Older women and domestic violence

A report for Help the Aged/hact by Imogen Blood
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The Older Homelessness Development Project

The Older Homelessness Development Project (OHDP) was based at Housing Projects Advisory Service, Manchester, from 2000 to 2001 and funded by the Help the Aged/hact Older Homelessness Programme.

The aims of the project were to:

- raise service provider awareness;
- undertake short research and evaluation projects; and
- disseminate innovative practice in work with older homeless people in several areas of service provision.

The primary, though not exclusive, focus was on the North West of England.

This report presents the key findings from work undertaken around the issue of service provision to older women experiencing domestic violence. Other reports from the project written by Imogen Blood include:


Reports and summaries can be obtained from Publishing Services, Help the Aged, 207–221 Pentonville Road, London N1 9UZ.

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Introduction

Despite recent interest in elder abuse, there has been little specific consideration of the needs of older women in England who are experiencing or have experienced domestic violence.

This report seeks to challenge the assumptions that domestic violence is not an issue for older women and that older women are not the concern of those working in the domestic violence field. It argues that, since older survivors of domestic violence occupy the overlap between the concepts of ‘domestic violence’ and ‘elder abuse’, there is a danger that their needs are overlooked by the resulting policies and services of both.

This report presents the findings of research undertaken by the Older Homelessness Development Project (OHDP). Chapter 1 aims to provide context by discussing issues of definition, reviewing existing evidence around the incidence of domestic violence among older women, and considering some of the ways in which their needs might differ from those of younger women.

Chapter 2 reviews different models of domestic violence service provision and considers their accessibility and suitability for older women. It describes a range of projects, both mixed age and specialist, working with older survivors and discusses take-up statistics and issues arising from interviews with project workers.

Chapter 3 discusses the opportunities and challenges presented by the Department of Health’s (2000a) No Secrets guidance. It argues that partnership working between the adult protection and domestic violence fields is vital if these opportunities are to be realised and describes initiatives working to this end.
1 Context

In this chapter, we highlight the danger of older survivors of domestic violence falling between the definitions of ‘domestic violence’ and ‘elder abuse’ and the subsequent policy responses to both social problems. We consider the very different social climate within which today’s older women were raised and, in most cases, married. We review incidence statistics, whilst warning of the likelihood of substantial under-reporting and mis-identification among this age group. We begin to explore some of the ways in which older women’s later position in their individual life histories and their earlier position in the history of ‘domestic violence’ as a social problem might affect their needs and the way in which these are expressed.

Defining ‘domestic violence’ and ‘elder abuse’: where do older women fit in?

The Home Office gives the following definition of ‘domestic violence’ in order to promote consistency in the collection of police statistics:

…the term domestic violence shall be understood to mean any violence between current or former partners in an intimate relationship wherever and whenever it occurs. The violence may include physical, sexual, emotional or financial abuse. (Home Office, 2000a)

The defining feature of domestic violence as opposed to other forms of violence, then, is the relationship that exists or used to exist between the perpetrator and the victim. Official definitions also recognise that domestic violence can affect people of all ages:

People experience domestic violence regardless of their social group, class, age, race, disability, sexuality and lifestyle. (Home Office, 2000b, s 1.16)

However, the ambiguity surrounding older survivors arises when the Home Office states that its definition of ‘domestic violence’:

…excludes other violence that might be perceived as being in a domestic context, such as the abuse of children or of elderly or disabled family members. Such violence is still important, but relative to partner abuse it is different, raising different issues and needing specific procedures and practices to tackle it effectively. (Home Office, 2000b, s 1.12)

Can we conclude from this, then, that older people do not experience violence from current or former partners? Or that, where they do experience violence from partners this should be defined as ‘domestic violence’ and where they experience violence from other family members, this requires a different response and should perhaps be categorised as ‘elder abuse’? Or is it that all family violence against older people, regardless of the relationship between the perpetrator and the older person, should be classified as ‘elder abuse’? What exactly is it that necessitates a different set of procedures: the age of the victim or the relationship they have with the perpetrator?

The Department of Health (2000a), in the No Secrets guidance that we shall consider in more detail in chapter 3, has clarified this debate to some extent. In this document the Government states that it is the ‘vulnerability’ of the victim (defined in practice by whether or not they are eligible for community care services) that necessitates a different approach, not how old they are or who has abused them. Some, but not all, older survivors of domestic violence will be classed as ‘vulnerable’, will fall under the remit of adult protection.
procedures and will therefore be defined as victims of ‘elder abuse’.

Definitions of ‘elder abuse’ clearly require that the victim is ‘older’ but are less specific about the relationship they have with the perpetrator than definitions of ‘domestic violence’. Action on Elder Abuse provides the following definition:

A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.

(Action on Elder Abuse, 2000)

The primary concern of the elder abuse movement has been the abuse of elders within a care relationship, whether by a paid or an informal or family carer. In No longer afraid (Department of Health Social Services Inspectorate, 1993), abuse by sons and daughters is discussed in detail but there is scant reference to husbands as perpetrators. Action on Elder Abuse recognises that a partner may well be the abuser (Action on Elder Abuse, 2000).

However, unlike the Women’s Aid movement, the elder abuse movement does not focus specifically on the gender dynamics of family violence (Aitken and Griffin, 1996:107). Elder abuse is more typically perceived as either an expression of frustration by an exhausted carer or as an abuse of power by those who are younger and/or more physically able. Subsequently, the response to elder abuse has tended to focus on relieving carer stress or on investigation and protection work similar to that conducted in incidents of child abuse (AARP, 1992: vii).

So, older women experiencing domestic violence occupy an ambiguous conceptual space between two social problems. We are told that domestic violence can affect people of any age yet also learn that the term excludes the abuse of the elderly. While ‘elder abuse’ can include partner violence against older women, this is not the primary focus of the elder abuse movement. How, if at all though, does this confusion of definition actually affect older women, service providers and policy makers?

First, there is a danger that service providers and policy makers assume that domestic violence simply stops at 60. Such a view is reinforced by the stereotyped view that older women do not have any sexuality or intimate relationships at all. Second, this assumption is then reflected in the images portrayed in public awareness campaigns, the design of refuges and the types of training offered to those working with older people. As professionals we often fail to ask or even suspect that older women may be survivors of domestic violence and readily dismiss the idea that elderly husbands can pose any threat, despite the fact that geriatric partner homicide does occasionally hit the headlines (Knight, 1994).

As professional awareness of elder abuse increases, which is indisputably a much-needed development, those involved in the assessment and provision of community care to older people are hopefully becoming more vigilant over the concerns of family members or suspect practice by colleagues. However, there is a danger that current or past male violence in older people’s intimate relationships is overlooked and a more sophisticated understanding of these complex issues is required.

Although the Women’s Aid movement recognises that domestic violence can affect any woman from 16 to 99, there is a noticeable gap in literature, research, good practice guidelines and service provision specifically aimed at older women. Hughes and Mtezuka (1992) argue that the women’s movement has tended to fail older women, viewing them as little more than ‘work objects’ for younger female carers.

Nevertheless, there are examples of innovative work with this age group
among Women’s Aid organisations and a review of these will form the main body of this report. Before looking at these, however; it is vital that we examine whether the need for a specialist focus on older women within domestic violence services is in fact justified. In order to put together a case for increased services targeting older survivors, we shall review the existing evidence on the incidence of domestic violence among older women. We shall then consider whether and in what ways the needs of older survivors might differ significantly from those of younger women.

What do we know about the incidence of domestic violence among older women?

The 1992 British Crime Survey (cited in Mirrlees-Black, 1999: 11) found that less than 4 per cent of women over 60 said that there had ever been any physical violence within their relationships over their lifetimes, compared to 17 per cent of 18–29 year olds. While this certainly indicates that physical partner abuse is or has been an issue for a small minority of older women, can we conclude from this that domestic violence, is essentially a problem for younger women? Might it be that domestic violence, or at least physical violence between partners, is increasing? Can we safely assert, as the Department of Health does in its Resource Manual for Health Care Professionals, that, on the basis of these findings, the most significant risk factor for domestic violence is age, with young people more at risk (Department of Health, 2000b: 23)?

Measuring the incidence of domestic violence among any age group depends first on actually asking the question of the appropriate sample and, second, on either victims reporting or professionals accurately identifying incidents of domestic violence. All three of these areas pose considerable challenges to domestic violence researchers in general but they are particularly problematic for research on older women.

i) Domestic violence among this age group is less likely to be measured in the first place

Since 1994 (and up to and including 2001), the British Crime Survey has stopped asking women over 60 years old about their experiences of domestic violence. The survey is now conducted using a computerised system called CASI, which respondents can complete privately and independently. This new technology seems to have increased the reporting rates of domestic violence among younger women. However, older women are omitted ‘…mainly because there is a gradual fall in the proportion of respondents willing to undertake CASI with age’ (Mirrlees-Black, 1999: 12) and the level of interviewer assistance needed tends to increase with age (1999: 98). This seems to skew the results by depressing victimisation rates. If we do not even ask women in this age group about their experiences of domestic violence, we will clearly not be able to gather any information about older survivors and will further reinforce the assumption that domestic violence stops at 60.

ii) Older women are less likely to report incidents of domestic violence than younger women

In her analysis of British Crime Survey findings, Mirrlees-Black (1999) makes a couple of observations about reporting rates that are particularly relevant to this age group:

- The respondent’s perception of domestic violence seemed to affect the likelihood of personal disclosure in the survey, ie those who viewed
domestic violence as a crime were more likely to say that they had been victims of it within the crime survey (1999: 4).

• Older women were far less likely to report incidents of domestic violence if anyone else was present in the room (1999: 98).

In order to interpret these findings, we need first to consider the very different social and cultural climate in which today’s over-50s grew up.

It was in the early 1970s and through the work of the Women’s Liberation Movement that domestic violence began to be recognised as a social problem. Although there is historical evidence of the existence of individual ‘safe houses’ for ‘battered wives’ as early as the nineteenth century in Britain and America, the refuge movement was not formally established until the mid-1970s. When the Women’s Aid Federation of England (WAFE) was set up in 1974, there were approximately 40 recently established refuges in the country (WAFE, 2002). The first piece of legislation to tackle the problem explicitly was the Domestic Violence Act of 1976, which established an injunction that could be issued with the aim of preventing further domestic violence.

Hague and Wilson (1996) have begun to tackle what they describe as the ‘invisible “wall” of silence’ (1996: 12) surrounding domestic violence between 1945 and 1970. Gathering data from a time-consuming and generally dispiriting literature review and a series of in-depth interviews with older survivors and their offspring, they begin to explore the attitudes and experiences of the post-war period. They describe the total absence of service provision, public discourse and legislation of this period, which, combined with women-blaming attitudes and a strong social belief that family matters were totally private, led to women at this time suffering in silence.

Many of the women interviewed for Hague and Wilson’s study described the great lengths to which they had gone in order to hide the signs of violence. Several explained that they had, in recent years, broken the decades of silence by speaking to a few other women of their generation but for others, save participation in the study, the silence continued. Although the feelings of shame and self-blame are common among survivors across the age spectrum, there are clearly much deeper, cultural issues for women who grew up and got married during the post-war years.

Older women grew up in a period in which domestic violence was not viewed as a crime and even the term was not widely used. An Australian research project on older women and domestic violence (Partnerships Against Domestic Violence or PADV) found that 40 per cent of the 140 participating women over 50 did not perceive their situations as ‘domestic violence’ nor did they feel comfortable with the label. This was despite agreeing that they experienced abuse within the definition of the term (PADV, 2000a: 33). It would therefore seem reasonable to suppose that there is enormous under-reporting from older women.

iii) Professionals are less likely to identify domestic violence accurately in older women

Mullender (1996: 131–3) draws our attention to a series of common assumptions and responses by professionals that are likely to result in the under-identification of domestic violence in older women.

