

## PRACTITIONER PERSPECTIVES OF DOMESTIC ABUSE AND WOMEN OVER 45

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**Abstract**

Low reporting of domestic abuse among women 45 and older has resulted in the needs of those women becoming forgotten among service development. Eighteen practitioners were interviewed to explore their experiences of working with this client group. Descriptive thematic analysis identified two core themes: an uncertain future as a barrier to seeking support, and, a lack in knowledge of domestic abuse and service provision. There is still much way to go: (i) to break down social barriers for middle-aged and older women to seeking support; and, (ii), to acknowledge domestic abuse among professionals and the public. The research draws on a practitioner voice alongside reflections on one of the UK's first safe houses aimed at supporting women 45 and over.

*Key words:* Domestic abuse, intimate partner violence, older women, care provision, service delivery

## Introduction

A sizeable body of research has explored problems of domestic abuse (DA) perpetrated against women, with a focus on younger women of childbearing age (Sullivan and Gullum, 2001), failing to consider the needs of middle age and older women. DA is well documented as a hidden phenomenon (Richardson and Feder, 1996) with women of all ages finding it difficult to disclose. Nevertheless, media campaigns portray mostly images of young adults and children. This ageist perception contributes to barriers for older victims disclosing and reporting maltreatment and accessing appropriate services, leaving them vulnerable to dangerous environments (Safelives, 2016). In recent years, research into DA and older women has had growing attention, however, the practitioners' voice is lacking in the current literature (Vandsburger and Robinson, 2013). Practitioners from both DA and older adult services such as health care sector and other support organisations are in a unique position to identify and treat DA. Little is known about the effectiveness of how professionals respond to older adults and DA (Brossoie and Reberto, 2016); therefore it is important to understand their personal and professional awareness of this problem. Furthermore, practitioners have a wide range of experiences in their working practice and are able to provide a breadth of knowledge to identify aspects of good and bad practice that has utility in informing current and future service provisions.

Domestic abuse involves a range of behavioral harms including physical, emotional, sexual, and financial, and is often perpetrated by (but not restricted to) current and past intimate partners (Department of Health, 2000; McGarry *et al.*, 2011). However, DA is a societal issue that is not bound by age, nor gender, culture or race. The full extent of this crime is still unknown due to many incidents going under-reported, yet, 1.2 million incidents were documented for females in the UK (Home Office, 2013), and general estimations state 1 in 4 UK women will experience DA at some point during their lifetime. Walby and Allen

(2004) emphasize that DA is higher than any other crime for repeated victimisation and often the abuse does not stop once relationships have ended. Low prevalence rates of reported DA among older women has resulted in a forgotten issue in UK as well as other countries' service developments, such as, America and Canada (Seff *et al.*, 2008; Straka and Montminy, 2006; Vinton, 2003; Wilke and Vinton, 2005), across Europe (De Donder and Verte, 2010; Luoma *et al.*, 2011; Stockl *et al.*, 2012) and Asia (Yan and Chan, 2012).

Historically, violence against women and provision of services such as refuge and housing support, and sexual assault referral centers was brought to attention in the 1970s. In the UK, policy developments have included marital rape as a crime in the early 1990s, the domestic violence, crime and victims act (2004) which supports legal protection and assistance to victims of domestic violence, and, more recently, with the coercive and controlling behavior legislation (2015). Policy responses have incurred change and development in a number of areas, including health care, social services and housing. Due to feminist campaigning, research, and policy and legislative developments, public attitudes have become less accepting of abuse within domestic and intimate relationships. Despite these efforts, attention has focused on those statistically most likely to become victims leaving many older women unsupported (Blood, 2004; Sullivan and Gullum, 2001) due to refuge accommodation often lacking amenities for those with physical or cognitive disabilities or aging and older life health issues.

