

Older women and domestic violence

An Overview

There are no firm data about the extent of domestic violence against older women¹, and historically services have focussed on the needs of women of child-bearing age². Sometimes it is assumed that domestic violence is mainly experienced by younger women³, and that older women's experiences can be put under the category of "elder abuse". This - in Hightower's words - "reflects a societal predisposition to homogenise older people by not taking into account individual differences, including gender"⁴. It also indicates a general disrespect of older people, and older women in particular, which is present in many societies throughout the world⁵.

Extent of domestic violence against older women

The 1992 British Crime Survey found that less than 4% of women over 60 said there had been any physical violence in their relationships – compared to 17% of 18 – 29 year olds. The self-completion questionnaires on domestic violence from the 1996 and 2001 British Crime Surveys (which were, however, offered only to women aged 16 – 59 years) also found that younger women were more likely to report violence than older women⁶ – despite there having been potentially a longer

¹ The self-completion questionnaire on domestic violence and intimate partner abuse from the British Crime Surveys of 1996 and 2001 are not offered to women over the age of 59. Women are defined as "older " at, variously, 50, 55, or 60 years.

² Scott, Marsha, McKie, Linda, Morton, Sarah, Seddon, Elizabeth, and Wosoff, Fran (2004) *Older women and domestic violence in Scotland: '...and for 39 years I got on with it.'* Produced for Health in Scotland by the Centre for Research on Families and Relationships (Edinburgh: Health Scotland). Available at: <http://www.hebs.com/research/cr>; Wolf, Rosie (2000) "The older battered woman" Institute on Aging, University of Massachusetts, Memorial Health Care, National Violence Against Women, <http://www.vawprevention.org/research/olderbattered.shtml>; Hightower, Jill and Smith, M.J. (Greta) "Gender violence: Voices of older women" in *Newsletter of older woman abuse* November 2004; available at: www.womanabuseprevention.com/html/elder_abuse/Gender_Violence.htm.

³ Scott, M. et al., (2004) *op.cit.*; Blood, Imogen (2004) *Older women and domestic violence* (London: Help the Aged); Hightower, J., Smith, M. & Hightower, H. (2001) *Silent and Invisible - A Report on Abuse and Violence in the Lives of Older Women in British Columbia and Yukon B.C./Yukon Society of Transition Houses, Vancouver, B.C.* Executive summary at : www.bcysth.ca/projects/ExSum.pdf

⁴ Hightower, J. (2002) *Violence and Abuse in the Lives of Older Women: Is it Elder Abuse or Violence Against Women? Does It Make Any Difference?* Background paper for INSTRAW Electronic Discussion Forum - Gender Aspects of Violence and Abuse of Older Persons, April 2002, available at: http://www.un-instraw.org/en/docs/ageing/Jill_Hightower_discussion_paper.pdf

⁵ See for example the report of research undertaken through focus groups with older people in 8 countries: World Health organisation/INPEA (2002) *Missing voices: Views of older persons on elder abuse* (Geneva: WHO/INPEA) available at: www.onpea.org/Main/Resources/MissingVoices.pdf

⁶ i.e. women aged 55 – 59 years; though reported rates of violence declined gradually from age 25.

period for violence to have occurred⁷. Data collected by the Scottish police show that in only 1.2% of reported incidents of domestic violence was the victim 61 or older, with a further 5.2% of victims aged 51-60 at the time of the incident⁸. A prevalence study in primary care settings in the Lomond area of Scotland found that only 7.6% of those participants aged 61 or over reported domestic abuse during their lifetimes – compared to 36.6% of the 41-60 age group and just under 30% of the sample generally⁹. A small-scale study of the factors which affect the mental well-being of older people (both women and men) makes no mention of domestic violence or abuse, and sees “family” as primarily a positive factor, enhancing an older person’s enjoyment of life¹⁰.

Explanation suggested for the (apparently) smaller proportion of older women experiencing domestic violence can be divided into (A) those which accept that older women are **less likely to experience** abuse; and (B) those which explain **under-reporting** of abuse.

A. Are older women less likely to experience domestic violence than younger women? In support of this it is suggested that:

- Younger men (who are more likely to be partnered with younger women) are more violent than older men.
- Younger women tend to have more partners, therefore there is a greater likelihood of one or more being violent.
- Younger women may be more vulnerable than older women¹¹.

⁷ Findings from 1996 BCS self-completion component on domestic violence: Mirrlees-Black, Catriona (1999) *Domestic violence: Findings from a new British Crime Survey self-completion questionnaire* (London: Home Office Research Study 191.) Data from the self-completion module on inter-personal violence from the BCS 2001: Walby, Sylvia and Allen, Jonathan (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey* (London: Home Office Research, Development and Statistics Directorate).

⁸ Reported in Scott, M. et al., (2004) *op.cit.*

⁹ Donaldson, Ann, and Marshall, Lisa (2005) *Domestic Abuse prevalence: Argyll and Clyde DAP study* (Glasgow Clydebank: West Dunbartonshire Domestic Abuse Partnership, et al.) Data were collected by self-completion questionnaires in GP surgeries. 17% of the sample were aged 61 or over, and there was a response rate of 94% of those eligible.

¹⁰ Bostock, Yvonne, and Millar, Carole (2003) *Older people’s perceptions of the factors that affect mental well-being in later life* (Edinburgh: NHS Scotland)

¹¹ Walby and Allen (2004) *op.cit.* p.84; but presumably would apply only to very young women when compared to women of middle-age/more experience, and **not** to much older women.

B. Are older women less likely to report domestic violence? In support of this it is suggested that:

- Older women may experience even more barriers to disclosure than younger women, and may therefore be more reluctant to report violence¹².
- Older women may not see their experiences as relevant to the survey.
- Older women's experiences of violence may have been some time ago and therefore they may have forgotten the incidents, or see them as no longer relevant.

It may also be the case that - since one consequence of repeated and prolonged violence is premature death – older cohorts will underestimate lifetime experience of abuse.

Alternative statistics from Australia indicate that one-third of all current victims of domestic violence are older women, but over 60% of them did **not** seek professional help¹³; while research in the USA suggests that older and younger women experience abuse to a similar extent¹⁴. Also, the 2001 British Crime Survey¹⁵ suggests that older women are more likely than younger women (particularly those aged 16-24) to define a given event as "domestic violence", contradicting the view that older women may not report domestic violence because they fail to recognise it as "abuse", or find it more acceptable than younger women¹⁶.