• The marks of physical abuse may be dismissed as injuries caused by falls.

• Disclosures may be doubted where women are suffering from confusion,
dementia or mental health problems or where they are known to drink heavily or take psychoactive medication.

- There is a low awareness of domestic violence among professionals who work with older people and even health professionals who work across age groups tend not to expect domestic violence to be an issue for older women.

- Older men are rarely viewed as a serious threat and, where they are also the main carer for their partner, abusive behaviour may be excused on account of the burden of care and the pressures of role reversal.

- There may be a shifting balance of power in an intimate relationship as one partner becomes increasingly frail and dependent and subsequent violence may be misinterpreted. So, for instance, it may be assumed that a woman who starts to hit out at her frail husband is suffering from carer stress when in fact she may be taking revenge for years of abuse from him.

- Workers may assume that the abuse will lessen as the couple age, though it may actually worsen due to changes of circumstances (e.g., caring duties or retirement) and the injuries sustained may increase in severity as the victim becomes frailer.

Workers may assume that ‘it can’t be that bad or she’d have left years ago’ and older women may fear that, if they disclose domestic violence, they will be forced to take action and may well end up in institutional care.

McLeer and Anwar (1989) provide evidence of the impact that a change in working practices can have on incidence rates. They conducted a study into the identification of domestic violence incidents in an American emergency department before and after the implementation of a protocol in which female trauma patients (excluding those from road traffic accidents) were routinely asked about domestic violence. Where just 5.6 per cent of all female trauma patients were identified as victims of domestic violence in the year preceding the protocol, this number rose to 30 per cent in the year following implementation. Significantly, 17 per cent and 18 per cent of female trauma patients aged 51–60 and 61 plus respectively identified their injuries as being the result of domestic violence when asked. McLeer and Anwar conclude that:

...the geriatric population is one characterized by frequent injuries subsequent to accidents. With 18 per cent of injured women over 61 years of age admitting that they were injured secondary to being beaten, it becomes essential to increase professional awareness of the risk in this age group. (1989: 66)

There are, then, a number of reasons why rates of reporting or detection of domestic violence are likely to be particularly low for older women. In the absence of any comprehensive incidence studies on domestic violence and older women in England, we shall briefly summarise a selection of findings from other relevant studies and sources, both in the UK and abroad.
Domestic violence within elder abuse research

- Pritchard’s (2000) study identified 126 cases of the abuse of vulnerable adults over the age of 60 in monitoring the work of three social services departments over an 18-month period. Fifteen per cent of these cases involved domestic violence (ie by a husband or partner) against older women.

- Pillemer and Finkelhor (1988) conducted a random sample survey of over 2,000 men and women aged 65 and over in Boston, Massachusetts. They asked respondents about their experiences of neglect and psychological and physical abuse since they became 65. They found that 58 per cent of all reported abuse was said to have been perpetrated by spouses.

However, the study found that 22 per cent of all abuse was reported to have been perpetrated by husbands, compared to 36 per cent by wives. Women were, however, nearly three times as likely to be living alone, which significantly reduced the risk of abuse. The abuse perpetrated by husbands also seemed to be more serious both in terms of physical impact (57 per cent of the physically abused women suffered injuries, compared to 6 per cent of the men) and emotional impact (58 per cent of the women linked the violence to eating problems, compared to 17 per cent of the men).

Studies from other countries

- Perhaps the most significant piece of research that focused specifically on older people and domestic violence was conducted by Partnerships Against Domestic Violence in Australia. In addition to substantial qualitative research and a literature review, the project included secondary analysis of the Australian Bureau of Statistics (ABS) 1996 Women’s Safety Australia database (PADV, 2000b). Of the 6,333 women interviewed in the ABS survey, 22.6 per cent were aged 45 and over, and 21.1 per cent of this group reported that they had experienced partner abuse at some point in their lives. However, most significantly, 35.7 per cent of all women in the survey who reported current domestic violence (ie in the past 12 months) were over 45.

### Ages of women reporting current domestic violence in the Australian Bureau of Statistics 1996 Study

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>under 45</td>
<td>6%</td>
</tr>
<tr>
<td>45–54</td>
<td>9%</td>
</tr>
<tr>
<td>55–59</td>
<td>21%</td>
</tr>
<tr>
<td>60+</td>
<td>64%</td>
</tr>
</tbody>
</table>

**Fig 1**

Take-up of domestic violence services by older women

Take-up rates of specialist services by older women are highly unreliable indicators of the incidence of domestic violence among this age group. The PADV study data found that 62.7 per cent of the women over 45 who reported current or previous domestic violence in the ABS survey did not seek professional help following the most recent incident (PADV, 2000b: 16). Older survivors are undoubtedly under-represented in the
take-up of refuge places. Where the PADV study estimated that one in three women experiencing domestic violence in a current relationship are over 50, just one in 20 places in the Australian Supported Accommodation Assistance Program were occupied by this age group.

However, take-up rates do at least provide us with evidence of the fact that older women do experience domestic violence and that some, at the tip of the iceberg, do seek help from specialist organisations. The two domestic violence outreach services described in chapter 2 identified 8.5 per cent and 13.5 per cent of their clients as being over 50 years old. Where specialist domestic violence projects have been established for older women, the demand seems to have outstripped capacity. For example, in a community-based project in Leigh (see chapter 2, section (e)) aimed at women over 60, 42 referrals were received over a two-year period from older survivors. Leigh has a total population of just 45,000.

The limitations of current research methodology and the likelihood of especially low reporting and detection rates among older women thus make it extremely difficult to predict the incidence of domestic violence among this age group with confidence. However, we must surely conclude that many older women have experienced and do still experience domestic violence. Perhaps the more pressing question for service providers is whether and how the needs of older women might differ from those of younger survivors. Do older women need different types of services to younger women? Would they benefit from the separate provision of similar types of services?

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**Introduction to the needs of older women and the implications for service providers**

Women over 50 clearly do not constitute a homogeneous group. This age group includes at least two different generations of women with different religious, ethnic and social backgrounds. Older women may differ from each other on account of sexuality and disability; some have embraced feminist thinking, others have not. Many of the issues facing older women who are experiencing or have experienced domestic violence are shared with women of all age groups. Fear of retaliation or of being alone; concern about the impact of domestic violence on other family members; shame and lowered self-esteem; and practical issues such as money and housing are common problems for many survivors of domestic violence, regardless of age or other factors.

However, older women occupy a different stage in the life cycle and an earlier place in history than younger women and these two factors can influence their experience of domestic violence and their attempts to leave or rebuild their lives after an abusive relationship. Figure 2 identifies some of the major ways in which the needs of older women might differ from those of their younger counterparts on account of their age, and looks at some of the implications of these for service providers.
Older women and domestic violence

Needs of older women and implications for service provision

Older women’s children are likely to be adults

- May exert pressure to stay (fear of caring duties/loss of inheritance; disbelief; concern about shame)
- May provide support to leave – financial, housing, emotional, practical
- If women leave, they will not have to take dependent children away from home, school, etc
- May be estranged due to family violence/dynamics
- May themselves be perpetrators of the abuse

Although some older women may be caring for young children (eg grandchildren), where older women have dependent children, they are likely to be teenagers and/or adults with disabilities

- Need for emergency accommodation that accepts older male children?
- Importance of recognising different (eg inter-generational) forms of households in accommodation provision
- Need for emergency/permanent accommodation with adptions?

Some older women will have been in abusive relationships for decades

- Impact on mental/physical health
- Greater sense of loss: ‘wasted life’?
- Entrenched use of coping mechanisms such as alcohol or tranquilliser use?
- Practical and emotional issues in rebuilding independent living skills and self-confidence may be much greater. May need support over a much longer period of time

Fig 2
Older women are more likely than younger women to have health problems, disabilities, reduced mobility (especially if they have suffered long periods of abuse).

- May affect ability to get out of house and find out about/access services
- May be dependent on abuser for care – opportunities for neglect/new forms of abuse
- Increased risk of injury through physical abuse
- May affect physical access to refuges or other accommodation or community buildings
- More professionals may be involved in woman's life/home
- Need for care – fear of institutional care on disclosure/leaving

Older women are more likely to (jointly) own a property

- Legal/financial advice to access assets
- Fear of having to 'start again' at this age
- Lifetime of pride, work, identity and possessions vested in home
- Fear of moving to inferior/unfamiliar property
- May restrict access to Housing Benefit, some outreach services and rehousing options

Older women may have lived all their lives in the same community

- Fear of shame and rejection by the community
- May lose all ties, friends, etc if move away

Older women may be the main carer for the perpetrator or other family members

- Increased guilt if leave relationship at this stage
- What alternative care options are there?
Older women may have more limited employment prospects (e.g. post-retirement age/disabilities/no recent work history)

- Fewer opportunities to achieve financial independence and comfortable income level in old age if they choose to leave
- If not working/training/caring for young children, more risk of isolation if they move to a new area

Older women may be dependent on husband and marital status for finances

- Some may never have dealt with financial matters
- Pensions/savings are often linked to husband
- Need for legal and ongoing practical support and advice

Older women grew up in a very different social climate: may have different attitudes to marriage, family, dependence on state, religion, women’s roles, etc

- May experience greater feelings of shame, guilt, failure than younger women
- May doubt the ability of younger workers to empathise
- Need workers who can work within this cultural framework sensitively and appropriately

Older women from ethnic minority communities may not speak English

- Need for bilingual workers or interpreters
- Need for bilingual advocacy to access services, the legal system, benefits, etc
- Shared living may be extremely daunting and culturally inappropriate
- Awareness campaigns and advertising of services will need to be undertaken creatively as some older ethnic communities do not have a common written language and/or older women may be illiterate
Older women and domestic violence

Older women may never have disclosed the domestic violence (and/or possible earlier abuse) to anyone or may have given up years ago after receiving negative reactions.

- Trust-building is vital
- Need for counselling?
- Potential benefits of peer support if introduced in non-threatening way?
- Listening/believing
  - Not stereotyping
  - Sensitivity
  - Clear confidentiality
  - Not pressuring action

Older women may have different links to the community:
- Places of worship
- Community centres
- Community care centres?
- GPs
- Shops, post offices, etc
- Older persons’ organisations/social clubs
- Sheltered housing

Implications for advertising services/media campaigns

Awareness-raising, training and information for key contacts in these settings

Older women may have different lifestyles and interests to younger women:
- Peace and quiet may be more important
- Religious and cultural beliefs may be more important
- Implications for group activities or for linking individuals into opportunities and networks in the community
2 Domestic violence service provision for older women: models and issues

This chapter reviews some of the different models of domestic violence service provision in the UK and the Republic of Ireland. Using both quantitative and qualitative data collected from individual projects by the Older Homelessness Development Project (OHDP), it discusses the suitability of refuge and other supported accommodation provision, outreach services, telephone helplines and community projects for older survivors. Section (e) describes two innovative, specialist projects, targeting older women and run by local Women’s Aid organisations.

The chapter aims both to disseminate examples of innovative practice and to stimulate debate among those providing and funding domestic violence services as to how accessible services can best be developed to meet the needs of older women.

(a) Refuges

Take-up of refuge places by older women

OHDP contacted and held discussions with eight refuges in the north west of England. Although most reported that referrals from women over 50 were relatively rare, between them these projects had accommodated approximately 30 women in this age group in the past few years. (This figure is intended to give only a rough idea of incidence, since many of the projects contacted gave a quick verbal estimate of take-up by older women.)