The differences in older and younger women's experiences of DA have been discussed within the literature. Blood (2004) examined how duration and type of abuse are different for older women. Often the abuse has stemmed multiple generations making the behavior more ingrained, accepted, and normalised as partners' age (Finfgeld-Connett, 2014). A number of personal and family issues are unique to older women who may experience a decline in physical and cognitive health and are dependent on their partners and family for

support (McGarry *et al.*, 2011; Teaster *et al.*, 2006). In contrast, they may play a pivotal role in caring for their aging partners impacting their reluctance to leave (Seaver, 1996; Teaster *et al.*, 2006). Isolation is a key barrier preventing seeking support (Acierno *et al.*, 2001; Brandl, 2002; Teaster *et al.*, 2006). Moreover, older women may be unaware of their legal and financial rights or the support that is available to them for those matters (Scott *et al.*, 2004). Zink *et al.*, (2003) argued that they are likely to have invested more time in families and as a result are less likely to have employment or educational prospects, as their main means of financial support comes from their abusive partner. Those differences between younger and older women's experiences are rarely taken in to consideration in current service provision. Although younger women can also experience similar issues, the lack of service provision available for older adults makes barriers to seeking support more pertinent.

Furthermore, in many cases the physical and sexual violations of DA decrease with age giving rise to more psychological and non-violent abusive behaviours. For example, Zink *et al.*, (2006) discovered physical abuse to decline and psychological abuse to continue and to even escalate, among the women they interviewed. In a systematic review of the literature, Finfgeld-Connett (2014) found psychological abuse to be most likely to occur among older adults. In addition, Lazenbatt *et al.*, (2010; 2013) interviewed older women and identified psychological abuse to have a strong impact on their well-being. Victims of psychological abuse may find it difficult to identify this as abuse and it is also difficult for the professionals they come in to contact with to recognise. Health and social care professionals are not always able to identify the signs of DA and many go unnoticed or attributed to aging and older adult health issues. Training for health and social care professionals fails to focus on specific forms of abuse therefore dealing with domestic abuse in the same way as other forms of abuse can be harmful for those involved.

Funding cuts in the UK have negatively impacted the domestic violence sector with many funding providers looking for cost-effective solutions (Ishkanian, 2014). This often creates a 'one-size fits all' generic approach to service delivery, which Towers and Walby (2012) argue results in a lack of specialist knowledge and experience. Despite more and more males coming forward to report domestic abuse a large proportion of the victims of this crime are female. Therefore gender differences are also important to consider for service providers as this crime often occurs as gendered abuse of power whereby a female will be offended against by a male perpetrator (Scott *et al.*, 2004). Yet, when domestic abuse is not recognised or confused with something else, the difficulties women face are often ignored and go untreated in the care provisions provided.

During seeking help or leaving an abusive relationship is when women are most vulnerable to serious harm or death (Brandl, 2002). Often women do not contact with support services or police until they are at crisis point. Many victims are isolated, and their first point of contact is via health care practitioners or social services, however such services are not always equipped to identify domestic abuse in older generations. For example, Yechezkel and Ayalon (2013) explored social workers attitudes of DA using a vignette approach whereby age of the victim was manipulated to identify an older or younger woman. They found social workers were less likely to identify abuse when the victim was older and when the abuse was psychological. It is important that professionals are able to recognise the signs of DA, feel confident in asking the right questions, and are able to signpost to the correct service provision, to not leave victims in a vulnerable situation with little or no help (Brandl, 2002; Straka and Montminy, 2006). Appropriate provisions need to be visible to those who need them.

Removing a victim from an abusive environment can be challenging due to the lack of suitable accommodation. Many women do not want to exchange the comfort of their home

with a refuge environment that is populated with younger women and children (Scott *et al.*, 2004; Zink *et al.*, 2003). In response to this deficit, EVA Women's Aid (EVA), a domestic and sexual abuse reduction charity in the north east of England opened one of the first safe houses, in 2015, aimed at supporting women over 45. This action is known as 'The 45+ Project'. Since its conception, The 45+ Project has received a vast amount of regional and national media attention and has been at full capacity.

