

National Report **United Kingdom**

IPVOW

**INTIMATE
PARTNER VIOLENCE
AGAINST
OLDER WOMEN**

Bridget Penhale, Jenny Porritt

Co-financed by the European Commission within the Daphne III programme by DG Justice, Freedom and Security. Coordinated by the German Police University (DHPol), Münster.



This project has been funded with support from the European Commission. This publication reflects the views only of the authors; the European Commission cannot be held responsible for either its content or for any use which might be made of the information contained therein.

December 2010

IPVoW – Bridget Penhale and Jenny Porritt

University of Sheffield

School of Nursing and Midwifery,
University of Sheffield,
Samuel Fox House,
Northern General Hospital,
Herries Road,
Sheffield.
S5 7AU.

United Kingdom

Telephone: 0114 2269606 or 0114 2269773

Email: b.penhale@sheffield.ac.uk or j.porritt@sheffield.ac.uk

NB: b.penhale@uea.ac.uk (from Jan 2011)

www.ipvow.org



The
University
Of
Sheffield.

IPVoW

**Intimate Partner Violence against
older Women in Europe**

National Report United Kingdom

Bridget Penhale, Jenny Porritt

Acknowledgements

We are indebted to the participants of this study who gave freely of their time and information, without whom this work would not have been possible.

We would like to thank all those who completed the institutional survey and the professionals who took part in interviews about their knowledge and experiences of work in this field. We particularly thank those older women victims of intimate partner violence who agreed to be interviewed, who shared their experiences with us and whose voices are heard through this report.

Our thanks go out to each of the partner organizations involved in the research for the valuable contributions they made to this national report and for all the support, advice and encouragement they have offered throughout the project and their commitment to this issue.

We also wish to thank the European Commission and DAPHNE Programme III for recognising the importance of this issue and providing the necessary funding for this research.

Finally, we would like express our gratitude to the administration team at the University of Sheffield for their help and advice throughout the project.

Table of contents

Acknowledgements	3
List of Figures	6
List of Tables	7
Foreword	8
I	
Executive summary	11
II	
IPVoW – a European study on intimate partner violence against older women	16
2.1 Starting points and conceptual background	16
2.2 The transnational cooperation: Partners and countries involved	19
2.3 Multi-method approach to intimate partner violence against older women – an overview	20
III	
IPV against older women in context: Societal and cultural background factors	23
3.1 Introduction	23
3.2 Traditions of gender relations and specific aspects relating to age	23
3.3 The context of the specific welfare regime	24
3.3.1. Overview of statistical data	25
3.3.1.1 Population	25
3.3.1.2 Life expectancy	26
3.3.1.3 Economic situation	26
3.3.1.4 Health Status	27
3.3.1.5 Living arrangements and household composition	27
3.3.1.6 Education	28
3.3.1.7 Age of retirement	29
3.4 Cultural perceptions of violence against women in families	29
3.5 Cultural perception of aging women in society	30
3.6 History and situation of services for victims of IPV in general and for older women in general	31

IV		
	Overview on existing national data on the issue	36
4.1	Research aims	36
4.2	Method	36
4.3	Findings	36
4.3.1	Research data	36
4.3.2	Data from law enforcement institutions	42
4.3.2.1	British Crime Survey	42
4.3.2.2	Police recorded crime	45
4.3.3	Data from sexual abuse services	47
4.3.4	Data from vulnerable adult services	47
4.3.5	Data from domestic violence services	49
4.3.6	Home Office data	53
4.4	Summary and discussion	53
V		
	Institutional survey	58
5.1	Research aims	58
5.2	Method	58
5.2.1	Instrumentation	58
5.2.2	Sampling	60
5.2.3	Conducting the survey	60
5.2.4	Data analysis	60
5.3	Sample characteristics	60
5.3.1	Institutions	60
5.3.2	Respondents	61
5.4	Findings	62
5.4.1	Institutional/professional experience with older female victims of IPV	62
5.4.2	Perceptions of the problem of IPV against older women	73
5.5	Summary and Discussion	75
VI		
	Interviews with older victims of IPV	78
6.1	Research aims and ethical issues	78
6.2.	Methodology	79
6.2.1.	Instrument	79
6.2.2	Sampling	80
6.2.3	Conducting the interviews	81
6.2.4	Data analysis	82
6.3	Sample characteristics	82
6.4	Findings	82

6.4.1	Defining violence	82
6.4.2	The emergence of intimate partner violence	84
6.4.3	Characteristics of the violence	86
6.4.5	Intimate partner violence in older age	92
6.4.6	Impacts of partner violence	94
6.4.7	Help seeking and experiences of support services	96
6.4.7.1	Difficulties, barriers and suggestions for improvements	96
6.4.7.2	Benefits gained from accessing support	103
6.4.8	Leaving the violent relationship	104
6.4.8.1	Difficulties leaving the violent relationship	104
6.4.8.2	Triggers for leaving the violent relationship	107
6.4.8.3	Consequences of leaving the violent relationship	108
6.4.8.4	Advantages of leaving the violent relationship	111
6.4.9	Reflection and messages to other women	112
6.5	Summary and discussion	113

VII

Staff interviews

120

7.1	Research aims	120
7.2	Method	120
7.2.1	Instrumentation	120
7.2.2	Sampling	121
7.2.3	Conducting the interviews	121
7.2.4	Data analysis	122
7.3	Sample characteristics	122
7.4	Findings	123
7.4.1	Characteristics of intimate partner violence against older women	123
7.4.1.1	Defining 'intimate partner violence'	123
7.4.1.2	Types of intimate partner violence experienced by older women	125
7.4.1.3	Characteristics of older women who experience IPV	125
7.4.1.3	Characteristics of violent relationships in old age	127
7.4.2	Women's experiences of intimate partner violence and support services	129
7.4.2.1	Impacts of intimate partner violence	129
7.4.2.2	Specific support needs	131
7.4.2.3	Barriers to help seeking	133
7.4.3	Working with cases of intimate partner violence against older women	136
7.4.3.1	Services experiences	136
7.4.3.2	Services offered to older female victims of intimate partner violence	137
7.4.3.3	Challenges and difficulties	139
7.4.3.4	Recommendations for improving services for older female victims of intimate partner violence	143

7.4.3.4.1	Service development	143
7.4.3.4.2	Societal changes	146
7.5	Summary and discussion	148

VIII

National networks 155

8.1	Cooperating agencies and organizations	155
8.2	Mode of cooperation and methodological issues	155
8.3	Recommendations	156

IX

Discussion and perspectives 160

9.1	Findings	160
9.1.1	Prevalence of intimate partner violence against older women	160
9.1.2	Nature and impact of partner violence in older age	162
9.1.3	Support needs and barriers in accessing help and support	163
9.2	Research design	165
9.3	Implications and recommendations	167
9.3.1	Future research and future data collection	167
9.3.2	Service development	168
9.3.2.1	Increasing awareness around partner violence against older women	168
9.3.2.2	Improving support available for older women	169
9.3.3	Societal/policy	170
9.4	Conclusions	171

References 172

Appendices 182

List of Figures

Figure 1. Help-seeking behaviour of older people who reported mistreatment	41
Figure 2. Crimes committed against women aged over 60 by partners or ex-partners in London	46
Figure 3. The proportion of different types of abuse reported through the Action on Elder Abuse Helpline	48
Figure 4. Number of women over 50 years using domestic violence services on “Day to count” 2009	51

List of Tables

Table 1. Prevalence of elder abuse from Ogg and Bennett's (1992) survey	37
Table 2. Percentage of older women reporting different types of mistreatment in O'Keefe et al's (2007) 'UK study of abuse and neglect of older people' survey	40
Table 3. Proportion of women who were victims of violence by violence type	43
Table 4. Number of women over 50 years who contacted the National Domestic Violence Helpline between April 2009 and March 2010	49
Table 5. Results of Women's Aid's annual surveys 2007-2009	50
Table 6. Extent of case knowledge during 2006-2009, by number of organizations reporting	62
Table 7. Number of cases during 2006-2008 and 2009 and number of organizations reporting	63
Table 8. Number of cases during 2006-2008, by age group and number of organizations reporting	63
Table 9. Number of cases during 2006-2008, by age group and one national organization reporting	64
Table 10. Types of Abuse by number of organizations reporting cases (%)	65
Table 11. Types of Victim by numbers of organizations reporting cases (%)	66
Table 12. Types of Perpetrator by numbers of organizations reporting and number of cases	66
Table 13. Types of Violence reported by victims by numbers of organizations reporting and number of cases	67
Table 14. Organisations with older women IPV cases by source of information on organizations and cases (N)	68
Table 15. Services provided by responding organisations to Women IPV victims (N and Number of organisations responding)	69
Table 16. Types of Perpetrator (other forms of violence) reported by victims by numbers of organizations reporting and number of cases (2006-2008)	70
Table 17. Types of relationships of older male victims of IPV by numbers of organizations reporting and number of cases (2006-2008)	70
Table 18. Degree of satisfaction with support provided by number of organizations reporting	72
Table 19. Other services that the organization would like to see offered	73
Table 20. Average estimates of the extent to which older and younger women victims of intimate partner violence press criminal charges and seek help (%)	75

Foreword

- The definitional terms used within the research were agreed on across the 6 partner countries that participated in the study. However, it is recognised that there may be a wide variety of interpretation of the specific terminology used within this study so the following points are made in order to clarify such issues for the reader from the outset.
 - The definition of 'Intimate partner violence' (IPV) used in the study was as follows. 'An intimate partnership can be any type of couple, homo- or heterosexual, married, cohabiting or just dating. It is not necessary that the relationship is still ongoing. Violence by ex-partners is included (if the violence happens, or happened after the woman became 60 years old)'. For the purposes of this study, violence was defined as 'a non-legitimate forceful tactic, intentionally employed to cause physical and/or psychological harm'. It includes the use of physical force and infliction of injuries as well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (particularly if the victim depends on care and support from the partner or former partner)".
 - Although use of the term 'Victim' can be offensive to some people, not all of the older women who participated in this study are survivors in the sense that they have managed to leave the violent situation, although they have survived the violent episodes thus far. As several of the women in this study remain in their abusive relationships and continue to be victims of their partner, or former partner's behaviours, the term victim was used within the study and both terms (victim and survivor) will be used in this report.
- In discussion between the partner countries a decision was taken to select a specific, somewhat narrow topic and to investigate this area as fully as possible using a variety of methods through the different phases of the study.
 - This study did not aim to provide a comprehensive review of elder abuse, nor did it aim to conduct a prevalence study of this type of abuse affecting older women living in the community.
 - The study focuses quite specifically on older women rather than older people, victims rather than perpetrators, partners rather than family violence.

- Why should this be the case? The rationale for these decisions was a desire to undertake an in-depth consideration of the specific situation of older women who experience IPV, a situation which is at the intersection between the women's experiences of violence and the processes of aging. Further we wished to examine how age and gender issues are dealt with, either in conjoint or separate ways. There was also a desire to explore the fact that IPV against older women appears to get lost between the two topics of that violence which is related to age and violence which is related to gender.
- This study does not claim to be able to make reliable estimates of the prevalence of IPVoW within the UK and did not set out to establish such a prevalence rate. Rather the research was concerned with reviewing the existing literature and conducting new research in the area in an attempt to shed some light on the *reported* incidence and prevalence of this issue through the case knowledge obtained by different agencies involved in this area of work. Indeed, limitations associated with the reliability of data estimates/sources is discussed at length within this report. For example, it is recognised that statistical data collected from institutions is more a reflection of that particular organizations' caseloads, and in some cases the respondents' perspectives and experiences, rather than an accurate representation of the number of older women who have experienced IPV within a community setting.
- Interestingly, many of the recommendations made within this report do not require the investment of additional resources but rather rely on societal and organizational response shifts to the issue of IPVoW, together with a shared commitment from individuals and organizations to spread the message that IPVoW is a serious problem that should not be either tolerated or ignored. However, it is acknowledged that if certain recommendations are to be met, a financial commitment from relevant Governments and/or increased resources from organizations are required. Whilst in light of the current economic climate this seems unlikely to gain wholesale support, it is argued that if the issue of IPVoW and the age related barriers which prevent this group of women from accessing and receiving appropriate support are not addressed there are likely to be implications in relation to increased needs for health and social care for this group of individuals and increased costs at the broader societal level. Furthermore, as our population ages and demographic changes already underway continue, it is likely that this issue will affect more and more older women over time resulting in increased suffering and ill-health/ill-being for a larger proportion of the older population. Whilst our responsibilities at an ethical level should ensure that we challenge ageist and sexist attitudes and practices, we should also strive to avoid future increased

pressures on relevant service provision. Appropriate investment in the provision of such services now may help to prevent further or excessive strain on health and social care provision in the longer term.

- Finally, the development of the four nation state and specifically the devolution of Wales, Scotland and Northern Ireland from the central English state since 1998, particularly in areas such as health and social care, has meant that there are now significant legislative and policy variations in how abuse of adults and domestic violence in general and IPVoW in particular is managed throughout the UK. However, this report does not attempt to evaluate in any depth the different legislation and policies concerning domestic violence and elder abuse, which guide current practice in these different countries. This is due to the inherent complexities of the different national contexts and the amount of work that such an undertaking would undoubtedly require, which would really demand a separate study in its own right in order to do justice to this area. Therefore, whilst some of the recommendations outlined within the report may touch on work that is already happening in certain areas of UK, it is argued that a more consistent approach to tackle the issue of IPVoW is required across the four nations so that the needs of this group of women can be more effectively addressed and met within UK society both now and in the future.

