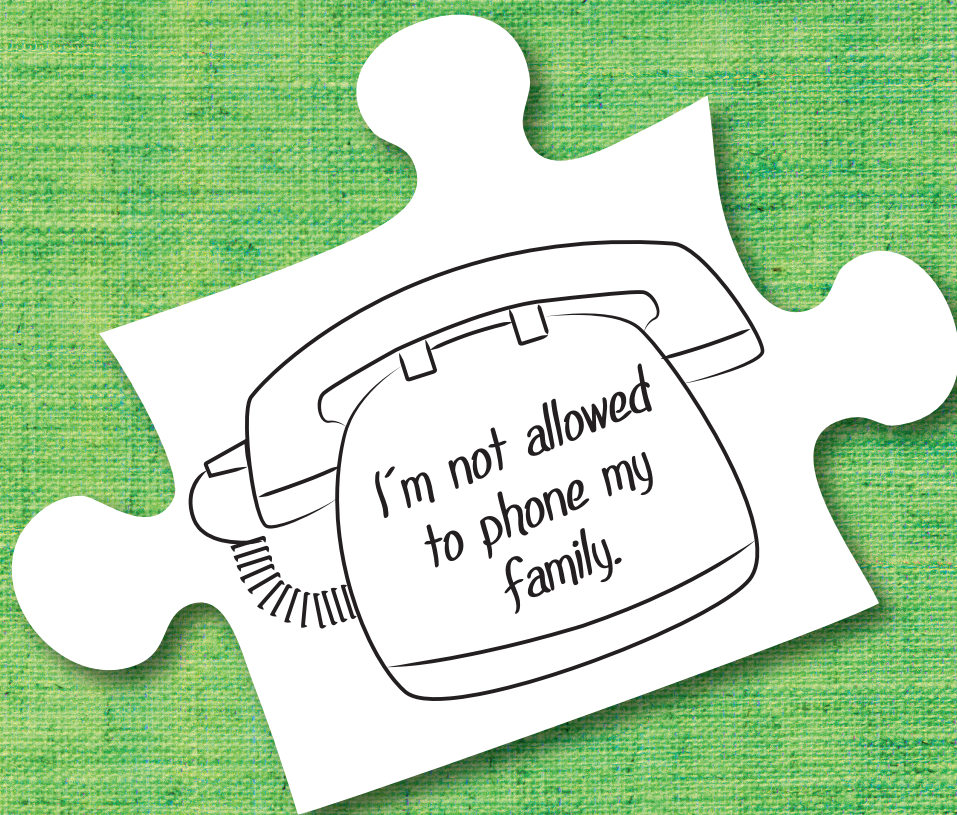


MIND THE GAP!

**IMPROVING
INTERVENTION IN
INTIMATE PARTNER VIOLENCE
AGAINST OLDER WOMEN**

Guidance for Social Support Organisations



Guidance for Social Support Practitioners

This document contains material recommended for inclusion in guidance and policy documents developed by organisations (in England and Wales) providing any form of social support service and likely to have contact with older women victims of intimate partner violence.

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Mind the Gap!

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Intimate Partner Violence against Older Women

Introduction

This document, which has been developed by the '*Mind the Gap!*' project team, contains material recommended for inclusion in guidance and policy documents owned by organisations throughout the social support arena (statutory, non-statutory and voluntary).

'*Mind the Gap!*' is a Europe-wide project involving institutions from Germany, Poland, Hungary, Portugal and Austria as well as the UK, which pursues the following aims:

- Gain further insight into possible efficient, effective and adequate interventions and support by law enforcement agencies in respect of intimate partner violence against older women (IPVOW)
- Raise awareness within law enforcement and social support agencies about older women as victims of intimate partner violence (IPV)
- Encourage agencies to tackle the problem and to improve outreach to this subgroup of victims
- Build the capacity of law enforcement and social support agencies so that they can respond and intervene successfully in these cases

It follows on from the '2010 *Intimate Partner Violence Against Older Women (IPVoW)* study¹' which found that the highly complex issue of Intimate Partner Violence (IPV) is often further compounded by the dynamics of ageing - a factor which is frequently not recognised or sufficiently understood by law enforcement and social support practitioners.