To fit in with current service provision provided by EVA, and in line with research that compared younger women with 45+ and identified a number of differences *in the type and impact of the abuse* (Wilke and Vinton, 2005), *forms of abuse* (Seff *et al.*, 2008), and *barriers to accessing help* (Beaulaurier *et al.*, 2005), 'older', in the present study, is defined as a woman age 45 or above. While recognising that varying thresholds of "older" have been presented within the literature, such as, 50+ for Brandl and Cook-Daniels (2002), and 59+ for Lundy and Grossman (2009).

The aim of the study is to examine practitioner viewpoints of domestic abuse and women over 45: to explore what barriers to accessing support exist for women in this age group; to identify challenges and gaps in UK service provision, and; to uncover practitioner experiences, critical care needs and best practice for working with older adults.

## **Method**

### **Participants**

Eighteen practitioners from services that support victims of domestic abuse or support older adults took part in the research. Participants were recruited from organisations that spanned across four large towns within the north east of England. Sixteen participants were female and two male with an average age of 52 (range 27 - 74). Ten participants were from services that work with those affected by domestic abuse, 6 from services for older adults and

2 worked in both type of service. Each had over 12 months experience of working with the required client group, with the majority (8 participants), being in service for over 10 years.

TABLE 1 ABOUT HERE

### **Procedure**

Posters and emails were sent to local organisations that work with domestic violence victims or older adults with details of the research. The organisations that were contacted included domestic abuse services and refuge centres, specialist services for victims of crimes, specialist services for older adults, social services, and primary and secondary health care services. Participants either contacted the authors individually or were identified by their respective organisations as potential participants due to their job role. In the latter case, those who had given their authorisation were contacted and provided with the further details of the study. Once initial agreement was given a convenient date and time for interview was arranged. Participants read and signed a consent form before the interviews commenced. Semi-structured interviews were conducted and used open-ended questioning. The interviews explored the practitioners' experiences of working with domestic abuse and working with older women. The questions that were asked explored: definitions of domestic abuse, views of reporting/ disclosing, impact, care needs, and current service provision. Each interview lasted between 30 and 70 minutes. All interviews were conducted in a private space and recorded via dictaphone and later transcribed verbatim and participants consented to quotes being used in dissemination of findings. No monetary incentive was provided to recruit participants.

### **Ethical considerations**

Asking a practitioner to disclose information about the services they provide can be daunting, especially if they feel their reputation is at risk. To overcome this, no identifying

information was obtained from the participants about themselves or their organisation. All participants provided written consent before taking part in the research and only demographic details were applied: age, gender, type of organisation, and length of time in service.

### **Data analysis**

A descriptive thematic analysis was adopted. This is a flexible approach in terms of the data and theoretical stance of the researchers (Braun and Clarke, 2006). This method of analysis aims to summarise and describe patterned meaning based on the semantic content of the data. Thematic analysis has no prescriptive methodology thus the analysis followed guidelines set out by Braun and Clarke (2006). Transcripts were read and re-read while initial codes were made; codes were then organized in to themes that made sense in terms of the aims of the research and therefore were focused on the impact of domestic abuse among older women and challenges to providing services to those women. Once themes were identified they were defined based on the main essence of the content, and named accordingly by the researchers. Two independent reviewers took part in the final validation process of each theme. Once the final themes were agreed a short narrative was produced for each describing how that theme related to the overall dataset.

### **Findings**

Two core themes emerged. The first related to an uncertain future for older women, which practitioners perceived to be a key barrier to older women seeking support. This theme was underpinned by three subthemes. The first related to the uncertainty of independent living, the second described social stigma of generational discourse, and the final subtheme related to financial concerns. The second theme uncovered a deficiency in knowledge of domestic abuse and related service provision for older women, at both a professional and public level. The theme was underpinned by three subthemes. The first related to a gap in



service provision, the second identified a lack in professional knowledge, and the final subtheme was focused on meeting the needs of older women.