¹² Acierno, R. *et al.* (2001) "Rape and physical violence: Comparison of assault characteristics in older and younger adults in the national women's study" *Journal of Traumatic Stress* 14 (pp.685-695) cited in Scott, M. *et al.* (2004) *op. cit.*; Hague, G. and Wilson, C. (1996) *The silenced pain: Domestic violence 1945 – 1970* (Bristol: The Policy Press); Speltz and Raymond, quoting McKibben, state that older women are the least likely of all domestic violence victims to seek help. See McKibben, M. (1988) "Self-neglect: An issue for the battered women's movement" Wisconsin Department of Health and Social Services; Speltz, K. & Raymond, J. (2000) *op.cit.*. However, when services are specifically designed for older women, referrals increase dramatically. See Blood, 2004, *ibid.*

¹³ "Older women" seems here to refer to women aged 40 and over. Morgan Disney & Associates, with Cupitt, L. & Associates (2000) *Two Lives - Two Worlds: Older People and Domestic Violence* - Volumes 1 and 2; (Council on the Ageing, Status of Women, Partnerships Against Domestic Violence, Australia); available at: http://www.padv.dpmc.gov.au/projects/two_lives_two_worlds_older_people_dv.pdf. Older women are defined here as aged 50 and over.

¹⁴ Mouton, C.P. *et al.* (2004) "Prevalence and three year incidence of abuse among post-menopausal women" *American Journal of Public Health*, 94 (4) pp.605-12; quoted in Hightower and Smith (2004) *ibid.*

¹⁵ Self-completion questionnaire on inter-personal violence included in BCS 2001. Walby and Allen (2004) *ibid.*

¹⁶ For example, see Pritchard, Jacqui (2000) *The needs of older women: Services for victims of elder abuse and other abuse* (Bristol: The Policy Press); Brandt (2003) *op.cit.*. However, in contrast, a booklet by Brandl and Cook-Daniels suggests that some older women may see abuse as "normal" behaviour: Brandl, Bonnie and Cook-Daniels, Loree (2002) *Domestic Abuse in later life*; available from: http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_later-life.php.

Whatever the exact figures, it is clear that older women - just as younger women - experience physical, sexual, emotional and financial abuse, and neglect, from their partners and other family members, and that the dynamics of power and control are the same. It seems, however, that it may be harder for older women to seek help; and that when they do, the services available do not always meet their needs.

Research in the U.K.

Interest in the issue of older women and domestic violence is relatively recent. Much of the literature tends to be North American, and may not all apply in the UK context. There have, however, been three recent small-scale studies in the U.K., two specifically on domestic violence against older women¹⁷, and one more generally on abuse of older women¹⁸.

Marsha Scott and her colleagues talked to a number of key informants from service provider organisations throughout Scotland, both in person and by telephone, and also interviewed five survivors between the ages of 52 and 77 (contacted via Scottish Women's Aid projects). They also reviewed previous literature (from the UK, North America, Australia, Sweden and Finland). Their study concludes with some recommendations for policy, practice and future research.

Imogen Blood's report for Help the Aged and the housing development agency, hact, also reviews existing evidence on the incidence of domestic violence among older women (including studies from USA and Australia), and considers how their needs might differ from those of younger women. Blood looks at the accessibility and suitability of current domestic violence service provision for this age group, and describes in some detail two projects (one refuge, one outreach) with a particular focus on the needs of older women.

Jacqui Pritchard's study is based on confidential, in-depth interviews with women victims of elder abuse (many of whose abusers were their husbands, who had sometimes abused their wives – often financially - throughout the marriage) and with social care workers in three local authority areas of the North of England. [She found that](#) victims frequently remained in abusive situations because they did not know how to get practical help. Long-term support involving a wide range of agencies working together was needed. Social care professionals felt they needed better training and guidelines on how to respond when they suspected abuse. Pritchard also points to the links between child abuse, domestic violence and elder abuse, and the need for those working in each of these fields to learn from each other.

A number of themes recur in all these three studies, and most of the research and guidance from the USA, Australia and other countries. These will be summarised in the sections that follow.

¹⁷ Scott, Marsha, et al. (2004) , *op.cit.* ; Blood, Imogen (2004) *op.cit.*

¹⁸ Pritchard, J. (2000) *ibid.*

Explaining domestic violence against older women

Some accounts have distinguished different categories of domestic violence against the elderly¹⁹:

- **Domestic violence grown old** is when domestic violence started earlier in life and persists into old age: "a continuation of longstanding abuse or resentment"²⁰.
- Some older people **enter into abusive relationships late in life**, the perpetrators being new spouses or intimate partners.
- **Late onset domestic violence** begins in old age. There may have been a strained relationship or emotional abuse earlier that got worse as the partners aged.

When abuse begins or is exacerbated in old age, it is likely to be linked to one or more of the following:

- Retirement
- Disability
- Changing roles of family members
- Sexual changes

Research does **not** support the **myth of the "stressed care-giver"** as the predominant explanation for abuse²¹.

Sometimes the abuser may be an adult child – some research suggests in up to 25% of cases where older women are abused²². This may make it

¹⁹ For example, see article National Committee for the Prevention of Elder Abuse (1999) "Domestic violence" <http://www.preventelderabuse.org/elderabuse/domestic.html>; also Hightower, J., Smith, M. & Hightower, H. (2001) *op.cit.*

²⁰ Phillips, L. 2000 "Domestic Violence and Aging Women" *Geriatric Nursing*, Vol. 21, No. 4, pp. 188-195; available from the Clearing House on Abuse and Neglect of the Elderly (CANE) CANE File No. P5204-8 available at: <http://www.wordbridges.net/elderabuse/research/>

²¹ Brandl, B. and Cook-Daniels, L. (2002) *ibid.*; see also Speltz, K. & Raymond, J. (2000) *ibid.*; Bergeron, L. (2001) "An Elder Abuse Case Study: Caregiver Stress or Domestic Violence? You Decide" *Journal of Gerontological Social Work*; Vol. 34 (4), 47-63; 2001; Brandl, Bonnie and Raymond, Jane (1997) "Unrecognized elder abuse victims: Older abused women" *Journal of Case Management* Vol.6, No.2, pp.62-67); Brandl, B. (2000) "Power and Control: Understanding Domestic Abuse in Later Life" *Generations*; 39-45; Summer 2000; Pritchard, J. (2000) *op.cit.*; Manuel, Lisa (2004) "Does Caregiving Lead to Abuse?" *Newsletter on Older Woman Abuse* http://www.womanabuseprevention.com/html/elder_abuse/Does_Caregiving.htm

²² See Doege, D. (2002), (quoting Ledger, Elder Abuse Co-ordinator, Milwaukee County Department on Aging.) "Battered, Torn, But Not Broken: For Many Older Women Love Hurts" *Milwaukee Journal Sentinel*; July 7, 2002; available at: <http://www.jsonline.com/lifestyle/people/jul02/56906.asp>. Some estimates are even higher. For example, Canadian data, from crimes reported to the police, found that perpetrators of violence against older women were equally likely to be spouses or adult children (40% in each case) see Hightower, 2002, *op.cit.*; and an article produced by Legal Aid Services of Northeastern Minnesota suggests that over half of all elder abuse is caused by family members, 33% of which is perpetrated by adult children, and only 15%

even harder to speak out and to do anything about it. Financial abuse is a common factor, particularly when an adult child is the abuser²³, and abusive adult children may be financially dependent on their mothers²⁴.

