse agenda.

1. INTRODUCTION

1.1

The issues

Effective policy and interventions to address the health needs of older women in Scotland need to be informed by an understanding of the effects of domestic violence on those women. Unfortunately, a clear picture of older women's experiences of domestic violence, indeed even of the prevalence of domestic violence in their lives, is largely unavailable. This is an issue that has also been identified in other countries, including Australia, the Nordic countries and North America in particular.

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, and the experiences and specific needs of older women are rarely identified, much less addressed in Scotland, as is evident from the gaps in the Scottish literature regarding the issue. If research and service provision to this point focus only on women aged 15 to 50, virtually the entire older half of the female population at risk of domestic violence (those aged 50 to 85) will be ignored.

It appears that older women and/or women without dependent children but, perhaps, with adult children have needs similar to those of younger women – safety, housing, economic independence, for example – but face different barriers to service and therefore sometimes need similar services delivered differently.

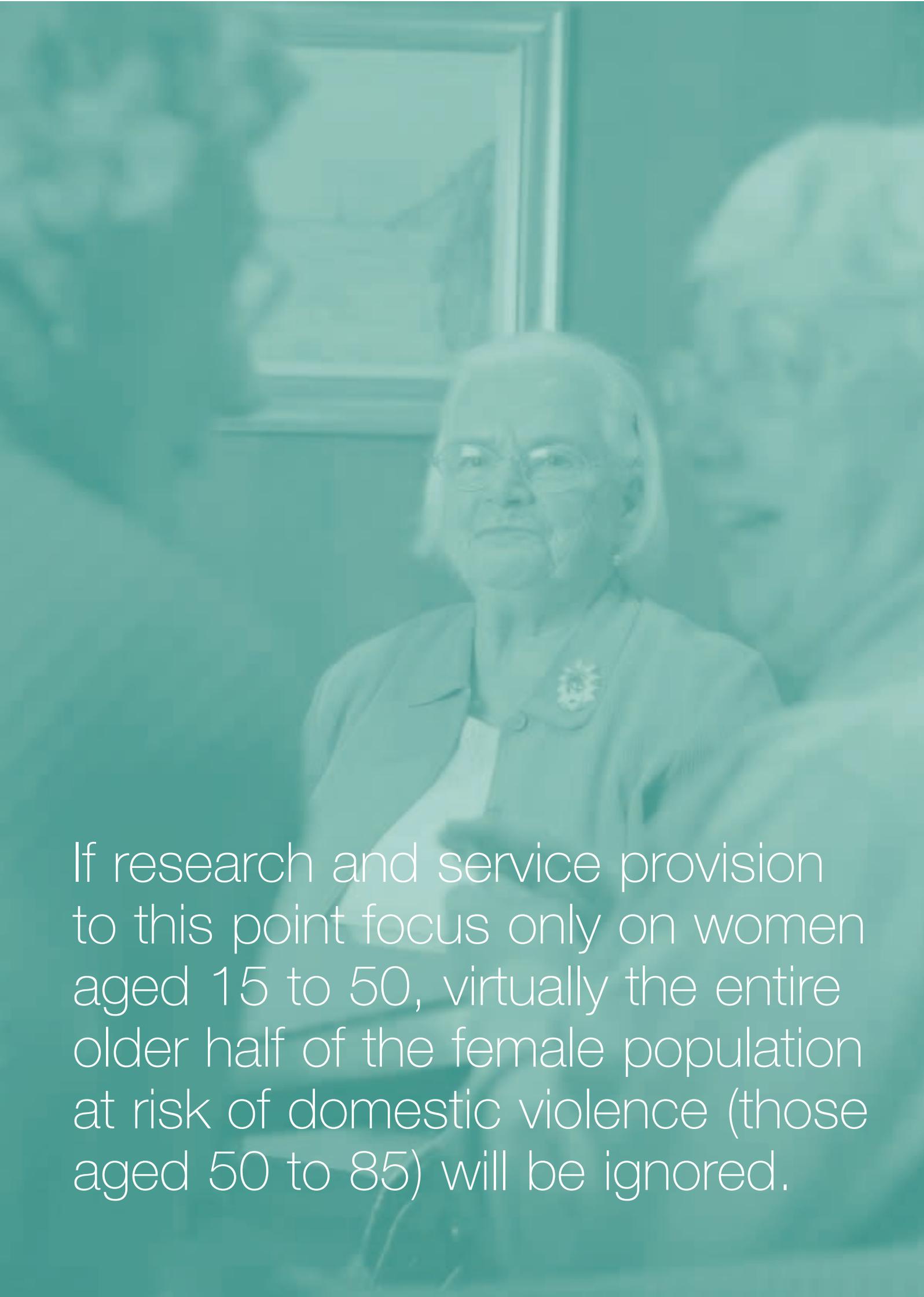
Our research has focused on developing an understanding of the issues affecting older women experiencing domestic violence in Scotland.

1.2

The questions

Our research has focused on developing an understanding of the issues affecting older women experiencing domestic violence in Scotland. To this end we have addressed these questions:

1. Who are 'older women'? What, if anything, distinguishes their experiences and circumstances from those of younger women?
2. What do we know about the prevalence of domestic abuse among older women in Scotland? What are the gaps that most need to be addressed?
3. What are the effective interventions identified in the field and who is providing them?
4. What are recommendations for policy or programme strategies for addressing the issue? For further research?



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1. INTRODUCTION

Stereotypical notions of older women as frail and unable or unwilling to speak or act on their own behalf in need of specialised services were not supported by our research.

1.3

The data

Data were collected from a number of sources:

- *A review of relevant published literature in the United Kingdom, Finland and Sweden, Australia, Canada, and the United States.* The review focused on the definitional issues surrounding age and life-stage, prevalence, theoretical frameworks and causal explanations, barriers to service and good practice, and policy issues.
- *A limited audit of existing data on prevalence.* This audit was limited to Scottish sources with a view to identifying key gaps in data.
- *Interviews with survivors.* Five face-to-face interviews were conducted with women who have recently used services, including refuge accommodation and other support services.
- *Interviews with other key informants.* Five face-to-face interviews were conducted, three with service providers engaged in special initiatives targeting older women, one with Age Concern, and one with the author of *Out of the Shadows: Christianity and Violence Against Women in Scotland*.
- *Telephone surveys of service providers around Scotland.* The surveys investigated current services provided for older women by 24 Women's Aid projects.

1.4

The analysis and key themes

Sections 2 to 5 report on the data gathered from the literature, interviews, and surveys. The key themes identified in the literature were echoed clearly in our interviews with survivors and service providers: the systematic invisibility of older women, the barriers to service access they face, and the lack of appropriate services and support for older women, many of whom have suffered prolonged exposure to abuse. Stereotypical notions of older women as frail and unable or unwilling to speak or act on their own behalf in need of specialised services were not supported by our research. However, like younger women, older women need choices in services and supports, and the current system provides few of those.



Service providers expressed frustrations with scarce resources and too few service options (e.g., self-contained or communal refuge space) to offer all women but especially older women. In addition, the ideological gulf that separates those working in domestic abuse services from those in aged care (discussed at some length in Section 3) obstructs efficient use of the few resources available.

Sections 6 and 7 place the data in a policy context, discuss development of appropriate services in light of our findings, and suggest areas for further research.

Like younger women, older women need choices in services and supports, and the current system provides few of those.

2. DATA ON PREVALENCE AND DATA SOURCES

Data on domestic violence are notoriously contested. The official records are of cases reported to the police. Those working in the field suggest that the reported incidents are a minority of the cases overall, as women may be reluctant to report incidents to the police, may not see the violence as criminal behaviour, or may not wish their abuser to be criminalised. For older women these issues may be compounded by expectations of the services they come into contact with. Domestic violence is seen as a problem for younger women, so older women presenting to services may be more invisible than their younger counterparts. This includes incidents of domestic abuse being viewed as elder abuse. Older women may also have been living with domestic violence for a very long time, be better at hiding their problem, and less likely to report incidents or seek help.

2.1

Sources of statistical information

Since research shows that domestic violence is largely a hidden issue, the majority of which does not come to the attention of any institution, any statistics will provide only a very partial representation of the incidence of domestic violence. Data collected by the police on the incidence of domestic violence reported to them are reported in an annual statistical bulletin. The data are broken down by age of victim and perpetrator, and show that the reported incidence declines by the age of the victim. However, between one-fifth and one-quarter of all reported domestic violence is perpetrated against women over the age of 40. In the year ending 31 December 2001, 1.2% of domestic violence incidents reported to the police involved women over 61, and 5.2%

involved women aged 51-60. In the 41-50 age group, the figure rises to 5,270 women, or 16.2% of incidents.

Other sources of statistical information do not yield useful statistics. Civil judicial statistics are collected and the published data show that many more women than men file for divorce on the grounds of behaviour. It is not known what proportion of that figure involves domestic violence. In addition, these statistics are not broken down by age.

Social work statistics are not collected centrally specifically on domestic violence. While there may be some information in case records at a local level, their quality, consistency and comprehensiveness are unknown, and access to these and the production of aggregate statistics from them would be a major undertaking. It is not known,

Domestic violence incidents reported to Scottish police (2001) by age of victim

Age (women)	Number	Percentage of total incidents (n=32,509)
41-50	5,270	16.2
51-60	1,705	5.2
Over 61	418	1.2
Total	7,393	22.6



Domestic violence is seen as a problem for younger women, so older women presenting to services may be more invisible than their younger counterparts.

2. DATA ON PREVALENCE AND DATA SOURCES

therefore, what is the nature or extent of demand on social services by (older) women who have experienced domestic violence, nor the response they have received.

2.2

Statistics on domestic violence from the Scottish Crime Survey

Some limited insight into the incidence of domestic violence is available from this source (Scottish Executive 2001, p. 6). The 1996 and 2000 surveys contained self-complete questionnaires from about 3,000 people with items about domestic abuse. Both surveys found that about 6% of women and 3% of men reported being a victim of their partner's violence or threat of violence over the previous year; 19% of women and 8% of men reported they had experienced violence or the threat of violence from their partner at some time in their lives. The Survey also found that while violent crime was not frequent, 66% of violent incidents experienced by women (and 6% experienced by men) was domestic. These statistics are not presented by age, although it might be possible to produce a secondary analysis of these data that could do so.



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2.3

Homelessness statistics and domestic violence

Domestic violence is a significant cause of homelessness; the Scottish Executive reports that this accounts for 12% of households accepted by local authorities as homeless (Scottish Executive 2001, p. 8). Local authorities complete statistical returns on homelessness applications made to them, and these are reported by the Scottish Executive in its Statistical Bulletin Housing Series. The March 2002 issue typically devotes a number of tables to documenting the circumstances of households with children living in temporary accommodation, but little attention is given to other households. Shelter (Scotland) reports that in the six-month period up to September 2002, 24% of homeless applications to local authorities were due to disputes with a partner, and half of these were violent. No information was available about the proportion of applicants who were older women. However, local authority statistics are likely to underestimate the number of older women made homeless due to domestic violence, since many older women will not be in priority need and therefore may feel there is little point in applying to their local authority for housing help.

2.4

Scottish Women's Aid statistics

Scottish Women's Aid publish a few statistics on demand for their services in their annual report (www.scottishwomensaid.co.uk/about/report/index.html). The 25th Annual Report states that 65,300 women contacted them in the year ending March 2002 for information and support and that there were 5,783 requests (involving 7,149 children) for refuge accommodation. They were able to meet only just over one-quarter of these requests. How many of these requests were from older women or women without children is not clear, but the report clearly emphasises the priority Women's Aid gives to women *with* children.

