



Solace Women's Aid -Silver Project

Older Women Experiencing Domestic
Violence & Sexual Abuse (DVSA)

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Why a Targeted Service



To date, little consideration has been given to the specific needs of older women in the UK who are experiencing Domestic Violence & Sexual Abuse (DVSA).

There is lack of literature, research or guidelines on the issue.

Lack of services specifically for older women.

Confusion over the distinction between 'domestic violence' and 'elder abuse'.

High number of older women accessing hospital services.

Women's Aid (England) called for specialist services.

There are no other specialist DVSA support service for older women in London.

History of the Silver project



- We filled the gap and ran a 3 year Pilot project – Over 55 service.
- Funded by the Equality & Human Rights Commission (EHRC).
- Due to the successful delivery of the Pilot Project the service received further funding from the Big Lottery to continue the service – The Silver Project.
- We have completed three years of the Silver project.
- Secured a further five years funding.
- Two Evaluation Reports are available on request.

Elder Abuse or Domestic Violence?



There is sometimes confusion between DVSA in later life and elder abuse which can result in survivors 'falling between the cracks of the **elder abuse** and **domestic violence** systems'

1. DVSA - Safety plans, Crisis intervention, Emergency housing, Counselling, Risk Assessment, MARAC.
2. Safeguarding – Medical Care, Social care, Care plans.

The term 'elder abuse' is usually gender blind and relies on a narrow definition of violence, unable to see dynamics of gender and power. DVSA is gender based violence, the number of women it affects is disproportionate.

Research and practice on elder abuse tend to ignore domestic violence against older women with survivors usually portrayed as vulnerable and in need of medical and social care.

Professionals may not like to get involved -The perpetrator may be excused of responsibility hence a criminal justice response may be seen as inappropriate and may result in inadequate responses by professionals.

Who are the Perpetrators?

Older women have additional abusers compared to younger women.

- Mother / step mother
- Father / step father
- **Spouse** / Civil Partnerships
- Partner (including same sex partners)
- Siblings – brother, sister, step/half siblings
- Aunt / Uncle
- Daughter – son in law
- **Son** – daughter in law
- Step children
- **Grandchildren**

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass psychological, physical, sexual, financial or emotional abuse.’

Barriers

- From our experience of delivering a specialist domestic violence service for older women some of the barriers to disclosure are similar to those for younger women, however there are more specific barriers affecting older women, these are:
 - **Financial dependence – Fear of financial Insecurity**
 - **Isolation**
 - Older women may not identify with their abusive environment or situation as being one of domestic violence
 - **Acceptance of domestic abuse ('that's just the way its always been') – consider generational factors**
 - **Fear of being institutionalized**
 - Loss of ability to communicate clearly – medical or no confidence
 - 'The invisibility of older women' - a long history of abuse often means women have tried to access services numerous times without result and they just give up.
 - The responsibility of being a carer – possibly of the abusive partner or child
 - **Being cared for by the abusive partner or child**
 - **Disability or physical frailty** - older women are statistically more likely than younger women to have health problems, reduced mobility or other disabilities.
 - Leaving treasured possessions and the home of a lifetime, **pets**, etc.

Training Professionals



The most common agencies approached when older women seek help are **health professionals, police** and **counselling services**. The under representation of Older women accessing specialist DVSA services is often due to the inadequate response from those professionals approached. Some of the responses are:

- **Professionals' lack of awareness:** Health and social work professionals tend not to consider domestic violence as an issue for older women and therefore rarely ask about it. They may assume that injuries, confusion, depression, etc., are the results of age-related conditions.
- **Lack of training:** may mean social workers and other care professionals may lack the skills and knowledge to deal with cases confidently.
- **Acceptance of ageist stereotypes:** Victim-blaming may be even more prevalent when a woman has lived with the abuse for a very long time.
- **Services may not be appropriate for older women:** Violence spares no age group but the services required differ dramatically across the lifespan.