A couple of the refuges contacted were very small and in high demand. The manager of one of these pointed out that the turnover was very low due to problems accessing appropriate move-on accommodation. At another project, although women over 50 occupied two of the 16 beds at the time of the interview, the manager commented that the average age of residents had fallen considerably in the past few years. In another refuge, the manager pointed out that there had been a marked increase in referrals from older women and that the project had accommodated five or six women over 50 in its 20 beds during the past year.

Issues and challenges for refuges in accommodating older women

Older women’s awareness of refuge provision

The refuge movement did not exist when women in this age group were in their 20s and 30s (WAFE, 2002) and many may have little awareness of the nature and extent of refuge provision. Those who are aware of the existence of refuges may not be aware that places are available to older women without dependent children or they may be daunted by the predominance of younger women and children and, in some cases, relatively young staff. One worker expressed concern that, where older women fleeing domestic violence are fast-tracked into rehousing without being referred to Women’s Aid organisations, they may not be made aware of the support that they can still get from the refuge. Refuges will generally not be informed of such cases and therefore may not be fully aware of the extent of demand from older women in their catchment areas.
The nature of refuges

Refuges tend to be noisy and chaotic places due to the high numbers of young children living in them. This may make them stressful for some older women and totally unpalatable for others. Older women are more likely (both through their age and, in some cases, as a result of many years of physical abuse) to have health and mobility problems than are younger women. Although some refuges have facilities for women with disabilities, many occupy old buildings that are completely inaccessible to those with reduced mobility. In one of the refuges contacted, poor planning on the part of the managing housing association meant that the new purpose-built centre was not fully accessible, though improvements were being made.

Some older women have caring responsibilities for grandchildren, step-grandchildren or other young relatives. In some cases, these relationships may be complex or may be disputed if they choose to leave home. Some older women may have older children still living with them and, in some cases, they may be carers for adult offspring with disabilities. Many refuges will not accommodate older male children and teenagers and there are very few that can accommodate males over 16.

Support needs of older women in refuges

Although some older survivors are extremely independent and capable, refuge workers described cases of older residents who needed very intensive support, both emotionally and practically. Many older survivors have experienced decades of domestic violence and some have been deeply damaged and de-skilled by their abusers. Refuge workers described some extremely upsetting cases of older women with whom they had worked. In some cases, women had not been able to exercise choice over what they wore or ate since childhood, some had learned never to leave a room without asking permission and one woman had never seen decimal money.

Clearly, such women need very intensive and long-term support if they are to re-learn life skills and rebuild their identities and self-confidence after such sustained abuse. One worker expressed her concern that, in a hectic refuge environment where younger women tend to be much more vocal, an older, more anxious and less confident woman can all too easily ‘slip through the net’ if staff are not proactive in providing support and monitoring her well-being.

Most refuge workers spoke of the enormous cultural generation gap between women over 50 and those in their 20s and 30s in terms of attitudes to marriage, the status of women and domestic violence. They described the challenges of understanding and respecting the culture within which older women had grown up and supporting them as they grappled with the norms of this culture.

Financial and legal issues

One of the key problems for refuges in providing services for some older women is the fact that those who receive good pensions or who have savings or other assets are often not eligible for full housing benefit. Without housing benefit payments, refuges, especially those with a small number of beds, simply cannot afford to provide more than emergency accommodation to women. A woman would need to be on an extremely good private pension in order to be able to pay the full service charge and still have money left for other necessities. Although the Women’s Aid Federation of England (WAFE) administers a grant-making fund for refuge residents who are not eligible for housing benefit, workers felt that this relatively small pot of money was in such high demand that it was almost impossible to access financial support from it.
Post-retirement age women are eligible for different types of benefits to younger women, and refuge workers may need additional training or information in order to support older women in claiming pensions, housing benefit, disability benefits, etc. Workers pointed out that some older women have never claimed from the state and may need a lot of practical support in completing paperwork, and considerable persuasion to claim at all. Women who do not have dependent children were also reported to be much less likely to receive a Social Fund grant if they resettle.

Workers described the legal circumstances of some of their older service users as being quite different from those of younger women. They are more likely to be owner-occupiers, be married and have joint assets, pensions or savings and may thus need different types of legal advice. Older women who have significant savings and assets (albeit jointly with their husbands) may well not be eligible for legal aid to pursue civil proceedings such as injunctions or divorces.

Health needs
Older women are more likely than younger women to have complex health issues and mobility problems. Workers may need information and training to respond appropriately to particular health problems and to access health care and social services’ community care. Several workers observed that many older women who have survived long-term abuse have used alcohol and/or prescribed tranquillisers for many years in order to help them cope. Some will never have admitted that they drink problematically and this may be an extremely sensitive issue. Many were reported as experiencing mental health problems, in particular anxiety and/or depression. Workers told of several cases in which, although older women had been prescribed tranquillisers for years, they had never received any proper mental health assessment or support.

Perpetrator/family issues
One refuge worker explained that, in her experience, where older perpetrators locate women who have left home, they often express concern about wanting to make sure they are safe and well or try to gain the sympathy of workers. Older men seem much less likely to be publicly violent than men in their 20s and 30s. Older survivors may be the main carer of their abuser, thus increasing their feelings of guilt for leaving home.

Although older women are less likely to have dependent children than younger women in refuges, workers observed that they often experience considerable pressure from adult children or other family members to return to the marriage. In some cases, workers felt that this might be because adult children feared that they would end up having to care for a difficult and abusive father.

Some older survivors have experienced abuse at the hands of their sons and daughters and, as one refuge worker pointed out, this may raise different issues and emotions, requiring more intensive counselling. The counsellor working at one refuge had described working with women who had been abused by their own children as involving ‘similar elements to bereavement counselling’.

In some instances, older women may move into refuges with their daughters who are fleeing domestic violence. In one case, an older woman had moved to England to help her daughter cope with long-term illness and look after a young family. All three generations moved to the refuge as a result of the son-in-law’s violence towards the daughter.

Resettlement
Some older women will have lived in a particular area or house all their lives and may need a lot more support than younger women if they choose to resettle.
permanently. Remaining within the same area may be very important to older women, especially those from ethnic minority groups, and running the risk of being traced by the perpetrator may be preferable to being isolated from the community.

One worker also pointed out that it tends to be more difficult for women who do not have young children to access social networks and facilities in a new and unfamiliar area. Older women may need advice on different types of housing, such as sheltered schemes, retirement flats or adapted properties, with which refuge workers may not be familiar.

**How have refuges responded to these challenges? What can they offer older women?**

**Attitudes of workers**

Just as in any age group, some women over 50 were reported by refuge workers to be very clear and strong about their decision to leave home. These women had taken all the professional support available and most seemed to have resettled successfully, despite the predominant attitudes of their generation and the fact that some had been in abusive relationships for decades. It is, of course, vital that women receive unconditional support from the refuge whatever their age and whatever course of action they decide to follow. One refuge worker pointed out that: ‘as an abused woman everyone tells you what to do and as an older woman everyone tells you what to do; so as an older abused woman, it’s a double whammy.’

In one case, a woman in her 70s decided to leave her abusive husband and resettled in a registered social landlord sheltered scheme. Although her husband never found out where she was living, she returned once a week to clean the house for him until he died. Some of the women at the refuge told her that she was mad to go back and that she owed him nothing. However, the worker interviewed described her actions as ‘an incredibly brave compromise’. When her husband died, the woman explained that she did not need to waste another moment feeling guilty, as she had done everything that anyone could possibly have expected of her. This worker warned of the assumptions that even those within the Women’s Aid movement can sometimes make about older women: older women ‘never leave and, when they do, they almost always return home’; they tend to ‘accept their abuse as part of the cultural norm of their generation’; they are ‘too proud to want to discuss their feelings or intimate lives’; and ‘if they’ve put up with it this long, why leave now?’ As in work with women from different ethnic groups, we must recognise and try to understand the different cultural beliefs and pressures on older women and support each individual as she decides what is best for her within this framework.

**The refuge building**

Several workers pointed out that many of the older women who had stayed in their projects had really enjoyed living alongside younger women and children and seemed to have gained a lot from the experience. In one example, which we will consider in detail in section (e) of this chapter, older women who were living at the refuge or accessing its community project began supporting the younger residents by teaching them cookery and sewing and doing occasional babysitting for them.

One of the refuges included in this research had recently moved into a purpose-built centre containing a number of virtually self-contained suites that could be used flexibly to accommodate single women and families of different sizes. Older and/or single women who want to live in a quieter suite can usually opt to do
The project also has five self-contained, move-on flats at a separate site. These properties, which are let under assured shorthold tenancies, can accommodate male children over 16, and older women can move straight into these when the age and gender of their households might otherwise prevent the offer of a refuge place.

The manager of a small, six-bed refuge explained that her project has developed close links with a nearby, single homeless women’s accommodation project. If the refuge is full or an older or single woman is referred who does not want to live in a hectic family environment, the hostel will provide accommodation and the woman can still get some support from the refuge if she wishes. Although several of the refuges approached were not fully accessible to women with disabilities, others did have ground floor and, in some cases, adapted bedrooms.

Awareness-raising and publicity
Several of the refuge workers interviewed reported that their service was advertised in places where older women might go either for help or in the course of their daily routines. These included GPs’ surgeries, Citizens Advice Bureaux, community centres and post offices. Some workers had developed links with local branches of Age Concern or with adults’ and older people’s social services teams, as well as children’s and families’ teams.

Most refuges also undertake training and awareness-raising functions and it was encouraging to hear that sheltered scheme wardens and those providing social and health care to older people were attending some of these events. A sheltered scheme manager, who is also on the management committee of a refuge, explained that a ‘zero tolerance’ campaign poster depicting an older woman had prompted discussions among workers and an increased number of referrals to their project as well as enquiries from or concerning older women.

Service development
The manager of one refuge explained that her organisation hoped to acquire and develop an adjoining property in order to provide a smaller satellite project that could accommodate three or four older and/or single women in a quieter environment. Women living in such a house could still access the facilities, activities and support at the main refuge building.

Only one of the refuges had, to date, developed accommodation designated exclusively for older women and this project will be discussed in some detail in section (e) of this chapter. However, most refuges now offer outreach work and some have drop-in counselling or community centres. In the remainder of this chapter, we will look at some of these alternative models of support and the take-up of these services by older women.

(b) SONAS, Dublin: dispersed supported accommodation
SONAS is a charitable housing association and a limited company based in Dublin, Ireland. It was established by Women’s Aid in 1991 but now operates as an independent, sister organisation. It provides self-contained, medium to long-stay supported accommodation for women who have experienced domestic violence. It manages 39 tenancies in Dublin and 12 outside the capital, where it works in partnership with local refuges.

The vast majority of these properties are individual houses, which are located in clusters and supported by on-site workers. The largest cluster project consists of 25 houses, of which 10 are now offered as permanent tenancies, mainly to families. SONAS also provides
shorter-stay accommodation for up to six months in several apartments.

Access to SONAS is through formal, planned referral only and most service users are referred either by refuges where they are already receiving support and accommodation or by housing associations or social workers. The referring agency should have been working with the woman for about a month before the referral is made. Successful applicants are offered a tenancy for up to two years and an individual support contract, which identifies needs and agrees tasks. SONAS will then negotiate with the relevant local authority to accommodate the woman permanently at the end of this period.

Single people experience great difficulty accessing rehousing in Ireland according to staff at SONAS. Women over 60 are usually steered towards sheltered schemes or other forms of accommodation for older people. However, mainstream older people’s housing is not always appropriate in the first instance for women who have left abusive relationships. Housing providers are rarely able to offer specialist intensive support to women to deal with the emotional and practical aftermath of, often long-standing, abuse and women in mainstream sheltered accommodation rarely have the opportunity to develop mutual peer support with others who are in a similar position.

