



## Barriers to help-seeking: Older women's experiences of domestic violence and abuse

Briefing note

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### Introduction

The widespread phenomenon of domestic violence and abuse (DVA) is acknowledged to be a global issue (WHO, 2013). However, this entrenched social problem is often associated with women of child-bearing age with the absence of older women in DVA research, policy and practice resulting in the construction of older victims/ survivors as a 'hidden group' (Turner et al., 2010). The purpose of this briefing note is to highlight findings from a pilot study which explored older women's experiences of DVA as well as the perspectives of DVA practitioners. The data illustrates the impacts of DVA which operated to instil fear and anxiety into victims which, in turn, maintained women in abusive relationships. Ultimately, the dynamics and impacts of DVA serves as a barrier to help-seeking behaviour for older victims/survivors (Rogers, forthcoming).

To begin, a concise overview of the project is presented. This will help to contextualise the distinctiveness and import of the study's findings as data was gathered from England's first service provider, EVA Women's Aid (a DVA agency) offering supported housing and support for women aged 45 and over, in addition to generic services for women whatever their age. The findings

presented here reveal some of the barriers to accessing service provision as well as some enablers. I end with some recommendations for service providers working across the housing, health and social care sectors.

### Background

Global demographic trends illustrate the growth of the ageing population to be 'pervasive', 'unprecedented' and 'enduring' (UN, 2002). Within the UK it is estimated that by 2030 there will be 51 per cent more people aged 65 or over compared to 2010 figures, and 101 per cent more people aged 85 or over (HM Government, 2013). This trend will have considerable impacts with economic, political, cultural and social implications (HM Government, 2013). DVA is a prime example of a social phenomenon which will have an implication for this population despite its current neglect within research, policy and practice. Indeed, despite women making up most of the older population in virtually all of the world's populations, the needs of older women who experience DVA has received little attention (Zink et al., 2004). The neglect of older women in DVA research, policy and practice 'has been a silent and unconscious one [as d]omestic violence institutions as

well research on domestic violence often maintain a focus upon young and middle aged women' (Goergen, 2011: 1). An example of this is illustrated by the ways in which one of the major surveys relied upon for collecting statistical data on DVA in England and Wales does not include people aged 60 and over. So whilst this may capture women in midlife (from 40 to 59) women in later life are absent. Within research, policy and practice there is an additional troubling factor as often older women's experiences of DVA are problematically (mis)labelled as 'elder abuse' (Hightower, 2002). This tendency ignores the distinct and gendered dynamics of power and control that often characterise DVA. Whilst it is acknowledged that men can be victims too, more women experience DVA. As a result of this absence, the health, housing and social care needs of older victims of DVA are little understood (McGarry et al., 2011; Rogers, forthcoming). Therefore, this briefing note aims to illuminate the barriers to help-seeking behaviour (and thus to accessing service provision).

## This study

The pilot study discussed here was conducted in collaboration with EVA Women's Aid, an innovative service provider who identified a need for supported housing, via refuge, and support services tailored to older women experiencing DVA. The study offers qualitative insights about the ways in which older women's experiences of DVA encumber help-seeking behaviour. Practitioners who specialise in working with DVA survivors were also consulted in order to gain their experiential insights about women's experiences of DVA and the problems with service provision.

The overarching aim of the research was to gain knowledge in order to uncover new insights for housing, health and social care providers. The study sought to capture older women's voices and those of specialist practitioners whilst remaining anchored to the participants' worldviews. The research questions were as follows:

- 1 to ascertain what is unique about older women's experiences of domestic violence and abuse;
- 2 to understand the situational and biographical contingencies through which DVA is defined by older women within certain situations, but not others;
- 3 to consider the barriers to, or gaps, in services for older victims of DVA and to explore how service provision can improve in terms of identification and responsiveness?

## Methodology

The project was underpinned by a qualitative methodology which used semi-structured interviews with two groups: (1) older

victims/survivors ( $n=4$ ); and (2) practitioners ( $n=3$ ) who specialised in working with DVA survivors in the role of an Independent Domestic Violence Advocate or Independent Sexual Violence Advocate (hereafter 'IDVAs/ISVAs').

1. **Older victims/survivors** were in the middle stage of life with ages ranging from 45 to 52. Three were White British and one identified as British Asian. All participants had experienced abuse within long-term relationships. All participants had received support and/or been re-housed from refuge accommodation.
2. **IDVAs/ISVAs** were employed by EVA in the roles described above. Ages ranged from 34 to 50. All practitioners identified as White British.