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3. WHAT THE LITERATURE SAYS: A THEMATIC SUMMARY

3.1

Looking at the literature

Our review examined relevant published literature in the United Kingdom, Sweden and Finland, Australia, Canada, and the United States. The review used a systematic search process focusing on general electronic social science bibliographic databases: BIDS (Bath Information and Data Services), EDINA (Edinburgh Data & Information Access), FirstSearch, SOSIG (Social Science Information Gateway), SSCI (Social Sciences Citation Index), Web of Science. Some difficult-to-access resources from North America were reviewed at the US Library of Congress when one of the researchers spent some time in Washington DC. Finally, a systematic search of web sources was conducted and more conventional print sources.

The reviewers focused their searches on identifying what authors used for a theoretical framework on the issue of domestic violence and older women, what women were considered 'older women' (primarily, do age and/or life stage issues distinguish older women from others), what was known about prevalence in the different regions, what promising service models or innovations look like, and what policy issues are being considered. This chapter summarises the reviewers' findings.

3.2

Sexism, ageism, elder abuse and domestic violence – framing the issues

Is intimate partner violence against older women elder abuse or domestic abuse? The literature on older women and domestic violence is found chiefly in two areas, domestic violence and elder abuse, with most material in the latter. Most domestic violence literature treats domestic violence as a gendered abuse of power; the literature on elder abuse instead focuses on domestic violence as a subset of elder abuse in which the victim is a vulnerable individual, often requiring care by others.

Numerous sources from Australia, the UK, and North America commented that it is more common to treat intimate partner violence against older women as elder abuse – and that this is particularly problematic (Aronson, Thornewell, & Williams 1995; Harris 1996; Hightower 2002; Seaver 1996; Sedger 2001; Vinton 1999; Whittaker 1995). For example, according to the authors of *Survival Is Not Enough*, a report from an Australian project on older women, the focus on elder abuse has allowed researchers "to largely ignore the problems and difficulties faced by older women" (Mears & Sargent 2002, p. 7). The authors argue that the term *elder abuse* often excludes domestic violence, is usually gender-blind, and relies on a narrow definition of violence. In practice, this may mean that older women experiencing domestic violence are marginalised, their experiences are medicalised, and inappropriate solutions are applied. From the US, Harris (Harris 1996) points out that when older victims are viewed as abused elderly rather than domestic abuse victims, public services are largely health-based. In the same context, Brandl and Horan (Brandl & Horan 2002) identified 'dangerous interventions' that fail to address

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3. WHAT THE LITERATURE SAYS: A THEMATIC SUMMARY

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seriously the woman's safety; these include prescribing antidepressants or sedatives, recommending couples or family counselling rather than offender treatment, focusing on improving support for an abusive carer without addressing the abuse; blaming the victim.

From Canada, Hightower echoes this theme when she observes that general perceptions that partner abuse and violence against women stop over age 50 have produced a gap in research on the specific needs of older women experiencing partner violence. She claims that research and practice in the elder abuse field tend to reflect a medical model that focuses on frail and vulnerable elders, assumes dependency, and categorises domestic violence against older women as elder abuse:

"This model supports a view of the elderly as sexless, in which male and female victims of elder abuse are indistinguishable. . . . This perspective on older adults has resulted in the failure of advocates and service providers in the area of violence against women to view the abuse of older women through the lenses of gender and power, and to recognize that older women too need services such as shelter, crisis intervention, safety planning, counselling, advocacy and peer support groups" (Hightower 2002, p. 1).

Thus positioning domestic violence of older women within the context of elder abuse assumes that there is a type of abuse particular to older people – abuse due to dependency and physical fragility. Violence against older people is thus

somehow different from violence against younger people, and violence against older women is somehow different from violence against younger women. This leaves no space for analysis of domestic violence involving older women who do not fit the gender-blind medical model characteristic of the elder abuse perspective and may also preclude developing appropriate interventions.

Also from Canada, Aronson and colleagues comment that the use of gender-neutral language in most of the gerontological literature is significant, especially terms such as *spouse abuse* and *elder abuse*:

"This neutrality is at odds with the weight of theorizing, observation and day-to-day evidence that, in the vast majority of cases, the perpetration of violence in heterosexual partnerships is not evenly distributed between the sexes but is the abuse of women by men" (Aronson, Thornewell, & Williams 1995, pp 74-75, citing Dobash, Dobash, Wilson & Daly 1992).

Gender neutrality ignores systemic explanations that look at structural power differences between women and men and that challenge abusive behaviour.

According to Aronson and co-workers, feminist analysis instead places the origins of violence against women in the larger societal and structural context of gendered family power relations. However, many of these authors 'have not been attentive to differences among women' (Aronson, Thornewell, & Williams 1995), and the feminist literature tends to be insensitive to social divisions of age. This view is supported in the Australian study *Two Lives – Two Worlds: Older People and Domestic Violence*:

“Existing domestic violence literature is written as though all women occupy the same place in history, and assumes a degree of homogeneity that is contestable” (Morgan Disney and Associates 2000a, p. 1).

These conceptual divisions between old and young and gender and age obscure both the existence of older women suffering violence from male partners or ex-partners and the challenges older women face in accessing support and services because of their invisibility:

“[T]his separation and isolation of attention to age or gender is problematic. . . . Obscured and unnamed, the problem has eluded our understanding and, consequently, our responses have been limited and poorly grounded” (Aronson, Thornewell, & Williams 1995, p. 73).

In Finland the issue of domestic violence generally is framed as one of family dysfunction rather than domestic abuse, although intimate partner violence against women over 60 will be also framed in terms of elder abuse (Hearn 2002; Ronkainen 2001).

In Sweden intimate partner violence is clearly framed around structural gender inequalities, which become even more complex as women age (Pylkkanen 2001). Sweden constructs domestic abuse as a gendered, structural problem, in line with feminist analysis in the UK, North America, and Australia.

3.3

Age and/or life stage in definitions of the older woman experiencing domestic violence

Who *are* 'older women' experiencing domestic violence? What distinguishes their situations and needs from those of other women? It may well be that the significant distinction for policy-makers and service providers is less one of age than of life stage and life history.

In addition, older women and/or women without dependent children but perhaps with adult children may in fact have needs similar to younger women – safety, housing, economic independence, for example – but may have different barriers to service and therefore need similar services delivered differently.

It may well be that the significant distinction for policy-makers and service providers is less one of age than of life stage and life history.



According to this study, older women's attitudes towards domestic violence and their expectations of marriage have silenced them about the violence; they see it as a routine, regular part of marriage.

3.3.1

Attitudes

A widely cited Australian study (Morgan Disney and Associates 2000a) looked at the similarities and differences between older and younger women's experience of domestic violence. The study reported that older women and younger women's experiences were generally similar, but older women were also subject to a number of other influences, which were a result of generational differences:

"Consideration must be given to the consequences of defining the type of abuse by age as the only criterion. The literature points to the differential need for assessment of violence directed towards older women, in particular assessing for past history of violence in the relationship, differentiating between age related dependency and fragility and helplessness resulting from issues to do with life stage (less employment opportunities) and the impact of Domestic Violence on women's capacity to take charge of their lives" (pp 1-2).

The study highlighted a number of areas of difference, including attitudes about marriage, the role of shame, limited avenues for escaping abuse, and the influence of older children.

According to this study, older women's attitudes towards domestic violence and their expectations of marriage have silenced them about the violence; they see it as a routine, regular part of marriage. The attitudes include a more general acceptance of violence in daily life: e.g. acceptance of corporal punishment; the perception of violence in relationships as belonging in the private sphere – a 'domestic' – and

'police not becoming involved in domestics'; of male authority over women in general and of men being 'the head of the family' and therefore having more authority; of differential roles, with women's dependence on men; of the 'stigma' of divorce.

The authors state that "shame and embarrassment were the most common reasons given for not speaking out to anyone," and they are careful to differentiate this attitude from the attitude that women provoke abuse. They point to "the central importance of understanding the issue of shame and being believed by this age group." Separation was not approved of, and there were no resources for women to leave a marriage. If women chose to leave, the report highlights the dilemmas they face or faced, in particular "limited choices," such as, lack of independent means; difficulty in finding employment when one is over 50; and building resources for retirement.

Reactions of older children were also cited as a barrier to leaving. This report seems to be one of the first to explore the issue of the impact of older children's attitudes on their mother's decision to leave. Many were estranged from their children, who were embarrassed by the situation. Children also seemed to be concerned about having to support their father and/or mother if the mother left. Undoubtedly, where the violence has been longstanding, there are enormously complex relationship issues overshadowed by the children's experience when they lived with the violence.

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

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. From the US, Seaver remarks on the ubiquitous question of why victims stay:

"The number of barriers to cutting off relationships with partners or abusive kin is so high for women of any age that this question seems to conceal both arrogance and innocence of women's subordination in society – [as if] women could go in and out of relationships like shopping malls. . . . Older women hear even greater exasperation: 'You've been with him how long?' or 'You took him back again?' said with raised eyebrows and rolling eyes" (Seaver 1996, pp 5-6).

3.3.2

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.¹

A number of authors discussed dependency and its close relationship to

the high likelihood of women's poverty in old age. Economic dependency resulting from lack of access to paid work (especially well-paid work), lack of independent income, and lack of access to appropriate housing – all were mentioned in the literature (Aitken & Griffin 1996; Penhale 1999; Pillemer 1985; Seaver 1996; Whittaker 1995). An important distinction to note is that this dependency stems from lack of access to economic resources rather than the dependency resulting from the physical frailty and illness usually associated with the elderly 'victim.'

The situation of frail elders vulnerable to abuse by carers is the case only some of the time. Indeed, in the elder abuse literature, the issue of dependence *of the abuser* is a critical – and problematic – one. Pillemer, in some early research in the US, looked at the relationship between dependency and elder abuse and concluded that "the combined weight of the quantitative and qualitative evidence shows strong association between the dependency of the perpetrator and physical abuse" (Pillemer 1985). Pillemer goes on to speculate that a sense of powerlessness associated with the dependency drives the abuse. Penhale, from the UK, adds financial abuse to the picture:

¹ Seaver points out that the relationship between abuse and women's wages is curvilinear. Citing Vinton (Vinton 1991), she remarks that women with more and less economic power are "more likely to be abused than where the power is relatively equal" (Seaver 1996, p. 11).

3. WHAT THE LITERATURE SAYS: A THEMATIC SUMMARY

...It is absolutely essential that practitioners working with abuse issues understand how survivors, for the most part, are silenced in many different ways by denial – denial by the self, denial by the perpetrators, denial by the family, denial by friends, denial by society at large...

"... it is the dependency of the abuser rather than that of the victim of abuse that appears to be of most significance. . . . Physical and financial abuse are linked with the dependency of the abuser on the abused" (Penhale 1999, p. 3).

Thus this dependency of abusers, when combined with the traditional attitudes towards marriage and gender roles that seem to be more common in older women, puts older women in a double bind of two obligations: to stay in an abusive relationship and to take care of her partner.

3.3.3

Prolonged trauma

A final issue regarding the experiences of older women and domestic violence was raised in the North American and Australian literature: the effects of long-term trauma on women who have suffered abuse over long periods. Clearly this is an issue more likely to affect older women than younger women.

The landmark Australian study *Two Lives – Two Worlds* (Morgan Disney and Associates 2000b) documented that the kinds of impact on women of abuse are broadly similar across age groups but that some affect older women more adversely or have different ramifications for them. Older women reported that the effects of abuse on their health was one of the factors that prompted them to leave. Health consequences most frequently mentioned were anxiety (75%), depression (77%), eating issues (40%), fears and phobias (51%), and panic attacks (40%). Also noted was the "long-term debilitating effect on the

ability of women to cope with either staying or planning and successfully leaving" (pp 31-32).

These effects are consistent with research on post-traumatic stress disorder (PTSD) and long-term exposure to trauma. In a cohort study of rape and physical violence from the National Women's Study in the US, the authors cite Golding's (Golding 1999) finding in a review of domestic violence investigations of what they call the "dose-response relationship between the severity and duration of violence and development of PTSD and depression in victims" (Acierno, Gray, Best, et al. 2001, p. 686).