For the purpose of this document, the term 'older women' refers to women aged 60 years and over; 'IPV' includes sexual abuse and harassment, emotional, verbal & psychological abuse, financial abuse and exploitation, coercive control, stalking and neglect, as well as physical violence (assault). These definitions were established to ensure a consistent approach to research and common understanding throughout the duration of the project.

UK-based research for the '*Mind the Gap!*' project comprised quantitative analysis of 150 police files, 30 of which were then subject to in-depth (qualitative) analysis. This was complemented by two national workshops; one for social support practitioners/specialists and the other for their counterparts from law enforcement.

This paper will not dwell upon existing protocol or on the common features of domestic abuse/violence *per se*, but will focus instead on those concerns which appear specific to older women victims.

¹ Nagele B, Bohn U et al. (2010) *Intimate Partner Violence Against Older Women*. Gottingen: EC

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Understanding Intimate Partner Abuse against Older Women

Incidents of domestic violence are typically challenging and difficult to resolve, but those which involve older women victims of intimate partner violence may be further complicated by the accompanying age-related issues.

There is a likelihood that victims and perpetrators may have had intimate relationships spanning many years; some victims may have experienced abuse throughout their relationship, which may have remained hidden. In later life, the ability to withstand such abuse or to recover from incidents may be compromised by other co-existing conditions. It might also become less easy for abuse to remain a secret when the victim is receiving a service from social support practitioners. The abuse may be much more recent, however, perhaps coinciding with one intimate partner becoming a carer for the other, or it may relate to unfulfilled expectations in retirement and later life.

The research also revealed instances where older women in new or relatively short-term relationships had become victims of intimate partner violence; this was not always related to a prior history of violence within relationships. Whatever the circumstances, however, later life may bring obstacles to successful intervention, such as:

- reduced resilience to the impact of violence
- reduced capacity to recover from incidents of violence
- reduced capacity to deal with longer term consequences of violence
- health conditions of victims and perpetrators
- fluctuating mental capacity of victims and perpetrators
- failure by victims to identify mistreatment as abuse
- lack of awareness that domestic violence support services exist and can provide help
- influence of adult children, encouraging or discouraging intervention

The significance of dealing with offences against (and protecting) adults should not be overlooked, particularly local arrangements for adult safeguarding, which can be relevant in many cases of intimate partner violence against older women. In such circumstances, local adult safeguarding protocols should be used in conjunction with (not as an alternative to) dealing with the incident as domestic violence within the criminal justice framework.

It is recommended that individuals tasked with the management of relevant guidance and policies consider the following '*Mind the Gap!*' products (available at www.uea.ac.uk/mindthegap):

- Training Material for Police and the Crown Prosecution Service
- UK National Report
- Recommendations for Police and Crown Prosecution Service Guidance

The research identified three key arenas of concern - namely *identifying victims, taking appropriate action* and *reaching victims*.

Identifying Victims

The research established that many practitioners had difficulty in identifying or recognising situations as potential intimate partner violence against older women (particularly where there was no act of overt physical violence). Such situations are even more complex when the victim fails to recognise mistreatment as abuse or violence, perhaps because her socialisation and life experiences are such that she perceives her partner's control over her as legitimate and 'normal'. It is therefore recommended that practitioners:

- must be able to identify the types of behaviour which comprise intimate partner violence, particularly coercion, financial abuse and neglect, as these appear to be under-reported and/or under-recorded
- should be aware of potential indicators of intimate partner violence, such as injuries which are not fully explained, lack of financial independence, little choice in everyday matters (diet, clothes, lifestyle), withdrawn and/or subservient behaviour
- must be aware of their duty of care, inasmuch as the onus is on them to correctly identify risks, any potential offending behaviour and to ensure that the appropriate action is taken (such as initiate adult safeguarding or referral to police)
- should not rely on service users (or third parties) articulating or disclosing that they are a victim of intimate partner violence but must, instead, ascertain the full circumstances in order to identify any violence/abuse and the associated risks
- should have a general understanding of the functions and likely actions of other social support agencies and the police