If the abuse has been long-standing, the choices and options available to a woman in the past would have been much more limited than they are for young women today²⁵. "Older women" are not, however, an homogeneous group: there are at least two generations in this category, and women in both generations will for example differ in terms of sexuality, ethnicity, disability, and degree of engagement with feminist views²⁶. Life stage and life history may be more significant than simply a woman's age²⁷, and it is important never to make assumptions about a woman's situation or her needs based solely on her age.

Themes from the literature

A number of themes tend to recur, most of which focus on the particular difficulties for older women in identifying or disclosing abuse, or of doing anything about it once they have recognised it. There are also references to shortage of appropriate services, and to inadequate or inappropriate responses by professionals, particularly those working in health and social care services.

1. Definitions

- **Elder abuse or domestic violence?** There is sometimes a confusion between domestic violence in later life and elder abuse (and domestic violence may often be "hidden" by the latter.) Older women experiencing domestic violence occupy an ambiguous space between two social

by spouses. (The particular focus of the latter article, on "elder abuse", may have resulted in a relative lack of awareness of "domestic violence" by partners.) *Domestic violence and senior citizens: Facts about elder abuse* (Based on information from National Center for Elder Abuse); available at: <http://www.lasnem.org/VAWAsep.htm>. This article also contains a useful list of indicators of various kinds of abuse and neglect, including financial abuse.

²³ Smith, M.J.(Greta) and Hightower, Jill (2000) *Domestic Violence & Older Women (La violence familiale et les femmes âgées)* available from:

<http://www.bcifv.org/resources/newsletter/2000/summer/olderwomen.shtml>

²⁴ Wolf, R. and Pillemer, K. (1997) "The Older Battered Woman: Wives and Mothers Compared" *Journal of Mental Health and Aging*; Vol. 3 (3), 325-336; 1997. See also Speltz and Raymond, 2000, *op.cit*.

²⁵ Hague, G. and Wilson, C. (1996) *The silenced pain: Domestic violence 1945 – 1970* (Bristol: The Policy Press); Brandl, Bonnie (2003) *Where were you 30 years ago? Where are you today?* Wisconsin Coalition Against Domestic Violence (WCADV), National Clearinghouse Against Abuse in Later Life (NCALL). Available from: [http://www.eap.partners.org/WorkLife/Domestic Abuse/Are you worried about someone you know/Older Domestic Violence Victims.asp](http://www.eap.partners.org/WorkLife/Domestic%20Abuse/Are%20you%20worried%20about%20someone%20you%20know/Older%20Domestic%20Violence%20Victims.asp)

²⁶ Blood, (2004) *op.cit.*; Penhale, B. (1999) "Bruises on the Soul: Older Women, Domestic Violence, and Elder Abuse" *Journal of Elder Abuse & Neglect*; Vol. 11 (1), pp.1-22. This article looks at the varying situations of six women over the age of 80.

²⁷ Scott, M, et al. (2004) *op.cit*

issues²⁸. This may result in victims of abuse "falling between the cracks of the elder abuse and domestic violence systems"²⁹. The literature on elder abuse may see domestic violence against older women as a subset of this, or may ignore it altogether; but typically the victim is portrayed as vulnerable and in need of medical and social care; the perpetrator may be excused of responsibility, and hence a criminal justice response may be seen as inappropriate³⁰. The term "elder abuse" therefore has paternalistic and ageist connotations, and may result in inadequate or inappropriate responses by professionals and other service providers (see below).

2. Particular difficulties for older women: Identification and disclosure

- **Older women may have different understandings of "abuse"** from younger women (or professionals), due to upbringing, generation, etc. (Domestic violence was not regarded as a crime when they were young, and neither police action nor protection from the civil courts was readily available.) Older women may regard abusive behaviours as "normal" and acceptable³¹. However, in contrast, one study found that older people had no difficulty in defining abuse and certain behaviours as abusive - and suggests that care workers may be projecting their own uncertainties on to their perceptions of what victims say to them³². (This study also suggests that older women's attitudes have changed from when they were younger: while they acknowledged that "then you had to put up with it", now they were aware that abuse was unacceptable.)
- **Older women may not identify themselves as abused:** Images portrayed on TV, films and magazines show abused women as younger women with children, and may convey the impression that domestic violence doesn't occur in mid or later life³³.
- **Stigma and shame:** Older women may be particularly likely to feel ashamed or embarrassed at experiencing abuse from their partners³⁴;

²⁸ Blood, I. (2004) *op.cit.*. Pritchard (2000), whose focus was elder abuse, found that many of the abusers of the women in her study were their husbands, and the abuse had place over a long period of time.

²⁹The San Francisco Consortium for Elder Abuse Prevention Institute on Aging (1996) *Older Battered Women: Integrating Aging and Domestic Violence Services*. Available at: <http://www.ioaging.org>; See also: Sedger, Robyn (2001) "Is it aged abuse or domestic violence?" *Australian Domestic Family Violence Clearinghouse Newsletter* 9, 3-4, available from: <http://www.austdvclearinghouse.unsw.edu.au/dbtw-wpd/exec/dbtwpub.dll>; Hightower, J. (2002) *op.cit.*; Vinton, L. (2002) *Questions and Answers About Older Battered Women* Department of Elder Affairs, May 2002; available at: <http://ssw.fsu.edu/qaolderwomen/qaolderwomen.pdf>

³⁰ Scott, M. *et al.* (2004) *op.cit.*

³¹ Phillips, L. 2000 *op.cit.*; Morgan Disney *et al.*, 2000, *op.cit.*

³² Pritchard, J. (2000) *ibid.*

³³ Office for the Prevention of Domestic Violence, New York State, <http://www.opdv.state.ny.us/index.html>; Brandl and Cook-Daniels (2002) *op. cit.*. Scott, M, *et al.* (2004) *op.cit.*

³⁴ See, for example, Morgan Disney and Associates (2000) *op.cit.*. Macdonald, Lesley Orr (2000) *Out of the shadows: Christianity and violence against women in Scotland*

and they may also feel shame that they have put up with it for so long. Divorce or separation may seem impossible to contemplate (perhaps they married when marriage was seen as for life); and concern about family honour may particularly influence women from some BME communities. Those starting a new relationship in later life may be embarrassed and ashamed to admit they have made a mistake; moreover, they may have sacrificed previous independence for the new relationship, and find it difficult or impossible to re-establish this.