A practitioner from Canada writing for the British Columbia Institute Against Family Violence comments that the effects of exposure to domestic violence have significant implications for service providers:

"the long term after-effects of having experienced trauma/abuse are profound. . . . It is absolutely essential that practitioners working with abuse issues understand how survivors, for the most part, are silenced in many different ways by denial – denial by the self, denial by the perpetrators, denial by the family, denial by friends, denial by society at large. . . . The result for many women over the course of a lifetime is a multi-layered wall of secrecy and shame accompanied by maintenance of an 'acceptable face' for the outside world" (McCullough 1995, p. 1).

3.4

Prevalence

Reliable incidence data documenting domestic violence are notoriously difficult to produce, and the results of our review reflect that this continues to be the case across a number of regions. There is widespread recognition that domestic violence incidents are only infrequently reported to police and that this is particularly true for older women (Acierno, Gray, Best, et al. 2001). Data are often gathered from non-police sources, as many police forces did not collect prevalence data about domestic violence, but these also vary considerably in their sampling methods and in their definitions of domestic violence. Finnish prevalence data, for instance, came from a postal survey of married and cohabiting women.

In addition to the general problem of measuring the incidence of domestic violence are problems specific to particular groups. For example, many data sources do not disaggregate their data by age and use different definitions of domestic violence. As a consequence, international comparisons must be treated with caution, although figures were generally congruent across regions.

3.4.1

Visible incidence

What is clear is that the few data we do have represent only the *visible incidence*. The literature review included in the *Two Lives – Two Worlds* report concluded the same: "The lack of data available about older women may be evidence in itself of the difficulty older women experience in

speaking about their situation" (Morgan Disney and Associates 2000a, p. 5). Acierno and co-workers (Acierno, Gray, Best, et al. 2001), in a comparative study of rape and physical violence in cohorts of older (55 to 89) and younger (18 to 35) women, found lower prevalence rates among older women but, interestingly, no other significant differences in assault characteristics across age groups. The authors consider the lower prevalence of lifetime victimisation in older women "counterintuitive" and offer a number of possible explanations, most of which reflect lower reporting rates rather than lower real levels of victimisation:

"... [I]t may be the case that older adults simply do not report some violent events, either due to memory bias, fear of negative consequences to victims who report, or to generation-specific prohibitions against such disclosure. . . . There is some indirect evidence that older adults are more reticent to report instances of criminal victimization" (Acierno, Gray, Best, et al. 2001, p. 692).

The authors also point out that another reason for lower prevalence may simply be increased mortality given the "negative health effects" of assault.

The barriers to disclosure for older women are similar to those for younger ones, including fear of increased violence, fear that they will not be believed,² isolation, and the like. In addition, older women are reluctant to disclose because they feel too ashamed, they are afraid of being institutionalised (follow-up studies show this to be a realistic concern), or they may have lost the ability to

² It is interesting to note that Schaffer (Schaffer 1999) found that the "most important support for an older woman wanting to escape abuse, was to be believed" (Morgan Disney and Associates 2000a).

3. WHAT THE LITERATURE SAYS: A THEMATIC SUMMARY

communicate clearly. Finally, many older women do not disclose because they feel responsible for caring for their

counselling services. Most support was gained from friends and other family members.

Perhaps most significant was the finding from the *Two Lives – Two Worlds* study that “one-third of women presently experiencing domestic violence are aged 40 years and over”.

partner who may be unable to live alone (Morgan Disney and Associates 2000a; Penhale 1999; Schaffer 1999; Seaver 1996).

Data collected by the police on domestic violence in Scotland are reported in an annual statistical bulletin; the data are broken down by age of victim and perpetrator. For the year ending 31 December 2001, 22.6% of incidents reported to the police involved women 41 and over. (See Section 2 for a more detailed discussion of Scottish prevalence data.)

3.4.2

Regional figures

Data on prevalence of violence against women in Finland and Sweden come from postal surveys. Finnish statistics report on married or cohabiting women aged 18 to 74; according to the report *Faith, Hope, Battering* (Heiskanen & Piispa 1998), of women 45 and over, 13.4% “were victims of partner violence” in the year prior to reporting (p. 16). When help was sought the most common agency approached involved health care services in the community, followed by the police and family

Swedish prevalence data come from a sample of women aged 18 to 64 (Lundgren, Heimer, Westerstrand & Kalliokoski 2002), and, according to the Crime Victim Compensation and Support Authority, data for women older than 64 are not available. For women aged 45 to 54, 36% reported violence from a former partner over their lifetimes and 4% in the last year; for those 55 to 64, the figures were 33% and 8% respectively. Of women currently living with a partner, 11% of women aged 45 to 64 were ever subject to violence by their partner and 6% were subjected in the last year.

The generally accepted figure in Australia is that 5.5% of women over 45 years have experienced physical or sexual assault in the last year; 86% of women over 55 did not tell the police after assault by a man; 90% of women who experienced physical assault did not use any services afterwards; and 100% did not use services after a sexual assault (Elder 2000). Also from Australia, Mazza and co-authors set out to determine current and lifetime rates of domestic violence and sexual abuse for middle-aged women. As part of a longitudinal study of 438 Australian women

conducted over 9 years, the study concluded that middle-aged women suffered significant present abuse and



had been subject to significant past abuse, e.g. 28% of women had suffered some form of domestic violence, and 5.5% had suffered serious physical abuse in the past year (Mazza, Dennerstein, Garamszegi, & Dudley 2001). Perhaps most significant was the finding from the *Two Lives – Two Worlds* study that “one-third of women presently experiencing domestic violence are aged 40 years and over” (Morgan Disney and Associates 2000b).

Harris reported on an analysis of older married participants in the US National Family Violence Resurvey (Harris 1996). Her findings suggested that older and younger couples report similarly on many of the risk factors related to physical violence and that over 50% of respondents who were aged 60-plus and reported experiencing violence from a partner also reported that the violence had started more than 10 years previously; 40% reported that the first violent incident occurred 25 or more years ago. Seaver, reporting on a project in Milwaukee, Wisconsin (US), remarks that clues to their risk of victimisation will not be found in older women's characteristics:

“There is no common profile of older women suffering abuse just as there is none of younger women. What they have in common is living with an abusive mate or relative” (Seaver 1996, p. 15).

3.4.3

Same-sex relationships

One study from the US sought to establish a prevalence estimate for domestic violence in same-sex relationships among an ethnically diverse sample in southeast Texas. Survey respondents were aged 18 to 74, and data were analysed for statistical differences across age groups and ethnic groups:

“The important finding may be that, as with heterosexual relationships (Koss et al. 1995), same-sex relationship violence may be more similar than different across ethnicities. Significant statistical differences were found for coercion, shame and use of children for control across age groups. . . . The pattern that emerges across age decades seem to indicate a peak in most types of abuse in one's 20s, 30s, and 40s, with the exceptions of sexual abuse and abuse of children” (Turell 2000, p. 291).

3.5

Service and programme models

The literature on good practice and programme models for older women experiencing domestic violence was relatively sparse, reflecting the scarcity of services targeting this group. For example, we were not able to identify any specific policies or services for older women in Finland or Sweden.³

³ At a conference in Helsinki in October 2002 (*My Body, My Life: The closing seminar of the Finnish national programme to prevent violence against women*), it was noted that an increased focus upon child protection and childcare resulted in women as mothers being the focus for much work by services and agencies on violence against women.

3. WHAT THE LITERATURE SAYS: A THEMATIC SUMMARY

In "Addressing Violence Against Women in a Rural Context" (Hastings & MacLean 2003), the authors discuss the importance of "mainstreaming" community responses to domestic violence, not necessarily mainstreaming services. . .

A few substantial reports on innovative programmes were found, however, particularly in the Australian literature, and these will be discussed in some detail.

Working with Older Women: Resources and Standards for Responding to Current or Past Violence (Duncan 2002) is a handbook that includes research into the needs of older women and domestic violence; resources for supporting workers in the field; resources for training workers; and standards of practice for minimum accountability in working with older women, with particular reference to access and equity. These standards can be used by organisations to ensure that they begin to meet the needs of older women:

- Documented access and equity policies are in place at all relevant organisational levels.
- Client participation will ensure that older women are represented on management committees and employed in the service.
- Barriers to access are addressed and specific progress indicators put in place.
- Staff have access to sufficient resources to implement access and equity policies.
- Staff have access to educational programmes about ageism and its effects, as well as specific issues for older women.
- The service delivers flexible and innovative ways of responding to older women.

- Services consult and work in partnership with older women's advocacy services.
- Services collect data on their progress.
- Services work in partnership with other organisations on service delivery issues and programmes.
- Services evaluate the effectiveness of their strategy.

Many of the above strategies have performance indicators against them to facilitate measurement of organisational success. The training package for workers in the field focuses on:

- Knowledge about the area: it looks at the barriers to disclosure for older women (information drawn from women's stories and the *Two Lives – Two Worlds* report); the specific impact of DV on older women.
- Good practice with older women.
- Appropriate responses: from specific domestic violence services to healthcare professionals.
- The type of worker training needed to challenge ageist assumptions about older women – ageism and sexism are seen as compounding responses to women who have experienced domestic violence.

In *Addressing Violence Against Women in a Rural Context* (Hastings & MacLean 2003), the authors discuss the importance of "mainstreaming" community responses to domestic violence, not necessarily mainstreaming services: "It must be noted that

'mainstreaming' refers to bringing out and expanding issues of violence against women in the community rather than trying to integrate specialist domestic violence services into generic social services" (p. 6). In relation to older women, the authors discuss one innovative project coordinated among a variety of agencies, including country women's associations (traditionally very conservative in Australia), rural health organisations, aged care organisations and the Older Women's Network: the older women's network theatre group. "[T]hrough stories, skits and songs the theatre group explored issues of violence and a range of other issues for older women" (p. 11). This approach was chosen as a way of inviting peer communication with older women and is claimed to have been quite successful.

The literature from Canada and the US included some general guidelines for improving programmes that serve older women. Seaver (Seaver 1996) refers to the three most important factors, in priority order, affecting a woman's efforts to escape domestic violence: her resources, systems' response (e.g., police and public agencies), and the extent to which the woman holds traditional views about gender roles. Although women's resources vary widely and are context-dependent, some resources are fundamental, including access to housing, income, informal support (for example, friends, family, co-workers), and support from public organisations.

Writing from her perspective as the manager of the Older Abused Women's Program in the Milwaukee Women's

Center, Seaver provides a memorable description of good and bad system responses:

"When the system works well for a woman, the police treat her with belief and respect; she gets relief from abuse through a restraining order, safety at a shelter, housing in safe areas, counseling that does not push her into staying for the sake of the family, supportive professionals at all levels, help for the abuser, and help with structuring a new life with or without the abuser. When the system works poorly she is treated with disbelief and contempt at every level; left in danger; put on waiting lists; turned away from shelter; and told to pray, stay, and obey by ministers and counselors" (Seaver 1996, p. 18).

The programme in Milwaukee provides weekly support groups, volunteer mentors, case management, shelter (refuge), and community outreach. The project has worked with 132 abused older women; services are coordinated by a team that includes shelter staff, workers from elderly services, and volunteers. According to Seaver, older women:

"... will use resources such as shelter and support groups if these are designed to serve them and are accessible to them. For most of its history the Milwaukee Women's Center refuge saw few older women; now 8 to 14 older women attend weekly support groups, and those in great danger do use the shelter. ... The most visible impact has been on the 45 women who have attended the support group" (Seaver 1996, p. 18)

"When the system works poorly she is treated with disbelief and contempt at every level; left in danger; put on waiting lists; turned away from shelter; and told to pray, stay, and obey by ministers and counselors" (Seaver 1996).

