Older women and domestic violence in Scotland

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

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

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

Policy context
Domestic violence has featured to varying degrees on the public policy agenda in Scotland and the UK since the mid 1970s. Early state responses to domestic violence featured across a number of policy arenas, including civil and criminal law, housing, health, social services, health education and social security. Since the late 1990s, domestic abuse has had unprecedented prominence in public policy in Scotland. The Scottish Partnership on Domestic Abuse, established in November 1998, produced the National Strategy to Address Domestic Abuse in Scotland two years later. This policy focused accelerated government activity at both national and local levels and increased support for voluntary sector initiatives on domestic abuse.

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References

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

Read the reports at http://www.crfr.ac.uk/briefings.htm

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

The first study was published in June 2004. Data were gathered from a variety of sources:
- a review of literature from the UK, North America, Australia, Sweden and Finland
- review of data sources
- interviews with survivors
- a telephone survey of service providers around Scotland
- key informant interviews

The follow-up study was conducted in 2007 (Scott 2008) and provided an update to the initial report in the form of a review of literature published between 2003 and 2007.
Older women are more likely to report more health conditions than those who were not abused. Older women reporting psychological/emotional abuse... “alone, repeatedly, or with other types of abuse – had significantly increased odds of reporting bordering on initial problems, digestive problems, depression or anxiety, chronic pain, and high blood pressure or heart problems” (2001).

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

**Issues of dependency**

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

The familiar notion of ‘older’ women as vulnerable to abuse because of their frailty and reliance on carers was not supported by the research. Instead, women’s dependence seems to be a product of limited economic assets, constricted access to income and housing and progressively fewer avenues for obtaining financial independence as they age. The other, less familiar and perhaps more salient, issue around dependency is the data from the elder abuse field indicating that the dependence of her partner (or another adult family member) increases an older woman’s risk for abuse.

**Adult children**

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

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

**Barriers to support**

Older women face serious barriers to accessing support to deal with their partners’ or ex-partners’ behaviour as abuse or violence (Fisher Regan 2006) as well as an 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.

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

**Talking to survivors**

“A 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. Just, honestly, have said please God make this the last.”

Interviewed survivor

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

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

- Some older women may be less able or less willing to leave their partners or ex-partners’ behaviour as abuse or violence (Fisher Regan 2006)
- Foremost amongst older women’s concerns was being unable to survive financially or being inappropriately placed in residential care and losing their homes, families and social circles (Mears 2003, 1486)

**Talking to service providers**

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

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

Most providers surveyed did not think that older women need special services. However, while most explained that older women have the same needs as younger women, older women may need similar services delivered differently. This was seen as an important distinction that underscored the need to offer appropriate choices to all women. The barriers all women face in accessing support or to make them return to living with an abuser.

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