- **Not disclosing abuse:** Although it is hard for any woman to disclose that she is being abused by her partner, older women may find it particularly difficult³⁵. In the past, people were often expected to keep quiet about problems, particularly if they involved family members. Some women may never have disclosed domestic violence to anyone, or they may have given up after years of receiving negative reactions³⁶. One study found that issues of violence and abuse often surface in palliative care settings when women - or their partners - are dying³⁷.
- **Professionals' lack of awareness:** Health and social work professionals tend not to consider domestic violence as an issue for older women – and therefore rarely ask about it; and they may assume that injuries, confusion, etc., are the results of age-related conditions³⁸. They may assume that older men are not a serious threat, and/or that domestic violence lessens as people age. One study suggests that professionals may inhibit disclosure because they are unsure how to respond, or are under pressure to get things done quickly³⁹.
- **Isolation – both social and geographic:** This may affect some older women more than younger women; and also particularly affects women from rural or isolated communities, or from minority ethnic communities⁴⁰. Social withdrawal may also be used as a strategy for self-protection⁴¹.
- **Older women from ethnic minority communities** are less likely than younger women to speak or understand English⁴², and/or may have been kept from learning about availability of sources of help and support.

(Edinburgh: Centre for Theology and Public Issues, University of Edinburgh) quoted by Scott, M, et al. (2004) *op.cit.*

³⁵ Russo, Angela (n.d.) "Women's health program helps older domestic violence victims" University of Cincinnati Medical Center; available from <http://medcenter.uc.edu/news/bwhpelders.ucm>; Pritchard, J. (2000) *ibid.*

³⁶ Blood, 2004, *op.cit.*

³⁷ Judy Wright (2003) *Considering issues of domestic violence and abuse in palliative care and bereavement situations* by (Paper first published in the International Journal of Narrative Therapy and Community Work 2003, p.3.) Available at: www.dulwichcentre.com.au/JudyWrightarticle.htm

³⁸ Mullender, Audrey (1996) *Rethinking domestic violence: The social work and probation response* (London: Routledge); Blood, 2004, *op.cit.*

³⁹ Pritchard, J. (2000) *ibid.*

⁴⁰ Pritchard, J. (2000) *op.cit.*; Schaffer, J. (1999) "Older and Isolated Women and Domestic Violence Project" *Journal of Elder Abuse & Neglect*; Vol. 11 (1), 59-77; Speltz and Raymond, 2000 *op.cit.*; Hightower, Smith and Hightower (2001) *op.cit.*

⁴¹ Hightower, Smith and Hightower (2001) *op.cit.*

⁴² Blood, 2004, *op.cit.*

3. Particular difficulties for older women: Taking action

- **Lack of knowledge of resources available:** Older women may be even less aware than younger women of the services and other options available to those experiencing domestic violence⁴³. Some older women may think services are only for younger women, or for women with children⁴⁴.
- **Life stresses:** Changes such as death of family or friends, birth of grandchild, retirement, and moving may all play a part in some women's decision to stay in the abusive relationship⁴⁵.
- **Older women may themselves be carers** – of abusive partners, adult disabled children or others; or may feel their abusers are emotionally dependent on them, and/or feel responsible for them⁴⁶.
- **Disability or physical frailty** may be an issue: older women are statistically more likely than younger women to have health problems, reduced mobility or other disabilities⁴⁷. Disabled women of all ages have particular difficulties in leaving abusive relationships and finding appropriate services⁴⁸. In some cases, older women may be dependent on the abuser for daily care⁴⁹. In other cases, the abuser may be disabled or otherwise dependent on the victim for care, which may make it harder for her to leave the relationship. (Some research suggests a

⁴³ Pritchard, J. (2000), *op.cit.*; Blood, 2004, *op.cit.*, p.13; Nancy Worcester, Domestic Violence Training Project, Madison. Available at: cmckinley@dcs.wisc.edu; Sedger, 2001, *ibid.*

⁴⁴ Scott, M, et al. (2004) *op.cit.*, report a widespread myth – among service providers and women themselves - that Women's Aid and other domestic violence services prioritise younger women with children. See also Hightower, Smith and Hightower (2001) *op.cit.*. Pritchard, J. (2000) *ibid.*

⁴⁵ Office for the Prevention of Domestic Violence, (OPDV) New York State, as above.

⁴⁶ Blood, 2004, *op.cit.*; Brandl and Cook-Daniels, 2002, *op.cit.*; Bergeron, L. (2001) *op.cit.*; Phillips, L., Torres de Ardon, E. & Briones, G. (2000) "Abuse of Female Caregivers by Care Recipients: Another Form of Elder Abuse" *Journal of Elder Abuse & Neglect*, Vol.12 (3/4), 123-143; Phillips, L. (2000) *op.cit.*

⁴⁷ Hightower, Smith and Hightower (2001) *op.cit.*

⁴⁸ For example, see James-Hanman, D. (1998) *Social Exclusion and Domestic Violence* (London: Greater London Domestic Violence Project); James-Hanman, D. (1994) *Domestic Violence: Help, Advice and Information for Disabled Women* (London: London Borough of Hounslow); Humphreys, C. and Thiara, R. (2002) *Routes to Safety: Protection Issues Facing Abused Women and Children and the Role of Outreach Services* (Bristol: Women's Aid Federation of England); Magowan, P. (2003) "Domestic violence and disabled women", *Safe*, Bristol: Women's Aid, Spring 2003; Chenoweth, L. (1997) "Violence and women with disabilities: silence and paradox", in Cook, S. and Bessant, J. (eds) *Women's Encounters with Violence: Australian Experiences*, (Thousand Oaks CA: Sage); Nosek, M. A. and Howland, C. A. (1998) *Abuse and Women with Disabilities* accessed at <http://www.vaw.umn.edu/documents/vawnet/disab/disab.html>; Erwin, P. (1999) "Intimate and caregiver violence against women with disabilities" available at: <http://www.bwjp.org.documents/Erwin-diswomenformatted1.htm>.