3. WHAT THE LITERATURE SAYS: A THEMATIC SUMMARY

Vinton (Vinton 1998, p. 562), in a survey of services provided in US battered women's shelters, cited the following AARP (American Association of Retired Persons) recommendations for community services for battered older women:

- Provide appropriate, accessible, safe shelters.
- Educate service providers, including medical and legal professionals, counsellors and religious leaders, about sexism, racism, and ageism.
- Implement "cross-training, coordination, and coalition building" between the elder abuse and domestic violence communities.
- Create a comprehensive and integrated support and intervention system.
- Reach out to older women through senior centres and home services, health clinics and physicians, civic associations, and public benefits officers.
- Provide victim advocates and "sister-to-sister 'buddy' programmes" between recently battered and formerly battered women.

3.6

Policy

A number of policy recommendations can be found in the UK, Australian, and North American literature. From the UK, Whittaker (Whittaker 1995), echoing the issues raised earlier about the relative lack of resources available to older women and their increased risk of poverty in general, points out that a critical element of preventative action

would be to address older women's needs for economic independence. She also identifies two primary policy areas that should be addressed:

1. **Housing and other services.** Most victims would like to stay in their own homes, although removal of abusers is rarely the case. "[M]oves to enable the exclusion of abusive men and to find alternative forms of 'care' in the community would be important elements . . . as would the development of 'safe places' for old women who need respite from abuse and do not want to be placed in a residential home" (pp 42-43).
2. **Law.** A legal framework is needed that neither infantilises nor fails to provide the protection that older women experiencing domestic violence need. "This means working with a range of agencies to improve collaboration and coordination and arguing for forms of intervention which locate responsibility where it belongs and acknowledges the risks of abuse . . ." (p 43).

Elder (2000), from Australia, highlights older women's diverse experience of violence – as children, in their marriages, from adult children, violent experiences as a teenager, e.g. rape. From a policy perspective, her report raises the need for services to deal with these diverse experiences and to include past violence as well as violence from other family members.

Many women consulted had sought support from medical practitioners and religious figures. These attempts had not been successful, highlighting the need



for training of GPs and for the clergy. The researcher recommends that serious consideration be given to developing protocols for GPs who see both husbands and wives.⁴

The *Two Lives – Two Worlds* (Morgan Disney and Associates 2000a) report suggests a strategy to address the barriers to service using a framework of gatekeepers. These gatekeepers include family and friends; acquaintances, community groups and community gatekeepers; community organisations with a duty of care, and specialist services as well as prime gatekeepers.

Young (Young 1998) also points to the need to support a coordinated approach between health and other services, particularly given other studies which point to women's lack of use of specific women's violence services in Australia. This matches data from Finland that indicate that when older women seek help, the most common agencies approached were health care services in the community, followed by the police and family counselling services.

The critical role of health care providers as gatekeepers to services for older women was a common theme in the

literature (and in our interviews with survivors, see Section 4). Improving access to the service system for older women experiencing domestic violence through interventions in health care settings is the focus of much research, especially in North America, Australia, and New Zealand (Bass, Anetzberger, Ejaz & Nagpaul 2001; Brandl & Horan 2002; Fanslow & Glasgow 2001; Johnson & Elliot 1997; Jonassen, Pugnair, Mazor et al. 1999; Krasnoff & Moscati 2002; Larkin, Rolniak, Hyman, MacLeod & Savage 2000; NHS Scotland 2003). Numerous service models in addition to universal screening exist in North America and Australia (e.g. case management and collaborative services – advocates from domestic abuse agencies working in the health care setting).

Neither Swedish nor Finnish policies and initiatives offer specific services for older women experiencing domestic violence. Indeed, rather than services generic to all women, legislation and services continue to focus upon women with children. When specific groups are considered, these are likely to be related to concerns about young women, disabled women, women immigrants and asylum seekers. Older women, as a specific group, seem invisible.

The information available on the web reflects the issues raised elsewhere in this report. There is little available information and few reports or services aimed specifically at older women experiencing domestic violence.

⁴ The report mentions an American study which resulted in a protocol – Guidelines for Managing Domestic Abuse when Male and Female Partners Are Patients of the Same Physician. It should be noted that the issue of an older woman using the same GP as her abuser – and that this was problematic – came up in numerous interviews with both survivors and providers.

3. WHAT THE LITERATURE SAYS: A THEMATIC SUMMARY

The services and information about domestic abuse see older women as part of a spectrum of the total population of women experiencing domestic violence.

3.7 Information from the web

A search of sources of information on domestic violence and older women was carried out on the web. The search was carried out using the search engine Google, with extensive follow-up of secondary links from this initial source. A range of information was available, including specific reports, services, events and information. Much of the information was from the US, with UK and Australian data also freely available.

The information available on the web reflects the issues raised elsewhere in this report. There is little available information and few reports or services aimed specifically at older women experiencing domestic violence. There is a blurred line between definitions of domestic violence and elder abuse. There are some specific resources, events and services, but these are very few and quite scattered. There is mention of older women in many more mainstream services, reports or information for or about women and domestic violence. Many service websites make some mention that domestic violence may affect older women. Many elder abuse references include some comment about the relationship between elder abuse and domestic abuse.

The services and information about domestic abuse see older women as part of a spectrum of the total population of women experiencing domestic violence. Older women may be mentioned, their needs may also be recognised, but there are few attempts to meet these

specifically beyond the general services provided to all women. Similarly, the sites and services aimed at dealing with issues of elder abuse have limited analysis of the gender inequality issues affecting older women or of how gender affects their risk of and resources for responding to violence.

4. TALKING TO SURVIVORS: THE INTERVIEWS

4.1

". . . And for 39 years I got on with it."

"I was married at sixteen but I met him at fifteen. And from the beginning really – but you don't see it when you're in it. From the beginning, the violence and the power – you're just ruled by fear. Or I was, just by fear. And what he would do to you if you ever left. And I always believed that and you do believe that. . . . [T]hree children before I were twenty and then I had a daughter. So three sons quick and then a daughter. But all the way through you ask for help but you don't actually stand there and say will you help me, my husband beats me up. For many years I'd looked for help through the doctors, the Health Board, various numbers that were there to ring. But when you rang they wouldn't be there or they would say ring back later. And um, there wasn't the help in them days, you just got on with it. And for 39 years I got on with it."

Five face-to-face interviews with survivors were conducted for this project. Contacted through Scottish Women's Aid projects, the interviewees had left abusive homes after many years of abuse. All have successfully negotiated the transition from abusive situations. Their voices are featured throughout this section.

The issues raised in these women's stories match remarkably with the themes that emerged from our literature review: the long-term abuse suffered, the important role of appropriate services, barriers to accessing services and to finding safety, the influence of adult children, and the difficulty getting help from health care and criminal justice professionals. Because these issues are discussed at length in other sections, the input of the interviewees will stand on its own here, with little narrative.

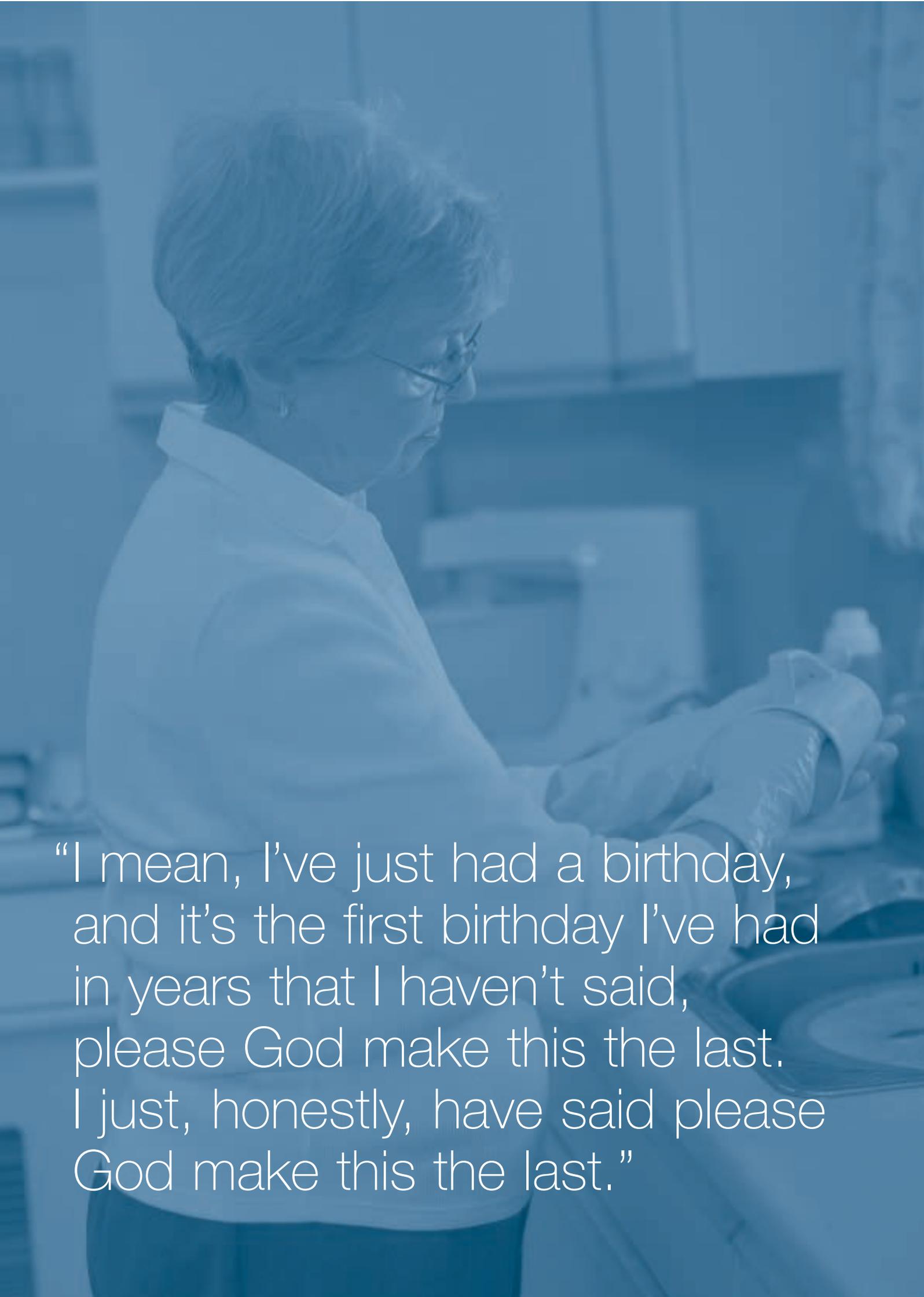
Their ages were 52, 57, 62, 67 and 77. They had experienced over 200 years of abuse among them.

"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. Anybody, not just myself, but any of the family, even the grandchildren who seem to be getting even just the slightest attention. He had to get more [attention], you know, really always had to be getting more. Getting drunk and making a fool o' hiself. And he had to always be the centre of attention."

"I think that were one of the things that might have well decided me about that. [The decision to leave.] You didn't, you couldn't see yourself growing old with that still happenin'."

All had grown children, all had grandchildren.

"Immediately I rang them all to tell them that I'd left. Gone to Women's Aid. And they all said, 'Thank God, mother. We all waited for the phone call that you were dead or splattered somewhere.' My daughter says 'splattered all over the walls,' in her words. And the relief in them to, you know, to know I was safe."

A woman with short, light-colored hair and glasses, wearing a white lab coat and white gloves, is shown in profile, focused on her work in a laboratory setting. She is holding a small object, possibly a pipette tip or a small container, and appears to be carefully handling it. The background is slightly blurred, showing laboratory equipment and shelves. The entire image has a blue tint.

“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.”