### **An uncertain future for older women as a barrier to seeking support**

**Uncertainty of independent living.** Uncertainty, among the practitioners' perceptions, related to a change in circumstances and impact on future lives of middle age and older women. A general thought was: the older the woman, the longer they will have been in an abusive relationship which, in turn, will have had a greater the impact on their own sense of self and empowerment; thus requiring a bigger cycle of change to occur. The participants felt a stronger amount of uncertainty occurs as age increases and that a fundamental aspect of this uncertainty was based around fear. All practitioners acknowledged that fear is an important barrier to overcome for all victims and that it increased as the woman ages.

“...[older] women have the perceptions that nothing may be done about it or indeed can be done about it, if it's been a previously stable relationship or been in this relationship for 20 years, [they think...:] ‘what do I do with this in my life if I leave I am not going to have anything and so we put up with it’...” (Interview 4)

Moreover, fear was often thought of as what would happen after the disclosure is made, which was also acknowledged by the practitioners:

“...I think it's who do you tell, once you've told somebody what happens to your information...once you have told somebody something and you have got no control over it and I think there is that fact that they love them, they don't wana leave them and all they want is them to change...” (Interview 5)

The following practitioner emphasised that it would take greater amount of valour to leave the relationship for older women and the fear of having to start again was described as an additional barrier.

“...I think they [older women] are scared of starting again from scratch, it’s hard enough for any woman but I think older ones particularly I think it takes a lot of courage to leave a relationship when you are a certain age...” (Interview 13)

Participants described their own perceptions of an older woman as a person who is in their later years coming to the end of their life, rather than a women in her 40’s or 50’s. Furthermore, the later years were considered to be a time when big life changes might be more difficult to make due to the upheaval that is involved in leaving the comfort of the home environment and rebuilding their life in a new location.

“...I think that older women are more vulnerable...and you know they are short of leaving their home and not having a home and being in accommodation with other people in a kind of hostel type environment for the rest of their life is sort of quiet scary and unsettling for them cause leaving your home is stressful enough and there is the thinking ahead and what is going to happen to me and am I going to be here for the rest of my life...” (Interview 7)

“...they have been with this person for 50 years that’s all they know so if they go on to come forward and report this abuse and access services what does this mean for them you know if they’re 70 are they really wanting to change their life that dramatically...” (Interview 8)

Practitioner 18 also raised the important issue that not everyone who is in an abusive relationship will want to end the relationship or leave the home environment.

“...I think it maybe should be a separate issue a separate way of dealing with them [older women]...I think it is just too much for them to take on and to do anything

about it I think if some of them might even feel that is it easier putting up with the abuse then trying to get any sort of help...they might want to stay in the home they might just want to the abuser gone ...” (Interview 18)

Alternative methods of support should be a high priority for DA services and policy makers to consider when supporting older women. Many women do not want to leave their home, instead they want to stay but in a safe way. Working to empower women to manage the home environment safely is often an important job for DA services. It is possible that a women over 45 may need other forms of support such as an accessible listening service to help come to terms with the situation and on-going help and empowerment, rather than a supported housing or refuge type service.

**Social stigma of generational discourse.** Practitioners discussed older women as having been socialised with different generational discourses about abuse and help seeking behaviours. The perception that older generations were less inclined to make a fuss about domestic issues or did not have faith in the authorities was common. Practitioners believed such social attitudes, in particular the stigma of how others would perceive the abuse, created additional uncertainties, which add to the barriers of seeking help.

“...it would be either the fear of it becoming worse the stigma may be attached to it maybe having to go to the police or you know report this having...examinations things like that...I think behind closed doors you know if they [older women] can make it look alright on the outside I think that is what they will do...they are not the sort of age group that would make a fuss ...” (Interview 18)

Social norms provide societal expectations of how we perceive and understand behaviours of others and ourselves, this can often mean adhering to particular behaviours to avoid going against what is socially expected. The practitioners identified a number of societal pressures that they considered to be particularly influential to older women. For

example, the following participant discussed the prospect of a woman not wanting to leave the relationship due to fearing that others would have expected her to have known better.