Taking Appropriate Action

When a potential case of intimate partner violence against an older woman is identified, numerous actions must be considered by practitioners in order to assess, remove, address, reduce or accept the risk. The extent of the action taken will vary in accordance with the role of the individual practitioner. For example, a social worker might be obliged to carry out enquiries into the circumstances and/or undertake an assessment in accordance with local adult safeguarding processes. A support worker will

simply be expected to comply with such protocols by reporting concerns. Consequently, the following recommendations are presented as 'generic clusters' in order that they can be duly considered and applied as necessary.

Relationships, personal dynamics, health, empowerment

Before any consideration can be given to which protocols, policies or procedures should be followed, it may be advisable to recognise the likely barriers which prevent some women disclosing that they are victims. These include: financial reliance, cultural values, care issues, impact on other family members (including adult children), concerns about where to live or fear of future violence. It is therefore recommended that practitioners:

- are aware of the likely barriers to communication with older women and develop appropriate skills and strategies to overcome such situations
- use language which is appropriate for older women, particularly when questioning matters concerning control, coercion, sexual abuse, financial abuse or neglect. Also avoid referring to them as 'victims' and using the term 'violence' without appropriate explanation
- do not be overly influenced by the age and perceived ill-health of an alleged perpetrator. Apparently frail and confused individuals may nevertheless be capable of extremely violent conduct and manipulative coercive control. It is therefore important to take positive action and not to dismiss situations on grounds of frailty or age
- be wary if the victim's partner intervenes (no matter how convincingly) and particularly if he/she attempts to negate any allegations on the grounds that the victim does not have sufficient mental capacity to understand what has occurred or is confused about the situation and misrepresenting it. Psychological control of the victim and situation is an important contributory factor in much intimate partner violence
- be prepared to challenge any explanations or assumptions regarding the mental capacity or physical incapacity of the victim (regardless of the source) without sufficient evidence to support it
- be prepared to challenge explanations or assumptions regarding the mental capacity or physical incapacity of the perpetrator, particularly if such information is provided by a victim who is also a carer and may therefore feel protective. Furthermore, some perpetrators may believe that it is in their best interest to present themselves as being 'incapable'
- have a working knowledge and understanding of the Mental Capacity Act 2005, regarding individuals who do not appear to have full decisional capacity, particularly the implications of the '*unwise decision*', the key principles of '*presumption of capacity*' and '*support to make decisions*'. Also recognise that the criminal offence regarding '*ill-treatment or wilful neglect by a carer*' (s44) can be applied to perpetrators of IPV

- be mindful of the limitations of partner agencies in providing support and services to victims. For example, the police may not have sufficient grounds to arrest and detain a perpetrator, and the eligibility framework/criteria may not necessarily identify a victim as being suitable for social care intervention; likewise, few refuges are suitable to accommodate older women. Nevertheless always be prepared to respond and offer appropriate forms of support to victims

Duty of care, adult safeguarding, investigations

Although the precise action taken by practitioners will depend upon their individual roles, there are, nevertheless, some general principles to consider:

- recognise the significance of contact with an older woman as being possibly the only opportunity for her to be identified (or to self identify) as a victim of intimate partner violence and to be provided with information about support - whether for immediate intervention or leaving the door open for her to seek help in the future
- any action should be based on a 'duty of care' to the victim, which might not always be consistent with her apparent wishes. There is evidence to suggest that older women are sometimes relieved at not being solely responsible for the continuation or outcome of an intervention
- it is likely that many incidents will necessitate use of 'adult safeguarding' protocols and may also be classified as potential 'elder abuse'. In such circumstances, it is vital that intimate partner violence is not overlooked, and remains a significant consideration of any action taken
- be fully conversant with local 'adult safeguarding' protocols, particularly the obligation to refer matters
- be wary of any prior assumptions by colleagues regarding the mental capacity or physical disability of victims or perpetrators. Consider obtaining specialist advice and medical evidence to support or negate such perceptions, and access these as soon as practicable, in order that any investigatory process is not delayed
- ensure that all possible action has been taken (including non-mandatory referral) where incidents are not regarded as high or even medium risk

Assessments

It is likely that any intervention associated with tackling intimate partner violence against older women will include some type of assessment. The purpose might be to ascertain the extent of risk, establish eligibility for a service or to identify the most appropriate means of support. Regardless of its aims, however, the assessment will often feature some form of a questionnaire as part of an established framework, which should be completed in accordance with the following recommendations:

- generic assessment tools are not always appropriate for older women who are victims of intimate partner violence. It may be necessary for practitioners to 'interpret' the process, to make it valid and reliable

for the service user (for example - consider, as part of the assessment, the likely impacts of any further incidents)

- explore all the issues as fully as possible; this is essential in cases involving older women, and removal of 'tick box' sections from assessment documents places the onus on practitioners to ensure that this is done effectively
- the contents of assessment documentation should not be based exclusively on information from the victim, particularly where decision-making capacity may be an issue. If necessary, seek specialist assistance, or conduct further enquiries with individuals who have knowledge of the victim and/or the perpetrator. These should be accessed as soon as practicable, in order that the assessment process is not delayed
- ensure that you have the appropriate consent or necessary grounds to share information regarding the victim and/or perpetrator
- carefully consider issues of consent and any potential risks to service users safety prior to contacting other parties, organisations or individuals

Reaching Victims

The research identified three distinct issues regarding the complexity of (intimate partner) violence. Firstly, many victims are not aware of the support which may be available to them. Secondly, victims might not have the opportunity to seek support or to disclose intimate partner violence for numerous reasons. Finally, a victim may not perceive the practitioner as being sufficiently empathic, reliable or respectful to enable her to reveal the full circumstances of her situation. Each of the identified issues comprises numerous complexities such as: cultural values, impaired capacity (mental and physical), limited access to services, social isolation, ethnicity, faith, limited means of communication, lack of confidence in social support services and low self-esteem.

It is therefore recommended that social support service providers:

- acknowledge the existence of all victims of intimate partner violence including those who are 'hard to reach'
- develop a communication strategy and/or public awareness campaign to facilitate contact with all victims, but also pay particular attention to extending the campaign to 'hard to reach' victims
- develop protocols and training to ensure the most appropriate responses from all staff likely to come into contact with all victims including those who are 'hard to reach'. This should not be restricted to key workers, but should also include ancillary and administrative staff (eg receptionists and switchboard operators)
- acknowledge the significance of any contact with an older woman as being possibly the only opportunity for her to be identified (or to identify herself) as a victim of intimate partner violence and to be provided with information about support - whether for immediate

intervention or leaving the door open for her to seek help in the future

Conclusion

It is apparent that although effective intervention depends largely upon individual practitioners' knowledge and understanding of intimate partner violence, law, procedures, protocols, policies and so forth, there is a considerable obligation and need for them to fully discharge their duty of care.

This is supported by Rowson and Lindley (2012, p8) who, having researched police practices in general, argued that

'it is possible police need more tools for self examination rather than more professional training. What is needful may not be instruction in how to do 'the job' as such, but more awareness of how to critically engage with that kind of instruction, and shape their approach to 'the job' accordingly.²

There is much to suggest that this could be extended to social support practitioners with resultant improvements in the way they intervene in cases of intimate partner violence against older women.

² Rowson, J. & Lindley, E. (2012). Reflexive Coppers: Adaptive Challenges in Policing. RSA