4. TALKING TO SURVIVORS: THE INTERVIEWS

"[My children were] all very supportive. Yeah. And all said don't put up with it, but I just didn't know what to do, where to go, you know, you don't know how you can cope on your own. You know, and for years you were told, any idea you had was stupid or you know don't be daft, that's stupid. And you know, all of sudden you realise you're not stupid! When I finally felt I had to leave, I came down to my daughter's, who lived in X. But I found my nerves were so raw that, although I loved my grandchildren to bits, I could not live with them all the time. So I came here."

"My son took it quite badly. He doesn't talk much about his dad. He knew, everybody knew what was going on in the house. But at this age you think, well, you know they just stay together. You know, 77, you know, I don't, you know you could have surely managed in plenty of rooms and so on."

"My boys don't abuse their wives, they're lovely. Beautiful boys to their girls and lovely dads to their children. So that doesn't always go with, 'Well my dad abused me. And drank and hit me. So I'll do it too.' I don't believe that because I've proved that [it's wrong]."

4.2

"Growing old and this still happenin'. You couldn't see yourself growing old with that still happenin'."

All had sought support from Women's Aid. One, 'B', found out about Women's Aid through "people on the street." 'B' walks with difficulty, using a walker since a debilitating illness a few years ago, and speaks with some impairment.

'B' first accessed Women's Aid by walking into the office. She had tried to leave and to keep her abuser away many times before. The last time, her ex-partner punched her and pulled her hair, threw her on to a radiator, kicked her in the stomach, made her lie down. "When he fell asleep, I got up, put on some clothes, went and found my 'zimmer' and went out." She went to Women's Aid. Because the refuge in her area had only one bedroom on the ground floor – which was occupied at the time – she had to stay in a B&B for some time. She now stays in the refuge with a number of other women, some of whom have young children. She says she enjoys helping with the children; they remind her of her grandchildren, who "are my life."

Three interviewees were given information about Women's Aid by their children, and one had friends who knew about Women's Aid.

"Em, it was my daughter actually. She'd seen the posters. And I, I never did. I never saw anything about it. But when I was in here [Women's Aid office], one of the first things when I came in the office and I said why are all the posters in here? [Laughs]. This place should be empty o' posters. So they are out there, but people just shove them in the drawer or but now em, that's one of the things I do, I [put them around]. They're everywhere. And in my own doctor's, I took one, and then a week later I went in and it weren't up. And I asked 'why is it not on the wall?' And, 'oh, it's here.' And they put it up. And in places where women are alone like where you might have to hide. That's where we go now. Gyms, you know, and swimming pools."

And all said don't put up with it, but I just didn't know what to do, where to go, you know, you don't know how you can cope on your own.

Put them in the ladies changing rooms. Em, anywhere like that. Toilets and hotels, get them in there and anywhere where a woman might hide. Because we've all experienced that, a need to hide in toilets and things, you know."

"You know even when my daughter said 'eh read these mum, get these.' And I'm like, 'ring 'em.' And I, when I rang I still hadn't the courage to do it. And he was outside the phone box, and I rang and I'm saying, 'he's outside the phone box!' And the calmness of X's [Women's Aid worker's] voice talking to me and saying 'you're calm, you're fine,' that calmness just did it. And em just that, but it were just that for me. Growing old and this [the abuse] still happening."

"Well being local I knew about Women's Aid here. I knew X before, she lived in the same village as me. And I knew Y. And eh it was quite easy. And I'd spoken to them 5 years previously when I'd thought about leaving the house. And I knew there was a refuge for young people but I didn't know there was a refuge for old, older people. . . . But when I finally came it was after 50 years."

Four of the interviewees had stayed in refuges (stays that ranged from 3 months to 1 year) but are now rehoused, although one had some difficulty finding appropriate housing. (She was originally rehoused very close to where her ex-husband lived, and he would seek her out there.)

"And once I did [leave] and walked through these doors, then that was it for me. I just remember going into, going to bed early every night because I loved that. You know to go to bed and wake up peaceful and the room was lovely. And the staff were brilliant. And then you just em start to just rebuild yourself I was in the refuge about 5 month. And at first I didn't want to come out. I was, I was, I didn't care if I stayed in there. I loved it. A lovely room and built up a relationship with the others. And we all helped each other in the refuge. You were allowed to cry if you wanted. You'd be making a cup of coffee and you'd have a good cry. Somebody else would have a cry. All helped each other and support each other and, you start to realise that you're not the only one suffering that."

*["Was it hard to leave the refuge?"]
"It was for me, yeah. . . . I worked in big houses, I was in the kitchens and you don't have friends anyway because you're not allowed friends and things like that. And em, so I was in the refuge and I was like, it was like a big happy family. And they were great. I loved it! But they do help you with that [leaving], you know. Like you go to your flat, they don't just say 'right, here's your flat, goodbye.' There's always the contact. And once my husband came gunning for me. And attacked my friend, so I was terrified that he would find out where I lived and everything and come after me. And I just picked the phone up and they were there at the end. And X, she talked me through it and said do you want me to come over and stay with you? But you know it was just enough [to have reassurance] at the end of the phone."*

I just remember going into, going to bed early every night because I loved that. You know to go to bed and wake up peaceful and the room was lovely. And the staff were brilliant. And then you just em start to just rebuild yourself. . .

"So I came here. And they had a house for older women without children which was just wonderful because, you know, it was peaceful. . . . Just a normal house and nice people who helped you. And they paid each other compliments which I found really strange, you know, these people saying 'oh you look nice today.' And [laughs], and I found after a couple of weeks I was actually laughing! And I'd forgotten how to laugh, you know, I just didn't know how to laugh. Didn't know how to spell relax. Never, ever relax. Up in the morning wi' my finger nails cutting into the palm of my hand because I had been up all night. But gradually you start to relax and realise you've got a home – after 40 years I've been married. It's not easy in your flat either, on your own all of a sudden, you know. It's really strange but it's nice, you know, you don't have to worry about where you leave your purse. Or where, you know, where the next bottle's hidden."

4.3

"I told mysel', ye jus hae t' dae it yersel'."

All had tried to access help from numerous sources (doctors, psychiatrists, marriage counsellors, police), numerous times. All the interviewees talked about frustrating encounters with health care workers and fruitless attempts to get help from their GPs.

In 'B's case, a number of health and social service people interacted with her regularly and knew about the ongoing abuse. She explicitly told her doctor about the abuse by her husband; the doctor recorded all her bruises "in my record" but never offered to talk to police or to put her in touch with Women's Aid. Because of her impairment, 'B' had regular interaction with health services, many of whom knew about the ongoing abuse. Several visitors asked if they could report her husband to police after seeing evidence of broken glass in her flat. (They did not offer to help her contact Women's Aid or to help her to find safety.) She gave her permission, but "nothing happened."

One interviewee had many encounters with both A&E and general practitioners.

"You don't actually ask for help like that but I think the doctors miss it, when you go constantly to the doctors. And you know they just don't ask the questions 'why are you always in here? Is there something wrong at home?' And you would tell that, you know, in a safe, private room where you know it won't go any further. But they never did – they never did. And once . . . [her daughter] called the doctor and he called an ambulance right away. But I could see him now standing there going, 'when are you gonna get out of this?'"

"You don't actually ask for help like that but I think the doctors miss it, when you go constantly to the doctors. And you know they just don't ask the questions 'why are you always here?'..."

Them were right his words. And I said 'well, will you take me wi' you? Can I come wi' you and you'll look after me?' Then, the times I were in hospital, they would ask you why again, they would ask you what happened and you were like this because you'd been flung down the stairs. But you say you fell down. Because he's sitting with you. You can't tell them. They need to get him out of the room and then ask you. And every time I were in hospital I used to beg to stay. Nobody ever asked why does she want to stay in hospital? . . . And on the report they'll put 'an attentive husband.' He's not attentive. He knows if you're away from him for 2 seconds you might tell somebody."

One woman's husband suffered from depression, and they saw many doctors about it over the years.

"And you would think och well he's not so bad, you know, and he is ill. And you can't leave him. My doctors, especially in the city, who knew us said, 'you know if I told you your husband was seriously ill, would you do it? [Leave him.] No.' You know this is what you, what you get. And em you're made to feel, you know, it's you."

"I used to have a lot of visitors come and then gradually he didn't like people coming to the house. And you know it disturbed his way of life. . . . My family were, like he put my brother out the house and he did, all my friends stopped coming. And I was alone with him. And eh he wanted me there, I had always looked after him. I'd always been the strong one. And I still kept thinking, this man's ill and I can't leave him. So the doctors were no help. But all this time I was given valium, diazepam, sleeping pills, depression pills to cope with the situation. And it was dulling me down. You just put up with things, you know, it was, if it's not life-threatening that's it. And then about 14 years ago I went to my doctor and I said to the doctor, I said, 'I'm fed up taking this valium. I can't go on taking this.' He said, 'do you mean that?' I says, 'I do.' He said, 'you're getting no more.' 'Oh,' I says, 'oh no.' 'No, no,' he says, 'you're not getting any more.' He says, 'you'll manage.' . . . This was 14 years ago. Anyway it got me off drugs."

"I stopped smoking and then I stopped the valium. So I think I realised how, you know, I could do things. So anyway [her ex-husband] went on and on and on. And he kept getting worse and he kept blaming everything. And he blamed everything and everything on his depression. And the last person he could blame was me because I was still there. . . . Then he took an overdose. And I kept going to doctors and saying he needed treatment and all that. And it was only when he took the overdose and he was

All had tried to access help from numerous sources (doctors, psychiatrists, marriage counsellors, police), numerous times.



4. TALKING TO SURVIVORS: THE INTERVIEWS



in hospital and two psychologists, no, psychiatrists, had seen him. And started to interview me and they said, they said, 'He said such and such and so and so.' I says, 'what?' oh I lost my temper with them [laughter]. I blew up at them, I really did. I says, 'Oh I've [done that]?' I was swearing [laughs]. 'Oh' I says, 'for God sake, it's all my fault, everything's my fault, you know,' it was 'he's done this and he's done that. And it's not all my fault, you know.'"

Several of the survivors had sought help from the police with varying responses. None of the interviewees expressed much confidence in the ability or willingness of the police to protect them. 'B', now living in a refuge, said she'd called the police "umpteentimes" and that they had warned her husband, fined him (£200, £250, £300), arrested him, and put him in jail for 2 or 3 nights after which he would return home. Since she left their flat, her husband has found her in town, attacked her in Tesco's, on the street, and even came to the refuge once. Recently she had a power of arrest added to her interdict, but she has little faith that it will protect her much, although she plans to call the police anytime she sees her husband. He missed a court date and is currently hiding from the police. She never goes out alone any more. She hopes that if she can get him arrested a few more times maybe he'll leave her alone. When asked if anyone had helped her to find safety, she could think of no one. "I told myself, in the end, ye jus hae t' dae it yersel!"

Another interviewee lived in a very rural location when she first contacted the police.

"I brought the police once to him. I plucked up courage to send for the police. But because it was a small place and really remote, em, he was supposed to be on duty, and I had to drag him out of bed. Eh so that was the first thing. He was, 'Oh, what's the matter?' I was thinking 'Oh my God, what have I done, I've called him out of bed?' Em, and then he knew him [her ex-husband]. And he, he took me home. I didn't want to go home. I said, 'I'm not going home.' 'Oh, come on, you'll be all right.' Em, oh God. Anyway he took me home and he'd [her ex-husband] smashed a table up. And dragged the kids out of bed. Well they weren't kids then but and they were all sat like that . . . which he did all the time. Um and he'd smashed the table. And he just said, 'Oh well, it'll give you something to do to clear it all up.' He [the police officer] said, 'Come on now, what's going on?' And then he left."