⁴⁹ *Elder abuse: Battering of older women* available from http://www.feminist.com/resources/ourbodies/viol_dom.html

strong association between physical abuse, and the dependency of the perpetrator of that abuse on his victim⁵⁰.)

- **Older women may fear the consequences of intervention:** They may be afraid of appearing in court, leaving their homes, losing financial independence, or being placed in nursing homes. Some women fear having their decision-making rights taken from them by service providers⁵¹.
- **Fear of financial insecurity:** Some older abused women have no formal education or economic resources and are more economically vulnerable and more likely to be financially dependent on their abusers than younger women⁵². Sorting out entitlement to social security benefits may take some time, and women may be unaware of their entitlements. Health problems and disability compound these difficulties – as do the lack of sufficient pension entitlement or (in countries where there is no NHS) fear losing health insurance or other benefits.⁵³
- **Leaving the home of a lifetime** (and treasured possessions, pets, etc.) may be particularly difficult for older women⁵⁴. (Older women are more likely than younger women to own or jointly own their accommodation⁵⁵.) If the abuser is a long-term spouse or partner, ending the relationship and "starting all over again" may be almost unthinkable⁵⁶. Some women may have lived all their lives in the same community, and may not be willing to leave the area and all their friends; this is a particular problem in rural areas where it may be impossible to resettle anonymously. They may never have lived on their own, but moved from their family of origin into marriage or a relationship with an abusive partner.

4. Responses of family members and adult children

- Siblings or children may have tried to keep the couple together

⁵⁰ See for example, Pillemer, K. (1985) "The dangers of dependency: New findings on domestic violence against the elderly" *Social Problems* 33 (pp.146-157); cited by Scott, M. et al. (2004) *op.cit.*; Penhale, B. (1999) "Bruises on the Soul: Older Women, Domestic Violence, and Elder Abuse" *Journal of Elder Abuse & Neglect*, Vol. 11 (1), pp.1-22; Lev-Wiesel, R. and Kleinberg, B. (2002) "Elderly battered wives' perceptions of the spousal relationship as reflected in the drawings of the couple" *The Arts in psychotherapy* Vol.29, (1) pp.13-17. This latter article assumes that long-term physical abuse had now stopped, following the husband's mental and/or physical disability - but says that drawings indicate that the women continue to view their husbands as threatening.

⁵¹ OPDV, as above; Brandl and Cook-Daniels, 2002, *op. cit.*; Speltz and Raymond, 2000 *ibid.*

⁵² Blood, 2004, *op.cit.*; Smith, M.J.(Greta) and Hightower, Jill (2000) *op.cit.*; see also Hightower J., Smith M.J., Ward-Hall C.A., & Hightower H.C. "Meeting the Needs of Abused Older Women? A British Columbia and Yukon Transition House Survey." *Journal of Elder Abuse and Neglect* Vol.11(4), 99. Legal Aid Services of Northeastern Minnesota, <http://www.lasnem.org/VAWAsep.htm>; Raymond, J. (2000) "Housing and the older battered woman" *Victimisation of the elderly and disabled* Vol.2 (5) Jan/February 2000; Hightower, Smith and Hightower (2001) *op.cit.*

⁵³ OPDV as above.

⁵⁴ Blood, 2004, *op.cit.*; Hightower, Smith and Hightower (2001) *op.cit.*

⁵⁵ Blood, 2004, *op.cit.*

⁵⁶ See http://www.feminist.com/resources/ourbodies/viol_dom.html

- Alternatively, they may have begged her to leave many times before, and now given up.
- Some adult children will be supportive of their mothers and help them in any way they can. Others create barriers by encouraging women to stay, believing that if she leaves the children may need to take responsibility for their abusive father. Some side with the abuser, believing their mother's role is to keep the family together⁵⁷.
- She may have family responsibilities such as caretaking for elderly parents, siblings or dependent children, that influence her decisions.
- Sometimes an adult son or daughter is the abuser.

5. Professional responses

- **Lack of training** may mean social workers and other care professionals may lack the skills and knowledge to deal confidently with cases where older women are abused⁵⁸.
- **Professionals may accept ageist stereotypes**⁵⁹: They may not consider domestic violence, may not ask about it. (See above). Or they may think "It cannot be that bad, or she would have left years ago"⁶⁰. Victim-blaming may be even more prevalent when a woman has lived with the abuse for a very long time⁶¹. Older women survivors interviewed for a study in Scotland talked about frustrating encounters with GPs, healthcare staff and other professionals who often knew about the abuse but failed to provide any constructive help⁶².
- **"Vulnerable adults"**: Older people tend to be treated as "vulnerable adults", almost like children – or possibly suffering from the beginnings of dementia, and therefore confused, or unable to look after themselves or make independent decisions. Policies that have been developed in part to respond to elder abuse may not be appropriate⁶³. Ideally, the response of service providers should be broadly the same whether or not someone is defined as "vulnerable"⁶⁴; however, there may be the option of using community care services as part of the protection package.

⁵⁷ Blood, 2004, *op.cit.*; Office for the Prevention of Domestic Violence, New York State, as above; Morgan Disney, 2000, *ibid*.

⁵⁸ Pritchard, J. (2000), *op.cit.*; Blood, 2004, *op.cit.*

⁵⁹ Blood, 2004, *op.cit.*; Scott, M, et al. (2004) *op.cit.*; Doege, 2002b; Vinton, L. (1999) "Working with Abused Older Women from a Feminist Perspective" *Journal of Women and Aging*; Vol. 11 (2/3), 85-100; 1999; co-published simultaneously in *Fundamentals of Feminist Gerontology*, Garner, J.D., ed.; Haworth Press, Inc., 1999.

⁶⁰ Blood, 2004, *op.cit.*.

⁶¹ Seaver, C. (1996) "Muted Lives: Older Battered Women" *Journal of Elder Abuse & Neglect*; Vol. 8 (2), pp. 3-21.

⁶² Scott, M. *et al.* (2004) *op.cit.*

⁶³ Sometimes an older woman may fall within the defined criteria of "vulnerable adult" - i.e. she is eligible for community care services because of disability or infirmity; and in this case, all agencies (both statutory and voluntary) have to follow the multi-agency Policies and Procedures for the safeguarding and protection of vulnerable adults. See Blood, 2004, *op.cit.*

⁶⁴ Ingram, R. (2001) "Is it domestic? or is it Adult Abuse?" in Pritchard, J. (ed.) *Good practice with vulnerable adults* (London: Jessica Kingsley) cited in Blood, 2004, *op.cit.*

Only if someone's capacity to make independent decisions has been impaired should decisions be made on her behalf.