I

Executive summary

Intimate partner violence against older women (IPVoW) is a serious issue, which has received increasing attention over the past decade. However, the majority of this research has been conducted in the United States and there is a paucity of research investigating IPVoW in Europe. Research has largely neglected to investigate the issue of double marginality (age and gender) and the intersections between these forms of marginalization: research on elder abuse has focused on age and largely neglected considerations of gender, whilst research from within the sphere of domestic violence has not fully considered aspects relating to age. Therefore, the main aim of this national study was to investigate the extent and nature of the problem of partner violence against older women in the UK. The study formed part of a larger international research project which investigated the problem of IPVoW in six European countries which included: Austria; Germany; Hungary; Poland; and Portugal, as well as the UK, with the German Police University (DHPol) in Muenster German coordinating the international research project. All of the partner organizations contributed to the design of the research and employed the same methodological approaches to investigate the problem of IPVoW in their respective national contexts. The current research project had a multi-method and multi-perspective approach and consisted of five distinct research phases:

1. A review of existing literature was conducted to develop knowledge of the prevalence and incidence of intimate partner violence against older women.
2. An institutional survey was conducted to investigate key organizations' experiences of providing support to older female victims of IPV.
3. Interviews with older female victims of IPV were carried out to explore older women's experiences of partner violence and their help seeking behaviour.
4. Interviews with staff, that had experience of supporting older women and/or survivors of IPV, were also conducted to investigate their experiences and perspectives on this issue.
5. A national network of experts was convened, with representatives from national organizations (e.g. from the field of violence against women, law enforcement agencies and policy-makers). These networks supported data collection and contributed to the recommendations for further research/data collection, service development and policy.

Chapter 2 of this national report appraises international research on IPVoW and provides a summary of research and policy relevant to this issue at the international level. Chapter 3 discusses the social and cultural issues relating to IPVoW and highlights key developments, which have occurred over recent decades that have been influential in how this problem is conceptualised and managed within UK society. Although the issue of elder abuse was first recognized in the UK in the mid 1970s, it was not until some 15 years later that the issue was fully identified as a social problem in need of attention. The first policy guidance on the issue was produced in England in 1993 although this was somewhat limited in scope. Subsequent guidance was produced in England and Wales in 2000 and related to all adult service users who might be vulnerable to differing forms of abuse rather than specifically older people. The policy guidance in both nations is currently under review. Over the past decade the discrete nations of the UK have developed somewhat different approaches to the issue of abuse of vulnerable adults. Generally, the issue of IPVoW has not been considered separately to that of other adult service users of community and social care services, but is conceptualized as an element of the abuse of vulnerable adults (known as adults at risk in Scotland). Domestic violence has mostly been considered in relation to younger adult women and is dealt with differently to the issue of adult abuse. There has been rather limited attention to the issue of IPVoW within domestic violence services and provision until recent years.

Chapter 4 presents the findings from the review of existing UK data. A series of information sources were reviewed including police and crime statistics and information provided by a range of support services. The data available on IPVoW was critically evaluated and suggestions regarding how some of the limitations of data collection methods could be overcome were presented. The review of existing data revealed that there is currently a shortage of accurate data relating to the prevalence, extent and nature of intimate partner violence against older women in the UK. The research also highlighted key areas, which warrant further investigation. It was suggested that in order to gain an understanding of the prevalence of IPVoW, methods which investigate the prevalence, as well as incidence, of partner violence against older women should be employed, routine collection of demographic information of service users by support services (older adult services, domestic violence agencies and adult safeguarding/protection teams) is required and women aged over 59 years should be included within the self completion module of British Crime Survey on domestic abuse. It is also proposed that future research needs to explore the perspectives and experiences of those older female victims of partner violence who have not engaged with support services.

Chapter 5 describes the findings from the national institutional survey. Information obtained from the institutional survey revealed information on the extent to which older women have been engaging with support services for older people and/or services for victims of domestic violence in the past 4 years. Thus the survey was a first step in exploring the extent of case knowledge about IPVoW within relevant agencies; coupled with the interviews held with professionals about their knowledge and understanding of such situations and experiences of working in this field, a greater depth of information and understanding about the issue and about service responses to older women who experience IPVoW has been obtained. The survey also collected information on the types of support provided to older female victims of partner violence by the different agencies. The survey was sent out in the autumn of 2009, and unfortunately, only obtained a low response rate (19%). Some of the reasons for this low rate are discussed in the chapter, together with other limitations of this element of the study.

Just under half of the respondents (46%) were from local authority Social Services and over one third (35%) were from domestic violence agencies. Of the responding agencies, 85% reported that they had knowledge of cases of IPV and older women in the relevant time period (2006-2009). Most of the respondents provided information about cases of IPVoW that their organization had been involved with between 2006 and 2008, some were also able to provide information pertaining to 2009. Almost three-quarters of responding agencies (73%) provided information covering the entire period of 2006-2009. Apart from one national organization, which reported relatively high numbers of cases known to them, most agencies reported modest numbers of cases that had been known to them, with a range between 0 and 331 cases of women over 60 years who had experienced IPV during 2006-2008 and a range between 0 and 121 such cases relating to the first nine months of 2009. The majority of cases known to agencies during this period concerned women in the age range of 60-74 years. Whilst 96% of responding agencies reported that they had knowledge of cases relating to older women aged between 60 and 74 years during the time period, only 82% of agencies indicated such knowledge about cases relating to older women who were older than 75 years.

Chapters 6 and 7 describe findings from the series of interviews, which were conducted with 10 women who had experienced IPV and 35 professionals who had provided support to older women/survivors of domestic abuse. Victims' and professionals' experiences and perspectives relating to partner violence against older women were explored. One of the main findings from these series of interviews was that partner violence does not appear to decrease or stop as women

enter into 'older age'. Interestingly, however, in some cases the type of violence women were subjected to did change. Situations were described where perpetrators who were no longer capable of physical violence (e.g. due to physical frailty) resorted to using alternative methods of abuse (e.g. increased psychological abuse). Women felt that it was fear that had often caused them the greatest difficulties when it came to leaving their violent relationship, considering leaving the situation or accessing help for the violence they had experienced. Fear of other people's reactions, fear that the violence would get worse if they tried to leave/sought help and fear they would not be able to support themselves financially were all significant barriers to leaving and even help seeking in more general terms. The findings seemed to suggest that a proportion of older women may be at an increased vulnerability because of the dependence on their partners for financial security and/or their health care needs (and that in some situations a double dependency may occur, which may further heighten risk). Both the staff and women interviewed felt that there was limited information available to older female victims of IPV regarding the help and support which is available to older women who have experienced partner violence.

One of the main recommendations which emerged from the interviews with the female victims of IPV and the support service professionals, was that organizations (domestic violence and older adult services) need to raise older women's awareness about the services and support they can offer for older female victims of intimate partner violence. This requires the adjustment of terminology used in publicity / campaigns so that it is more widely understood by this group of women (e.g. avoidance of terms such as 'domestic violence'). Materials need to be developed in the languages that are used in local communities so that these campaigns are both inclusive and effective. It was also proposed that staff from services, which have regular contact with older women (e.g. health services, domiciliary care providers, housing services) should have training in the recognition, identification and management of intimate partner violence in older people. Another key recommendation was that there needs to be increased collaboration between specialist domestic violence agencies and organizations that provide support for older people/vulnerable adults, including relevant local authority teams, so that the sharing of experiences and knowledge transfer can be established, to the benefit of all (including most centrally older women who experience IPVoW).

It was argued, by women and staff alike, that the provision of a variety of mobile interventions (e.g. floating support, support groups, 'buddying' schemes) and improved emergency accommodation, which is appropriate and accessible for older women, is also essential. An additional recommendation was that older

women need to be able to access financial support if they choose to leave a violent relationship. It was suggested that financial support needs to be available for older women who are dependent on their abusive partners for financial security, and that this should include access to emergency financial support in cases of urgent need. In cases where women are not eligible for community care grants or housing benefits (because of savings or pensions) these women should be eligible for alternative sources of financial support, this may be particularly important in cases where women do not have access to their financial assets.

Chapter 8 details how a national network of interested individuals and organizations was convened over the course of the two-year research study. A detailed account of how the national network contributed to the current research project and helped develop the final series of recommendations is outlined. Finally, chapter 9 discusses the findings from all of the different phases of the research study and presents the comprehensive list of recommendations relating to future research, policy and practice. Whilst it is recognised that some of the recommendations are specific to older female victims of IPV it is proposed that a number of these recommendations would benefit all victims of domestic violence and/or vulnerable older women. It is suggested that the recommendations made within this national report need to be given due attention by all those who are involved with this issue at policy, research or service levels so that older women are not left to suffer from partner violence in silence and that their voices may be heard.

II

IPVoW – a European study on intimate partner violence against older women

2.1 Starting points and conceptual background

So far only little is known about older women as victims of intimate partner violence in Europe. The issue often gets lost between the topics of intimate partner violence, domestic violence and elder abuse – both in research and in the provision of service. Domestic violence services and research on the one hand generally do not focus in any special way on older women and age-related issues, and elder (abuse) services and research with their focus on vulnerability and care issues on the other hand usually are not sensitive to gender-specific dimensions of violence in partnerships. An age-specific approach and a gender-specific approach to family violence seem to be for the most part mutually exclusive. The Intimate Partner Violence against older Women study (IPVoW) – a European research project conducted by 7 partners in 6 countries - started its research activities with the aim of bridging this gap and arriving at a comprehensive age- and gender-sensitive view on the issue. This report explains the goals and methods of IPVoW, presenting and discussing the findings of this multi-method study and gives directions for future research and support for older female victims of intimate partner violence. In this report the situation in the United Kingdom is highlighted. An international report (in English) summarizes the results for all countries. Like the reports from all other countries it is available on the website www.ipvow.org.

An initial glance at older female victims of intimate partner violence produces a blurred picture of a rarely reported phenomenon. For most of the European countries national victimization and crime surveys provide no information on prevalence rates for this specific target group and phenomenon. The few victimization surveys bearing relevance to this question clearly show that IPV is a problem for older women far less often than for younger women (see e.g. Schröttle, 2008, for the US see Zink, Fisher, Regan & Pabst, 2005, Zink, Jacobson, Regan, Fisher & Pabst 2006, Bonomi, Anderson, Reid, Carrell, Fishman, Rivara & Thompson, 2007). Prevalence studies on the abuse of older men and

women by family and household members arrive at similar conclusions (Mouton et al. 2004, G6rger, Herbst & Rabold, 2010). Thus, service providers for domestic violence issues report very small numbers of older victims using their services. On the other hand, professionals report about severe cases of IPV against older women and stress that intimate partner violence probably does not stop at age 60, but that barriers to help seeking and reporting violence are for older victims especially high and thus the majority of cases remain undetected.

Research projects¹ specifically addressing the issue of IPV against older women and reports related to service provision for older victims² have been published mainly in the USA, Canada and Australia, with important contributions also coming from Israel (Winterstein & Eisikovits, 2005, 2009). For countries of the European Union first steps to describing the phenomenon and identifying service and research gaps have also been taken in the Daphne program. The Daphne research project "Recognition, prevention and treatment of abuse of older women"³ provided initial insights, although sampling methods and size and the standardized approach limited exploration of this in depth. This project as well as the Daphne project "Violence against older women" noted a striking absence of data on the issue as well as a lack of services (Ockleford et al, 2003)⁴. The Daphne projects "Breaking the taboo"⁵ and "Care for Carers"⁶ focus on violence against older women in care-giving relationships and thus stress the relevance of care-giving to the development of violence. Aside from this only a few studies have been conducted, mostly small scale ones based on a small number of interviews with victims (Pritchard, 2004) or/and on expert knowledge (Scott, McKie, Morton, Seddon & Wasoff, 2004).

On the basis of the existing body of research the project team developed a design for a European research project on IPV against older women with the intention of filling in existing knowledge gaps on the issue and providing useful information for service providers and policy-makers. The two-year project (2009 – 2010) was financially supported by the Daphne III program of the European

¹ See for example Aronson, Thornewell & Williams, 1995, Bergeron, 2001, Brandl, 2002, Chrichton, Bond, Harvey & Ristock, 1999, Dunlop, Beaulier, Seff, Newman, Malik & Fuster, Fisher & Regan, 2006, 2005, Gravel, Beaulieu & Lithwick, 1997, Grundfeld, Larsson, Mac Kay & Hotch, 1996, Hightower, 2006, Lundy & Grossman, 2004, Lupri 1993, Mears, 2003, Montminy, 2005, Morgan Disney Associates, 2000a, 2000b, Mouton, 1999, Mouton et al. 2004, Rennison & Rand 2003, Teaster, Roberto & Dugar, 2006, Wolf & Pillemer, 1997, Zink, Regan, Jacobson & pabst, 2003

² Important contributions to research on service provision have also been made by Rosalie S. Wolf (1998, 1999), Linda Vinton (1992, 1999, 2003, Vinton, Altholz & Lobell-Boesch, 1997), Carol Seaver (1996) and Brandl (Brandl, Hebert, Rozwadowski & Spangler, 2003). For more publications see Brownell, 2006, Chan, 2004, Grossman & Lundy, 2003, Maxwell & O'Rourke, 1999, Paranjape, Tucker, McKenzie-Mack, Thompson & Kaslow, 2007, Paranjape, Rodriguez, Gaughan & Kaslow, 2009, Smith & Hightower, 2004, Straka & Montminy, 2006, Teitelman, 2006

³ See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2000_125_w_en.html

⁴ See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2001_215_w_en.html

⁵ See <http://www.roteskreuz.at/pflege-betreuung/weitere-projekte/>

⁶ See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2005_2_068_w_de.html

Commission. The project involved partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal and was coordinated by the Department of Criminology and Crime Prevention at German Police University, Muenster.