In recent years, SONAS has received an increasing number of referrals from single women and, within this group, a growing minority of older women who have left violent relationships after their children have grown up and left home. SONAS does not have an upper age limit and works with women aged 18 upwards. Older women would not usually be offered tenancies in the organisation’s apartments as women in this age group generally require more than the maximum of six months’ supported accommodation that can be offered. However, approximately 15–20 per cent of the tenants of the large cluster project tend to be over 50, though clearly this number fluctuates over time as women move on and new referrals are received. SONAS is looking to develop its stock of permanent housing as there are often problems negotiating suitable move-on accommodation for single women.

Almost all of the older tenants were referred by refuges. Once the need for emergency accommodation had been met, staff had recognised that the hectic communal living environment was not appropriate for them. The clusters instead offer the security of a medium-term tenancy with a high degree of ongoing support and the space and privacy of an independent house, located within a strong and supportive female community.

**c) Outreach work**

Most refuges now offer some form of outreach work from their centres. These services vary in their funding arrangements and consequently in their specific aims. Some are funded by the Housing Corporation or through partnership with one or more housing associations and/or local authorities. These services can often work only with women who are already the tenants of certain social landlords or with women who are being resettled into such properties, usually following a stay in the refuge. Some outreach services can be accessed only via referral and others can provide aftercare only to women being rehoused from the refuge. Some will visit women in their own homes, where it is deemed safe to do so, while others will not.

OHDP identified two outreach services that were in contact with a considerable number of women over 50 – one based in Trafford, Manchester and the other
covering the predominantly rural county of Cheshire.

**Trafford Women’s Aid Outreach Service**

Trafford Women’s Aid established its outreach service in April 1996. Women can refer themselves to the outreach worker, who can offer emotional support and advice on housing options, legal issues, benefits and refuge provision.

Although the official operating hours are between 10.00am and 4.00pm, Tuesday to Friday, the worker is flexible and will offer evening or weekend visits if necessary. She meets some women on ‘neutral territory’, some come for appointments at the refuge and she also visits many of her clients in their own homes. Home visits are carried out only where it is deemed safe to do so, usually where the woman is no longer living with the perpetrator or when it is extremely unlikely that he will turn up while the worker is present. The service works with women whatever their tenure and the only condition for support is that they live in the borough of Trafford.

In the financial year 2000/1, the outreach worker made contact with 150 new referrals, of whom 82 were seen on a one-off basis; 46 were seen on between one and five occasions; and 22 became ongoing clients (ie were seen more than five times). The ages of 96 of these women were recorded and, of these, 13 were 50 years old or over. Older women therefore accounted for 13.5 per cent of those new contacts in the previous financial year for whom age had been recorded. The following information about these women was gathered from the service’s monitoring system:

- The vast majority (11) of the women were being abused by their husbands.
- In two cases, a son was the perpetrator of the domestic violence. These women were either widowed or separated from their husbands.
- In 11 cases, the woman was living in the same accommodation as the perpetrator.
- The referring agencies and/or where the women found out about the outreach service, are shown in Fig 3.

The outreach worker reported that most of these women ‘just wanted to talk’. Many were joint homeowners and feared that they would not be able to access their assets if they left. Some had lived in the same house or area all their lives and were very reluctant to move out, especially to a much smaller property or to an area with high levels of crime. Some still felt...
under pressure from their children to remain at home (even though many of these children had grown up and left home). Many of the women had reduced mobility and some had mental health issues such as agoraphobia, which made it difficult for them to leave the house, even to attend appointments.

What can we learn from this service outline?

1. Despite low numbers of older women presenting at the refuge (there had been two in the preceding two years), there is evidently a demand for community-based outreach support in the area from older women experiencing domestic violence.

2. This service has open access and thus receives referrals of older owner-occupiers and those who have not been through refuge and/or rehousing routes. Outreach services operating on a tighter remit reported very little contact with older women.

3. The outreach worker has developed links with an impressive number of other agencies, including Citizens Advice and Age Concern, both of which are key local providers of advice to older people. It is interesting to note that, while the local authority housing options team and social services generate 13 per cent and 10 per cent of the overall referrals to the service respectively, there were no referrals of women over 50 from these sources. The sample size is small and this may be a coincidence. However, it is important that older people’s social services teams are aware of domestic violence issues and services. It is also important that housing workers do not assume that older women are not experiencing domestic violence or that they would not wish to receive outreach support where they are.

4. Many outreach services do not offer home visits on health and safety grounds, unless the woman has resettled. While this is understandable, it can result in a gap in service provision for women who are unable to leave their homes. The worker views this as essential to the service’s success, especially with older women.

Cheshire Domestic Violence Outreach Service

This service is funded through the Home Office Crime Reduction Programme, ‘Violence against Women’, and became operational in February 2001. The project is managed by Stonham Housing and employs a co-ordinator and six project workers, each supported by up to six volunteers. Referrals are not necessary and the outreach service can provide support via telephone, face-to-face meetings, support groups or drop-ins. The service covers the whole of the county, which has a population of nearly 700,000, with each worker covering a different geographical area. Much of the population lives in rural areas.

In the first five months of its operation, the workers made contact with a total of 211 women, of whom 18 (8.5 per cent) were over 50. Five of these women were over 70. Two project workers, who were in touch with at least four older women each, listed the main issues for these clients. These included:

- Trauma – fear of the perpetrator
- Pressure from family members
- Guilt
- Reluctance to go into the refuge (although some of the older clients had used it in the past) – didn’t relish the prospect of the children and noise levels
Older women and domestic violence

• Health problems – some women were experiencing depression or sleeping problems, others felt that their physical health problems made it difficult to leave

• Anger and self-blame – ‘Why did I put up with it for so long?’

• Inability to leave until new housing organised – outreach worker has been liaising with housing providers but there have been delays

• Unwillingness to lose own property – do not want to have to ‘start again’

• Fear of losing a lifetime’s possessions, especially things with sentimental value

• Anxiety about isolation, no one to talk to. Who do you trust?

• Fear of becoming homeless and of having to cope alone

• Reluctance to move far away as do not want to lose contact with friends

• Uncertainty about legal rights, mortgage, benefits, divorce, possessions, etc

• Worries about finance, reluctance to claim benefits

• Fear of the future

The service has a policy of not visiting women in their homes. When a woman asks for support, the outreach workers will look at the existing contacts she has and the places she visits and will try to find somewhere, such as a day centre or a doctor’s surgery, where she feels comfortable. Workers might visit someone’s home in exceptional circumstances, for example, if a woman is housebound. In this case, the worker might accompany another familiar keyworker, such as a home carer or a district nurse, if they were confident that the perpetrator would not be at home.

What can we learn from this service outline?

1. The high number of women accessing the new service over a short period of time reminds us that domestic violence is not just an issue in urban areas or places with a relatively high level of economic deprivation. Although some of the issues facing survivors of domestic violence are universal, other problems are particularly acute for women, especially older women, living in rural settings.

The decision to disclose or to attend a meeting is extremely risky in a small community where everyone tends to know everyone else’s business. Leaving home will almost certainly involve moving to a completely different area as it is impossible to resettle anonymously in a small community and the rehousing options are likely to be limited or, at best, spread across a large geographical area. For a woman who does not have access to private transport and perhaps also has poor mobility, the opportunities to access support, information or social activities independently are extremely limited.
2. Different networks therefore need to be developed in order to make contact with older women in rural areas. The nearest Age Concern office, Citizens Advice Bureau or community centre may be ten miles away, and churches and organisations such as the Women’s Institute are thus essential for getting information to women in remote communities.

3. The funding for this project was due to end in April 2002 and rigorous monitoring was essential in order to demonstrate the extent of need in the area to potential local and national funders. Although women over 50 constitute a minority of service users, the final evaluation of the project will hopefully provide further evidence that domestic violence is an issue for older women and that outreach services can successfully engage with this age group, even within a relatively short period of operation.

4. The project has successfully recruited a couple of older volunteers, though so far not as many as the co-ordinator had hoped. As with volunteers from any section of society, simply being over 50 does not necessarily mean that a volunteer will successfully engage with service users in the same age group. However, encouraging volunteering among older women is potentially a very effective way of raising awareness of domestic violence issues and services within older female peer groups.

(d) Telephone helplines

Elder Abuse Response

Action on Elder Abuse (AEA) is a national UK organisation based in London. It was established in 1993 by a group of professionals from health and social care, academics and representatives of the voluntary sector who were concerned about the lack of information and assistance for those who are abused or at risk of abusing.

In November 1997, following two years as a pilot project, AEA launched Elder Abuse Response, a free, national and confidential telephone helpline service. The service aims to provide support and information to anyone who is concerned about the abuse of an older person. It is open from 10.00am to 4.30pm, Monday to Friday, and can offer services in English, Hindi, Urdu, Punjabi and Welsh.

AEA has published the results of a detailed analysis of the calls received by the helpline between April 1997 and March 1999 (Jenkins et al, 2000). OHDP has undertaken secondary analysis of these findings, focusing on calls regarding incidents of domestic violence. The key points are:

- Of the 3,919 calls received by Elder Abuse Response during this two-year period, 1,564 involved specific concerns about incidents or suspected incidents of abuse, while 166 (11 per cent) involved the abuse of an older person by their partner.

- Calls concerning partner abuse constituted 22 per cent of the 754 calls regarding incidents or suspected incidents of abuse by relatives.
• Of the reported incidents of partner abuse, 156 were taking place in the victim’s home (presumably, in most cases, the home that the victim shared with the perpetrator). Ten cases of partner abuse were alleged to be taking place in a care setting. (Sheltered schemes are classed as ‘home settings’.)

• In 77 per cent of the calls relating to partner abuse, the alleged perpetrator was male. In calls concerning incidents of abuse or suspected abuse by offspring or their partners, however, there was a higher proportion (though still a minority) of female perpetrators – 57 per cent of offspring perpetrators were male and 51 per cent of offspring-in-law perpetrators were male.

• Although Elder Abuse Response is focused on victims of abuse of pensionable age and over, in 5 per cent of calls, victims were less than 60 years old and, in a total of 14 per cent of calls, victims were less than 65 years old. The report comments that: ‘Many of the calls were about long-standing situations of domestic violence…. These callers were listened to and wherever possible referred to another helpline service.’

• Statistics regarding the calls received show significant differences between the types of abuse being perpetrated by spouses and those being perpetrated by offspring and their partners. Psychological, physical and sexual abuse were higher in incidents or suspected cases of partner abuse, whereas neglect and financial abuse were more common in cases of abuse by offspring or their partners. See Fig 4.

• One of the case studies contained in the report describes a call relating to partner violence against an older woman: A caller from the west of England was very concerned about her 68-year-old female, disabled cousin who lived in the east of England. The cousin wanted to leave her husband, as she had suffered

![Fig 4](chart.png)
domestic violence for some time. The situation had got worse recently following a move into smaller accommodation. The cousin had asked social services if she could move into sheltered housing but they had only offered respite care. The caller was finding it difficult to be a long distance carer for her cousin and wanted information about other sources of help both for her and her cousin. Following further discussion, some were identified and given to her. (Length of call approximately 15 minutes.)

Conclusions

While the statistics drawn from the AEA research provide valuable information about the types of calls made to the helpline, we should not assume that they give us an accurate overall picture of the incidence and nature of domestic violence and elder abuse. For instance, it might be the case that instances of partner violence perpetrated against older men are over-represented in the calls made to Elder Abuse Response, since the majority of domestic violence services are targeted exclusively at female survivors.