- **Discouraging disclosure:** There is some evidence that some professionals may inhibit their clients' disclosure of abuse either because it does not fit their preconceived ideas, or because it would lead to further demands⁶⁵.

6. Inadequacy of services

- **Services may not be appropriate for older women:** May need different services: "Violence spares no age group but the services required differ dramatically across the lifespan⁶⁶." Refuge accommodation in particular may be uncomfortable or inappropriate for older women⁶⁷ - too noisy, too many children, too stressful, and inaccessible for women with disabilities: and the younger women are likely to be more assertive, sometimes making it hard for older women to get the support they need,⁶⁸. The "self-help" model familiar to younger women may be unfamiliar to older people, as is the possibility of calling a stranger to discuss personal or family problems⁶⁹. Some older women may have caring responsibilities for older children or for grandchildren, including teenage boys, who cannot usually be accommodated in refuges.
- **Flexibility and variety of services are needed:** for example, drop-in and outreach services, available at places older women feel comfortable (e.g. health centres or community centres)⁷⁰ and support in their own homes. Staff may need training on older women's needs – including benefits/pensions available to older women, and the ageing process⁷¹.

7. Additional issues for older women

- **Longterm effects of abuse** include: permanent physical damage, chronic eating disorders, disability, self-harm, self-neglect, loss of

⁶⁵ Pritchard, J. (2000) *op.cit.*

⁶⁶ Smith and Hightower, 2000, *op.cit.*; see also: Pritchard, J. (2000) *ibid.*; Hightower, J., Smith, M. & Hightower, H. (2001) *op.cit.*

⁶⁷ A survey in Canada found that women over 60 constituted only 2% of the women in refuges, while they form 22% of the female population. See Hightower, J., Smith, M. & Hightower, H. (2001) *op.cit.* In the UK, similarly, use of refuge accommodation by older women seems to be relatively rare, though no systematic survey has been undertaken. However, one refuge organisation which provides a specialist worker and a refuge house specifically designated for older women, has found that 21% of women accessing refuge accommodation are aged over 50. See Blood, 2004, *op.cit.*

⁶⁸ Blood, 2004, *op.cit.*; Smith and Hightower, 2000, *op.cit.*; Raymond, J. (2000) *op.cit.*

⁶⁹ Brandl, B. (2003) *op.cit.*

⁷⁰ Blood, 2004, *op.cit.*

⁷¹ Smith and Hightower, 2000, *op. cit.*

confidence and mental health problems⁷². (While all these can occur in younger women, they are likely to be more severe and serious for older women, due to the possibly longterm extent of abuse, and their increased frailty. They may also be misconstrued as a normal part of the ageing process, rather than as the consequences of abuse.)

- As with younger women, the frequency and severity of injuries may increase over time, and **confusion and disassociation** may result.
- **Prolonged trauma** – perhaps experiencing abuse over a period of 30, 40 or 50 years - may mean older women need more support, for a longer period, before they feel able to make the transition to living alone⁷³. They may need additional time before they feel able to make changes in their lives⁷⁴. Health problems – particularly mental health and mobility issues – are prevalent⁷⁵.
- **Increased chance of suicide**: One study in Virginia found a significant link between suicidal issues and history of abuse in women aged 55 and older⁷⁶. (However, there was no confirmation that suicide was *more* likely among older abused women than younger ones, as there were no comparable figures and no control group.) The risk of homicide-suicide is also greater⁷⁷ - i.e. where someone kills one or more people (usually a partner) before killing himself. (In most such cases, the perpetrator - almost always a man - had made a unilateral decision to kill both of them; and in around 30% of cases, this was the culmination of years of domestic violence, the final assault often triggered by the victim's decision to end the relationship.)

General Recommendations for all agencies

- ❖ **Recognise** that domestic violence does not end at 50 or at 60.
- ❖ **More research is needed** to identify the extent of the problem and monitor take-up of existing service provision⁷⁸.
- ❖ **Listen to older women**: find out what their needs are, and encourage them to talk about the abuse they have experienced – possibly over a lifetime⁷⁹.

⁷² Despite this, a recent report on the mental health of older people does not once mention abuse: Bostock, Yvonne and Millar, Carole (2003) *Older people's perceptions of the factors that affect mental well-being in later life* (Edinburgh: NHS Health Scotland. Available from <http://www.hebs.com/research/cr>. The Department of Health's NSF for older people mentions "abuse" on three occasions, but never specifically in the context of violence from an intimate partner.

⁷³ Scott, M, et al. (2004) *op.cit.* Blood, 2004, *op.cit.*.

⁷⁴ Pritchard, J. (2000) *ibid.*

⁷⁵ Scott, M, et al. (2004) *op.cit.*

⁷⁶ Osgood, N. and Manetta, A. 2001 "Abuse and Suicidal Issues in Older Women" *Omega*, Vol. 42, No. 1, pp. 71-81. CANE File No. P5208-6 available at: <http://www.wordbridges.net/elderabuse/research/>

⁷⁷ Cohen, Donna (2000) "Homicide-suicide in older people" *Psychiatric Times* Vol. XVII, Issue 1.

⁷⁸ Blood, 2004, *op.cit.*

- ❖ **Have older women visible** in your organisation in positions of power, and working within your organisation⁸⁰.
- ❖ **Provision of training** in the needs of older women survivors⁸¹.
- ❖ **Development of clear policies and guidelines for action**⁸².
- ❖ **Ensure that services are flexible and available for diverse needs:** e.g. when abuse is from an adult child, carer or someone else; offer support and/or counselling if abuse not current (e.g. abuser has died or become ill/infirm.⁸³) Refuge accommodation or satellite projects which offer self-contained units may be particularly helpful for older women⁸⁴.
- ❖ **Accessibility:** Ensure services are accessible and user friendly. For example, older women may need more time to disclose and talk about a lifetime of abuse⁸⁵.
- ❖ **Open access community outreach services and programmes** may be helpful, in enabling disclosure⁸⁶, reducing isolation, and offering appropriate support, perhaps particularly if women choose to remain with the abuser⁸⁷.
- ❖ **Development of specific services and designated workers** for older women⁸⁸: older women do use services supportive interventions and

⁷⁹ Pritchard, J. (2000), *op.cit.*; Brandl (2003) *op.cit.*; Brandl and Raymond (1999) *op.cit.*

⁸⁰ Brandl (2003) *op.cit.* Blood, 2004, *op.cit.*

⁸¹ Blood, 2004, *ibid.*

⁸² One example, from Australia, is Duncan, J. (2002) *Working with older women: Resources and standards for responding to current or past violence* (Melbourne: CASA House, The Royal Women's Hospital). This handbook includes resources for training and supporting workers, and standards of practice, with performance indicators for measuring progress..Cited in Scott, M. (2004) *ibid.*

⁸³ Brandl (2003) *op.cit.*; Brandl and Raymond (1999) *op.cit.*

⁸⁴ See Blood, *op.cit.* Such accommodation may also be appropriate for other women - such as those with mental health or substance use needs, or who have older sons.