The project had a number of specific objectives. First, project partners intended to gather, compile and analyse existing national data on the issue from different sources in order to provide the partner countries an overview of the number of female older victims of IPV who somehow have access to service systems or come into contact with law enforcement agencies. An additional objective was to find out to what extent national data sources provide information on older victims of IPV (police statistics, statistics from services) in order to give recommendations concerning future data collection including at the European level.

The study was secondly aimed at closing significant gaps in existing knowledge on IPV against older women in Europe by carrying out original empirical research (a survey of institutions, interviews with professionals and interviews with victims). This research aimed at finding out how many older female victims of IPV use services for domestic violence victims (women's shelters/refuges, hotlines, counselling services) and other services, analyzing characteristics of older female victims and their perpetrators, relationship characteristics and dynamics, risk and protective factors, causes of abuse, characteristics of violent acts (dynamics, situational factors), its contexts, and exploring help-seeking behaviour of older victims and barriers to help-seeking. Additionally problems of currently provided services, inadequate service provision and inadequate outreach for the target group, and good intervention approaches were to be identified.

The third objective was to develop recommendations for future action at a national and European level. These recommendations are to be developed on the basis of the research results and discussions in expert networks. The idea was to identify current responses to IPV against older women on a national level, detect gaps in legislation and support systems and find out about needs for future action on the topic in the partner countries by discussing these issues with national experts. At an international level these recommendations were discussed within the frame of an international expert workshop in Berlin in November 2010.

There are several important principles guiding the project and its fieldwork. The project was intended to give victims a voice, which means to give them the possibility to describe their own perspective on the issue and not just rely on experts' knowledge. A crucial aspect was also to be very sensitive on ethical issues as regards the interviews with victims. Finally project partners also intended to use the survey and interviews with staff in the tradition of action research meth-

ods as instruments for raising awareness so that older women may have a better chance of becoming a target group for institutions and to strengthen interest in the issue.

2.2 The transnational cooperation: Partners and countries involved

IPVoW was carried out by 7 research institutions from Austria, Hungary, the UK, Poland, Germany and Portugal – 3 universities, 3 research institutes and one academy of sciences. Given the fact that the type of welfare regime is strongly connected to the way gender hierarchies are organised in the countries, participants were included from liberal welfare regimes (United Kingdom), corporate welfare regimes (Austria, Germany), Eastern European welfare regimes (Hungary, Poland), and Southern European welfare regimes (Portugal). As regards transition states, countries were selected exhibiting a different impact of religion on the way gender relations are organized within families (Poland and Hungary). The UK was also selected because it is the only European country where some services address the special needs of older victims of intimate partner violence (Scott et al., 2004). Austria was selected because of its exemplary domestic violence legislation and intervention system. Important criteria in the selection of partners were also previous experience in cooperation, the expertise of partners in the field and the willingness of partners to bridge the gap between domestic violence and elder abuse research.

The following organizations and individuals took part in the study:

- Germany - German Police University (DHPol), Muenster: Thomas Goergen and Birgit Winkelsett (coordination)
- Austria – IKF (Institute of Conflict Research), Vienna: Birgitt Haller and Helga Amesberger
- Germany - Zoom - Society for Prospective Developments e.V., Goettingen: Barbara Naegele, Urte Boehm and Nils Pagels
- Hungary - Academy of Science, Budapest: Olga Toth and Katalin Robert
- Poland - University of Bialystok: Jerzy Halicki, Malgorzata Halicka, Emilia Kramkowska and Cesary Zuk
- Portugal – CESIS – Centre for Studies for Social Intervention, Lisbon: Heloisa Perista, Alexandra Silva and Vanda Neves
- UK - University of Sheffield: Bridget Penhale and Jenny Porritt

Associate partners were Zvi Eisikovits and Tova Band Winterstein from the University of Haifa (Institute for the Study of Society), who acted in a consultative and advisory capacity in the project.

2.3 Multi-method approach to intimate partner violence against older women – an overview

The decision on the methodological approach was guided by research interest on the one hand and known research limitations as regards this specific topic on the other. Prevalence data on the issue would have been highly interesting to the research team, but no empirical approach which could produce sound data was feasible or reasonable. Given the fact that only rather small numbers of older female victims of IPV have been identified in victimization surveys down to the present, any attempt to measure the extent would inevitably lead to a need for very large sample sizes and might still not result in sufficient case numbers to allow in-depth analysis. An additional problem which was identified was that victimization surveys aiming at prevalence data are of very limited value as regards victimization in the “fourth age” because the most vulnerable older women (e.g. women with dementia) are also the least accessible to research. With these limitations in mind the research team decided to put a special focus on help-seeking and service usage by older victims of intimate partner violence and on qualitative data on cases of IPV against older women. Experience gained in a small regionally focussed German study on sexual violence against older people (Görge, Newig, Nägele & Herbst, 2005, Görge, Nägele, Herbst & Newig, 2006, Görge & Nägele, 2006) confirmed that research on rarely reported events affecting people who are difficult to access needs to combine different methods and perspectives, integrating third-hand case knowledge from professionals. The research design of IPVoW was developed on the basis of this research project and adopts some of its components.

Research aims were first of all to gain insight into cases of intimate partner violence against older women in general, and secondly to gather information on institutional knowledge of cases and ways of dealing with the phenomenon. Based on these aims, IPVoW opted for a multi-method and multi-perspective approach combining the use of existing data and own empirical work and bringing together the view of professionals and first-hand experience - the views of older women affected by IPV. Methods used for this study include reviews of existing institutional data, a standardized postal survey, interviews and focus groups. All partners completed the same research program, while sample sizes

varied across countries according to the size of the country and the service system.

The project design included the following components:

(1) Review of existing institutional data on intimate partner violence

against older women: In the first step, partners gathered and compiled research and data from umbrella organizations of different victim's services institutions and other sources (like police statistics) at the national level. Partners analyzed available data in order to obtain an overview of the number of registered older female victims of intimate partner violence, the number of victims who somehow have access to service systems or who come into contact with law enforcement agencies and to find out to what extent national data resources provide information on older women.

(2) Institutional survey: Partners conducted a postal survey of institutions serving the needs of victims of intimate partner violence and of other institutions who might have contact with older victims. Questionnaires were sent out to a wide range of services with possible case knowledge, including for example women's shelters/refuges, hotlines, counselling services and law enforcement agencies. The survey served as an instrument to explore how many older female victims of IPV make use of services and as a basis for an initial explorative analysis of the phenomenon. It was also used as a screening device for institutions and staff with case knowledge. In the United Kingdom, 135 questionnaires were distributed.

(3) Victim interviews: Partners used different ways to access older female victims of intimate partner violence as interview partners. Mostly access was made possible via professionals from organizations involved in the questionnaire study, the interviews, or national expert networks (see 5). In some cases partners searched for possible interview partners via newspaper articles. In the United Kingdom 10 interviews were conducted.

(4) Staff interviews: Face-to-face interviews were conducted with professionals who had case knowledge and appeared to be of interest to the study. The sample of interviewees was mostly drawn from the institutions involved in the institutional survey, usually adding some other institutions the research team had been in contact with. In the United Kingdom 35 interviews were conducted with professionals.

(5) National expert networks: In all countries, partners set up or collaborated with already existing national expert networks with representatives from national organizations (e.g. from the field of violence against women, from senior's organizations, law enforcement agencies, legislation, and policy-makers). These networks first of all supported data collection and the empirical work, and secondly helped to identify current responses and gaps in legislation and support at the national level. They were used as a forum for discussing needs for national action and contributed significantly to the recommendations contained in this report.

Additionally, at an international workshop in November 2010, other European experts added expertise as regards current and future action on this issue in their countries and contributed to developing recommendations for prospective national and EU activities.

III

IPV against older women in context: Societal and cultural background factors

3.1 Introduction

The purpose of this chapter is to provide a general introduction to the national context and situation that exists in the UK in relation to elder abuse, older women and the issue of violence against women. It is necessary to note, however, that the UK consists of four different nations (England, Scotland, Wales and Northern Ireland) and there are differences between the nations in terms of overall context and in particular policy responses to elder abuse and neglect and adult social care provision. These will be further discussed during the course of the chapter.

3.2 Traditions of gender relations and specific aspects relating to age

The UK has a tradition of work in relation to gender equality and countering discrimination against women. This dates back to the late 1960s and 1970s. Measures such as legislation regarding equality in employment and pay were enacted in 1970 and the UK has participated in successive UN congresses concerning women's rights. There has not been the same long-standing emphasis on policy innovation relating to older people and the discrimination that older people routinely face in their daily lives (ageism). Although the Disability Discrimination Act of 2000 applies to older people and discrimination on the basis of age is unlawful in relation to goods and services, legislation concerning age discrimination in employment practices has taken much longer to attain.

However, the Commission for Equality and Human Rights includes a clear focus on older people as well as those with minority status and women. This Commission was set up in 2008, but as part of the spending cuts announced during autumn 2010 by the Coalition Government the work of the Commission (and a

number of others) is under review, with a possibility of abolition, ostensibly to save money.

In the UK, domestic violence services generally do not have a special focus on older women and are principally directed towards younger women. Additionally, services relating to adult safeguarding tend to have a particular focus on vulnerability and care issues. For this reasons, in general terms such services are not sensitive to domestic violence occurring in later life. Additionally, such provision is likely to ignore the gender-specific dimensions of violence in partnerships. This gap is also reflected in both domestic violence and elder abuse research. Whilst it is understood that the principal setting in which elder abuse and neglect happen is the domestic setting (within the community), comparatively little is known about the abuse of older women by their partners or former partners in the UK.

3.3 The context of the specific welfare regime

Elder abuse and neglect (elder mistreatment) are increasingly acknowledged as a social problem in the UK and internationally. Within the UK, the overall context of public policy relating to the abuse and neglect of older people which has taken place in recent decades are the twin elements of the growth of the older population and increasing longevity.

These developments have involved an associated growth in the numbers of older people with disabilities, mobility and cognitive problems. As people become older, the majority of individuals remain living in their own homes and social policy initiatives broadly aim to support them in this and to assist people to retain their independence. However, as people grow older, particularly after the age of 85 years, larger numbers of individuals move to live in either residential or nursing care homes, although this is still a small proportion of the total population of older people (research consistently shows that only 4-5% of the older population reside in residential or nursing care homes).

In recent decades (since the 1990s) there have been substantial and rapid changes in the way that social care is provided to the population. This has involved the development and growth of the independent provision of services, increased importance of regulation of service provision, and the development of systems of service commissioning and assessment. This has been accompanied by a substantial rise in private funding arrangements to cover the costs of both domestic and personal care which is provided in individuals' own homes. Across

the UK, the largest proportion of health and social care budgets and services are directed towards the older population.

Given the fact that the kind of welfare regime is strongly connected to the way gender hierarchies are organised, it is important to recognize that the UK represents a liberal welfare regime. The overall UK context is that it is currently the only European country where some services address the special needs of older victims of intimate partner violence and there are particular policies and services that have been developed in order to promote the protection of vulnerable adults. However these differ between the different nations of the UK, with the situation in England and Wales being more comparable than those within Scotland and Northern Ireland.

3.3.1. Overview of statistical data

The office for National Statistics (www.statistics.gov.uk) provides population, education, economy, health and social data for the UK. A brief overview of this data is provided in sections 3.3.1.1-7.

3.3.1.1 Population

In mid 2009, the average age of the population was 39.5 years, an increase of 1 year and 10 months on the figures obtained a decade earlier (37.3 years in 1999). At the beginning of 2010, the UK population was 62,041,708 people. The UK has an average population density of 254.676 inhabitants per square kilometre. It is the third most heavily populated country in Europe, after the Netherlands and Belgium. However, the population distribution is very uneven: about 89% of the population lives in towns and cities, with over 7.5 million people living in the Greater London area.

The population of the UK is ageing. Over the last 25 years the percentage of the population aged 65 years and over increased from 15 per cent in 1984 to 16 per cent in 2009, an increase of 1.7 million people. Over the same period, the percentage of the population aged below 16 years decreased from 21 per cent to 19 per cent. This trend is projected to continue. By 2034, 23 per cent of the population is projected to be aged 65 years and over compared to 18 per cent aged under 16 years. The fastest population increase has been in the number of those aged 85 and over, the "oldest old". In 1984, there were around 660,000 people in the UK aged 85 and over. Since then the numbers have more than doubled reaching 1.4 million in 2009, accounting for 2.2% of the population. By 2034 the number of people aged 85 and over is projected to be 2.5 times larger than in 2009, reaching 3.5 million and accounting for 5 per cent of the total population. The group aged 85 years and older now represents just over 2% of the popula-

tion, as opposed to just over 1% in 1982. In 2007, for the first time, the number of people over 65 years (retirement age) was greater than the number of children aged under 16 years.