“...society is quite, well it is cruel you know like the women and the pressure they put on themselves and think well you know [they say] ‘I wish I had learned and think I should have learnt by now and how could I be so stupid’...” (Interview 5)

**Financial concerns.** The perception that older women are more likely to be less financially stable and therefore more reliant on their partner’s income or pension was evident among the practitioners. For example, it was perceived that older generations of women were less likely to go out to work due to favouring looking after the family and home and it was the male role to deal with the finances and bring money into the household. The practitioners felt such gender roles would leave an older woman in a vulnerable situation with the uncertainty of never having had financial independence and being financially tied to their abusive partner.

“...I think finance is a big one I mean you would think it would be the physical thing that’s the problem but it’s not it’s, it’s what to do about I think from a financial point of view...and it’s hard to give up what they [older women] have got, very hard and where do they go at that age, how do they cope, often it’s a situation where the man’s always been in control of the finances and everything really...” (Interview 13)

The added barrier of being unsure of entitlement and legal rights of the family finances was also discussed by the practitioners.

“...a lot of women in that age group would stay for financial reasons they don’t think they are entitled to anything if they do leave they might wonder if they would survive financially...” (Interview 18)

Finally, length of the relationship was considered to negatively impact finances. The participants discussed a circumstance in which the longer the relationship the more tied up

the finances would be between partners and the practitioners believed this result in less financial independence for the woman.

“...would you manage financially because finances are so tied up together as when you are in a couple when you are in a relationship especially when you have been in a long-term relationship so I am sure there would be huge issues about finances and whether you would be able to manage on ya own...” (Interview 6)

Financial control is a form of DA and adds to the uncertainty of what will happen when leaving an abusive relationship; therefore making older women aware of their financial and legal rights will help to waiver some of the fear of an uncertain future to more positive prospects should they choose to leave. Thus, making professionals and the public aware of the financial support and legal advice that is offered by domestic abuse services is core to overcoming this barrier.

### **A gap in knowledge and service provision**

**Gaps in service provision.** An insufficiency of services for DA and shortage of knowledge among professionals and the public was expressed as a key challenge to supporting older women. This included lack of awareness among the public and professionals of the existence of support services. When discussing current service provision the practitioners were unable to identify facilities beyond local doctors’ surgeries and social services that were available for supporting older women.

“...Hopeful there doesn't seem to be as many [older women] I’m sure there is people in need but there doesn't seem to be the services available for them...” (Interview 2)

“...no I don’t actually [know of any services] no not specifically and that specifically for domestic violence in older women no I don’t...” (Interview 9)

The lack of services available in the community for older women in general was acknowledged.

“...not that I am aware of not any services for older women in general or [DV services]...I know there is older adult NHS [national health service] services but not specifically for domestic violence...” (Interview 8)

The lack of awareness of services is a key challenge for practitioners within the broader community. The non-domestic violence practitioners attributed their inability to identify DA services to those services meaning to be hidden rather than considering this as a gap in their own knowledge.

“...I don't know if it's about the visibility [of services] and it is very difficult with domestic violence services 'cause on the one hand they need to remain almost anonymous so that they are safe but on the other hand you know how, how accessible and visible are they ...” (Interview 10)

The belief that DA services intend to be hidden is concerning and demonstrates the need for community-wide educational approaches for professionals and the public.

**A gap in professional knowledge.** Worryingly, some of the non-domestic violence practitioners admitted to not knowing what to do if a client disclosed DA, stating they would need to seek advice from a senior member of the team or another organisation such as social services. Moreover, the lack of training to recognise the signs of DA, was also disclosed among this practitioner group. The training they received was described as being under the broader umbrella of abuse via adult safeguarding, which included different forms of abuse.