⁸⁵ Brandl (2003) *op.cit.*; Brandl and Raymond (1999) *op.cit.*

⁸⁶ One community awareness outreach programme in the Perth, Western Australia, "Staying Safe," drew upon the shared experiences of older people living in the community, and used psychodrama to act out various abuse scenarios. Participants discussed their reactions, a number of abuse disclosures were made and individuals were offered follow-up counselling and support programmes. Kingsley, B. 2002 "Community Empowerment: Promoting the Safety and Minimising the Abuse of Older People" *Australian Journal of Primary Health*, Vol. 8, No. 2, pp. 98-101, CANE File No. P5136-4, available at: <http://www.wordbridges.net/elderabuse/research/> Also from Australia is Hastings, C. and MacLean, K. (2002) *Addressing violence against women in a rural context* (Report from "Expanding our horizons" conference, Sydney). Although not specifically addressing the needs of older women, the authors look at one specific project aimed at encouraging participation of older women. Cited in Scott, M. (2004) *ibid.*

⁸⁷ Blood, 2004, *op.cit.* Scott, M. et al., (2004) *op.cit.*

resources that are appropriately designed for their needs⁸⁹. Resettlement support is also very helpful.

- ❖ **Provision of appropriate housing** to meet the needs of older women who leave their existing accommodation because of domestic violence⁹⁰; for example, clustered houses with on-site support can provide space, independence and ongoing support. Mainstream supported housing for older people may not offer the right kind of level of support, and other options may also be unavailable or inappropriate for single older women who may have experienced a lifetime of abuse⁹¹.
- ❖ **Ensure that publicity material uses images of women of all ages**, is in large print, and is displayed in places older women use (e.g. post offices, community centres, health centres and surgeries). Try to communicate the message that, however long the abuse has been going on, it does not have to continue any longer.
- ❖ **Develop strong links with other agencies** in order to raise awareness and increase referrals of women from all age groups.

Recommendations for health and social care services

When a patient or client is experiencing domestic violence, many of the same guidelines apply, no matter what the age of the victim; for example, providing an opportunity to talk in confidence about the abuse, listening empathically, documenting carefully, helping with safety planning⁹², and so on. Don't assume that because the woman is over 60 and has (perhaps) been living with abuse for many years, there is nothing she or anyone else can do about it. The following recommendations may particularly apply to situations where an older woman is experiencing domestic violence:

⁸⁸ Blood, 2004, *ibid.*, describes several projects - both outreach and refuge services - which make special provision for older women, and hence increase their take-up of services; see also Scott, M. *et al.* (2004) *ibid.*; Brandt (2003) *op.cit.*; Brandl and Raymond (1999) *op.cit.*

⁸⁹ For example, see Seaver's article, which describes a service run by Milwaukee's Older Abused Women's Program: Seaver, (1996) *op.cit.* Some innovative services for older women that have been developed across USA and Canada are described in Nerenberg, L. (1996) *Older Battered Women - Integrating Aging and Domestic Violence Services* Institute on Aging, San Francisco Consortium for Elder Abuse Prevention for the National Center on Elder Abuse (NCEA); San Francisco, CA.

⁹⁰ Raymond, J. (2000) *op.cit.*; Blood, 2004, *op.cit.*

⁹¹ Blood (2004) highlights a housing association in Dublin which provides medium to long stay supported accommodation to women who have experienced domestic violence, and has received a growing number of referrals from older women.

⁹² For example, see Heisler, C. & Brandl, B. (2002) "Safety Planning for Professionals Working with Elderly and Clients Who are Victims of Abuse" *Victimization of the Elderly and Disabled*; Vol. 4 (5), 65-80; January/February 2002; available at:

http://www.elderabusecenter.org/default.cfm?p=cane_obw.cfm; also Brandl, B. (2000) "Power and Control: Understanding Domestic Abuse in Later Life" *Generations*; 39-45; Summer 2000.

- ❖ **Believe women:** Don't assume that allegations of abuse from a partner, family member or carer are the result of confusion or dementia. Ensure you see her alone, without her carer, on at least some occasions.
- ❖ **More training** for professionals on how to tackle the issues, accompanied by practical help, support and supervision⁹³.
- ❖ **Increasing awareness of healthcare professionals, leading to proactive interventions:** For example, all women over 60, and those with disabilities, could be routinely questioned about abuse⁹⁴; and those providing home care services could be trained in awareness and safe interventions⁹⁵.
- ❖ **Provide information** on domestic violence to all women and offer options and contact numbers for appropriate services⁹⁶.
- ❖ **Multi-agency Policies and Procedures** for the safeguarding and protection of vulnerable adults⁹⁷ should specifically recognise domestic violence and the particular needs of older and vulnerable people who are experiencing it.

⁹³ Blood, I. (2004) *op.cit.*; Pritchard, J. (2000) *op.cit.*; A training curriculum specifically to enable service providers to improve services for older women experiencing domestic violence has been developed in Wisconsin by Bonnie Brandt and Jane Raymond. *From a web of fear and isolation to a community safety net*, 2002. Available from National Clearing House on Abuse in Later Life, Wisconsin, which also produces a short check list of questions to ask, danger signs, and safe interventions: *Domestic abuse in later life: Tips on working with victims*, 2003. The National Center on Elder Abuse in Washington, DC, also produces a Fact Sheet, *Domestic violence knows no age limits* (2005), which also has a useful list of signs for recognising domestic violence in later life. See also Stiegel, L., Heisler, C., Brandl, B. & Judy, A. (2000) "Developing Services for Older Women Who Are Victims of Domestic Violence or Sexual Assault" *Victimization of the Elderly and Disabled* Vol. 3 (2), 17-28 and Vol. 3 (4) 49-60. In Florida, a training manual has been developed in order to train meals on wheels volunteers in domestic violence awareness and identifying abused clients: Maxwell, M.S. and O'Rourke, K.S. (1999) *Domestic abuse in later life: A competency based Training Manual for Meals on Wheels Volunteers and Other elder services staff* (Rural Victimization project, Florida State University) available from: <http://familyvio.ssw.fsu.edu/rural/elderly.html>.