*["Did you ever call the police again?"]
"No, it was a big joke, I'd actually got a cleaning job in the police station. And this is the first time I'd gone away from this remote life or the kitchen life. And working among people and an establishment like. And I loved it. One hour, eh, two hours a day every second week in a special unit. And all I did I like mopped floors. But I was like meeting people. And I had this, this theory that all these big strong policeman, that [one would] stop me [and ask about the abuse] and say, 'I'll see to this' [laughs]. . . . And I worked every hour God sent and I would sleep on two chairs in the little cleaning cupboard we had. And I'd have a sleep there for my next shift. I'd do anything before I'd go home. And he was at his worst, he were at his worst because he knew I was meeting people."*

Several of the survivors had sought help from the police with varying responses. None of the interviewees expressed much confidence in the ability or willingness of the police to protect them.

“So it’s basically, all these years, three and a half years on, I did meet someone else. A beautiful man. And I’m having a lovely life. And I’m having everything I never had before.”

4.4

“And I’m having a lovely life.”

All five interviewees were eloquent about the difficulty of starting new lives and equally emphatic that leaving had been a good thing. ‘B’ is clearly financially better off now that she has left. She has her own benefits and control over them. She expects to move to sheltered housing, although there seems to be some difficulty regarding age guidelines for housing as the housing is reserved for those over 60 and she is only 52. Housing will be in the same community she lives in now (it is very important to her to be close to her older child and grandchildren), and she has no hope that her ex-partner won’t find her. She hopes to be rehoused in a place close to the friend who now accompanies her to the stores so she can go out.

One woman spoke movingly about the impact of leaving on her children.

“He ruled us, me and my kids, through fear. And um now he can’t do that any more. And [the children] now say to him, ‘this is my house, don’t come in this house behaving like that. Don’t speak to my wife like that.’ . . . And it’s made them better that they’re all, we’re all getting on in life so much better with each other. And we talk about the guilt, we talked about that, and they say, ‘you mustn’t ever think that. We had a

wonderful childhood. You made that.’ So it’s basically, all these years, three and a half years on, I did meet someone else. A beautiful man. And I’m having a lovely life. And I’m having everything I never had before [laughs].”

All mentioned that they had thought that there had to be more good in life than the lives they lived with their abusers. And that they had been right.

“So it was more difficult for me and I spent years lying, covering up, you know, and [thinking that there has] got to be something more to life. And gradually I’m finding that there is. There is. It’s good, but it’s also strange. . . . But eh, and to make friends on your own, you know. All these friends I’ve got have got absolutely nothing to do with him. You know these people like me for me. Not for any other reason which is good as well. You know just having people that you can talk to and that understand. It’s what, it’s nice.”

It is notable that none of the women interviewed conforms to the image of helpless, vulnerable women dependant on a carer – the elder abuse paradigm. Their stories are an important reminder that, despite many years of fear and abuse and enormous difficulties in their way, older women continue to seek and find their own paths to safety and are “having a happy life”.

5. CHOICES FOR OLDER WOMEN: PERSPECTIVES FROM SERVICE PROVIDERS AND OTHER KEY INFORMANTS

5.1

Key informants

In addition to interviewing survivors, we talked with a number of other women who offered particular perspectives or background on domestic violence and older women. Interviewees included Ann Ferguson, Elder Abuse Project Leader at Age Concern, and Dr Lesley Orr MacDonald, author of *Out of the Shadows: Christianity and Violence against Women in Scotland*. Also interviewed were three Women's Aid staff: from Hemat Gryffe, which provide a specialised service for Asian, black and ethnic minority women in the Glasgow area; from Glasgow Women's Aid, which have recently made special efforts to provide individualised services for older women; and from Dumfriesshire & Stewartry Women's Aid, which have provided specialised services for older women for some time, including a support group and a refuge.

5.2

Telephone surveys

In addition, 27 Women's Aid projects were contacted by telephone; detailed answers were obtained from 20 projects in response to the following questions:

1. Does your agency track the numbers of women served by their age? If so, how many over 45 last year?
2. In your experience, do older women (over 45) access services differently from younger women?
3. Do you think older women (over 45) need different services from younger women?
4. Does your organisation provide specialised services for older women? (If yes, how do they work and why have you designed them this way? If no, would you like to?)
5. What are the barriers to serving older women?
6. Who in the community do you work most with re services for older women? (Health and aged care services were provided as examples.)

This provider survey revealed varied community responses and perspectives with, however, some common themes. Perhaps most striking was that most of those surveyed could think of few or no other agencies that were serving older women experiencing domestic violence. Many providers communicated significant frustration about both the invisibility of older women in the system and the lack of resources for providing appropriate services. Coordination and integration of service with housing and social work were rare and identified as a priority by numerous interviewees.

Most providers surveyed did not think that older women need special services, but most then explained that although older women have the same needs as younger women, they may need them attended to 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).



in family relationships
Explain the reasons
which it is important
your answer
of. Hence,
other appropriate

Many providers communicated significant frustration about both the invisibility of older women in the system and the lack of resources for providing appropriate services.

Several providers indicated that a long history of abuse often meant that women had tried to access services numerous times over periods of 30 or 40 years.

5.3

Framing the issue

It was clear that the elder abuse/domestic violence divide is not only one of definition and framing of the issue of older women and domestic violence, but also prevents effective dialogue and collaboration across the two fields. There was little evidence offered by any of the informants of coordination of services or planning at national or community levels.

5.4

Age and life stage – who are 'older women'?

A clear consensus emerged from informants and providers about the challenge of defining 'older' for our purposes: age alone is not a sufficient attribute. Given that some 40 years separated the youngest and the oldest women (within the category of 'older') accessing services, chronological age alone is not likely to be a useful marker. A number of other characteristics or life circumstances that were common to the population were identified, however.

5.4.1

Health issues

Health problems – particularly mental health and mobility issues – were considerably more prevalent in this population. In Dumfries, 62% of the women staying in the special refuge were on prescription medication, "especially Prozac, Diazepam, and sleeping pills." In addition, many women needed accommodation on the ground floor, which often is not available.

5.4.2

Attitudes about abuse

'Older' women are far less likely to identify their situation as abuse. This was mentioned repeatedly as a barrier to service and a challenge for outreach.

In addition, many women feel a pervasive sense of shame that severely inhibits their ability to accept support and access services. This theme was reiterated by Lesley Orr, who interviewed 25 women who had experienced abuse in Scotland, of whom "the majority were in their fifties and sixties" (Macdonald 2000). The shame is twofold: for not having 'fixed' the relationship and then for having lived with abuse for so long. Identifying the violent behaviour as abuse thus becomes a double-edged sword. In her report on Christianity and violence against women in Scotland, Orr comments that,

"[T]he underlying factor which conspired to sustain and conceal the abuse was their deep sense of shame. In my view, this inner reality is intrinsically connected with an enduring social sanction of shame, imposed culturally on those who fail (by their own or others' perceptions) to conform to the norms and expectations of their role and gender. . . . It seems that social shaming is more effectively (even if not always deliberately) imposed on victims than on perpetrators" (p. 19).

Women who are coping with this shame may not present to statutory organisations as experiencing abuse and therefore often will not get the benefits they need.



5.4.3

Long-term abuse

The 'older women' often are coping with the effects of extended periods of abuse – sometimes for more than 50 years. Although the effects of long-term abuse vary from woman to woman, some providers commented that women who had suffered long-term abuse were less self-confident and less prepared to advocate for themselves in a service system they find complicated and overwhelming. Women who have suffered long-term abuse may need longer stays in refuge and more support in making the transition to living alone.

Many women who have suffered prolonged trauma also need refuge accommodation without children and chaos. Over and over providers mentioned the women's need for "peace and quiet" and a supportive atmosphere in which they could rebuild a sense of self and re-establish ties with family and friends.

Several providers indicated that a long history of abuse often meant that women had tried to access services numerous times over periods of 30 or 40 years. Some may have had their children taken from them by social workers and been exposed to demeaning and victim-blaming attitudes. Staying in refuges with younger women who have

their children with them and who are experiencing a very different service system can be just too painful for some older women. Approaching service providers for any assistance can be even more difficult for these women than for younger women.

5.5

Prevalence and accessing service

Providers were asked about the numbers of women they served who were over 45 years old. In Dumfries in 1999, Women's Aid started to organise a refuge and other services specifically targeting older women when they realised that more than 20% of the women who approached them were over age 50.

Although a number of providers surveyed volunteered to gather the data for us, the current practice in Women's Aid programmes is to track the ages of those who stay in refuge but not those accessing other services such as support groups. Most were willing to offer estimates, however, and these ranged from 10% to 30% of clients.

As one provider pointed out, "all women access our service with great difficulty," but many older women have an even harder time "because of issues around shame and embarrassment."

'Older' women are far less likely to identify their situation as abuse. This was mentioned repeatedly as a barrier to service and a challenge for outreach.

Many providers indicated that older women were referred by their adult children and that the women themselves were very hesitant, expressing the attitude that younger women with young children and "with their lives in front of them" were more deserving of Women's Aid services.

Providers report that very few referrals come from health services; for example, in Dumfries in the year prior to interviews, not one documented referral came from local physician practices. Most women access services as self-referred or with the support of their children. Social work departments were mentioned several times as occasional sources of referral.

Very few providers found they could obtain needed services for women through agencies serving the aged, and none mentioned them as referral sources. Housing associations were mentioned by a number of providers as likely to be amenable to coordinating services.

Most of the providers surveyed are struggling to serve older women within the service system in place. A number of projects have initiated special efforts to serve older women, some through increased individualisation of services, some through dedicated services.

5.6

Service and programme models

5.6.1

Barriers to service

Service provision in both statutory and voluntary settings consistently prioritises services for women with dependent children. As one provider put it, "It's long been a Women's Aid policy that women with children are first in line for housing." (A number of Women's Aid workers denied this, labelling it as a

myth.) Scoring for housing provision by local councils and health visitor services reserved for women with children under 5 were two of the examples given.

Myths about services were mentioned a number of times as a barrier to service – myths held by women themselves and by other providers such as GPs. "The belief is still around that refuge and support are only for women with children." In addition, many of the usual referral sources do not see older women as potentially abused. (One provider cited the case of a GP who commented that he was very committed to identifying domestic abuse and would refer any woman he was concerned about to the health visitor who served families with children under 5.)

5.6.2

Innovative programmes

Most of the providers surveyed are struggling to serve older women within the service system in place. A number of projects have initiated special efforts to serve older women, some through increased individualisation of services, some through dedicated services.

Glasgow Women's Aid denies that women "with a long history of abuse" need specialised services, but, like all women, they need "choices about what kind of support will serve them." They may, however, "need to access different or additional support." Women's Aid there works hard to "individualise" services, for instance, working closely with housing associations to arrange for appropriate sheltered accommodation when a woman does not want to or

cannot stay in a Women's Aid refuge. Also, women who have suffered long-term abuse may need outreach that communicates that "because someone had been abused for a long time doesn't mean they have to continue to be." Publicity and outreach information may need to be tailored and placed in different locations.

Dumfriesshire and Stewartry Women's Aid established the only refuge dedicated to serving older women. Labelled the "single most successful thing we've done," the refuge has operated at 91% capacity since opening in August 2000. Women from their late 40s to their 80s have stayed there. Women who choose not to leave their homes permanently sometimes use the service for 'respite' rather than refuge. In addition, the project has a well-attended 'Tuesday Club', which is a support group for older women, many of whom have stayed in the refuge and then been rehoused. An outreach worker who works specifically with older women will visit women in their homes as well as support women staying in the refuge.

Hemat Gryffe Women's Aid in Glasgow established a collaborative project with the Southside Housing Association called Mera Ghar – 'my home'. This project provides permanent supported housing for "women who face difficult domestic situations." This project was started when workers in Women's Aid drop-in centres identified a service gap for older women. Women were coming in to the drop-in centres looking for refuge. Many of these women had mental health problems and were not getting the support they needed at home; some were elderly women abused by family members. The service includes six flats within a complex of sheltered accommodation; residents are served by bilingual support workers.

Service provision in both statutory and voluntary settings consistently prioritises services for women with dependent children.