“...I don't [know any services] I wouldn't know off hand I would have to go and ask higher up just to find that information yeah it would actually be good...to be in our training with working with this age group [older adults]...” (Interview 18)

It is important that practitioners can identify the signs of DA so that women can be sign-posted to appropriate services for support. Brandl (2002) suggested that women are often waiting for a sympathetic ear to help them become empowered to seek support but are

rarely given those opportunities by the care-professionals they encounter, which often leads to the abuse going unrecognised. However, research and training on issues such as DA is often produced in professional silos which fails to consider the broader context of professionals that come in to contact with older adults (Roberto, McPherson and Brossoie, 2014). It is clear that this knowledge is not being filtered to all of the professionals that work with older adults. In terms of practitioners feeling unequipped to recognize the signs of DA and unable to identify appropriate services by virtue is yet another way to render these women invisible as this is an argument to the importance need for further training and awareness raising.

**Meeting the needs of older women.** The lack of service provision that practitioners could identify to support older women who have suffered DA is alarming. Fundamental to this issue is the availability of the DA services. Despite participants acknowledging that there is a lack of services for older women, they did not associate the lack of services as a barrier to seeking support. Instead they blamed the lack of women coming forward on the dearth of advertising about the services rather than the core issue of no services being available to them. This line of thought from the practitioners also resulted in their evaluations of the critical needs of these women being focused on raising awareness along with the delivery and transparency of the services rather than the interpersonal care needs of the individual.

“...Well for a start there needs to be a defined place to go for advice on domestic issues be it sexual violence or domestic violence both of those things ...” (Interview 12)

However, waiting lists and selection criteria to access the service was considered to have a negative impact on women coming forward.

“...a confidential service, secure, easy to access, and not long waiting lists, not waiting 2 years to get some action ...well there shouldn't be barriers to accessing

them [DV services]... they should be able to access themselves as opposed to having to go through a 3<sup>rd</sup> party..." (Interview 4)

"...I think that [service] would have to be put to that person you know straight away rather than a couple of weeks later ... it needs to be immediate you know and then obviously maybe a phone call a couple of months down the line..." (Interview 17)

The practitioners also suggested that older women might not be aware of what behaviours constitute as DA. Raising awareness of DA across different age groups was considered as an important approach to meeting the needs of older women. This approach was described as a way to overcome the lack in knowledge among the public and to increase acceptance that DA is a problem among this age cohort. This was discussed by all of the practitioners as a way of responding to the needs of older women and helping them to access support.

"...Acceptance and awareness that there is a problem, if people don't perceive there is a problem they don't think that it ever happens..." (Interview 4)

"...make it known through leaflets and advertising and social events all this sort of thing ...they [older women] have got to know even if the media, if they are advertising with situations where they know they can get help with numbers telephone numbers..." (Interview 11)

Most of the practitioners talked about tackling the deficit in service provision by raising awareness. This was considered as the best way to respond to the needs of older women and encourage older adults to come forward to access services.

"...I think it's almost about raising that awareness of abuse in older women because a lot of the awareness around domestic violence it doesn't focus specifically on it, on it



happening within the older age...that will enable women to feel more comfortable about coming forward..." (Interview 6)

"...we should be putting something in place for, to encourage more older people to report it and come forward and then you could run a programme for older people if that's what they wanted ..." (Interview 14)

Targeting places where older adults visit was seen to be a positive way to focus the advertising and awareness campaigns. The doctors' surgery was identified as a neutral place where most people would attend. This was considered as one of the main places where raising awareness and advertising would have the biggest impact.

"...You know in places like doctors and different places because..., all of us [service providers] may need to get out there a bit more and make ourselves known as to what services we are providing in the local area because I think a lot of people don't actually know what provision there is..." (Interview 1)

Raising awareness of DA among practitioner groups and the general public would be a positive move forward. Service providers need to be more innovative in how and where they distribute information about the help and support they offer. Services should be open to reviewing their current practice to better encourage middle-aged and older women to seek the support they may need.