As found in most European countries, the number of older women exceeds the number of older men in the population. Up to the age of around 70, the number of males and females in the population are fairly equal. At older ages females outnumber males. The ratio of females to males increases progressively from 1.1 at age 70, to 2.1 by the age of 89. This reflects the higher life expectancy of women at older ages and also currently reflects higher male mortality during the Second World War. The gender difference in the population aged 85 years and older has decreased in the last 29 years. In 2009, men accounted for 32% of the population aged 85 and over (compared to just over 23% in 1981).

3.3.1.2 Life expectancy

In the UK the average life span of older men is now 77.7 years (2010), while the life expectancy for women is 81.9 years. Females continue to live longer than males, but the gap has been closing. Although both sexes have shown annual improvements in life expectancy at birth, over the past 27 years the difference between women and men has narrowed from 6.0 years to 4.2 years. Life expectancy at age 65, the number of further years someone reaching 65 in 2007–09 could expect to live, is also higher for women than for men. Based on the available 2007–09 mortality rates, a man aged 65 could expect to live another 17.6 years, and a woman aged 65 another 20.2 years.

Within the UK, life expectancy varies by country. England has the highest life expectancy at birth, currently 78.0 years for males and 82.1 years for females, while Scotland has the lowest rates, 75.3 years for males and 80.1 years for females. Life expectancy at age 65 is also higher for England than for the other countries of the UK. Death of one's spouse becomes increasingly more common at older ages, particularly for women; 23 per cent of women aged 65–74 years were widowed compared to 11 per cent of men of the same age. Among women aged older than 75 years, the percentage of widows increases sharply to 61 per cent whereas the percentage for widowed men of that age group increases to 27 per cent. The gender differences in marital status described are largely accounted for by the general greater life expectancy of women and their tendency to marry men older than themselves.

3.3.1.3 Economic situation

Key features are the generally high standards of education, social security and health care, all of which are currently predominantly financed by the state. The

national minimum wage in the UK is £5.93 (from October 2010). The majority of those receiving the minimum wage are women and young people. As in other European countries, the levels of income that older people in the UK receive falls with age. The median net household income for people aged 50-59 was £353 a week in 2003/04, compared with £232 for people over 80 (after housing costs and equivalised to adjust for household size). It is of note that the proportion of pensioners living on low incomes in Great Britain has fallen over the past decade, from 26 per cent in 1995/96 to 20 per cent in 2003/04.

As people get older and retire from the labour market their sources of income change. Individuals in their 50s get most of their income from employment and self-employment (80 per cent). This falls to just 10 per cent for people in their 70s. Generally, state benefits (which include the state retirement pension) are the main source of income for pensioners. However, the majority of pensioners additionally have some form of private income. On average, pensioner couples have over twice as much investment and private pension income than single pensioners. Younger pensioners tend to have higher incomes than older pensioners because they are more likely to receive private pension and earnings income than older pensioners, and these are usually at higher levels than older pensioners receive.

3.3.1.4 Health Status

The National Health Survey in 2007 revealed that two thirds of both women and men aged 75 and over in Great Britain reported having a longstanding illness or disability (National Centre for Social Research, 2008). This finding is based on an individual's subjective assessment of their own health status. These percentages have remained constant over the period 1995-2007. In England in 2006, about 16 per cent of women and 8 per cent of men aged 50-64 years had looked after someone in the week previous to being interviewed for the survey. The percentage of women who had cared for someone in the week prior to being interviewed declined with age; the percentage of men who had provided care in the previous week remained the same across all ages. Approximately one third of both women and men aged 50 years and over who had provided unpaid care for someone in the previous week had cared for 35 hours or more. The percentage of women and men who had cared for someone for 35 hours or more in the previous week increased across all age groups.

3.3.1.5 Living arrangements and household composition

Older women are more likely than older men to live alone and the percentage increases with advancing age. In 2007 in Great Britain, 30 per cent of women aged 65 to 74 lived alone compared to 20 per cent of men in this age group; for

those aged 75 and older, this increased to 61 per cent and 34 per cent respectively. In 2007 in Great Britain, the majority of older men living in private accommodation lived in a married couple household, although this percentage decreased with age. Slightly more than three quarters of the men aged 65-74 lived in such a household. This percentage decreased to 61 per cent for men aged older than 75 years. For women, the percentage living in a married couple household decreased more sharply, from 61 per cent of women aged 65 to 74 to 28 per cent of women aged 75 and over. Very few people aged 65 and over cohabit, although this is becoming more common for people in their 50s.

The majority of older people households (where the household reference person was someone aged 50 and over) were owner-occupied in 2007 in Great Britain. More than half of older people households owned their homes outright and just under a quarter were buying their home with a mortgage. However, the percentage of owner-occupied households decreases with age from 79 per cent for those aged 50-64, to 63 per cent for those aged 85 and over. A fifth of older people households rented accommodation from the social sector, only one in 20 such households rented privately. The percentage of older people households that were in social rented accommodation increased with age. Among those households where the household reference person was aged 50 to 64, 16 per cent were social renters. This percentage increased to 22 per cent for those aged 65 to 84 and to 32 per cent for those older than 85 years. This may be largely due to the development of sheltered and extra-care housing schemes in the social sector.

Older women are more likely than older men to live in communal settings. In 2001, 6 per cent of women aged 65 and over in the UK were living in communal establishments, compared with 3 per cent of men in the same age group. For the oldest age group, almost a quarter of women aged 85 and over (23 per cent) lived in communal establishments compared to 12 per cent of men of this age. One of the main reasons for the higher presence of women in communal settings is the gender difference in marital status. Women are more likely than men to be widowed and so be without a spouse who could potentially care for them if they develop care needs. Another important factor are the higher levels of disability reported by women than men at any given older age.

3.3.1.6 Education

In the UK, education is compulsory from the age of 5 until the age of 16 years. Basic education (first nine years) is free general education provided for the whole age group. Some pre-school nursery provision for 3-4 year olds is also available. Secondary education consists of general education and some special-

lised education and training (for example specialist colleges for arts or science and technology). Sixth form education, post age 16 years (16-18 years) consists of general education and some vocational education and training.

3.3.1.7 Age of retirement

Historically the State Pension Age has been 60 years for women and 65 years for men. The age of retirement for women was previously 60 years (until 2010), but this was altered as from April 2010 to 65 years to align the UK with other European jurisdictions and in line with EU legislation, so that there would be equality in terms of arrangements for men and women. The pension age for women born on or after 6 April 1950 will gradually increase to 65 between 2010 and 2020. From 6 April 2020 the pension age will be wholly 65 for both men and women.

Pension provision for older men and women has tended to be somewhat inequitable as entitlement depends on insurance contributions from employment and women may not have complete employment histories and contribution records due to breaks in employment due for child-bearing and other caring responsibilities. In addition a number of older women in the older age groups (75 years and older) may never have worked in paid employment outside the home and therefore not have established a contribution record. Individuals who have not worked or whose insurance contribution record is incomplete are likely to have accrued lower levels of private or state pensions. Such individuals may have access to a minimum state pension, which is not associated with employment status. Universal benefits for all older people of retirement age include entitlement to free NHS treatment in relation to prescription costs (medication, opticians and dental costs); TV licence cost reductions; a one-off winter fuel payment and travel concessions.

3.4 Cultural perceptions of violence against women in families

Within the UK, recognition of violence towards women as a social problem has been comparatively recent, since the 1970s. Views and attitudes about the phenomenon have undergone a transition since that time so that in recent years it has become much less socially acceptable for men to subject women to violence and there is now more likelihood of successful prosecutions for such transgressions. Indeed, from being an issue on the margins of societal awareness, violence against women is now recognised as an important social problem in need of attention and acknowledged by many as a mainstream issue. Public awareness of the problem has also become much more widespread, particularly over

the past 15-20 years, due in part to a number of successful awareness raising campaigns such as the Zero Tolerance Campaign originally initiated in Scotland. This is not to say that there is sufficient public awareness about the issue, nor that attitudes towards women who experience violence are now always positive, but rather that improvements have been made throughout this time and that the continuing awareness raising by such organizations as Women's Aid across all four nations of the UK has had a considerable effect and impact on awareness of the issue, on attitudes towards the issue and on responses to the issue.

During the period of the last three decades, social policies and legislation have also been developed and implemented since that time, with the introduction of specific legislation. Examples of these are most recently the Domestic Violence, Crime and Victims Act, 2004 in England and Wales and the Protection from Abuse (Scotland) Act, 2001 and the Domestic Abuse (Scotland) Bill which was under consideration by the Scottish Parliament during autumn 2010. In addition professional responses have also undergone some transformation over the same time period, such that for example, it is no longer likely that the police force would refuse to intervene in a situation designated as 'a domestic' and specific government directives introduced in the 1990s explicitly require responses and interventions from police personnel when they are notified about a situation of domestic violence occurring.

3.5 Cultural perception of aging women in society

In general, attitudes towards ageing and growing older in the UK are usually portrayed in negative ways. This has led to some attention to the phenomenon of Ageism (Bytheway, 1994), which is characterised as discrimination that occurs on the basis of age, with age as the defining feature of this type of discrimination. Despite some recent moves to improve this situation and to decrease levels of ageism, which has seen the inclusion of issues relating to age in the work of the Equalities and Human Rights Commission, legislation in this area predominantly relates to ageism within employment, which is now illegal in the UK.

In addition, societal perceptions concerning older women are generally unfavourable and unsympathetic, with older women often portrayed as burdensome and described in derogatory and discriminatory terms (for example 'witch', 'old hag' and so forth). Generally, public attitudes towards older women do not appear to have altered much in recent decades in the UK and indeed feminist views do not always explicitly include perspectives on ageing and older women

although this situation may change as the feminists of the 1970s themselves become older. Those older women who experience abuse and violence from a partner or former partner therefore appear to experience multiple forms of discrimination: on the basis of age, gender and abuse (this has been described elsewhere as *Triple Jeopardy*, Penhale, 1999)

3.6 History and situation of services for victims of IPV in general and for older women in general

3.6.1 Assistance for women who experience abuse or Domestic Violence

Services for women who have experienced violence and abuse have also developed during the period. In addition to the provision of refuges (shelters for women and children who have experienced abuse and require temporary safe accommodation), outreach services, support groups and self-help groups have been developed over the past decade. Many of these are provided by Women's Aid, which is a charitable organization, operating in all nations of the UK to provide support and assistance for women who have experienced violence in the domestic setting. However, older women are not as often included within public perceptions of domestic violence and generally have also not been included in the same level of provision of services relating to domestic violence as younger women. It is comparatively recent, within the last decade or so, that Women's Aids groups at local levels have become more involved in work with older women. Much of this involvement relates to outreach and support services post-abuse within local communities, as comparatively few older women access refuge services or move into the temporary accommodation that Women's Aid have traditionally been able to provide..

One example of a specialised service that has developed is that of Dumfriesshire and Stewartry Women's Aid in Scotland. This branch of the national organization appointed a full-time support worker to provide support, counseling and advice to older women. One of the refuges run by the organization has been specifically designated for women over 50 years old. The project worker runs drop-in sessions, which aim to give women an opportunity to obtain support, to make friends and try new activities, Services are also provided on an outreach basis, including home visits. Women are also encouraged to pursue educational and other relevant opportunities, and the project worker may also continue to support women after they have moved into alternative accommodation, for those women that leave their situations.

3.6.2 Services for older women

Generally, services for older women may be available from a number of different sources and organizations, depending on the needs of the individual woman. Availability of resources and provision of services may also vary in different parts of the United Kingdom. In general terms, however, if an individual older person has sufficient financial means to be able to purchase their own care provision on a privately funded basis they can do so without any contact with local health or social care organizations and are free to make their own arrangements, although some individuals in such positions may choose to make contact with these organizations for advice, information and even support in locating appropriate resources. For individuals who do not have sufficient finances to fund their own care provision, should assistance with personal care and daily living be required then a needs assessment is likely to be provided through local Councils with Social Services Responsibilities (Social Services departments) and information provided about the availability of local provision of such resources. An assessment of financial means is also likely to be undertaken to determine if an individual has sufficient resources to purchase their own care or whether publicly funded assistance may be necessary for this type of care provision.

Within Scotland a different situation exists in relation to the provision of care for older people. The free personal care policy was introduced in Scotland from July 2002 and means that older people who are assessed as needing personal and/or nursing care will not be charged for it. Payments for personal care and nursing care in care homes have been fixed at set rates per week (individuals may contribute additional amounts if necessary). There is no specified amount of money allocated for the costs of personal care provided to an individual who remains living at home. Local authorities in each areas of Scotland are responsible for delivering the policy and the Scottish government has allocated specific sums of money for its delivery to local authorities since it was introduced.

Assistance in the form of equipment to support mobility and/or independence in daily living may also be provided via local social or healthcare services, depending on the nature of the need (for example access to resources relating to mobility will be likely to be provided by physiotherapy services in the first instance). Again an assessment of need of the individual is likely to be undertaken prior to the drawing up of any care plan, which lists the identified needs for support and details how these are likely to be met for the individual. Support in the form of day care, luncheon clubs or respite provision may be provided by local voluntary organizations or less frequently by Social Services and most of such provision will make a financial charge for participation. Other leisure activities may also be provided by state-run or private provision in local areas and such charitable or-

ganizations as Age UK will be likely to have information about the availability of resources in local areas.