However, from a service provision perspective, the findings do highlight the fact that there is a small but significant take-up of the service from older people experiencing partner violence or those concerned about them (11 per cent of all casework calls).

It is particularly interesting to note that the helpline received a number of calls regarding abuse by their partners of older women below pensionable age. This would suggest that these women, or those requesting support and information on their behalf, are either:

- not aware of the helplines and other services that exist for survivors of domestic violence;
- do not wish to approach these services;
- do not perceive them as being relevant; or
- have already approached these services and have been unable to access the support and information that they need.

Women’s Domestic Violence Helpline, Manchester

The Women’s Domestic Violence Helpline (WDVH) offers confidential telephone advice, support, information and referral to refuges or homelessness teams for women of all ages who are experiencing or have experienced domestic violence. The project also supports professionals working with women who are being abused, provides regular training to Manchester housing staff and undertakes a range of development projects in the field.

The helpline is open Monday to Friday between 10.00am and 4.00pm and is run by two full-time paid employees, supported by a pool of approximately 20 volunteers. Two volunteers work alongside and are supervised by the paid staff during opening hours. A community language worker provides three half-day sessions a week and responds to calls from women who speak Urdu, Punjabi, Hindi and Gujarati. The service is managed by a full-time project co-ordinator.

The project co-ordinator has been aware for some time of the needs of older women experiencing domestic violence. WDVH has been increasingly targeting training and awareness-raising activities at those working with older women such as sheltered housing wardens. It has also been approaching older women’s groups in an attempt to encourage volunteers from this age group. On several occasions, telephone casework has highlighted a gap in the provision
of emergency accommodation for older women, especially those with disabilities or teenage sons. Workers at the project report that a number of older women have contacted the helpline from outside the Greater Manchester area in order to begin to discuss their options with absolute anonymity. For many of these women, even naming their abuse is extremely difficult and they tend to be afraid of disclosing any identifying information.

At present, age is not routinely monitored in the 7,500 calls the service receives on average each year. However, the project is keen to gather information about the take-up of its services by older women, and the staff team has had lengthy discussions as to how this sensitive issue might be broached with women who are already extremely reticent to disclose personal information. From April 2002, WDVH will begin to ask callers for their age group. Workers will first explain to women the reasons for this question and how the information will be used. Disclosure of age group will be entirely voluntary. It is hoped that this monitoring exercise will provide valuable information on the extent of take-up by older women and can be used to bid and campaign for further service development for the group.

(e) Specialist projects

Dumfriesshire and Stewartry Women’s Aid: specialist refuge and support worker for women over 50

Dumfriesshire and Stewartry Women’s Aid appointed a full-time worker in September 2000 to work specifically with female survivors of domestic violence over 50. The post is funded for three years by a grant from Comic Relief. The worker, formerly with Victim Support, provides support, counselling and advice to older women either staying at the refuge or living in the community. The Dumfriesshire and Stewartry region extends for 2,000 square miles in South West Scotland and many of its inhabitants live in remote rural areas with no access to public transport. Isolation is thus a major issue for women experiencing domestic violence in the region and one that can be particularly acute for older women.

The older women’s refuge

Dumfriesshire and Stewartry Women’s Aid manages a number of refuges across the region. The organisation can accommodate a total of 15 women and, if applicable, their children. Since 1999, when statistics compiled by an administrative worker revealed a surprisingly high proportion of older women accessing the service, one of these refuges, a three-bedroom property, has been designated for women over 50. This has been constantly full and there have been several women on the waiting list for this facility in recent months. Older women can and do access places in the mixed-age projects. For some, this is a short-term measure until a place becomes free in the older women’s house. Others settle well in the mixed-age projects and prefer to remain in them throughout their stay.

The over-50s worker provides practical and emotional support to the residents of the older women’s refuge during office hours. An on-call system is in operation outside these times. Most of the women who have accessed the project found out about it through contacting Women’s Aid for support. The majority had very little awareness of refuge provision before this point and most had quite negative perceptions of what living in a refuge might entail.

Women over 50 accounted for 21 per cent of a total of 92 women who accessed the region’s refuge facilities during the year 2000. The average number of days spent in the refuge increased with age, with...
women over 50 spending an average of 45 days each at the refuge, compared to an average length of stay of 29 days for women in the 16–25 age group. The specialist worker attributes this to the fact that older women, especially those who have survived decades of abuse, generally need a longer period of supported accommodation in order to rebuild their confidence and reach decisions about their futures. As they rarely have young, dependent children with them in the refuge, there also tends to be less pressure on this age group to resettle quickly.

Resettlement support
The project worker provides ongoing support over practical, emotional and financial issues to older women who have been rehoused from the refuge. This work often involves accompanying clients to appointments with solicitors, doctors, housing providers and the benefits agencies. Many of these women have never lived alone and need long-term support in order to develop both the confidence and the knowledge to cope with independent living. Some are very frightened by the prospect of ageing and dying on their own and gain enormous comfort from the company of the support worker and other women who are in a similar position. One recurring problem identified by the worker is that some of the older women are not physically able to set up their new homes properly and need help with decorating, putting up shelves and curtains. To date, none of the older women accessing the refuge and its community services has been eligible for social work input.

Drop-in
The over-50s worker runs a drop-in, which attracts regular attendance from almost all of the older women with whom she works. On average, between 15 and 20 women from all over the area come to these sessions, although weather conditions can sometimes reduce numbers. Activities at these sessions have ranged from line dancing to karaoke and from makeovers to debates with MPs and MSPs. Women have formed strong friendships with each other through the drop-ins and, by having fun and trying new activities, have developed their confidence and self-esteem enormously. The sessions offer an opportunity for women who have moved on from the refuge to remain in contact with each other and allow those still living with their abusers to gain information and peer support in an informal environment.

Education
Many of the older clients of Dumfriesshire and Stewartry Women’s Aid have shown considerable enthusiasm in pursuing further education. Close links have been established with the local Learning Shop where some of the older women have been developing their computer skills. Women’s Aid runs Open University courses in-house and these have also proved popular with the older age group.

Outreach work
In the first year of the post, the over-50s worker made 165 outreach visits to women across the region. For health and safety reasons, she will visit women who are still living in abusive relationships only if she is confident that the abuser will not be present. The intensity and duration of outreach work is flexible and varies considerably from case to case. In the past year, the worker has been providing intensive outreach support to several women; others she visits once a month or only in response to crises. All of the women with whom the specialist worker has been in contact to date are experiencing or have experienced abuse from a current or former partner.
WAVE, Leigh: Project for Age

Women Against ViolencE (WAVE) is a voluntary sector organisation that aims to ‘aid those women living with or under threat of, mental and/or physical abuse’. Working in partnership with County Palatine Housing Association, WAVE runs a refuge and a resource centre in Leigh, a town with approximately 45,000 residents, near Wigan.

Why set up a project for this age group?
WAVE carries out a gap analysis exercise in each quarter of the year; during which it uses questionnaires and focus groups to seek feedback from current and former service users and, where appropriate, their families. The objectives are to identify obstacles to accessing services, highlight gaps in service provision and explore ways in which these can be tackled.

Several years ago, this exercise revealed some of the particular issues facing older survivors of domestic violence, both in terms of their personal circumstances and with respect to their use of WAVE’s existing services. Some of the older female relatives of service users expressed an interest in accessing community-based support to deal with their own experiences of domestic violence.

At this time, WAVE had five older service users who were either staying in the refuge or who had stayed there and were receiving aftercare. The refuge workers felt that this group needed specialist and, in some cases, very intensive support to deal with issues that often differed from those of their younger counterparts. With a staffing ratio of three women to each keyworker at the refuge and a lack of staff experience in working with this age group, it was proving difficult to provide the necessary support.

What did Project for Age aim to do?
Having established that older women needed alternative services tackling different issues, the project aimed to explore with women over 60 what they actually wanted and needed, and to enable them to develop these services and activities.

How was it funded?
WAVE was successful in its bid for funding from Age Concern’s Opportunity for Volunteering programme. This enabled the organisation to employ a full-time worker to provide and develop services for women over 60 over a two-year period, running from April 1998 to March 2000. Some additional money from Single Regeneration Budget (SRB)/Coalfields was used once the project was up and running to fund specific training activities. The project worker was a qualified counsellor and, at the end of the funding period, she was offered an ongoing, generic post at the refuge. This has maximised the learning from the project within the organisation and should make it easier to relaunch the project if and when further funding can be secured.

How did the project make contact with older women?
At the outset of Project for Age, the small group of existing older service users met with the specialist project worker and the co-ordinator of WAVE to generate ideas for the initial project work and its publicity. The group developed posters and leaflets that they felt local older women could relate to. These were produced in large print and displayed in places that older women visited, including community centres, post offices and GPs’ surgeries. They were positioned so that women could note the details discreetly.

The project began by offering a drop-in service at the resource centre as it was recognised that some older women were not physically able to use the phone, did not have a phone or could not risk using it if they lived with their abuser. As Leigh is a fairly small town, word of mouth played a significant role in generating interest in and raising awareness of the drop-in
Older women and domestic violence

among local women. Over the course of the project, the social services older people’s team made a considerable number of referrals. At the end of the first year, when the duty team had become aware of the services that had been developed, referrals from this source produced a 30 per cent increase in new users. At its peak, the project was working with 49 local women over 60.

What did the project offer?
User involvement in both the planning and delivery of the project was critical to its aims and ethos. The project was run by a management board that consisted initially of three of the existing older service users, the project worker, the co-ordinator of WAVE and another member of staff. As increasing numbers of older women began to get involved in the project, more user-volunteers joined the board. Committee skills training was offered to its members and eventually the project was effectively self-running, with the three staff members sitting on the 12-strong board in an advisory capacity. The women thus developed and piloted their own activities and services as the project progressed.

Drop-in
New and existing service users could drop into or telephone the resource centre to access counselling, advice, information, company and emotional support. On average, about 20 women were accessing the one-to-one counselling at the drop-in centre at any given time and approximately seven new service users contacted the project by telephone each quarter. Not only did the drop-in service provide an easy point of access to the service for many new users, but it also offered an informal place of safety and peace for participants. One older woman with poor mobility had previously walked around the town when the situation at home became intolerable; now, she was able to come to the resource centre until she felt safe to return home.

Outreach work
Aware that some women were unable to access the resource centre because of poor health or mobility, the project developed a home visiting service. The project worker would initially visit women who requested this service and make an assessment. Further counselling or input from a peer volunteer befriender would then be arranged. Although approximately 15 women accessed this service, it proved rather problematic to deliver effectively as many of the women who were housebound were being abused by family carers who lived with them. It was difficult for women to talk openly to the counsellor or befriender as the abuser was often in the house and there were concerns that the appointments might jeopardise the women’s safety.

Encounter group
The counsellor facilitated a weekly group session at which about a dozen older women met to share their experiences, fears and feelings of the preceding week. Although the women were initially rather reticent to discuss their intimate lives with their peers, as trust developed among them, they began to talk openly and to support each other to deal with the problems they faced. The role of the counsellor in the sessions diminished over time and commitment to the group strengthened, with women attending in all weathers and whatever their state of health. A second group was set up when there was sufficient demand as the nature of the group necessitated a closed membership.

Coffee evening
A weekly coffee evening was set up at the resource centre but, although initially well-attended, this petered out as more focused groups and activities were developed.

Widows’ group
A self-managing group of about ten single older survivors formed over the course of the project. The group arranged social activities, day trips and,
Handicrafts  A handicrafts group met regularly for the duration of the project and a knitting machine was purchased, which proved very popular. Many of the woolly hats and scarves made by the group were donated to the children of younger women staying at the refuge.