The practitioners were forthcoming in offering their experiences and opinions for best practice and how DA services can become more accessible to meet the needs older women. They believed current services were created around the needs of younger women and children and suggestions for improvements were based on support networks and developing current services and training. Many believed that the currently available services should also be included in the care-plans of older women. All of the practitioners discussed the benefits

of social and peer support alongside the benefits of talking therapies. Legal and financial support is also believed to be effective ways of supporting older women.

### **Discussion**

The purpose of the study was to explore practitioners' perceptions of DA among women over 45. DA is more likely to be reported among younger adults and services tend to be developed to meet their needs. This is detrimental to those older adults who seek support in services that are not equipped to meet their needs or risk being offered support for something else. Two core themes emerged from the interviews: an uncertain future for older women and a gap in knowledge and service provision.

The practitioners discussed a number of barriers that prevented women over 45 from reporting and seeking support. Participants believed that women in the later stages of their life would be reluctant to implement big life changes such as leaving an abusive relationship. The financial impact and the fear of what would happen once the woman had accessed the services and reported the abuse, also contributed to the perceived barriers that prevented older women from seeking support. While younger women do often have similar barriers (Lundy and Grossman, 2009; McGarry *et al.*, 2011), as the practitioners pointed out, in an older adult population the abuse may have been happening over a longer period of time and this requires a bigger cycle of change to occur. Another barrier identified by the practitioners was the social and generational discourse of how older generations perceived relationships and the increased chance of accepting the circumstances of their relationships. Finfgeld-Connet (2014) explains that older women experiencing domestic abuse are often victims of multigenerational abuse and thus the normalization of this behavior becomes strongly ingrained in their acceptance of relationship abuse. Therefore, for older women that are not ready to leave the relationship, it is important for those providing services to consider other means of support for smaller life changes such as accessible helplines, peer support, listening

services, counseling services, and care planning. It is paramount that policy makers ensure that support and funding is available for such services.

A lack in service provision for older women was identified. Practitioners were unable to identify dedicated services for those older women who have experienced domestic abuse, which highlights a gap in current service provision. The participants suggested the best way to respond to this deficit was to raise awareness of age variations in DA through education, advertisements, and media campaigns. McGarry *et al.*, (2014) offered a similar proposal suggesting educational information of different forms of abuse and the notion that domestic abuse can affect people of all ages. Furthermore, participants recommended that strategies should be in place for awareness campaigns to specifically target GP surgeries and other places where older adults are likely to go. The shortage in service provision for women over 45 demonstrates a gap in knowledge at a professional and public level of domestic abuse that spans beyond those that are more stereotypically likely to be affected.

Interestingly, practitioners did not discuss collaborative opportunities for DA services and age based services to work together to develop new training opportunities. The findings of the current study identified the need for such a strategy. For example, the participants from DA services stated the majority of their clients were younger adults. They believed the services were aimed at a younger age group and had difficulty recalling service provision for older adults. Furthermore, the non-domestic violence practitioners disclosed having little knowledge or experience in identifying signs of DA and cited social services as the place they would be most likely sign-post to. A strategy whereby inter-agency collaborative training programmes are implemented would be a positive move forward in improving best practice. Multi-agency working is particularly useful with respect to the number of agencies that may be involved the provision of services to older women. Fundamental to this is for services to have the skills and knowledge to respond to the complexity of issues that arise in

DA cases and that workers understand the needs of older women and that those needs may differ from that of younger women.

Due to public spending cuts the general climate of UK victim services is weakened. Violence against women services have been particularly impacted due to being heavily resourced by statutory funding. Towers and Walby (2012) reported a 31% decrease to the domestic and sexual abuse sector across UK local authorities. In addition, cuts to the broader welfare sector also has a negative impact on the additional support services that are available for older adults and those who have fallen victim to maltreatment. Ishkanian (2014) argues that current policy contexts are dominated by austerity policies and have over-riding concern with cost-saving initiatives. As a result, organisations are forced to provide cost-saving approaches, which often result in gender and age neutral generic service provision. This is problematic to smaller victim services as specialist knowledge, skills, and experience are often diluted when generic services are provided (Hirst and Rinne, 2012; Towers and Walby, 2012). It is important that the specialism of women's services is maintained to have success to help reach more disadvantaged and vulnerable women.