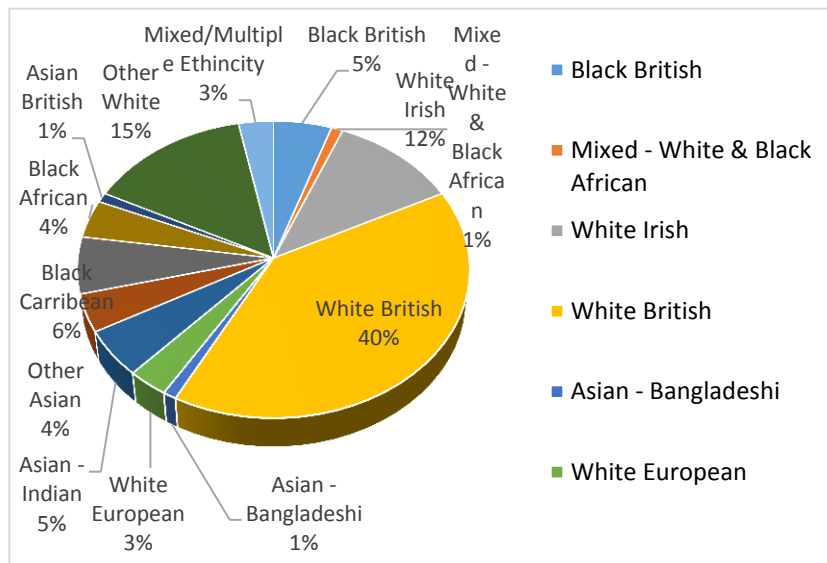
Silver Project Findings

The charts below present data collected from service users between October 2013 and Jan 2016, offering an insight into Service Users profiles.

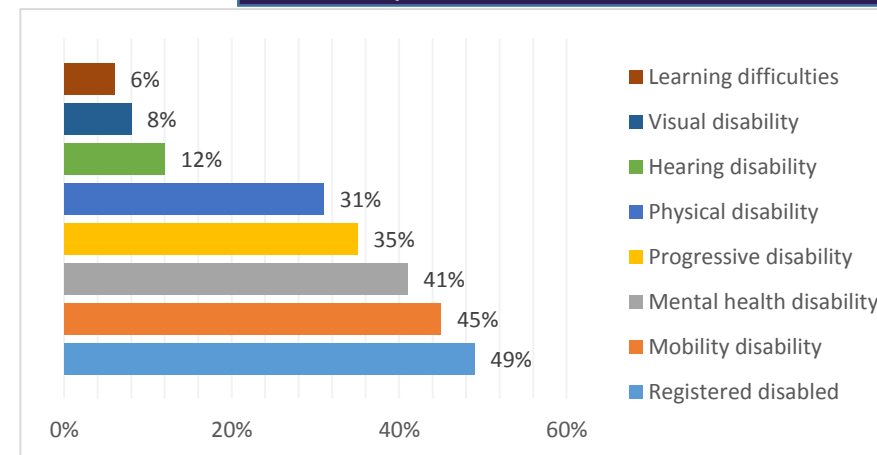
Findings:

- We worked across 33 London Boroughs and raised awareness to 325 practitioners, on the subject.
- From October 2013 to September 2016, the Silver Project supported 219 women.
- The support ranged between 1 month and year.
- The average age of women we have supported is 67 years old. The oldest woman we have supported was 103 years old.
- Of those we supported, 49% of women were affected by more than one or multiple disabilities with a subsequent increase in their risk and needs.
- At least 90% of women had mobility issues.
- Older women are less likely to leave the abusive situation and want support for their abuser particularly if its an adult child.
- They are also less likely to report to the police.
- Since April 2013-Dec2015, 1423 older women have accessed the Ascent partnership services.

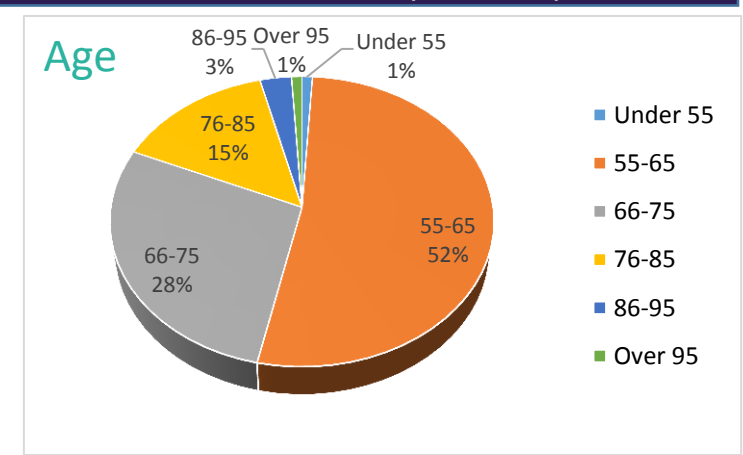
Ethnicity



Disability



Age



How do we support older women?

There is no common profile of older women suffering abuse just as there is none of younger women. What they have in common is living with an abusive partner/relative.

Older women may share status as being elders but this masks differences in income, class, ethnic grouping/background as well as support needs.

General attitudes tend to view DV as a problem that affects younger women, so older women presenting to services may be more 'invisible' than their younger counterparts.

Service provision must be flexible and innovative enough to meet the diverse range of needs among older women. Support works best when it can be flexible, adapting to the specific needs of the service user.

The planning of services requires extensive consultation with older women themselves.

- Ask the right questions.
- Be flexible in your approach.