Inter-generational skill sharing  This activity, which was neither planned nor facilitated, became perhaps the most successful and innovative aspect of the project. The older women often sat in the lounge at the resource centre knitting and sewing. As younger women and their children came into the centre, the two groups began to interact and the older women made items of clothing for the children. When one of the refuge residents got a job, she admitted to the older women that she had no idea how to hem her new uniform. One of them taught her to sew and other younger women became interested. The women then organised a series of informal workshops in which the older women taught the younger ones how to sew and how to cook on a budget. As individual relationships formed, younger women helped older women to fill in benefit forms and do shopping for them when they were ill. In some cases, older women took some of the younger girls, many of whom were teenage single mothers with no family support, under their wings, offering occasional babysitting and giving them informal advice on childcare.

This seemed to have a profound impact on many of the older participants who had previously felt that they had no worthwhile skills and little to offer. Their contact with the younger women seemed to boost their confidence considerably and several of them subsequently began to volunteer, what they now recognised as, their skills to the running of the project. Several decided that they wanted to learn how to use computers.

Computer training  WAVE set up a computer room using Single Regeneration Budget funding and several of the older service users decided to participate in information technology training. They subsequently began producing documents and posters for the project, including itineraries for the widows’ group outings.

Volunteering  The recruitment and training of volunteers was a crucial output for the project since the project was funded by Age Concern’s Opportunity for Volunteering programme. Volunteering, however, was also a means of working towards a user-led service and a way of developing the skills and confidence of the older women. As women got involved in the project, they were encouraged to volunteer their skills and time to the running of it. Although many of the service users initially felt that they had few skills, 18 months into the project there were 31 user-volunteers involved in a range of activities including outreach work, membership of the management board and administration. Volunteers were provided with training in areas ranging from project management to support work skills, both in-house and at local colleges. Eight of the project’s user-volunteers went on to find full-time paid work, despite the fact that they were all beyond official retirement age and most had assumed that they would never work again.

Key issues, achievements and challenges
- The sheer number of referrals made to the project, relative to the size of the town, gives some indication of the extent to which past and current abuse from partners and family members is an issue for older women.

ultimately, short holidays. They still meet regularly now, having formally separated from the project two years ago.
• Reporting of domestic violence incidents by women over 65 increased by 20 per cent while the project was running.

• Group work can be successful with women in this age group despite cultural differences around disclosing personal and emotional information to peers.

• Just because women are of retirement age, it should not be assumed that training and employment issues are not relevant and potentially extremely valuable. Eight of the Project for Age’s user-volunteers went on to find paid employment, which boosted their self-confidence, gave them economic independence and opened up new social circles to them.

• Access to buildings and suitability of seating needs to be considered before starting work on a project with older women. Although the resource centre itself is located on the ground floor; the seating proved to be too low in the lounge and equipment and adaptations were needed in the bathroom and kitchen. The project participants also had considerable input into redesigning the ground floor of the refuge to make it accessible to women with disabilities.

• The project developed good links with a range of services for older people, including the social services older people’s team, Pensioners’ Link, the local branch of Age Concern and sheltered housing providers. These connections increased the refuge workers’ knowledge about local resources to which older women could be signposted in future. They also served to increase awareness of domestic violence issues among mainstream providers.

• Some of the older women described how they had been initially reluctant to visit the drop-in. They feared that disclosing their experiences of domestic violence would mean that they would have to leave home or would be expected to make radical decisions. A combination of word of mouth and well-planned publicity seemed to help to allay these fears.

• Many of the older women had previously had very poor perceptions of the refuge. One commented that she had assumed it was ‘like a workhouse where you just get bedded down for the night’. As older women began to access the resource centre, they mixed with refuge residents, both old and young, and started to build up a more accurate picture of the service provided.

• Project for Age was extremely successful in achieving its aim of becoming user-led. This type of project clearly has many benefits.
  – The services and activities provided are actually those that the target client group wants and needs.
  – Prospective clients worry less that they will be patronised by younger workers.
  – Service–user commitment to the project is high where they are actually running it.
  – Volunteering within the project is therapeutic in itself as it can increase the confidence of service users and encourage them to learn new skills or recognise and develop existing skills.
  – As the workers’ roles diminish and the project becomes increasingly independent, paid employees’ time can be directed elsewhere.
• However, the co-ordinator of WAVE pointed out several issues that need to be borne in mind when developing user-led work of this kind with older women.

– Low self-esteem among the women was initially a barrier to active user involvement in the running of the project. Capacity-building activities, such as the inter-generational skill sharing and training programmes, coupled with word of mouth, led to an increase in participation.
– As the user group strengthens, it becomes potentially intimidating to newcomers. Ideally, a new project needs to be developed at this point.
– The types of service and activities developed, and the extent to which these were successful, can give service providers insight into what works with older women. However, it should not be assumed that these would automatically apply to other groups of older women. The process of users developing their own services may be as important as the actual structure and content of the project programme.

Although the widows’ group still meets regularly as an independent community group, and the project worker is still employed by WAVE in a generic capacity, the project has not been formally operating since May 2001, though further funding is being sought. Viewed positively, this enforced break has at least provided an opportunity for reflection and evaluation. Hopefully, it means that, when it recommences, the project can begin afresh with a new group of older women.
3 Vulnerable adults’ policies and domestic violence

Introduction to the No Secrets guidance

No Secrets was published by the Department of Health in November 2000 and provides guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. Although the guidance does not have the full force of statute, it was issued under Section 7 of the Local Authority Social Services Act 1970 and should be complied with unless local circumstances indicate exceptional reasons that justify a variation.

The guidance places responsibilities on statutory agencies to respond to vulnerable adults who are experiencing abuse. ‘Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations’ is recognised as being one form of abuse, alongside violations of rights perpetrated by strangers or professionals or ‘situational abuse’ by informal carers (Department of Health, 2000a: 12).

No Secrets adopts the definition of a ‘vulnerable adult’ used in the earlier government paper, Who decides (Lord Chancellor’s Department, 1997). A ‘vulnerable adult’ is a person ‘who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.’

Social services is designated as the lead agency in responding to the abuse of vulnerable adults. But all statutory agencies, including the police, the NHS and housing departments, are required to work in partnership to develop, implement and monitor multi-disciplinary policies and procedures. The guidance sets out a framework to support the development of these protocols at a local level. It recommends the establishment of a multi-agency management committee for adult protection and outlines the issues that should be addressed in local policies, procedures and strategies. The document also stipulates the case information that should be collected for monitoring purposes and the core elements to be considered in an annual policy and service audit.

Although No Secrets leaves considerable scope for the detail of adult protection policies and structures to be developed at a local level, the guidance emphasises key principles that will hopefully bring benefits to vulnerable adults experiencing abuse. These include:

• closer inter-agency co-operation and communication in both investigating allegations and developing individual support packages;

• clearer and more consistent procedures within and across agencies, for example around the bounds of confidentiality, the recording of incidents, and action to be taken following an allegation;

• an emphasis on self-determination but with an increasing duty on statutory agencies to take protective action as the risk of harm increases and capacity to self-determine decreases in individual cases;
• better training for staff across agencies in identifying and responding to abuse; and

• the early involvement of the police, initially to advise on the criminality of the abuse. Police investigations should proceed alongside the development of an action plan by health and social care agencies. This should maximise the quality of the evidence collected and the likelihood of a successful prosecution, while minimising repeat interviewing of the victim.

The implications of No Secrets for older survivors of domestic violence

Chronological age does not per se distinguish a ‘vulnerable’ from a non-vulnerable adult. Instead, it is the survivor’s eligibility for community care services that effectively determines whether or not the vulnerable adults’ policies and procedures will be used where an older woman is experiencing domestic violence. An active and healthy woman in her 70s might therefore be deemed to be ineligible for community care services and hence not ‘vulnerable’. However, a woman half her age might be assessed as ‘vulnerable’ on account of her mental health condition.

Thomas and Lebacq (2000) interpret No Secrets as containing ‘...a strongly implied suggestion that all people in situations where domestic violence is present may become “vulnerable”’, which they argue ‘could constitute a great advance’ (2000: 22). It is certainly true that No Secrets acknowledges that abuse can lead to ‘significant harm’ that can entail ‘the impairment of, or an avoidable deterioration in, physical or mental health’ (2000: 12). In other words, victims’ mental and physical health problems and hence their ‘vulnerability’ may have resulted from the abuse itself. Nevertheless, regardless of the extent to which it is the abuse itself or an independent condition that has led to physical and/or mental health problems, eligibility for community care services remains the key to distinguishing between adult protection and domestic violence cases.

Even if the definition of ‘vulnerability’ were to be broadened, this would, or rather should, make little difference to the service response according to Ingram (2001). She points out that, despite the argument of definition as to whether a case of family violence is ‘a domestic’ or ‘adult abuse’, there should be just two significant differences between the approaches in practice.

i) The option of using community care services as part of the protection package

For example, a residential home could provide temporary or permanent accommodation for a woman wishing to move away from home; a day centre could provide the setting for counselling and group work; or home care could offer a means of monitoring ongoing risk in the home.

Clearly, these services will be neither available to nor appropriate for a woman who is not in need of community care services.

ii) As a ‘vulnerable adult’s’ capacity to make decisions decreases, agencies will have an increasing duty to intervene and protect them

While it is the need for community care services that distinguishes the domestic violence from the adult protection route, it is the extent to which an older woman’s impairments affect her capacity to self-determine (combined with an assessment of the risks involved) that should decide whether and how agencies will take
There is, as this report seeks to demonstrate, a significant group of women over 50 who have experienced and/or continue to experience domestic violence. Their needs are different from those of younger survivors and are often not met adequately by existing domestic violence service provision. Many of these women will fall below the criteria for community care input and hence will not be covered by the adult protection system, on account of need and/or age. However, an extension of the ‘vulnerability’ criteria would not make a difference to this group or rather, as Ingram points out, should not make a

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**The overlap between adult protection and domestic violence policies for older women experiencing domestic violence**

- **Women experiencing domestic violence**
  - Domestic violence policies and services
- **(Older) women with community care needs experiencing domestic violence**
- **Vulnerable adults (ie with community care needs) experiencing abuse**
- **Adult protection policies and services**
- **Community care services as part of protection package**
- **SOCIAL SERVICES LEAD**
  - Increasing duty to act on behalf of in order to protect
  - Risk of harm
  - Capacity
  - HIGH
  - LOW

---

Fig 5
difference provided that domestic violence and adult protection procedures are consistent with each other. ‘Good practice guidelines for working with adults with community care needs (‘vulnerable’ adults) are the same as those that have been developed through work with women experiencing domestic violence’ (Ingram, 2001: 218).

From a service provider’s perspective, perhaps the major difference between the response to women deemed ‘vulnerable’ and those deemed ‘not vulnerable’ is that, in the first instance, social services takes the lead. Social services children’s and families’ teams often play a key role in responding to cases of domestic violence where the household includes dependent children. However, social services adults’ teams have tended to have less involvement in domestic violence forums, and staff training on partner abuse is rarely a priority.

In their Northamptonshire study, Aitken and Griffin (1996) found that most social workers in the older people’s team had a reasonable knowledge of most forms of carer abuse but low awareness of the gender or relationship dynamics in cases of abuse. ‘In many instances, they [ie the social workers interviewed] had not thought of the possibility of abuse by spouses but had thought of the stereotypical overwrought middle-aged daughter as the classic abuser’ (1996: 122).