Provision of assistance relating to residential and nursing home care placements may also be sought from local Councils with Social Services Responsibilities (which operate at local level in most districts of the country). There is a mix of private (for profit) and state run or not-for-profit care and nursing homes in most areas of the UK; prices for the provision of such care vary a great deal in different areas of the country. Similarly for this type of resource, an assessment of need and a financial assessment may be undertaken by a social worker or care manager in order to ascertain what financial contribution an individual may make towards the cost of such residential provision. If the individual has an established need for this form of support (including for assistance with financial provision) and lacks familial or other support to find appropriate accommodation, Social Services may also be involved in assisting in locating appropriate care provision and if necessary in making suitable arrangements on behalf of the woman, but with her participation to the greatest extent possible.

3.6.3 Assistance for older women who experience abuse

If an older woman requires assistance in the form of service provision in relation to intimate partner violence this is less likely to be obtained from Social Services (particularly in England and Wales), unless the woman is also in need of other services relating to need for care provision within the community. It is in relation to abuse of vulnerable adults that Social Services and health organizations may make specific provision through the existence of policies and procedural guidance in this area, which is more generally known as adult protection or adult safeguarding as it applies to all vulnerable adults, not just older women (although adult safeguarding is in use across much of England, adult protection is the more general term used in Wales).

The policy guidance relating to abuse of vulnerable adults was published by the English Department of Health in 2000. This document provides guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults – that is, adults who are eligible for community care – from abuse. The equivalent government department in Wales produced a similar policy document, also in 2000. Both documents were introduced in order to provide guidance for professionals working in this area as to their roles and responsibilities to assist adults who might be vulnerable and in need of community care services. The policy guidance in both England and Wales have been the subject to a review and updating process in the past two years, although specific outcomes of these reviews are not yet publicly known (late autumn 2010).

However, the relatively narrow definition of 'vulnerable' could prevent some older survivors of abuse from accessing services that could improve their situations. Although there may be the possibility of using existing community care services such as residential homes or home care as part of a wider protection package, these options are not generally currently available to individuals who are not classified as 'vulnerable' (due to other conditions, often health-related). As stated, at present, it is Social Services which takes the organizational lead in providing services to older abuse survivors who also qualify for community care services (Penhale et al, 2007). Often, however, such practitioners and teams may have little experience of working with individuals who experience intimate partner violence and could benefit from developing skills and expertise in this area. In order to provide appropriate levels of support and assistance to older women who have experienced such abuse, effective and high levels of partnership working between the adult safeguarding and the domestic violence fields is essential. Staff from both organizations require training so they can give accurate and objective information to women about all the services which might be available to them.

Both of the existing guidance documents in England and Wales go some way towards recognising the overlaps between domestic violence and elder abuse. However, neither documents specify that there should be effective coordination from the beginning between domestic violence and social services agencies and neither government has established the resource allocation that would be likely to be needed to fund more effective partnership working. Overall, therefore, the guidance documents do little to deal with the potential obstacles to closer working between the different fields. There is also a failure to give clear guidance about domestic and intimate violence training for staff working with 'vulnerable adults' or adult protection training for workers in the domestic violence field.

Regardless of these limitations, the policy guidance in England and Wales does create some opportunities for raising awareness of the needs of older survivors of domestic violence, promoting closer working between the domestic violence and adult protection fields and improving service provision. However, at the present time, close partnership working between adult safeguarding and domestic violence services (in particular between adult safeguarding boards/adult protection committees and domestic violence forums) only happens in a small number of areas (Hussein et al, 2010).

In Northern Ireland there are combined and jointly run Health and Social Services Boards (four of these for the country). This means that responsibility for the

provision of services, including responding to abuse-related issues lies with both organizations. There are also 18 Health and Social Services Trusts in the country, operating at district level. In July 2009 a revised protocol was introduced by the Minister of Health. The protocol outlined the roles and responsibilities of all organizations in relation to the protection of vulnerable adults; this included health, social services and the police force. Additional funding was also announced at this time in order to support the work of Regional Adult Protection Fora and in order to create specialist posts (Adult Protection Managers and Senior Practitioners) in the different Trusts. A series of public information leaflets were launched at the same time. A government-lead consultation exercise has been underway since 2009 concerning the reform of the Adult protection arrangements, including partnership agreements and the question of terminology (a proposed shift from adult protection to adult safeguarding).

In Scotland, legislation in the form of the Adult Support and Protection Act, 2007 was implemented from October 2008. This statute has as its focus the arrangements at local level throughout the country which are necessary in order to support and protect those adults who might be at risk of harm and in need of assistance. Whilst older women who experience intimate partner violence would be covered by the remit of this legislation, it is also possible, as elsewhere in the UK that older women would not necessarily refer themselves to services that relate to Adult Support and Protection and might not view themselves as in need of this type of assistance. However, any adult regardless of age may use the separate legislation that exists in relation to domestic violence, although this may not happen on a frequent basis by older women. As elsewhere across the different countries, older women could receive support and assistance from Domestic Violence Services in any location. Furthermore, as seen earlier, specific projects for the benefit of older women have been established by Women's Aid in Scotland, to good effect and a number of outreach projects for older women have been set up in the other countries in recent years.

Following this brief overview of the relevant social and cultural contexts within the UK, in which the work was undertaken, we move now to an overview of the appropriate data sources that were available whilst the study was being undertaken.

IV

Overview on existing national data on the issue

4.1 Research aims

The aim of this phase of the project was to obtain and collate published/available data related to IPV against older women. It was hoped that this information would provide an insight into the incidence and prevalence of the problem of IPV against older women. It was also hoped that this review of existing data would help identify gaps in data collection which currently exist, and thus guide recommendations concerning future data collection.

4.2 Method

The research team gathered and compiled available data relating to the issue of intimate partner violence against older women. Data of interest to the research team included incidence and prevalence statistics of IPV against older women and use of support services by older female victims of IPV. Data covering the period of 2006-2009 was collected from a variety of sources (e.g. police, Home Office, services for victims of elder abuse and services for victims of domestic violence). The majority of the data reviewed was from national sources, however, in situations where regional data was unavailable, or limited in its nature, regional data was also included within this review.

4.3 Findings

4.3.1 Research data

The occurrence of partner violence against older women can be described in terms of incidence or prevalence. The incidence refers to the number of older women who have experienced partner violence within a given time period (e.g. 12 month period) and conveys information about the risk of experiencing this form of abuse. In contrast prevalence data relates to how many older women have experienced partner violence over their life time and conveys information about how widespread the problem of domestic violence is in society. The ma-

majority of research conducted on abuse against older women has been conducted in America and very few European studies have focused on this particular issue (Ockleford et al., 2003). To date only a very limited number of research studies in the UK have investigated the incidence and prevalence of elder abuse (Ogg & Bennett, 1992, Ockleford et al., 2004, O’Keeffe et al., 2007) and no studies have been conducted which specifically investigate the incidence and prevalence of IPV against older women in the UK.

Ogg & Bennett (1992) conducted the first survey which investigated the incidence of elder abuse in Britain. Approximately 600 adults over the age of 60 years were posted the survey over a period of two weeks. Respondents were asked whether they had experienced verbal abuse (e.g. perpetrator frightened them by shouting, insulting or speaking roughly), physical abuse (e.g. perpetrator pushed slapped shoved or been physically rough in any way) or financial abuse (e.g. perpetrator taken their money) by a close family member or relative. The findings from this survey are displayed in Table 1. Results found that of all the age groups over 60 years, verbal abuse was the most common form of abuse reported, followed by physical abuse and financial abuse.

Table 1. Prevalence of elder abuse from Ogg and Bennett’s (1992) survey

	Number of older people reporting abuse (%)		
	60-64 (N=150)	65-74 (N=266)	>74 N=173)
Verbal abuse	11 (7)	16 (6)	6 (3)
Physical abuse	5 (3)	4 (2)	1 (1)
Financial abuse	5 (3)	2 (1)	2 (1)

One of the limitations of the study, however, was that all of those surveyed resided in their own homes. Therefore, the data did not collect information about the abuse experienced by those who were in supported living accommodation or residential settings. The terminology used within the survey instruments could also have led to problems in reliability of the data. For example, the study asked respondents to disclose abuse by ‘a close family member of relative’. It is possi-

ble, that some people may not have thought this included partners or spouses. Additionally, respondents were asked to report abuse that had occurred 'recently'. Indeed, there could be a wide variation in how this was interpreted (e.g. previous week, previous month, previous year). Another limitation with this study was that it did not collect any information on the perpetrator of the abuse or the prevalence of sexual abuse experienced by this group of the population.

Ockleford and colleagues (2003) conducted a study that investigated the prevalence of mistreatment against older women since they had turned 60 years. An opportunity sample of 149 women from the United Kingdom, Italy and Ireland were involved in the research. They found that 22% of women from the United Kingdom reported experiencing threats of mistreatment and 37% of women reported having experienced actual abuse. Threats of, and actual, financial abuse were the most common types of mistreatment (14% and 20% respectively), followed by threats of, and actual, psychological abuse (12% and 16% respectively). Interestingly, only 10% of women from United Kingdom reported being the victim of mistreatment before the age of 60 years, indicating that a proportion of the abuse actually started in later life. Of the whole group 14% of those responsible for making threats of mistreatment were the victim's spouse; 18% were family; 5% were friends; and 5% were professionals. However, 59% of those responsible for making threats of mistreatment were classified by respondents as 'other'. Indeed it is possible that this could include ex-partners and unmarried partners. Whilst the majority of respondents (76%) reported that they had informed somebody of the mistreatment less than one third (32%) had received any form of assistance or support for the abuse.

In this same study a survey of 26 professionals who worked with older women (e.g. care workers, volunteers and mental health professionals) was conducted. The findings from this survey revealed that 54% of these professionals reported that their clients had experienced threats of mistreatment and 69% reported their clients had experienced actual abuse. Threats of, and actual, psychological mistreatment was the most prevalent type of abuse reported by the professionals surveyed (64% and 67% respectively). An open ended questionnaire, which collected information on data relating to service use, was also distributed to two national and eight regional services in the UK. The services who participated in the study included: Women's Aid and local refuges, Citizens Advice Bureaus, police, counselling services and services for older people. Interestingly, whilst many services described an 'open door policy' they reported that only a minority of women over the age of 60 had accessed their services as a result of experiencing violence in older age. However, services were unable to provide accurate data relating to service use because at the point the study was conducted,

none of these services recorded demographic information relating to service user age, gender or reason for accessing service.

To date, the most comprehensive study investigating abuse and mistreatment against older people has been the 'UK Study of Abuse and Neglect of Older People: Prevalence Survey Report' (O'Keeffe et al., 2007). Within this study 'mistreatment' was defined as incorporating all types of abuse and neglect. The study was conducted by the National Centre for Social Research and Kings College London and surveyed over 2,100 people living in England, Scotland, Wales and Northern Ireland. Interviews were conducted and respondents were also asked to self-complete a questionnaire which obtained additional information about sensitive topics (e.g. sexual harassment or abuse, mental health problems). The self-report questionnaire provided respondents with an opportunity to disclose anything they were not comfortable discussing in the face-to-face interviews. This was the first survey of its kind; dedicated to providing nationally representative prevalence estimates of abuse and neglect against older people in the UK. It included people aged 66 years and over, was conducted between March 2006 and September 2006. The survey asked people to indicate the mistreatment they had experienced in the previous 12 months.

The findings of the survey were used to provide an estimate of the number of older women who have experienced elder abuse in the UK within a given year. The results indicated that approximately one quarter of a million (227,000) people aged over 66 years old were likely to have been abused (or suffered neglect) by a family member, friend or care worker in the past year. Women were more than twice as likely to report having experienced abuse, than their male counterparts (3.8% and 1.1%, respectively). In approximately half of the cases victims identified their partner or spouse as the perpetrator of the mistreatment and reported they were living with the perpetrator at time of the abuse (51% and 53%, respectively). Findings indicated that the most common perpetrator of neglect and interpersonal violence was a partner (70% and 57%, respectively) whereas the most common perpetrator of financial abuse was a family member (54%).

The results of the study revealed that the most common form of mistreatment against women was interpersonal abuse (psychological, physical and sexual) (1.6%), followed by neglect (1.5%) and financial abuse (0.7%) (see Table 2). Whilst neglect increased with age for women (5% for women over 80 compared to 1.1% for women between 66 and 74 years) when neglect was excluded prevalence of mistreatment decreased over time with 3.2% of women aged 66-74 years reporting mistreatment compared to 0.3% of women aged over 85 years

reporting mistreatment. There are a variety of possible explanations for why women in their 80s may report less abuse than those in their 60s. It is possible that this could be a result of women in their 80s and 90s underreporting abuse due to an increased likelihood of these older women experiencing cognition problems (e.g. dementia). It is also possible that generational influences (e.g. gender roles), which may prevent older women from recognising that the mistreatment they are experiencing is 'abuse', are more salient for women in their 80s than they are for women in their 60s. A third possible explanation is that women in their 80s are more likely to be widowed than those in their 60s with the average life expectancy of males in the UK 77.4 years (Office for National Statistics, 2009) and therefore be at decreased risk of partner violence.

Table 2. Percentage of older women reporting different types of mistreatment in O'Keefe et al's (2007) 'UK study of abuse and neglect of older people' survey

	Percentage of older women reporting mistreatment			
	66-74	75-84	85 and over	Total
Neglect	1.5%	1%	5%	1.5%
Financial abuse	0.7%	1%	0.3%	0.7%
Interpersonal abuse	1.6%	0.8%	-	1.6%
Any mistreatment	3.8%	2.7%	5%	3.8%

For all of the different types of mistreatment (neglect, financial and interpersonal) the level of mistreatment was higher for women who reported: their health status as bad or very bad; a limiting long-term illness; and depression. However, the causality between mistreatment and poor health is unclear. This was a cross sectional research study, and therefore it is unclear for example whether health problems were a consequence of abuse or a risk factor for the abuse.