⁹⁴ Brandl, B. and Horan, D. (2002) "Domestic violence in later life: An overview for healthcare providers" *Women and Health* Vol.35 (2/3) pp.41-54; also included in Reyes, C. et al. (ed.) (2002) *Domestic violence and health care: Policies and prevention* (Haworth Medical Press, Inc.) A domestic violence and elder abuse "screening tool" has been developed in Ohio by the Benjamin Rose Institute, in order to aid identification of abuse, and help in referring victims to appropriate services. See Anetzberger, G. (2001) "Elder Abuse Identification and Referral: The Importance of Screening Tools and Referral Protocols" *Journal of Elder Abuse & Neglect*; Vol. 13 (2), 3-22; also Nagpaul, K. (2001) "Application of Elder Abuse Screening Tools and Referral Protocol: Techniques and Clinical Considerations" *Journal of Elder Abuse and Neglect*; Vol. 13 (2), pp. 9-78. Russo, Angela (n.d.). *op.cit.*

⁹⁵ Drake, V. & Freed, P. (1998) "Research Applications: Domestic Violence in the Elderly" *Geriatric Nursing*; Vol. 19 (3), 165-167.

⁹⁶ Brandl and Raymond (1999) *op.cit.*

⁹⁷ Department of Health (2000) *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (London: Department of Health) (available from: www.dh.gov.uk)

(The immediate reporting of abuse to Social Services may conflict with the needs of privacy and confidentiality, and may disempower the victim.) It is essential to develop close partnership working between those working in adult protection - who often have low gender awareness and traditionally have not had a key role in domestic violence work - and those in domestic violence services⁹⁸. Consistency between adult protection and domestic violence policies, eventually resulting in full co-ordination of services and interventions, is recommended.

- ❖ **Separate workers** for the abuser and the victim, when both are receiving support from social services⁹⁹.
- ❖ Those professionals working in the fields of domestic violence, child abuse and elder abuse should **collaborate and learn** from each other, recognising the links and overlaps between all these forms of abuse.

In general, the limited resources often available to older women, and their increased risk of poverty and/or dependence on their male partners, also puts them at increased risk of domestic violence. Addressing older women's needs for economic independence would help in enabling increased choice, and hence improved chances of escaping abuse.

⁹⁸ See Blood, (2004, *ibid.*) for a fuller discussion of the issues. Scott *et al.* (2004) talk of an "ideological gulf" separating those working in older care services from those working in domestic violence services (*op.cit.*, p.7 and *passim.*). They found little evidence in Scotland of co-ordination of services or planning, nationally or locally. In Wisconsin, USA, Speltz and Raymond (2000, *ibid.*) call for a fully co-ordinated community response as the ideal.

⁹⁹ Pritchard, J. (2000) *op.cit.*; Brandl and Raymond (1999) *op.cit.*

Addendum: Recent quantitative study of abuse and neglect of older people

New data from study released in June 2007 (O’Keeffe et al. 2007, published by the National Centre for Social Research for DH and Comic Relief) indicate that both abuse and mistreatment of older people are widespread. Note that this study looks at abuse and mistreatment of older people¹⁰⁰ by partners, family members, friends and carers – so although a large proportion of this could be termed “domestic”, in that the abuser lives/lived with the victim, not all of it is.

- The researchers estimate that very large numbers of older people are being abused – physically, financially and emotionally; and when neglect is included, they estimates that **227,000** experienced mistreatment during the past year, from family members (including partners), carers or close friends. (2.6% of the population aged over 65).¹⁰¹
- In 80% of cases, the abuser was a partner or a relative – and in 57%, it was a partner
- In 50% of cases, the victim and the abuser lived in the same home
- More than 90% of victims of inter-personal violence (i.e. excluding neglect and financial abuse) were women; and 80% of the perpetrators of interpersonal violence were men. (However the numbers were very small.)

The definitions (of “abuse”, etc.) used in this study overlap with Women’s Aid definition: “interpersonal abuse” is defined more narrowly than domestic violence in that it excludes financial abuse; however the definition of “mistreatment” is wider, as it includes neglect (as well as financial abuse), not all of which would fall into the category of systematic and deliberate abuse - particularly when it is the result of one very elderly partner in failing health trying but failing to support his/her even more frail partner.

The sample consisted of 2,111 people aged 66 and over, from throughout UK¹⁰², weighted to be representative of general population of this age group living in private households. Fieldwork took place between March and September 2006, and consisted of face to face interviews, with respondents being asked to complete one section on particularly sensitive issues themselves on a laptop computer.

¹⁰⁰ People (both sexes) aged 66 and over, living in their own homes including sheltered accommodation, but **not** care homes, nursing homes or hospitals

¹⁰¹ However, their sample size is only 2000, and the % of those disclosing abuse is between 1 and 2%, so the estimate may be unreliable.

¹⁰² Nationally representative probability sample, based on a follow-up of respondents who previously took part in govt commissioned health surveys (except for Wales, where they used Postcode Address file.) Overall response rate was 65%. Those with dementia or serious mental illness were excluded from sample. The sample is likely to underestimate extent of abuse, both because of these exclusions, and because those who experience ongoing abuse from those they live with are unlikely to agree to this kind of follow-up survey.

Questions related to incidents - either single incidents or several – specifically during the past 12 months only¹⁰³. Informants were also asked about physical, financial and sexual abuse¹⁰⁴ since age 65, and the prevalence rates came to between 50% and 100% higher than for the past year.

Focusing on “incidents” ignores the context – including whether there is a pattern of continuing abuse, and the extent to which this is seen as threatening and/or frightening, and perpetrated within a relationship of power and control. Also, although it is clear that a high proportion of the abuse identified is from partners/ex-partners or close relatives who live with the victim, it is not easy to get exact figures.

Jackie Barron
Women’s Aid
2007

¹⁰³ From a research point of view, there may be good reasons for this; but additional questions could also have established context, severity and whether or not the abuse is ongoing and/or long-standing. Also, it is not comparable to studies which look at abuse during one’s lifetime.

¹⁰⁴ But not about emotional abuse or neglect.

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¹⁰⁵ This report was not available at the time of writing. Please see Addendum for comments.

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Additional material provided June 2007