The research has demonstrated that policy on domestic abuse encompasses all those who are at risk of becoming a victim regardless of age and that it is paramount that more funding is put in places for appropriate services to exist. The 45+ project was developed with such needs in mind. Reflecting on the project after one year has highlighted a number of key points for service providers to consider: (i) as a result of the 45+ project EVA Women's Aid had a 43% increase in service users aged 45+; older women stay longer in the safe house and often need longer term support (attending groups etc.) post the end of higher risk (safe house) intervention - this longer term support can be attributed to older women's issues being more embedded thus requiring more support to allow slower changes to occur; (ii) older service

users prefer an older support worker; and, (iii) older women reported a greater impact on their lives following successful 45+ intervention.

The data collected in this study is based on the practitioners' reflections and opinions of their working practice with older females. It is acknowledged that narratives provided by practitioners can be limited and that the voices of the women who are directly affected by DA should also be considered in policy and service development. Therefore future research should consider this aspect. The strength of the current study is that it draws on practitioner voices from the broader community context which can better inform research and effective avenues for working practice (Roberto, McPherson and Brossoie, 2014). Finally, the focus of the paper was practitioner perspectives of domestic abuse and older women therefore a further consideration for future research is to explore the challenges to older males and older people from minority groups.

Formally exploring practitioners' perspective with a view to opening up more discussions of the potential developments of care provisions for older women advances current knowledge. For example, previous studies have focused on the client perspective (Grossman and Lundy, 2003; Lazenbatt *et al.*, 2010; 2013; Lundy and Grossman, 2009; Scott *et al.*, 2004) or the perspective of service providers in terms of current practice provision (McGarry *et al.*, 2014; Vinton, 2003; Vinton *et al.*, 1997). Furthermore, a large proportion of the research has been conducted outside the UK. Finally, the data of the present study adds to a developing literature, in the UK, which has favoured qualitative methods over survey based studies and other quantitative data types. Despite these positive contributions, future research should consider identifying service needs and best practice recommendations at a national level. As practitioners play a pivotal role in service provision future research should also consider exploring training and competence of practitioners when working with older women and DA.

## Conclusions

Exploring the practitioner viewpoint allows gaps in service provision or new forms of practice to be identified, which will better inform services and encourage victims to come forward, particularly those older clients who may be seeking support for the first time. Outcomes of the research will cultivate recommendations that can be considered as guidance to UK agencies that provide a service to women who have been affected by domestic abuse, and for agencies that provide more general services for older women.

The lack of knowledge of domestic abuse services for older women as well as the acknowledgement of the role of health and social care provisions, highlighted the important role that the health and social care community have. Part of this challenge is for services to identify that DA is a continuing social issue and formulates an additional category of abuse that goes beyond current training practices. Furthermore, making the wider community aware of the additional services that DA organisations offer that is beyond a refuge or supported housing. Current DA services offer a range of support to women, men, and children including legal, financial, and emotional support services. Increasing public awareness of these services would provide a positive and empowering image for a person leaving an abusive relationship as opposed to the perception that they would be giving up everything to be housed in a supported refuge.

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agency\\_policies\\_and\\_procedures\\_to\\_protect\\_vulnerable\\_adults\\_from\\_abuse.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets__guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf)  
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Table 1. Participant frequency table

Total	18				
Gender	Female	Male			
	16	2			
Age*	20 - 29	30 - 39	40 - 49	50 - 59	60+
	1	1	7	3	5
Service**	Domestic Abuse	Victim service (non-specialist for DA)	Older adult (non-specialist for DA)	Health care	

	8	4	4	4
Length of time in service	Up to 12 month	1 – 5 years	5 – 10 years	10+ years
	1	4	5	8

\* one participant did not disclose age

\*\*two participants worked for multiple services