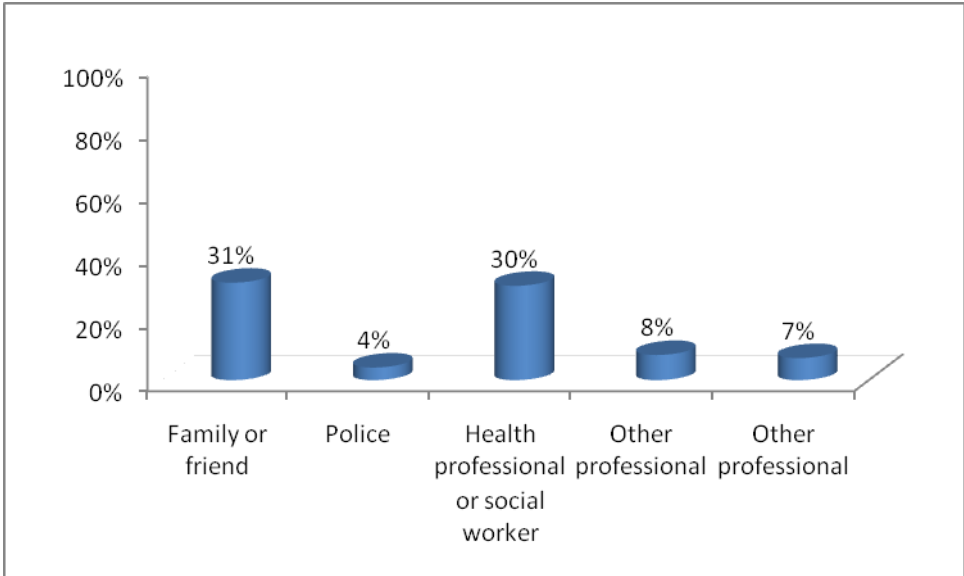
Interpersonal abuse, specifically, was highest for women aged between 66 and 74 years. A total of 80% of the perpetrators of interpersonal abuse (physical, psychological and sexual abuse) were male and 20% were female. Interestingly, women who were separated or divorced reported the highest rate of interpersonal abuse (15.4%) compared to those women who were single, living as a couple or widowed (4.6%, 4.0% and 1.3%, respectively). Whilst this could indicate that interpersonal abuse is more common against this group of women an

alternative explanation for this group reporting a higher level of abuse than those living with their partner could be that this group of women felt more comfortable reporting previous abuse as they were no longer residing with the perpetrator of the abuse.

Most of the respondents who reported mistreatment (76%) felt the abuse was of serious or very serious. The most commonly reported impacts of the abuse were emotional (feeling angry or upset 78%) and social in nature (cut off from family and friends 61%). Approximately a tenth of respondents (11%) reported a physical effect as a result of the mistreatment they experienced (e.g. discomfort or pain).

Just under a third of all older people who had experienced mistreatment did not report the incident of abuse (30%). However, 70% did take some action. Those who did report their mistreatment mainly contacted family and friends or a health professional and/or social worker to report their mistreatment (see Figure 1). Of the women who reported some form of mistreatment 37% were in contact with services at the time of the interview (e.g. home help, meals on wheels, being visited by a health care professional, social worker, care manager or helper from voluntary organization). However, it was not possible to identify whether these women were in contact with services at the time the abuse took place or whether they were receiving support specifically for the abuse from these services.

Figure 1. Help-seeking behaviour of older people who reported mistreatment



As part of the UK Study of abuse and Neglect of Older People, Mowlam et al. (2007) conducted follow-up interviews with 36 older people who had reported experiencing some form of mistreatment within the national survey. The study explored the experiences of older female victims of abuse. The study revealed that the main barriers which held older people back from reporting abuse were low self-confidence and self-esteem, experience of bereavement, physical frailty and a perception that the mistreatment was not serious enough to merit taking action. People also reported having concerns about the consequences of taking action which included fears of becoming isolated, fear of being seen as 'making a fuss', fear of being blamed, embarrassment and shame, concerns for what the consequences could be for family and significant others, fear of exacerbating the abuse and concerns about the health and well-being of the perpetrator. This research also highlighted the perceived barriers, which older people identified relating to accessing services and seeking help for the abuse they were experiencing. These included: not knowing where to go for help; not knowing whether it was appropriate to report their experience to the police or statutory service; worrying that it may not be seen as serious enough; perception that services may have limited abilities to take effective action; a fear of authorities; and a lack of awareness about their legal rights.

The research found that older people reported a range of impacts as a result of the abuse they experienced which included emotional distress, loss of self-confidence and self-esteem, depression, social isolation, loss of independence, impacts on their physical health and financial losses. In addition self-harm and thoughts of suicide were discussed by those experiencing long-term and serious abuse. This data is not specific to older women or specific cases of intimate partner violence. However, it does highlight key issues experienced by older people who have been the victims of abuse.

4.3.2 Data from law enforcement institutions

4.3.2.1 British Crime Survey

The British Crime Survey (BCS) is based on a large face-to-face survey of a representative sample of people aged over 16 years-old who live in England and Wales. Data from the BCS in 2008-2009 was published in 'Crime in England and Wales' and reports the findings from the interviews conducted with 46,286 respondents (Walker et al., 2009). Within the interview respondents were asked about their experience of crime in the previous 12 months. Prevalence rates reported were calculated by multiplying incidence rates by the population estimates for England and Wales. The main advantage of using the information provided by the BCS is that the data is not affected by whether the public report the

crime to the police or by changes to the way in which police record criminal activity. Indeed, only a small proportion of the respondents who participated in the BCS (35%) reported that they had reported assaults, which resulted in minor or no injuries, to the police.

Domestic violence is defined, within the BCS survey, as a violent incident (wounding, assault with minor injury, assault without injury and robber) perpetrated by a current or former spouse/partner, other relatives or household members. The survey revealed that 0.6% women had reported domestic violence and approximately one in three (31%) of the violent incidents against women were as a result of domestic violence. Interestingly, the results revealed there was a significant drop in the number of individuals reporting domestic violence between the years 1995 (N=989,000) and 2007/8 (N=293,000). However, the most recent statistics show a small increase in reports of domestic violence 2008/2009 (N=357,000). The findings revealed that approximately one in 100 women aged between 55 and 64 years was a victim to violent crime and just under one in 300 women reported being victim to a violent crime committed by a domestic acquaintance (see table 3).

Table 3. Proportion of women who were victims of violence by violence type

	55-64 years	65-74 years	75+ years
Victims of all violent crimes	0.9%	0.4%	0.2%
Victims of violent crimes from a domestic acquaintance	0.3%	0.1%	0.0%

The BCS data also allows insight into the problem of repeat victimisation. Respondents are asked to indicate whether they have been the victim of same type of crime on more than one occasion in the last year. Data from the BCS in 2008-09 revealed that victims of domestic violence were more likely than victims of other crimes to have experienced repeat victimisation. Repeat victimisation accounts for two thirds (66%) of all incidents of domestic violence as measured by the BCS. A total of 38% of domestic violence victims were victimized more than once and one in five (21%) had been victimised three or more times. How-

ever, the likelihood of experiencing repeat victimisation from domestic violence had decreased since 2006/7 and 2007/8 (43% and 45%, respectively).

The data provided by the BCS, however, is still likely to be an underestimation of the true number of cases of domestic violence due to the issue of underreporting within the survey. Many different reasons exist for why older females who experienced intimate partner violence may not have reported incidents of abuse in the BCS. One possible reason is that data from the BCS is obtained through conducting face to face interviews. It is quite possible that those women who have experienced domestic violence may not deem it safe to talk about their experiences (e.g. if they are still in their violent relationship) or may not feel comfortable disclosing details of their relationships in this way. Therefore, in order to deal with some of these issues and encourage women to report incidents related to sensitive issues additional questions have been included on BCS, on a consistent basis since 2004/5, which obtain information about an individual's experience of sexual and domestic abuse using self-completion modules.

Self-completion modules are included within the survey to improve response rates and the reliability and accuracy of the data provided. The definition of 'domestic abuse' used within the self completion modules includes: non-physical abuse; threats; force; and sexual assault. These incidents could have been carried out by a current or former partner or family member. 'Partner abuse' is defined as any non-physical abuse, threats, force, sexual assaults or stalking. These categories are, therefore, not comparable to the 'domestic violence' category used within the main survey which uses a more narrow definition of physical violence.

The BCS self completion module in 2008/9 found that 6.3% of all the women who completed the module reported being victims of domestic abuse in the previous 12 months and that 4.8% of these women reported experiencing partner abuse (non-physical abuse, threats, force, sexual assault or stalking) in this time period. The results of the survey revealed that just under a quarter of all women (24.3%) reported having experienced partner abuse at some time in their life since turning 16 years.

These findings from the self-completion module did indeed provide some evidence that the data obtained in the BCS survey provides an underestimation of the prevalence of domestic abuse. Only 6% of respondents, who reported being a victim of domestic abuse in the self completion modules, reported experiencing domestic violence in the face to face interviews. However, one of the main

limitations with data obtained from the self-completion module is that only adults aged between 16 to 59-years-old are asked to complete the questionnaires and therefore there is no way of deriving how many women aged 60 years have experienced domestic abuse as this information is not collected.

4.3.2.2 Police recorded crime

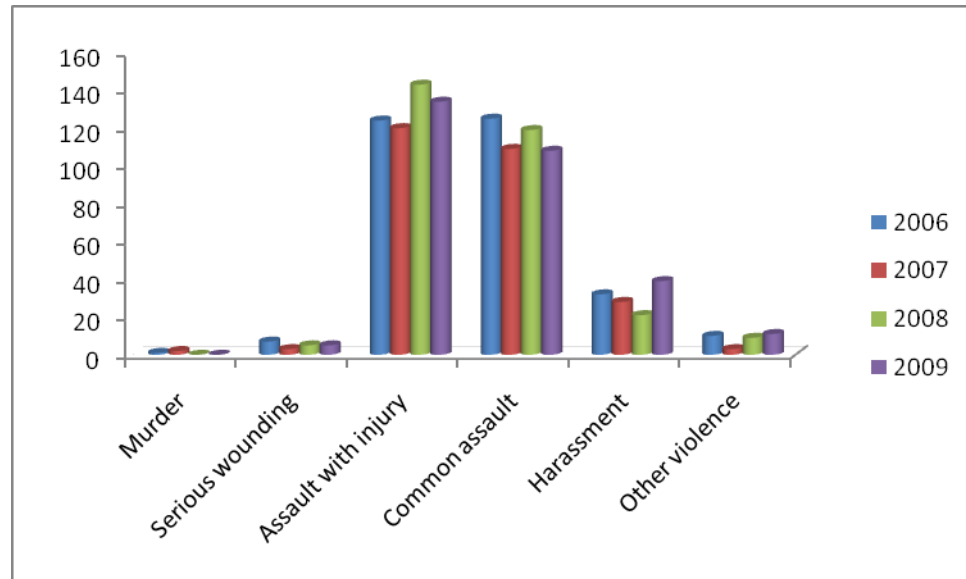
Police recorded crime is based on administrative data of incidents of crime which is supplied by 43 police forces across England and Wales to the Home Office on an annual basis. National data is available and data is also available for small geographic areas. The data for 2008-09 was published in 'Crime in England and Wales' (Walker et al., 2009). This data provides a good measure of serious and well-reported crimes but does not represent incidents of criminal activity which have not been reported to the police or the crimes which police themselves chose not to record. There are nine categories of crime which may be reported and these include: violence against the person; sexual offences; robbery; burglary; theft and handling of stolen goods; fraud and forgery; criminal damage; drug offense; and other offences.

Data from 2008/09 revealed that 'violence against the person' accounted for one fifth (19%) of all police recorded crime (N=904,000). However, this type of crime was down 6% from the years 2007/8 (N=961,000) and 14% from the years 2006/07 (N=1,046,167). This category can be broken down further into those crimes which resulted in an injury against a person (e.g. homicide, serious wounding, causing or allowing death of a child or vulnerable person) and those crimes which did not result in any physical injury (e.g. assault without injury, harassment). In 2008/09 violence against a person with injury accounted for 420,965 of crimes and violence against person without injury accounted for 482,477 of crimes.

However, from this national data it is not possible to identify the age of the victim or details about the perpetrators of the violent crimes. Therefore, this shows a crime trend for the whole population rather than for partner violence against older women specifically. Regional data, however, is available which provides an insight into how many older women experience domestic violence. Data provided by the London Metropolitan Police Service (population=7.2 million) shows that in 2009 a total of 297 violent crimes which were committed against women over the age of 60 years by their partners (or ex-partners) came to their attention. This figure is the same as in 2008, a little higher than in 2007 (N=265) and slightly lower than in 2006 (N=299). The most common violent crimes committed throughout 2006-2009 included assault with injury and common assault (see figure 3). Other offences committed by partners/ex-partners against older wom-

en in 2009 included criminal damage to property (N=19), fraud (N=4), theft/burglary (N=6) and sexual offences (N=5). In 2006-2007 a total of three women over the age of 60 years were killed by their partner/ex-partner in the London Metropolitan district.