Under No Secrets then, the responsibility for leading the development of multi-agency policies and procedures to respond to women with community care needs who are experiencing domestic violence falls to teams that have traditionally not had a key role in domestic violence work. Strong partnership working between the adult protection and the domestic violence fields is therefore vital for this group of service users, which includes a considerable number of older women.

Why is close partnership working between the adult protection and domestic violence fields so important?

- The expertise in responding to survivors of domestic violence tends to be concentrated in the voluntary sector. Many women with community care needs will make contact initially with Women’s Aid and other refuge services or with Victim Support. The Home Office, in its multi-agency guidance for addressing domestic violence, states that:

> In taking forward their strategies, partnerships will need to work closely and sensitively with non-statutory groups specialising in this area and to liaise with representative organisations whose knowledge can be a valuable resource. (Home Office, 2000b: 8)

This should apply equally to adult protection committees whose strategies also cover women who are experiencing domestic violence.

- If local policies and procedures for responding to women experiencing domestic violence are to be consistent, regardless of whether or not women have community care needs, it is vital that vulnerable adults’ policies are developed in close conjunction with domestic violence policies. Together, these policies should form part of a coherent local strategy.

- Where adult protection teams do not work closely with domestic violence service providers, there is a danger that ‘vulnerable’ women will not be offered the services that are available to ‘non-vulnerable’ women. Some refuges are not able to accommodate women with community care needs and additional supported accommodation options should be available to this group through the adult protection route.
However, as we have seen in the previous chapter of this report, refuges and related community-based services can work effectively with older women. If good, objective information about such services is not provided to women with community care needs who are experiencing domestic violence, there is a risk that they will miss out on the opportunities to:

- talk to and gain peer support from other survivors of domestic violence; and
- access services, such as counselling, which are specifically for women and which can focus on gender issues within domestic violence and other forms of abuse.

This is perhaps a particular danger for older women, due to common assumptions that most, if not all, will not:

- want to share their experiences with their peers in group settings;
- want to receive counselling, especially from younger workers, to discuss their intimate experiences and feelings; or
- feel comfortable with the feminist perspective of organisations such as Women's Aid.

In her research study, *The Needs of Older Women: Services for victims of elder and other abuse*, Pritchard found that seven of the 27 older female abuse victims whom she interviewed were currently being abused by their husbands (Pritchard, 2000). However, as she points out in a subsequent article, a total of 13 of these current abuse victims had also experienced domestic violence in the past. The ongoing consequences of this, often previously undisclosed, abuse are illustrated in her quotes from the interview transcripts. There is, she argues, a real danger that the dynamics and long-term emotional effects of both current and previous family abuse will get overlooked by social workers where caseloads with high, short-term practical needs are prioritised and adult protection investigations focus on the current allegations of abuse (Pritchard, 2001: 182). Older people's workers who have not received adequate training in domestic violence may fail to identify current or past domestic abuse and its consequences and may feel out of their depth where they do.

- The potential benefits of a partnership approach between the adult protection and domestic violence fields are not all one way. The needs of older women and those with community care needs are, as we have seen, frequently overlooked by those planning and delivering services to the survivors of domestic violence. Adult protection committees need to raise the profile of these service user groups. They also need to share their expertise around working with older people and people with disabilities with domestic violence forums and refuge providers.

- Many ‘vulnerable’ women experiencing domestic violence, or their friends or relatives, approach voluntary sector domestic violence organisations for information and support, albeit through anonymous calls to telephone helplines. Staff working in such agencies need training so that they can give objective and accurate information to women regarding the services that might be available to them through the adult protection route. Women with community care needs or their representatives may also approach such services for advice on the implications of disclosure to statutory agencies in terms of confidentiality, criminal prosecution and rights to self-determination. It is vital that workers feel confident in responding to such requests and can signpost women to
those responsible for adult protection issues and to sources of advocacy and legal assistance.

- Domestic violence and adult protection workers may need to work together in individual cases to develop packages of care that reflect the needs and wishes of older women with community care needs. It is also vital that, at a strategic level, domestic violence forums and adult protection committees undertake joint monitoring, auditing and consultation exercises to assess the take-up of existing services by women with community care needs who are experiencing or have experienced domestic violence. It is only when these two groups work together in this way that gaps in existing service provision can be accurately identified and services can be developed to fill these gaps.

What are the opportunities for and obstacles to closer working between the adult protection and domestic violence fields?

No Secrets does make some important progress in recognising the overlaps between domestic violence and adult abuse. It accepts that abusers may be ‘relatives and family members’ (Department of Health, 2000a: 10) and that they may also be ‘vulnerable’ (Department of Health, 2000a: 10). This is often relevant in cases of elder spouse abuse. It points out that one possible pattern is that of ‘long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations’ (Department of Health, 2000a: 12). The guidance also states that, in its annual policy and service audit, the multi-agency management committee must include consideration of ‘…links with other systems for protecting those at risk – for example, child protection, domestic violence, victim support and community safety’ (Department of Health, 2000a: 18).

However, as McCreadie points out:

Although the Home Office were joint signatories to No Secrets, there are no references in it to domestic violence guidance or recent legislation, such as the 1996 Family Law Act, the 1998 Crime and Disorder Act or local inter-agency initiatives in training and service provision. (McCreadie, 2001: 7)

Given the importance of close co-ordination between domestic violence and adult protection policy-making and service provision as set out above, this omission is of considerable concern.

Hughes regrets the fact that, while No Secrets emphasises the responsibility of organisations to provide a rolling programme of training to staff at all levels within specified timescales (Department of Health, 2000a: 23), the guidance ‘does not give any indication as to where the financing of such training will rest’ (Hughes, 2001: 21). Nor does the document establish any legal requirement as to the type and quality of training that should be provided. The extent to which domestic violence training for staff working with ‘vulnerable adults’ or adult protection training for workers in the domestic violence field occurs is therefore dependent on priorities, budgets and personal connections at a local level.

To date, no additional funding has been made available from central government in order to cover the preparation of policies and strategies under No Secrets. Where most members of adult protection committees are undertaking their roles alongside their normal working duties, there is rarely time for them to attend domestic violence forum meetings as well. Likewise, domestic violence forums rarely have resources of their own and most depend on the goodwill of agencies to
sparing staff to attend meetings and contribute to initiatives (Thomas and Lebacq, 2000: 3). Resources within the refuge movement are notoriously tight and it simply may not be feasible for refuge staff to attend meetings or events held by the adult protection committee.

Lloyd accepts the importance of closer working between Women’s Aid organisations and social work departments but highlights their very different philosophies (Lloyd, 1995: 168). Where Women’s Aid organisations operate as collectives, working to empower women holistically from a feminist value base, social work departments are hierarchical, bureaucratic and categorise women’s needs in order to exercise their statutory duties and powers. As it is, No Secrets sets down a considerable challenge to statutory agencies with very different priorities and professional cultures to establish a genuine consensus on adult protection policies and practice.

Despite these potential obstacles, there are undoubtedly exciting opportunities within No Secrets to raise awareness of the needs of older survivors of domestic violence, to promote closer working between the domestic violence and adult protection fields, and to improve service provision to this group, among others.

Initial findings from Mathew’s evaluation of the implementation of No Secrets by local authorities, however, indicate that close partnership working between adult protection committees and domestic violence forums is occurring in only a minority of cases (Mathew, 2002). Mathew’s survey asked social services departments how far they had consulted with the local domestic violence forum in the development of their multi-agency adult protection policies. In their responses, they were asked to indicate the level of consultation by selecting a number from one (no contact) to five (full consultation and inclusion in decision-making groups).

However, partnership initiatives are taking place in some authorities and there is clearly a need for dissemination of this work. In this report, we consider some of the ways in which local authorities can respond positively to these opportunities.

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**Fig 6**

To what extent have social services departments consulted with domestic violence forums in the development of their adult protection policies? (Mathew’s findings)

<table>
<thead>
<tr>
<th>Level indicated in survey response</th>
<th>Percentage of authorities in total sample (n=118)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer given</td>
<td>No answer given</td>
</tr>
<tr>
<td>1 (no contact)</td>
<td>1 (no contact)</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5 (full involvement)</td>
<td>5 (full involvement)</td>
</tr>
</tbody>
</table>

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in terms of service provision, policy development, training and consultation. We outline case studies of partnership working in two local authorities.

**Service provision**

The No Secrets guidance states that local adult protection strategies should include:

...a service development plan which sets out the need for specialist services generated by this work and action to be taken to ensure that a range of services is available, including refuges, counselling for vulnerable adults who have been abused, intervention for service users who may be abusing; the plan will identify resources for these services. 

(Department of Health, 2000a: 23)

As adult protection committees identify resources in developing procedures, responding to individual cases and producing their service development plans, hopefully, more options will be developed and formalised at a local level for vulnerable adults experiencing domestic violence. Examples might include the use of furnished flats in sheltered schemes to provide temporary accommodation to older women who are experiencing domestic violence or the provision of counselling, advice or support groups by Victim Support or Women’s Aid at day centres.

At the same time as social services departments take on the responsibility for leading the development of adult protection policies, they are also working in partnership with housing departments to implement the Supporting People programme. Under this framework, which came into force in April 2003, these local authority partnerships are gradually taking responsibility for the auditing, commissioning, monitoring and planning of local supported accommodation provision.

Such provision includes accommodation and support for older people (including sheltered housing); people with community care needs; and women fleeing domestic violence. There are clearly opportunities for identifying needs and developing new or existing services for women who belong to two or more of these groups and integrating this process into the service provision audit required by No Secrets.

**Policy – Leeds Adult Protection Committee**

The need for consistency between local domestic violence and adult protection policies has been a priority in Leeds, where the adult protection committee has been operating since May 1998. The committee includes representatives from many different organisations who have a role in providing community care services to adults as well as those who have a role in protecting people who experience abuse.

Close working between the domestic violence and adult protection fields is promoted by several factors:

- The Adult Protection Co-ordinator has a professional background in domestic violence work.
- The Leeds Inter-Agency Project (Women and Violence) (LIAP) has for a number of years highlighted the needs of older women and women with disabilities. When Leeds Social Services produced its Policy and Good Practice Guidelines for Domestic Violence in 1994: ‘It was agreed that these guidelines should also be integrated into other guidelines, eg the Adult Services Manual and Elder Abuse procedures’ (LIAP, 1996: 11).
- LIAP has a Disabled Women and Violence Project, which employs a full-time worker: This worker liaises frequently with the Adult Protection Co-ordinator.
Consistency between domestic violence and adult protection policies and practice guidelines has been achieved by ensuring that:

- both documents use the same definitions and recognise the same types of abuse;
- both set out the same principles in, for example, the importance of ensuring that:
  - the cultural, physical, communication, religious and mental health needs of those experiencing abuse are recognised and met;
  - those experiencing abuse should be given information about services and rights including the right to refuse services;
  - the consent of the person experiencing abuse must be sought before information is passed on to other agencies. However, where the victim does not have capacity, and/or where other service users, children or vulnerable adults are at risk, agencies have a legal responsibility to act in order to protect the victim and others from harm; and
- the procedures emphasise the fact that it is the capacity of the victim in domestic abuse cases that informs the responsibility of agencies to intervene.

The document contains a chart clarifying agency responsibilities in cases of abuse. See Fig 7.