6. OLDER WOMEN AND DOMESTIC VIOLENCE: POLICY CONTEXT

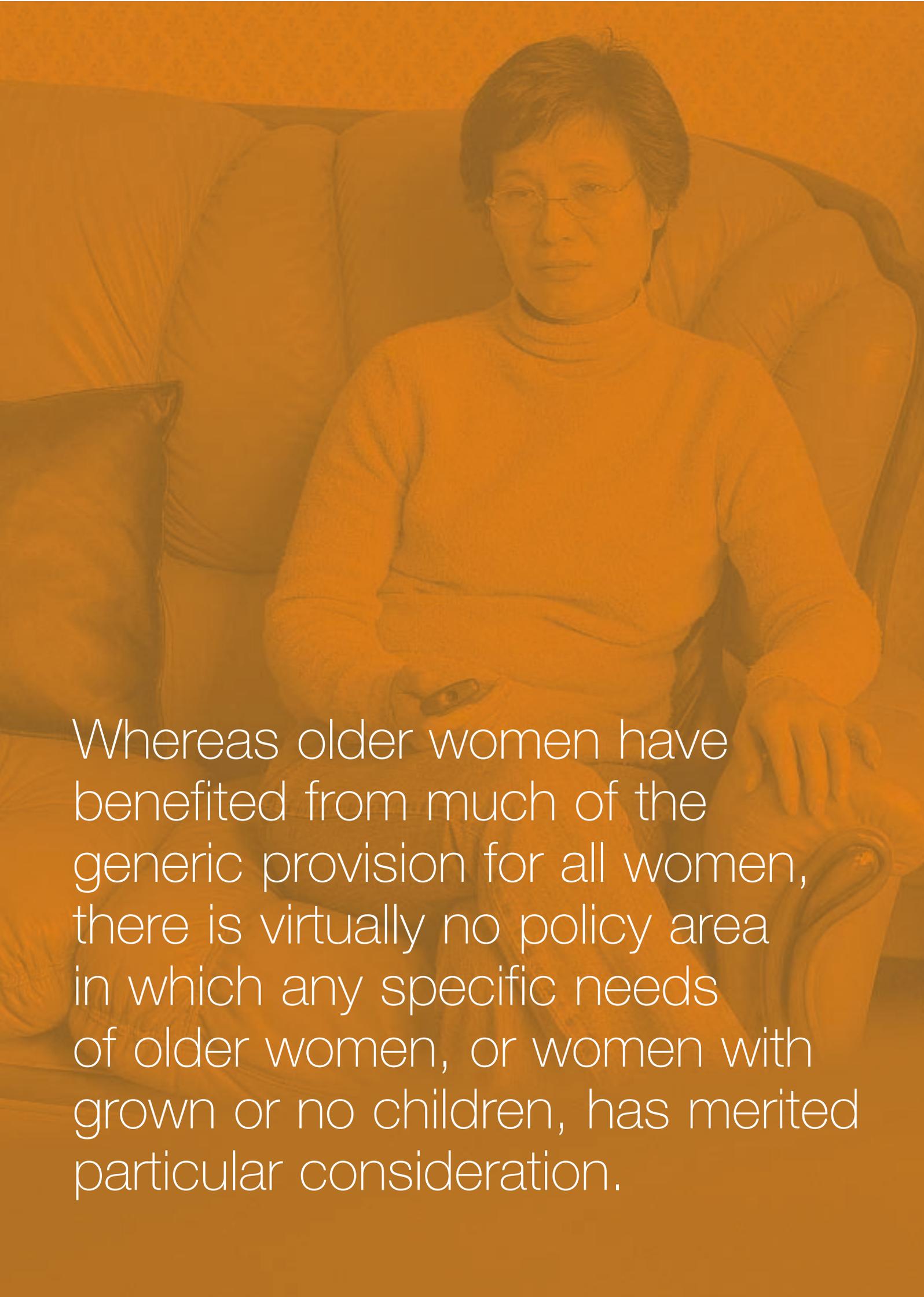
Domestic violence has featured to a varying extent and degree of visibility on the public policy agenda in Scotland and the UK since the mid-1970s, and we review below some of the key policies in relation to older women. Since the late 1990s, and especially since 1999, domestic abuse has had an unprecedented prominence in public policy in Scotland. Since the 1970s, state responses to domestic violence have featured across a number of policy arenas, including civil and criminal law, housing, health, social services, health education and social security. With the inception of the Scottish Partnership on Domestic Abuse in November 1998, and the National Strategy to Address Domestic Abuse in Scotland two years later, we have seen an acceleration of government activity at both national and local levels and increased support for voluntary sector initiatives on domestic abuse. Whereas older women have benefited from much of the generic provision for all women (although in some respects to a lesser extent than other women), there is virtually no policy area in which any specific needs of older women, or women with grown or no children, has merited particular consideration.

6.1 The Scottish Partnership on Domestic Abuse and the National Strategy to Address Domestic Abuse in Scotland

There is not scope in the context of this report to trace in any detail the range and variety of initiatives that have been put forward in relation to the three key directions of the National Strategy, namely, prevention, protection, and provision, or to examine their implementation. However, it is important to recognise the significance of the Strategy, not only for its far-reaching objectives but also for the means by which it was developed. The Scottish Partnership is a leading example of joined up government and multi-agency partnership working in a new Scottish devolved context. Therefore to a certain extent, the current government orientation to domestic abuse reflects not only its own priorities and preferences but also those of the other members of the Partnership which included representatives of the legal profession and judiciary, leading

academics, police, health services, Women's Aid, other local women's voluntary initiatives, educationists and local government. The Strategy illustrates a consensus view of how policy and provision in this area should best develop. It is therefore important to examine the extent to which the problems, needs and rights of older women who, it should be recalled, include all women in the latter half of the adult life cycle, are visible and addressed in the Strategy. Although most of the Strategy is written in terms generic to all women, the particular needs of some specific groups of women are considered. For example, reference is made to the particular needs of disabled or ethnic minority women. However, older women or women without dependent children have virtually no specific focus in any of the recent policy initiatives around domestic abuse, suggesting a lack of awareness of the heterogeneity of the female population with reference to age (or other social divisions).

...older women or women without dependent children have virtually no specific focus in any of the recent policy initiatives around domestic abuse, suggesting a lack of awareness of the heterogeneity of the female population with reference to age (or other social divisions).

A photograph of a woman with short dark hair and glasses, wearing a light-colored turtleneck sweater and light-colored pants, sitting on a dark-colored couch. The entire image is overlaid with a semi-transparent orange filter. The woman is looking directly at the camera with a neutral expression.

Whereas older women have benefited from much of the generic provision for all women, there is virtually no policy area in which any specific needs of older women, or women with grown or no children, has merited particular consideration.

6. OLDER WOMEN AND DOMESTIC VIOLENCE: POLICY CONTEXT

Exceptionally, the document *Preventing Violence Against Women: Action across the Scottish Executive* (2001) comments at para 3.7:

"... there are particular issues for older women in relation to long-standing domestic abuse, and the role of health and social care professionals and the police is important in recognising and responding to this. Abuse of the elderly can include physical, emotional, financial or sexual abuse and neglect. While it is not gender specific, there is a gender dimension in that there are many more women than men in the age groups over 75. Advocacy services... offer one to one support and help to older people experiencing or concerned about abuse of any kind."

Older women and elder abuse are allied in this extract, and the gender dimension for older people seems to be of a different kind (in the respective sizes of the over-75 population), than the broader gender inequality referred to earlier in the same report:

"an imbalance of power between men and women and also more general gender inequalities. Such abuse cannot be eradicated until there is an equal balance between men and women in society and relationships" (p. 3).

6.2

Other policy initiatives on domestic violence relevant to older women

A range of policies emerged from the mid-1970s that were dispersed across civil and criminal law, housing, social work services, health and health education. They were developed,

mainly ad hoc and piecemeal, with little attempt to integrate them coherently across policy areas. Nevertheless they created a public policy framework in response to domestic violence which continues to the present as the basic, underlying structure, on which more recent innovations have built. Many of these policies are generic to all women, or indeed individuals, experiencing domestic violence; although some will particularly benefit women with dependent children. None is specifically directed to older women or women with no or grown up children. Of most significance to older women are those policy initiatives within the civil law and housing areas.

6.2.1

Family law, legal aid and civil law

The key family law framework is provided by the Matrimonial Homes (Family Protection) Scotland Act 1981. Before the 1981 Act, only a spouse with legal title to the home, as the owner or tenant, had a right to occupy it and could eject a 'non-entitled' spouse at will. The Act gave non-entitled spouses, for the first time in Scots family law, a right of occupancy in the matrimonial home, without the necessity of being the owner or tenant of the home. That right confers the right to continue to live in the home or to re-enter it. The Act also gives additional rights to allow a non-entitled spouse to use the accommodation, such as a right to use the furniture, carry out repairs, or to continue to pay the rent.

Accompanying these occupancy rights in the matrimonial home, the courts are also given the power to suspend either



an entitled or a non-entitled spouse's occupancy rights by an order under section 4 called an *exclusion order*. The court will make such an order if it is necessary to protect an applicant spouse or any children of the family from conduct or threatened conduct, by a non-applicant spouse, which is or could be injurious to the physical or mental health of the applicant spouse or any child of the family. But an exclusion order will be made only if it would be justified or reasonable, taking into account all the circumstances of the case. Interim exclusion orders can be obtained more quickly and on a more limited evidential base.

matrimonial cases by defining in section 14 a matrimonial *interdict*, which can either restrain or prohibit specified conduct by one spouse towards the other or any children of the family (even if the couple are living together), or prevent a violent spouse from entering the matrimonial home or its vicinity. The legal test that must be satisfied to grant a matrimonial interdict is a weaker one than that required for an exclusion order.

Since an interdict is a civil remedy, enforcing it would normally have been via civil law avenues, usually entailing an application to the courts that would incur both expense and delay.

“...there are particular issues for older women in relation to long-standing domestic abuse and the role of the health and social care professionals and the police is important in recognising and responding to this.”

The early interpretations of the Act were very narrow, and exclusion orders were initially very difficult to obtain, since stringent conditions were imposed. Later interpretations have relaxed the requirements so that exclusion orders have become more accessible (Edwards and Griffiths 1997, p. 307), although we have only anecdotal evidence on how frequently the Act is used to provide protection in cases of domestic violence, who makes use of it, why and with what results.

In addition to occupancy rights and exclusion orders, the Act strengthens the general civil remedy of interdict in

Both show that the usual civil enforcement approach would be inappropriate in relation to domestic violence. This is recognised in the Act, which allows, for the first time, for the possibility of attaching a power of arrest to an interdict. An interdict with a power of arrest would be intimated to the police station responsible for the area around the matrimonial home, and any breaches of the interdict with a power of arrest attached could be enforced by the police. However, the effectiveness of the enforcement of this form of protection is only as good as the willingness of the police to act.

6. OLDER WOMEN AND DOMESTIC VIOLENCE: POLICY CONTEXT

Many if not most women who experience domestic abuse can make effective use of the available family law remedies only if they have access to civil legal aid to assist with the cost of legal proceedings.

The Act also gives some limited rights to (opposite sex) cohabittees, such as: a right to apply to the court for an occupancy right (it is not automatic as for married spouses); the right to apply for an exclusion order for a limited period; and the right to apply for a matrimonial interdict, with or without a power of arrest. As with married couples, the courts have wide discretion.

Clearly this family law statute is an important potential source of support for all women, including older women, experiencing domestic violence, as it is a 'stay put' remedy that can allow victims of violence to remain in their own homes, while removing, if necessary, a violent or threatening partner. It is limited by judicial interpretation and by the narrowness of the definition of the area to which an exclusion order applies. Violent spouses may exhibit harassing behaviour not only in and around a matrimonial home but also at relatives' homes or places of employment. Interdicts with powers of arrest, despite the option of police enforcement, still run the risk of police reluctance to act when confronted by domestic violence. Both interdicts and exclusion orders granted to spouses come to an end when a couple are divorced, leaving a newly divorced spouse without its protection. The original legislation did not cater for these problems and possibilities, although subsequent amendments have addressed these issues.