Figure 2. Crimes committed against women aged over 60 by partners or ex-partners in London



Data from Bradford Metropolitan District police force revealed that in 2008/09 386 of the reported incidents of domestic violence involved women aged between 55-64 and a total of 223 incidents were reported by those women aged over 65 years. Domestic violence in these age groups accounted for 8% of all domestic violence incidents that year. In the first six months of 2009/10 170 incidents had been reported by those aged between 55 and 64 years and 84 incidents had been reported by individuals over 65 years (which accounted for 6% of overall reports of domestic violence incidents). It would be difficult to draw any conclusions relating to whether this indicates a decrease in reported incidents as it is possible there are fluctuations in the number of incidents of domestic violence reported over the year (e.g. Christmas).

One of the main limitations with police recorded data is that women may not always report domestic violence incidents to the police for a variety of different reasons. Findings from the BCS survey may actually shed some light on why victims of violent crimes underreport these incidents to the police. Within the 2008-2009 BCS survey 52% of the respondents who did not report violent crimes against them were influenced by the following factors: perceiving the crime as trivial; perceiving no loss resulting from the attack; and a belief that

the police would not or could not do anything. One third of respondents (34%) also felt that the matter was private and, therefore, should be dealt with privately.

4.3.3 Data from sexual abuse services

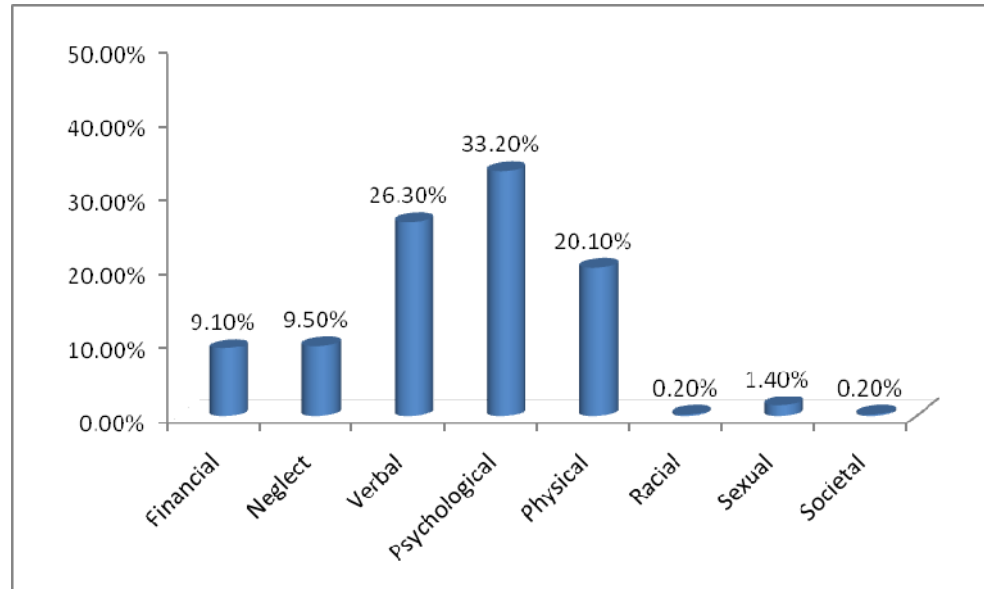
Data from sexual abuse services in the UK is incredibly limited. However, the National Rape Crisis Network in Ireland produced statistics in 2008. These statistics were derived from the 1,840 people who used 14 Rape Crisis Centre counseling services throughout Ireland within 2008 for sexual abuse including rape, sexual assault, sexual harassment and ritual abuse. The report revealed that 26.7% of the sexual violence that committed against women was committed by a partner or ex partner. A total of 84.8% of all service users were female and the data also revealed that 51.8% of the abuse reported had occurred in adulthood. The statistics revealed that 95.7% of perpetrators were male. Of the survivors who accessed rape crisis centers 1.6% of these victims were over the age of 60 years.

The findings indicate that a significant proportion of sexual abuse is conducted by a partner or ex-partner and also provide evidence that the majority of perpetrators of sexual abuse are male. Only a small proportion of women who seek help for sexual abuse are over the age of 60 years. It is also impossible to determine if the support this group of women received was for ongoing sexual abuse or past sexual abuse they had experienced and who the perpetrator of the abuse was.

4.3.4 Data from vulnerable adult

Action on Elder Abuse is a National helpline and routinely collects statistical information on their service users. Between January 2007 and May 2010 a total of 567 older adults used the helpline. Figure 4 represents the different types of abuse which service users disclosed to helpline staff. The data reveals that the most commonly reported type of mistreatment reported was psychological abuse followed by verbal abuse.

Figure 3. The proportion of different types of abuse reported through the Action on Elder Abuse Helpline



Some local authorities also publish/provide statistical data on the number of referrals their adult safeguarding teams have received. Whilst the services do not exclusively provide support for older women many of the service users of adult safeguarding services are vulnerable older people (e.g. who require some type of community support). In Warwickshire, which had a population of around 535,100 in 2009, there were 600 adult protection referrals in 2008-9 which was a 135% increase from previous year (2007-8=256). The majority of the referrals were for adults over the age of 65 years who had a physical disability and/or dementia. The largest number of referrals related to physical abuse (N=198). This was followed by financial or material abuse (N=169), neglect (N=130), psychological/emotional abuse (N=89), and sexual abuse (N=51). A total of 283 of these adults were abused in own home, however, details of who perpetrated the abuse is not available. Whilst the inspection of this data does not provide information on the number of women who were victim to the abuse by their partner it highlights that the majority of service users who engage with this adult safeguarding team are subject to physical abuse. This indicates that services for vulnerable adults may become engaged with/respond to different types of abuse than voluntary organizations for older people such as Action on Elder abuse who most often reported service users experiencing psychological or verbal abuse (see Figure 4). The largest number of referrals into Warwickshire adult safeguarding team came from care provider services (N=222). This follows the same trend as in previous years (2006-7, N=120, 2007-8 N=95). The fewest

number of referrals came from GPs (N=5). In Sheffield, which had a population of around 547,000 in 2008, data from adult safeguarding teams revealed that 41 women aged over the age of 65 were abused by a family member in 2009/2010 and approximately half of these women (N=20) were abused by their spouse or partner.

However, it should be recognised that the types of 'safeguarding' information which local authorities are required by law to collect, and therefore the data which these organizations collate and publish on a routine basis, varies across the different nations within the UK.

4.3.5 Data from domestic violence services

Data provided by the National Domestic Violence Helpline, which is run in partnership between Women's Aid and Refuge, revealed that between April 2009 and March 2010 a total of 146,852 calls were made to the helpline. Of the calls answered by a helpline worker 58% were from survivors who had experienced domestic violence, 13% were from professionals and 16% were from family and friends of the survivor. The most common type of abuse, which service users reported they were currently experiencing, was psychological/emotional abuse (N=19,826). This was followed by physical abuse (N=15,212), financial abuse (N=4,421) and sexual abuse (N=1740). A total of 837 women over the age of 50 years contacted the helpline between 2009 and 2010 (see table 4). Of the women who contacted the helpline 157 phoned the language line and 29 contacted the helpline through type talk service.

Table 4. Number of women over 50 years who contacted the National Domestic Violence Helpline between April 2009 and March 2010

Age	Number of women who contacted the helpline
50-59 years	526
60-69 years	226
70-79 years	70
Over 80 years	15

The Women's Aid report published in 2009 (Barron, 2009) provided the findings from a variety of surveys which were conducted between 2008 and 2009 including:

- The Women's Aid annual survey (April 2008 to March 2009)
- The Women's Aid "Day to count" snapshot survey. This provides information about service use within England on a specific day of the year (11th June refuge users and 8th June to 12th June non-refuge users).
- The service users' feedback survey. This is a survey which is conducted on the census day and includes a sample of women using refuge and non-refuge based services on the specified date.

Statistical data was extrapolated from organizations that had completed the survey in order to provide estimates of national data. In 2008-9 services provided 900 refuge houses, which accommodate up to 4,000 family units. The data collected also revealed information about the number of women who were using services (see table 5). Estimates derived from survey findings indicated that 16,750 women who been provided with refuge services between 2008 and 2009. A total of 200 (81%) of respondents provided outreach, floating support and/or other services for women. In 2008-9 it was estimated that approximately 91,940 women received direct non-refuge based support from domestic violence organizations in England. Therefore, a total of approximately 108,690 women in 2008-9 received support from domestic violence services. These figures reveal that fewer women received support from domestic violence services in 2008-9 than in previous years (see table 5).

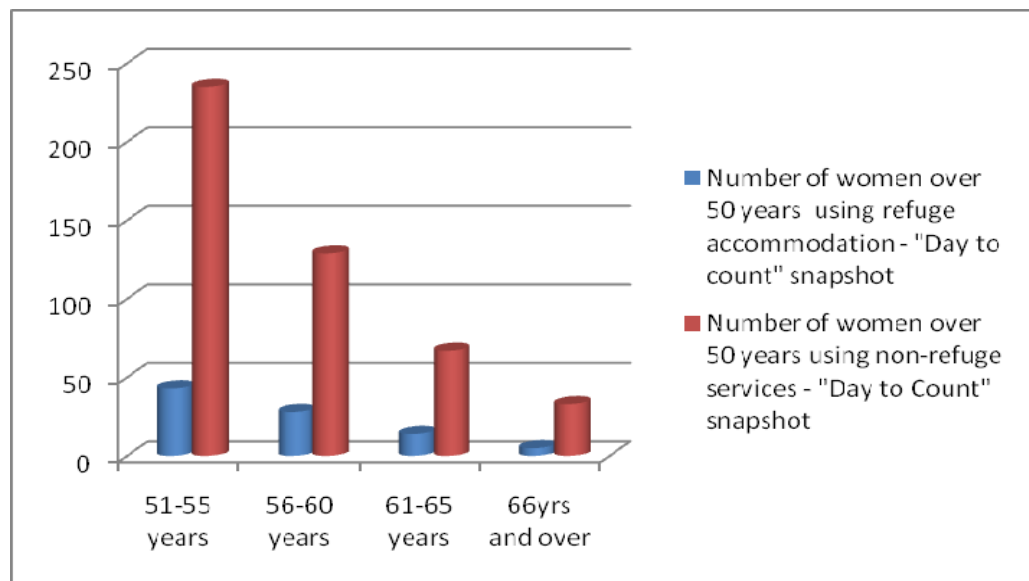
Table 5. Results of Women's Aid's annual surveys 2007-2009

	Annual survey 2006-2007	Annual survey 2007-2008	Annual survey 2008-2009
Estimated number of women given refuge	17,545	17,670	16,750
Estimated number of women using all services	96,500	109,375	91,940
Estimated total number of women supported in all services	114,045	127,045	108,690

The "Day to count" data revealed that of the 193 organizations which responded to the survey 2,393 women were accommodated in refuge services on June 11th

2009. On the "Day to Count" at least 230 women contacted the refuge but could not be provided with accommodation, in the majority of cases (69%) this was because the refuge was full. Based on this data it was estimated that approximately 78,000 women would be turned away from refuge organizations in 2008-9. The findings from this survey also indicated approximately 10,395 women were supported by non-refuge domestic violence support services in England on a typical week. Interestingly, the number of women over 50 years using non-refuge domestic violence services (N=90) was higher than the number of women over 50 years who were engaged with refuge services (N=464) (see figure 4). This suggests that non-refuge services (e.g. outreach, floating support) were more popular, for this group of women, than refuge services. This finding is supported by data which revealed that whilst only 3.5% of refuge users were women over the age of 50 years, 6.4% of women who had used non-refuge services were over 50 years.

Figure 4. Number of women over 50 years using domestic violence services on "Day to count" 2009



Two questionnaires were completed by service users which included: a) a questionnaire for those women who were residents of refuge accommodation and b) a questionnaire for those women using non-refuge services.

The findings from the residents feedback revealed that just under one in ten of those who responded to the residents survey were over 50 years (9%). Most of the women who responded to this questionnaire did not report having any impairments and the most common types of impairments were mental health prob-

lem (N=85, 15%) and physical impairment (N=39, 7%). Interestingly, a significant proportion of these women reported that the impairments were a consequence of the abuse they had experienced (72% and 31%, respectively). Approximately one in ten of these women (12%) had been with their partner for more than 10 years and of these women 58% had attempted to leave their partner at least once in the past. The highest number of referrals were made by housing providers (13%), followed by women themselves (12%). The organizations that made the fewest number of referrals were hospitals (including A & E) (0.3%) and victim support (0.3%). Of the women who had previously had a housing association tenancy (N=81) just under half (44%) had approached their local authority housing association for help when they were experiencing abuse, only one woman was given the option of a transfer and none of the associations had reportedly evicted the abusive tenant. Since residing in the refuge only 64% of women had undergone a formal homeless assessment and of this group of women many were not found to be homeless and in priority need. Only 12% of perpetrators had ever been convicted of a domestic violence offence.

Data obtained from the survey completed by those women using non-refuge based services revealed that the service used by the highest number of women was outreach (N=337), followed by floating support (N=204) and the Independent Domestic Violence Advocacy (N=71). A total of 7% of the women who responded to the survey were over 50 years. The majority of women were no longer in a relationship with the perpetrator of the abuse (75%), however, approximately one in ten women still lived with the abusive partner (12%). The highest number of referrals were made by police (21%) and women themselves (21%). The organizations that made the fewest number of referrals were ISVAs from other organizations (0.2%) and hospitals (including A & E departments) (0.3%). At least half of the women who had a housing association tenancy (N=210) had sought help from their local housing authority, however, only 69% of these women were given a formal assessment and of this group of women only 65% were found to be homeless and in priority need. Only 5% of women had reported the first violent incident to the police and a quarter of the women (24%) that had reported the abuse to the police had experienced 10 or more assaults.