<table>
<thead>
<tr>
<th>Capacity of the person experiencing the abuse to make decisions about an Adult Protection Enquiry</th>
<th>Has capacity</th>
<th>Does not have capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation 1</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>For example: A person with physical or sensory impairments is abused in their own home by a relative, friend, partner or stranger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation 3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example: A person with physical or sensory impairments is abused or neglected in their own home by a member of staff or a volunteer providing services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is abused or neglected in a setting where care is delivered, eg a hospital, day services, residential or nursing home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example: A person with severe learning disabilities or dementia is abused in their own home by a relative, friend, partner or stranger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation 3b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example: A person with physical or sensory impairments is abused or neglected in their own home by a member of staff or a volunteer providing services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or</td>
<td></td>
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<td>Is abused or neglected in a setting where care is delivered, eg a hospital, day services, residential or nursing home</td>
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Training – Cheshire Domestic Abuse Partnership

The following description of a training session, developed in Cheshire to raise staff awareness of the overlap between the two fields, highlights the potential for joint working between domestic violence and adult protection agencies.

The Cheshire Domestic Abuse Partnership is a multi-agency initiative led by Cheshire Social Services and co-ordinated by a member of social services staff. Established in 1997, the partnership runs a rolling programme of inter-agency domestic violence training for staff of member agencies, including social services, health, probation, police and Women’s Aid. The partnership works closely with the social services older people’s team leader, who has been seconded to oversee the local development and implementation of the revised adult protection procedures under *No Secrets*.

A planning sub-group of the Domestic Abuse Partnership began meeting in September 2001 to explore the links between domestic abuse and the *No Secrets* guidance and to develop a training session on this topic. Members of the planning group include:

- the Domestic Violence Co-ordinator (social services);
- the manager of the Vulnerable Adults Project (social services);
- the Domestic Violence and the Adult Protection lead officers from Cheshire Police;
- a representative from Women’s Aid;
- the manager of the Cheshire Domestic Violence Outreach Service; and
- the manager of the Community Nursing Team.

The group developed a training session, which was piloted in March 2002 at a one-day event for 60 staff who worked with older people, people with physical or learning disabilities and people with mental health problems. The audience included primary health care workers, social services staff, key hospital nursing staff, police officers, workers from the Cheshire Refuge Forum and GPs. The event aimed to identify future training needs on this topic and the sub-group hopes to include the session in its rolling programme of training.

Representatives from social services, police, health and Women’s Aid delivered the session, which aimed to:

- identify the needs of older people who experience domestic violence and abuse;
- enable participants to recognise where domestic violence and vulnerable adult protection coincide;
- consider definitions, overlaps, common themes and differences;
- explore the dynamics of long-term abuse by partners or other family members;
- discuss confidentiality and the implications of the ‘need to know’ in *No Secrets*;
- give information on agencies’ roles in offering support services;
- give information on roles and responsibilities of all agencies in relation to vulnerable adults procedures, where abuse is identified; and
- identify practice issues and future training needs.
Conclusion

This chapter has considered the implications of the No Secrets guidance for older women with community care needs who are experiencing domestic violence. It has argued that close working between the adult protection and domestic violence fields is essential if the opportunities to improve our response to this group are to be realised.

No Secrets makes some progress in recognising the overlaps between domestic violence and adult abuse. However, it does not go far enough in emphasising the significance of co-ordination in policy development, monitoring, training and service provision. By neither stipulating co-ordination from the outset nor allocating resources to undertake such partnership working, the guidance does little to tackle the potential obstacles to closer working between domestic violence and adult protection fields.

Despite this, there are opportunities to promote awareness of the needs of older women experiencing domestic violence, both among workers and the public, and to improve services for them.
4 Recommendations

Service provision

• Clustered houses with on-site support can provide older women (especially those from ethnic minority groups) with space, independence and support in the medium to long term. Such an approach does not need to be age-specific and could be delivered by a partnership between a housing association and a Women’s Aid organisation.

• Dispersed refuge move-on flats, or clustered but self-contained flats, can accommodate older women who have older but dependent children with them.

• Services working with survivors of domestic violence need to target organisations with which older women are in contact (these may differ in rural and urban areas) with publicity, information and staff training, and as a way to recruit older volunteers.

• Open access, cross-tenure outreach services that, ideally, will offer home visits (subject to health and safety) can provide vital, flexible support to older women at various stages, eg deciding what to do, waiting for rehousing, resettling, coping with death of abusive partner, etc. Funding opportunities within the Supporting People programme should be explored as it is designed to allow the development of cross-tenure floating support.

• In densely populated areas, the possibility of employing a specialist older people’s outreach worker should be explored, since older women may need longer periods of intervention, advice on different financial and legal matters, and different types of emotional support to younger women.

• Older women tend to have different resettlement needs from their younger counterparts. Some may need physical support in the practicalities of setting up a home and many will need long-term but flexible support if they are to rebuild their confidence and avoid social isolation. Again, in densely populated areas, a specialist outreach worker could provide such post-resettlement support.

• Service outlines have demonstrated the popularity of drop-in community activities and groups with older women, despite common assumptions that older women will not wish to expose their private lives to their peers. Having an initial focus for meetings or events, such as a craft activity or a speaker, seems to encourage attendance. Involving users in the planning and, ultimately, the running of such groups seems both to improve commitment and develop individual skills and self-confidence.

• The two specialist projects reviewed demonstrate that older women, contrary to common assumptions, are often keen to avail themselves of opportunities to pursue further education, training, volunteering and employment.

• While older women can clearly benefit from age-specific projects and many, understandably, find mixed-age refuge accommodation hectic, noisy and intimidating, it should not be assumed that they will not want to mix with younger women. Some individual older women have settled well in mixed-age refuges. The inter-generational skill sharing work at Leigh demonstrates the benefits that both older and younger women can gain from each other’s company.

• Monitoring the take-up of existing
services by older women is essential, as is consultation with older service users, if the need and demand for specialist work is to be gauged at a local level. At a local authority level, this should be strategically co-ordinated with monitoring, planning and consultation exercises conducted by the adult protection committee.

• The model of a small, shared house refuge exclusively for older women has worked well and stimulated considerable demand from this age group in Dumfriesshire and Stewartry. This type of project could be supported by a part-time worker or by a full-time worker who also delivers community-based services and undertakes development work, such as training for other organisations.

• Refuges designated for single women (regardless of age) can provide an alternative model for accommodating older women who prefer or need a quieter environment.

• Good physical access, both to accommodation and community-based projects, is essential if older women with reduced mobility are not to be automatically excluded.

• Refuge workers need information and training if they are to work effectively with older women. Training needs may include awareness of the needs of older survivors, working with women who have been abused by their adult children, knowledge about pensions and benefits issues, rehousing options and local resources for older people.

Policy

• Government guidance on vulnerable adults' policies should:
  – set out the importance of close partnership working between adult protection committees and domestic violence forums and agencies;
  – consider the relevance of domestic violence legislation to some cases of adult abuse;
  – stipulate inter-agency training on the overlap between domestic violence and adult abuse;
  – require local authorities to ensure that their vulnerable adults and domestic violence policies and good practice guidelines are consistent with each other;
  – emphasise the importance of co-ordinated monitoring, auditing, consultation and strategic planning between adult protection committees and domestic violence forums; and
  – ideally, make further funding available, or at least identify existing funding, for this training and partnership work.

• There should be a national public awareness campaign on domestic violence and other forms of abuse against older people. Older women should be portrayed in future awareness campaigns on domestic violence. These campaigns should direct the public to helplines that can provide accurate information to older women on services and procedures both for domestic violence and adult abuse.

• The National Care Standards legislation should stipulate and monitor training requirements on domestic violence and adult abuse for those caring for older people.

• Local authority Supporting People teams should be encouraged to make links with adult protection committees and domestic violence forums, in order to audit and commission services for older women who have experienced domestic violence. The opportunities under Supporting People to provide support services to people across tenure can have particular significance for older
women experiencing domestic violence, as many live in private sector housing.

• Funding should be made available to pilot new, or develop existing, services for older survivors of domestic violence (see recommendations on service provision above). Funding should also be made available to commission further research into the needs of this group (see recommendations on further research below).

• In its review of the housing benefit system, the Government should make provision for the financing of temporary accommodation and for resettlement grants for older survivors of domestic violence whose pensions or savings make them ineligible for housing benefit and/or community care grants.

Further research

• Incidence, needs and experiences of older survivors of domestic violence within homelessness provision:
  – How many women in this age group present to local authority housing departments on the grounds of domestic violence?
  – What response do such women get in terms of waiting time, temporary housing options, information on, or referral to, other service providers such as Women’s Aid organisations, rehousing outcomes?
  – What is the incidence of older survivors in local authority and independent hostel accommodation? What are the needs, issues and experiences of such women?

• Domestic violence and older women from black and ethnic minority groups:
  – How can services effectively reach out to older women from Asian communities, given issues around language, community attitudes, cultural needs and family issues?
  – Is there much take-up of specialist domestic violence services by black and ethnic minority women over 50? What are the needs and experiences of these women and how can service providers respond more effectively?

• Incidence of domestic violence among older women:
  – National studies on domestic violence, such as the British Crime Survey, must develop appropriate survey methods for reaching older women.
  – Research such as that undertaken by PADV could be replicated in England. The PADV study undertook secondary analysis of existing national domestic violence data and interviewed a significant sample of older women who had experienced or were experiencing domestic violence.
References


Mathew, D (2002) Personal correspondence (March) regarding findings of King’s College/Age Concern Institute of Gerontology research into the implementation of No Secrets.


Organisation contact details

National organisations

**Action on Elder Abuse**
Provides information (including briefing notes, bibliographies, conferences, etc) to organisations and individuals concerned with the issue of elder abuse. It also operates Elder Abuse Response, a confidential helpline service offering information and support to anyone involved when an older person is abused.

Action on Elder Abuse
Astral House
1268 London Road
London
SW16 4ER
Tel: 020 8764 7648
Fax: 020 8679 4074
E-mail: aea@ace.org.uk
Website: www.elderabuse.org.uk

Elder Abuse Response helpline: 080 8808 8141 (Monday–Friday, 10.00am–4.30pm)

**Women’s Aid Federation of England**
Women’s Aid
PO Box 391
Bristol
BS99 7WS
Tel: 0117 944 4411
Fax: 0117 924 1703
E-mail: web@womensaid.org.uk
Website: www.womensaid.org.uk

Women’s Aid National Domestic Violence helpline: 08457 023 468 (24 hours)

Other organisations referred to in this report

**Cheshire Domestic Violence Outreach Service**
Tel: 01606 351375 (for women wishing to access the service)
Tel: 01606 331200 (project co-ordinator)

**Dumfries and Stewartry Women’s Aid**
12 Whitesands
Dumfries
Scotland
DG1 2RR
Tel: 01387 263052

**SONAS (Dublin)**
Tel: (353) 1 830 9088
E-mail: muireannmorris@eircom.net

**Trafford Women’s Aid Outreach Service**
PO Box 35
Manchester
M32 8NN
Tel: 0161 282 0097
E-mail: twa@outreach73.fsnet.co.uk

**WAVE**
PO Box 1
Leigh
WN7 1LS
Tel: 01942 262270

**Women’s Domestic Violence helpline (Manchester)**
PO Box 156
Newton Street
Manchester
M60 1DB
Tel: 0161 839 8574
Older women and domestic violence

For many older survivors of domestic violence, suffering in silence is the norm. Their reluctance to speak out, combined with low awareness among service providers and society in general, means that a significant number of women are not getting the help they need.

Based on research by the Older Homelessness Development Project, Older women and domestic violence provides an overview of the services available for older survivors of domestic violence. It looks at the barriers to take-up and provides practical recommendations – with examples – on making services more attractive and accessible to the over-50 age group.

Older women and domestic violence examines government guidance and suggests ways that this could be adapted to help bridge the gap between ‘elder abuse’ and ‘domestic violence’ and provide more – and more effective – help to these vulnerable, hard-to-reach older people.

£8.00