Flexibility

Stepping into a large organisation can be very overwhelming when you've already been through so much. Just taking the time to explain the service and what they do made a huge difference.



5 challenges – How can I help?

1. Health & Mobility issues are affecting the survivors ability to access services.

It can take longer for older survivors to get the right support because they can't get out as easily, don't have anywhere safe to go or don't have access to a mobile phone. This may be exacerbated by the fact the perpetrator is also their carer.

How can you help?

- ✓ Be flexible in where and how you provide support – hold drop-in and outreach sessions at places older women feel comfortable or can access more easily, like health centres, GP surgeries and day/community centres.
- ✓ Meet face-to-face wherever possible and ensure any communication meets their needs – for example, using minicom, videophone or interpreting services for hard of hearing or deaf service users.
- ✓ Visit clients in their own homes, where safe to do so, and arrange joint visits with other professionals if their presence is reassuring for your client.
- ✓ Be aware of refuges that can accommodate carers.



5 challenges – How can I help?

2. The Victim has limited eligibility for housing, legal or financial support.

Older victims might require specially adapted homes to help them live independently. This can limit the options available to them, particularly in areas like London where there is a lack of housing and a long waiting list for adapted properties.

If they have savings or a home of their own it could mean they are not eligible for legal aid. Others may face financial hardship as leaving the perpetrator can require costly care options.

How can you help?

- ✓ Know the housing associations which operate in your area – some offer the option to register directly without going through the local authority
- ✓ Be aware of local solicitors/legal services that offer pro bono support. Ask whether they can visit clients at home or in a safe location.
- ✓ Ensure staff are trained on the needs of older people, including pensions and benefits available to them
- ✓ Remember that all older people and carers have the right to request a Community Care Assessment. This can be a good way to work jointly with social services.

Flexibility

It's always good to see a familiar face. You can build a rapport and don't have to keep repeating your story again and again.



5 challenges – How can I help?

3. The Victim has is reluctant to leave or has complex needs which make it difficult to do so.

Older victims typically live with abuse for many years before getting help. This could mean that it will take them longer to deal with the trauma or leave the abusive situation at all.

They may have complex needs such as dementia or use alcohol as a coping mechanism. This can mean that you'll need to work with clients on a longer term basis and steps to safety, such as re-housing, legal advice and access to care, may take longer.

How can I help?

- ✓ Respect your client's autonomy and their right to make decisions in their own life. They will leave when they are ready.
- ✓ Help your client plan for their future safety. What have they tried in the past to keep themselves safe and is it working? Do they have a place to go if they need to escape?
- ✓ Feelings of isolation significantly affect older people's quality of life. Explore options like befriending services, local activities and day/community centres to help address this.
- ✓ Give clients as much relevant information and assistance as possible, without overwhelming them, to help them make informed choices about their future. Where possible, give options in writing.

5 challenges – How can I help?

4. The Perpetrator is elderly or has health issues of their own.

We often see cases where the perpetrator has dementia or memory loss, or conditions which are known to make them violent. The perpetrator may be viewed as vulnerable and not capable of serious harm. A criminal justice response may be seen as inappropriate, and could result in an inadequate or unsuitable response by professionals.

How can you help?

- ✓ Where possible and safe, look for support services for the 'vulnerable' perpetrator as this may be the only way to ensure the victim's safety
- ✓ Recognise that your client may want to maintain the relationship and help the abuser. You must always support any decision they make.

In my experience, the best way to engage is to listen carefully and give all the support and resources you can.

Flexibility

You were always ready and willing to help, no matter what. You gave your time to listen – always.



5 challenges – How can I help?

5. The abuser is the victims adult child or grandchild.

We find that victims in these cases are even less likely to report the abuse to the authorities. This is often because they still love their child and want them to get help. They may worry about being alone or even blame themselves for the abuse because of how the child was raised.

The perpetrator may also have complex needs, such as mental ill-health or problematic alcohol or substance use. However, unless they are a risk to the community, you may find that services are reluctant to intervene.

How can I help?

- ✓ For the reasons outlined above, the options for clients in these situations can be limited. However, wherever possible, explore alternative solutions with your client – for example, we found that women were happier if a neighbour reported the abuse to the police, so we worked with them to agree a code word with a trusted neighbour.
- ✓ Speak to other local domestic abuse services to find out about their experiences of this type of abuse. What worked for them?
- ✓ Link in with specialists such as drug and alcohol services, housing and social care.

Contact Us



If you have any queries about the referral process or if you need advice on a case you are dealing with, you can call us on the Advice Hub **0808 802 5565** (open Monday-Friday 10am-4pm & extended hours on Tuesday from 6pm-8pm). We also accept self referrals.

For more information on Training for practitioners please contact us on **020 7619 1350 / silverproject@solacewomensaid.org**

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