The 1981 Act was amended by the Protection from Abuse (Scotland) Act 2001, the result of the first Committee Bill of the Scottish Parliament. It extended the scope of matrimonial

interdicts (with powers of arrest) to all relationships, "if it is necessary to protect the applicant from the risk of abuse through a breach of interdict", and does not link them to occupancy rights. Powers of arrest against a breach of a non-harassment order were introduced by the Protection from Harassment Act 1997.

The problem of restricting the scope of matrimonial interdicts to the vicinity of the matrimonial home and to currently married or cohabiting couples is addressed in the family law White Paper, *Parents and Children* (2000), whose proposals are expected to be implemented in a Family Law Bill in 2004. It proposes to extend the scope of matrimonial interdicts to a place of work (or the area around a child's school). It also proposes that interdicts with a power of arrest should be able to last for a period of up to 3 years, even if there has been a divorce, and that it should be available to divorced spouses and current or former cohabittees. It is suggested that these should be renamed 'domestic interdicts'.

6.2.2

Legal aid

Many if not most women who experience domestic abuse can make effective use of the available family law remedies only if they have access to civil legal aid to assist with the cost of legal proceedings. Civil legal aid has been available in Scotland since 1950 (legal advice and assistance since 1972); the state through the Scottish Legal Aid Board (SLAB) pays for legal services for low-income litigants for most civil

proceedings. The services are provided by lawyers in private practice. The sum at issue in the legal case is not included in the means test, but any sums recovered can be reclaimed by the legal aid fund to reimburse the cost of legal aid for the case, called the 'statutory charge.' Most civil legal aid in Scotland (about two-thirds) is for matrimonial cases and is available to all low-income litigants. It is therefore available to (older) women on low incomes who may wish to pursue family law remedies through the courts. However, if the legal action is to secure the matrimonial home, a woman may find that the statutory charge/clawback may leave her without housing security, since some of the value awarded by the court can be clawed back to reimburse legal costs. This difficulty has been partially recognised by the Executive in 2002, who have increased the disregard for the clawback and have exempted some actions from the clawback (Scottish Executive 2003).

6.2.3

Criminal law

Domestic violence or abuse has no special status in criminal law; criminal offences that are domestic in origin tend to be dealt with as breaches of the peace or assault. Nevertheless, an early study of police reports found that one third of all violent offences reported by the police to the procurator fiscal were domestic in origin, and that three-quarters of these were violence by men against their female partners (Dobash & Dobash 1979). This pattern has been broadly confirmed by subsequent analyses in Scotland and elsewhere.

Police responses have been criticised for police reluctance to intervene or arrest in domestic violence cases. Over the 1980s and 1990s, police forces have responded to these criticisms by setting up dedicated domestic violence units, by improving statistical information on domestic abuse, by improving police training; good practice was identified in the 1997 Home Office report, *Hitting Home*, by all eight Scottish police forces.

The Working Group on Legislation that was formed on the recommendation in November 2000 of the Scottish Partnership on Domestic Abuse, have suggested (and this was endorsed in 2002 by the National Group to Address Domestic Abuse in Scotland) that the criminal law on domestic abuse be simplified and all remedies consolidated into a single piece of legislation and that court processes should also be consolidated into a domestic abuse court. The proposal is currently under consideration by the Scottish Executive.

6.2.4

Housing and homelessness

The Housing (Homeless Persons) Act 1977 first recognised domestic violence, i.e. violence or the threat of violence from someone living in the same home as an applicant, as a reason for homelessness. It placed a duty on local authorities to ensure that permanent accommodation was made available to homeless people, provided they met the further conditions of being in priority need, not intentionally homeless and with a local connection (except in some instances of domestic violence).

Most civil legal aid in Scotland (about two-thirds) is for matrimonial cases and is available to all low-income litigants. It is therefore available to (older) women on low incomes who may wish to pursue family law remedies through the courts.

6. OLDER WOMEN AND DOMESTIC VIOLENCE: POLICY CONTEXT

This legislation, though limited, was important for providing for women experiencing domestic violence with an escape option of safe housing (although often of poor quality) and longer-term protection from violence. However, the priority-need category (households with children, pregnant women, or people 'vulnerable' by virtue of age, illness, disability or another special reason) potentially excluded older women or women without children from the maximum degree of protection, unless they were deemed 'vulnerable' by the local authority.

The Housing (Scotland) Act 1987 consolidated the 1977 Act in clarifying some of its provisions of relevance to domestic violence but made little substantive change. The Housing (Scotland) Act 2001 relaxed the requirements for priority need in relation to the interim duty of local authorities to provide accommodation for homeless people, but its changes were also minor as far as older women experiencing domestic violence were concerned.

Most recently the Homelessness etc. (Scotland) Act 2003 takes a more ambitious approach and will gradually phase out the priority-need category over the next 10 years. In the first phase, people deemed vulnerable by virtue of old age or domestic abuse will be regarded as in priority need. This will remove one important barrier to older women or women without children gaining access to safe housing via the homelessness route.

Other housing policies have addressed domestic violence, for example by giving recognition to domestic violence in social rented housing allocation rules. However, if allocation rules also give priority to households with children, it follows that lower priority will be received by older women or women without children, thereby increasing the time they must wait before being allocated a house.



6.3

The broad domestic abuse agenda

In surveying the policy context, it appears that there is a lack of specific visibility for older women in terms of policy focus and representations of the issue. While there is no doubt that older women benefit from generic services and policies around domestic violence, it is also the case that they can have less favourable status for some policies and services, and no specific provision in terms of age group or stage in the life cycle. The possibility that older women, or women without children or with grown children, who may have endured domestic abuse for many years, may have specific needs in relation to housing, employment and training, health and mental health services, or social and voluntary services, is simply not on the broad domestic abuse agenda.

In surveying the policy context, it appears that there is a lack of specific visibility for older women in terms of policy focus and representations of the issue.

7. FINDINGS AND FURTHER WORK

The research has produced some answers and some new questions. This section will first examine what we can conclude from our interviews, surveys and literature review and will then consider what issues would seem most fruitful to explore further.

7.1

Common themes from the data

Our primary approach to this research focused on three areas:

1. what do we know about prevalence – and what do we not know?
2. barriers to and models for service provision for older women
3. policy issues

Our review of the literature and data gathered from survivors, service providers, and other key informants produced a remarkably consistent picture; the following themes recurred.

7.1.1

Systematic 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. Women without dependent children, usually 50 years old or older, often having experienced long-term abuse from an intimate partner for whom they may be caring, are nearly invisible as a specific group in public policy, data, and service provision.

7.1.2

Long-term abuse and issues of dependency

Prolonged exposure to trauma is a feature of many older women's experience of domestic violence. There seems to be sparse literature documenting the effects of or the appropriate responses to long-term domestic abuse, but it is clearly an issue for the service providers surveyed and survivors interviewed.

In addition, the questions about dependency remain highlighted. As mentioned earlier, the familiar notion of 'older' women as vulnerable to abuse because of their frailty and reliance on carers was not supported by our 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 (Penhale 1999; Pillemer 1985).

Prolonged exposure to trauma is a feature of many older women's experience of domestic violence.



Our review of the literature and data gathered from survivors, service providers, and other key informants produced a remarkably consistent picture.

7.1.3

Adult children

The influence of family and of adult children on women's options for dealing with domestic abuse are 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. 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.

A contrasting picture emerged in many of our interviews with survivors and service providers. Although a few providers suggested that adult children were not always supportive, the majority indicated that sons and daughters were the most likely referral source for older women. This has clear implications for service providers wishing to develop effective outreach strategies to improve older women's access.

7.1.4

Barriers to service

The barriers that all women face in accessing support when experiencing domestic violence are multiplied for our population. 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. 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.

7.2

Improving access and services

Innovations at Women's Aid projects and reports in the literature offer a multitude of creative strategies for reducing these barriers: outreach targeting older women; shifting the service focus from women with children; housing options better suited for women in need of both self-contained and shared living spaces; screening and support by GPs and A&E staff adequately trained and supported by health services; coordination of services between domestic abuse and aged care agencies – these are a few of the most important options.

Finally, the divide between the elder abuse and domestic violence fields remains wide and problematic in Scotland.

Innovative projects, particularly in Australia and North America, provide some guidelines for other effective strategies; in particular, evidence from our data and from the literature points to the key role that health care professionals could play for older women in Scotland (Brandl & Horan 2002; Flitcraft 1995; Johnson & Elliot 1997; Krasnoff & Moscati 2002; Vinton 1992; Vinton 1998; Vinton, Altholz & Lobell Boesch 1997; Young 1998; Zink, Fisher, Pabst, Regan, Rinto & Gothelf 2002). 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.

Finally, the divide between the elder abuse and domestic violence fields remains wide and problematic in Scotland. Consensus in the literature is that the elder abuse paradigm does not successfully explain domestic violence against older women and that the feminist analysis that looks at gendered family relations is more useful. On the other hand, the domestic violence field's historical reluctance to address differences among women and their experiences has contributed to the systematic invisibility of older women as a specific group. Although the

ideological differences separating the fields seem likely to remain, some sharing of resources and coordination and integration of service seems feasible. Mutual participation in community-based multi-agency groups addressing violence against women would seem a logical first step. In addition, cross-training and integrated referral systems could be building blocks for cooperation and collaboration in future.

7.3

Suggestions for further investigation

Many questions remain. The following suggest directions for follow-up enquiries:

- **Outreach.** What would outreach appropriately targeted to older women look like? How and where should it be distributed? What would it cost? Development of effective outreach strategies for the diversity of older women needs user and service provider input and appropriate piloting.
- **Health care.** Similarly, strategies for improving access to the service system through interventions in health care settings need to be explored. Numerous service models in addition to universal screening exist in North America and Australia (e.g. case management and collaborative services – advocates from domestic abuse agencies working in the health care setting). A literature review with recommendations for tailoring good practice models to Scottish settings would be an important first step.

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7. FINDINGS AND FURTHER WORK

- **Police.** Almost nothing in the literature looks at police contact with older women. What can be done to increase women's faith in the criminal justice system such that they might be more willing to seek help from the police? Some investigation of current police practice (and particularly the use of domestic abuse liaison officers in some areas for elder abuse cases) and identification of good practice areas could support improvements in services in this sector.
- **Civil law.** There is little evidence about who uses the available forms of civil and family law protection against domestic violence, how often, at what cost, for what reasons, with what effects, and whether barriers remain. This is the case both generally and specifically for older women, who may encounter particular problems in sustaining access to the matrimonial home when there are no dependent children. We do not have a good understanding of women's experiences of obtaining and enforcing matrimonial interdicts, nor whether the reported difficulties with obtaining police protection through the criminal law are reduced if police enforce civil interdicts.
- **Housing.** We need to gain a better understanding of women's options to remain in safety in the family home by improving monitoring of civil and family law regulating the occupancy and ownership of the family home after divorce. We also need to have better evidence of women's attempts to secure alternative housing if remaining in the family home is not

an option. Homelessness statistics could be disaggregated by age and household type so that we can see what systematic biases may exist in the operation of the homelessness legislative framework. This is particularly important as the implementation of the Homelessness etc. (Scotland) Act 2003 gets underway, so that we monitor the results of the gradual phasing out of the priority-need category.

Other potential areas for investigation include the role of the courts in providing protection from abusers; availability of offender programme for violent men; and legal and financial services for older women who are at risk of losing their homes and incomes.



There is little evidence about who uses the available forms of civil and family law protection against domestic violence, how often, at what cost, for what reasons, with what effects, and whether barriers remain.

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