All participants were recruited using purposive sampling with inclusion/exclusion criteria pertaining to age range and experience of DVA/supporting victims/survivors. In relation to the IDVAs/ISVAs there was also the element of a convenience sampling strategy although none had met the researcher before the call for participants or subsequent to the interview itself. Data was collected in spring 2016. The dataset was analysed using thematic content analysis (Braun and Clarke, 2006).

Informed consent was gained from all participants and pseudonyms were used to ensure confidentiality and privacy. Ethical approval was granted by the University of Salford.



## Key findings

The findings presented below provide a snapshot of the issues in terms of barriers and enablers to service provision as identified by both older victims/survivors and IDVAs/ISVAs.

### Key findings: barriers

- For participants many of the barriers to help-seeking were firmly wedded to attitudes and beliefs: for example that older victims/survivors would not be believed if they spoke out about DVA, but also in relation to the preconception that as a mature person they should be more able to cope living with abuse.
- Barriers were embedded in emotions such as: fear of being alone after several years (many decades) of marriage or a long-term relationship; fear of the unknown (some older victims/survivors had never lived alone); fear of 'starting again'; feelings of shame in relation to disclosing abuse experiences to others; but also feelings of loyalty, guilt and care for the abuser.
- As many of the older victims/survivors had experienced abuse for many years, they had developed coping mechanisms and accepted DVA as the norm and as part of everyday life.
- The status and role of the victim and perpetrator in terms of caring, illness and dependency was a barrier for some (irrelevant of who undertook the role of carer) as there were preconceived perceptions about how the other person would be unable to manage without the carer.
- There were concerns held about retribution taking the form of loss in terms of the fractured relationships with adult children and grandchildren, but also participants spoke about pets and the role that they had in an older person's life.
- Participants felt that stigma and embarrassment prevented older victims from contacting services or disclosing abuse to practitioners.
- The notion of social location was explored in relation to power, propriety and respect with the identification of a barrier, or reluctance, on behalf of (younger) professionals asking older victims/survivors about DVA.
- The question about older women entering supported housing, including refuge accommodation, was raised in terms of the perception that these were more suitable for younger women with children.
- Finally, some older victims/survivors did not want to access services or share experiences with younger victims/survivors.

### Key findings: enablers

- The overwhelming finding was that more awareness raising is needed within housing, health and social care sectors. More importantly, it was identified that this greater awareness needed to help practitioners understand how DVA in older women's lives was not the same as elder abuse. These issues are qualitatively different as DVA integrates power and control dynamics which are gender-based and interlinks with gender inequality.
- A reconsideration was called for in terms of understanding older women's needs and the impact of longevity and the influence of duty and commitment in abusive relationships.
- Person-centred practice and approaches which centred the individual as the 'expert' were identified as being of value particularly for the older victims/survivors who did not wish to leave their home and relationship, but who wished to gain some emotional and social support.
- A person-centred approach was seen as providing the framework for support work with individuals which would encourage a departure from the tendency to employ ageist assumptions and/or stereotypes.
- Non-DVA agencies (for example, housing, health, substance misuse, and community based social care) were seen as key in terms of facilitating the process to enabling older victims/survivors to engage with specialist DVA support.
- Finally participants identified the need for age-appropriate support and housing provision (for example, sheltered accommodation or its equivalent) and tailoring existing DVA interventions (for instance, the Freedom Programme) to older women groups.

## Recommendations for housing, health and social care providers

1. Develop policies, protocols and training opportunities to encourage frontline cultures to gain a greater awareness and capacity to recognise DVA in older people's relationships.
2. Develop policies, protocols and training opportunities to encourage frontline workforce to gain insight into the barriers facing older victims/survivors in relation to help-seeking behaviour.
3. Develop an inter-agency culture for recognising and responding to older people's experiences of domestic violence and abuse, particularly as it is widely acknowledged that a multi-agency response is the most effective way to support victims/survivors (Rummery, 2013).
4. Commit to developing a culture where ageism is not tolerated as it is shown in research that ageist perspectives can result in the neglect of a person-centred approach to older people resulting in exclusion, discrimination and marginalisation.
5. Demonstrate that the agency is committed to age equality and ending age discrimination in its response to DVA by enabling the workforce to understand the difference between DVA and elder abuse.
6. Include older people from all communities on promotional materials and agency branded literature.
7. Consider accessibility in relation to the difference between older and younger generations use of media, including social media.

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