4.3.6 Home Office data

A report produced by Walby (2004) detailed the cost of domestic violence for a range of social institutions and the victims of the abuse, based on the Home Office framework for costing crime. This framework uses three types of information in order to calculate the financial cost of a crime, which include: the number of victims and incidents; the extent and nature of the impact of the crime on victims and society; and the cost of provision of services and loss of economic output due to the crime. Using this calculation Walby (2004) proposed that the total cost of domestic violence to services (law enforcement agencies, health, social services, housing, civil legal) amounted to £3.1 billion and the loss to economy was £2.7 billion; totalling 5.7 billion per year. When this figure also took into consideration the human and emotional cost of domestic violence (£17 billion) the total cost was estimated at £23 billion per year. The Home Office has recently produced a 'Domestic violence Ready Reckoner' tool. The tool is a key action in the 'Violence against Women and Girls' (VAWG) strategy and calculates the estimated cost of domestic and sexual violence to services in different regions across the UK. However, this tool only calculates the cost of domestic violence experienced by women up to the age of 59 years old. Therefore, if the data also included costs resulting from domestic violence against women over the age of 60 then these figures are likely to be significantly higher than previously reported.

4.4 Summary and discussion

To date there has been a paucity of research investigating the incidence and/or prevalence of IPV against older women in the UK. Therefore, one of the major problems encountered when reviewing the existing data, on the issue of partner violence in older age, was the lack of information available. However, in order to obtain data which could provide some insight into this issue information from a variety of sources was reviewed including: research papers; Home Office publications; police statistics and service information (e.g. sexual abuse and domestic violence services; older adult services; and voluntary organizations).

The majority of the research that has investigated elder abuse in the UK revealed that psychological abuse was the type of abuse which older people most commonly reported experiencing (Ogg & Bennett, 1992; Ockleford et al., 2003). Findings from the most comprehensive survey of elder abuse to date indicated that approximately just over a quarter of a million adults over the age of 66 years were likely to suffer from some form of mistreatment and that women were more than twice as likely as men to experience abuse within a given year

(O’Keeffe et al., 2007). However, one of the main problems associated with attempting to quantify the prevalence of abuse in older people is related to the fact that this type of abuse is largely hidden by the victim and is often under-reported (House of Commons Health Committee, 2004). Evidence for this was found in the survey conducted by O’Keeffe and colleagues (2007) which found that one in three of the respondents who completed the survey had never before disclosed the abuse they had experienced to other people. Taking into consideration the fact that those who are most reluctant to disclose their abuse may be less inclined to complete this survey in the first place, it is plausible that the percentage of older women in the general population who report their abuse is possibly even lower than was found in this study.

An additional problem associated with survey data, which has been collected to provide an insight into the incidence and prevalence of elder abuse in the UK, is that surveys are often only administered in English. Therefore, it is difficult to know about the experiences of minority groups of women who do not speak English. Much of the research that has been conducted has included a very high prevalence of White British respondents. For example, in O’Keeffe et al.’s (2007) study 98% of people who participated in the survey were white. Whilst this is representative of the ethnicity profile for the specific age group studied, it does mean that few women from ethnic minority backgrounds have participated in the study and shared their experiences of IPV and support services, which limits existing knowledge of this issue in these groups of the population.

Another limitation with the research which has investigated elder abuse using a survey design is that the questionnaires are administered to older people who live independently. Therefore, those that live in institutions or those who are too ill or disabled to participate are not represented in the studies findings (Ogg & Bennett, 1992). Older women and their partners are also more likely than younger women to be retired and therefore may have less opportunity to spend time on their own, away from their partner, in which to complete the questionnaire. It has also been argued that women with poor health or those who have experienced mistreatment may be less likely to respond to questionnaires in the first place (O’Keeffe et al, 2007).

Another problem with the reliability of self report surveys is that conditions such as dementia, which may affect a proportion of older women, may influence the information provided by these women (Ockleford et al., 2003). Indeed, previous research has found that women with dementia report mistreatment less frequently than women without dementia, which could indicate that they find it more difficult to recall abusive incidents (Ockleford et al., 2003).

Data obtained from voluntary older peoples services (e.g. Action on Elder Abuse) were consistent with results from the previous research findings, which revealed that older people most commonly report experiencing psychological abuse. However, in contrast to these findings, information obtained from adult safeguarding teams highlight there may be differences in the types of abuse dealt with by the different types of services. Data from a regional adult safeguarding team revealed that they had many more referrals relating to physical abuse against older people than any other type of mistreatment. This suggests that in order to get an idea of the nature of IPV against older women there is a need to review data from a variety of sources.

The limited data available from sexual abuse services indicated that very small numbers of older women were engaging with their support services. Interestingly, the data obtained from domestic violence services also revealed that very few older women were engaging with domestic violence services in England. However, on examination of the data it became apparent that a larger proportion of non-refuge service users were older women. This suggests that these services may be more appropriate, or accessible, for this particular group of women. Whilst those women who experience violence or threats at home should be regarded as 'homeless' under current legislation (Housing Act, 1996) the data revealed that Housing Associations most commonly referred women on to refuge services and often did not respond appropriately to women's situations (Barron, 2009). Findings also indicated that health services, specifically hospitals, were the organizations which were least likely to refer women who had experienced domestic violence to support services.

However, it needs to be recognised that the information which is obtained direct from services is subject to certain methodological limitations. Only those women who have been able to effectively engage with these different services, rather than those women who may need the service, are represented by the statistics. For example, in order to be able to receive support from an adult safeguarding team an older woman will need to meet the criteria of a 'vulnerable' adult. Therefore, it is possible that the women who engage with these services are more likely to have physical or cognitive impairments and be dependent on their partner for their care needs to be met. Some women may also find themselves unable to engage with these services in the first place (e.g. physical disabilities, controlling relationship).

The police recorded crime data available highlights how important an issue domestic violence is in UK society and reveals that one fifth all crimes are related to violent crimes (with or without physical injury). However, it is argued that

there are significant limitations when interpreting statistics derived from police data. Findings from O'keeffe et al.'s (2007) study revealed that only 4% of the respondents who had reported the abuse they had experienced had reported this to the police. It is perhaps unsurprising that older people may be reluctant to report non-violent types of abuse to the police. Data from the BCS 2008-9 revealed that one in three violent incidents against women were as result of domestic violence. Indeed, this survey revealed that those who experienced domestic violence were more likely to be victims of repeat victimisation than victims of any other type of crime and that repeat domestic violence attacks accounted for 66% of all incidents. This suggests that perpetrators of domestic violence should be a high priority if repeat offending is to be reduced and the lives of the victims of these crimes are to be improved. The £23 billion financial cost of domestic violence reflects just one of the ways in which this issue affects not only the victims of the violence but wider society. The self completion module has revealed that a much higher percentage of women report experiencing domestic abuse (6.0%) than report domestic violence in the main BCS survey (0.6%) suggesting this may be a less limited method in obtaining incidence estimates. However, unfortunately it is not possible to obtain accurate information about domestic/partner abuse against women over the age of 60 years using the self completion module as this data is not currently collected.

It should also be recognised that studies which report on incidence rates and the number of older women who have experienced partner violence within a certain time period (e.g. 'recently' or 'within the past year') will underestimate the prevalence of the number of older women who have been affected by this type of abuse. For example, there will be women who have experienced partner abuse in older age but not within the time period they have been questioned about. Therefore, in order to obtain accurate prevalence estimates of women who have experienced partner violence in older age studies need to also collect information on whether women have experienced partner violence since reaching 'older age' (e.g. 60 years).

Following the completion of the review it can be concluded that no one method of data collection is without limitations and therefore a variety of data sources need to be critically reviewed in order to increase our understanding of the prevalence of partner violence against older women. As a result of the findings from this review a number of recommendations were developed in order to improve future data available on the subject of IPV against older women and thus improve our knowledge of this issue in the UK. These recommendations include:

- Routine collection of demographic information of service users by support services (older adult services and domestic violence agencies) including: age, gender, types of abuse experienced and perpetrator.
- Inclusion of women aged over 59 years in the self completion module of British Crime Survey on domestic abuse.
- Increased research investigating the problem of IPV against older women. This would include not limiting the administration of surveys to those older adults who live independently but rather conducting surveys in a variety of settings such as nursing homes, residential care, supported living etc.) This would make the sample more representative of the population and improve the accuracy of the data.
- Future research needs to use methods which investigate the prevalence, as well as incidence, of partner violence against older women, to gain an insight into the proportion of women who are affected by partner violence throughout older age.

However, based on the information available it appears there are a number of areas where services could be improved to more effectively meet the needs of older women. These recommendations for improving future practice include:

- Encourage older women to engage with services which offer support for domestic violence/sexual abuse.
- Ensure training on current legislation and appropriate responses to domestic violence is delivered to staff employed by Housing Associations.
- Increase training for health professionals around issue of IPVoW with the aim of increasing the number of referrals health service staff make to domestic violence/adult safeguarding teams.

This chapter has reviewed the relevant data sources that were available at the time that the study was taking place. The following chapter will present the next phase of the study, the Institutional Survey which was undertaken during 2009.

V

Institutional survey

5.1 Research aims

Institutional knowledge about cases of intimate partner violence against older women was a crucial component of research within the present study. Professionals working with older victims can provide information about the phenomena of IPV in old age as well as throwing some light on help-seeking behaviour of older women, services offered, service usage, and case outcome(s). The study did not seek to obtain representative data about prevalence and incidence but had its focus on older female victims' needs, help-seeking and service usage. The institutions and the knowledge of professionals within these institutions and involved in this area of work were therefore a primary source of such information. Following (and at the same time modifying) a strategy used by GÖRGEN, NEWIG, NÄGELE & HERBST (2005; see also GÖRGEN, HERBST, NÄGELE, NEWIG, KEMMELMEIER, KOTLENGA, MILD, PIGORS & RABOLD, 2005; GÖRGEN, NÄGELE, HERBST & NEWIG, 2006; GÖRGEN & NÄGELE, 2006) in a study on sexual victimization in older age, a questionnaire was developed. The instrument was directed at a broad range of institutions and professions with possible knowledge of cases of IPV against women in later life.

5.2 Method

5.2.1 Instrumentation

Two versions of the questionnaire were developed by the partners and translated to the respective languages: a long one (15 pages) and a short one (seven pages). The long one was meant to be the regular one used, the short one was to be used for institutions which were supposed either not to be experts for the topic or were not able to invest much time in answering (see Appendix A). The questionnaires were sent out in early autumn 2009 by letter post or e-mail being accompanied by a description of IPVoW providing information on the project partners as well as on the project design.

In order to have a shared understanding of the topic the definition of intimate partner violence was presented in the introduction of both versions: "An intimate partnership can be any type of couple, homo- or heterosexual, married, cohabiting or just dating. It is not necessary that the relationship is still ongoing. Violence by ex-partners is included (if happening after the woman turned 60). We

define violence as a nonlegitimate forceful tactic, intentionally employed to cause physical and/or psychological harm. It includes the use of physical force and infliction of injuries as well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (if the victim depends on care and support by the partner or former partner)."

The long version consisted of four parts: part one focused on institutional/ professional experience with older female victims of intimate partner violence. It asked for the number of the respective clients or cases in the years 2006 until 2009, the development of numbers within the last ten years, and the proportion of older female victims of intimate partner violence among all clients. If exact numbers were not available, they were to be estimated. Further questions concerned the forms of violence that had been experienced by the organizations' clients, characteristics of victims and perpetrators as well as the type of intimate partner violence reported by the victims. Furthermore information should be given on how the organization had obtained knowledge about the cases, how they had got in contact with the victims, what services were provided, and if the organization had also been in contact with cases of older men affected by violence committed by current or former intimate partners.

Part two of the questionnaire dealt with perceptions of the problem of intimate partner violence against older women. Various statements on the topic were presented and respondents were asked to what extent they agreed or disagreed with them. In addition respondents were asked to estimate the frequency of certain reactions to intimate partner violence among women aged 20 to 40 compared to women aged 60 and above.

In the third part information on the answering institution, such as its focus, main topics, services offered and personnel employed, should be gained. Part four asked about personal data of the person answering the questionnaire (sex, age, professional background, position and duration of employment in the organization). Finally the respondents should indicate if they or their organizations were interested in further information about the research project, if they were willing to be interviewed as well as if they were interested in being involved in the discussion of recommendations for future work with older women as victims of intimate partner violence on either a national and/or a European level.

The short questionnaire also asked for the number of clients or cases from 2006 to 2009, the proportion of older female victims of intimate partner violence among all clients, and the relationship between victims and perpetrators. The same statements on partner violence against older women like in the long ver-

sion were to be judged and the frequency of various reactions of younger and older women on violence should be estimated. In the final part, the respondents' institutions should be described and they were asked about whether they were interested in receiving further information and/ or participation in the ongoing discussion process as well as taking part in an interview.

5.2.2 Sampling

A survey of institutions serving the needs of victims of domestic violence and elder abuse was conducted by post and email. Questionnaires were sent out to women's shelters/refuges, counselling services, social services departments (adult social care/adult safeguarding teams) and voluntary organizations for older people at national and regional levels.

5.2.3 Conducting the survey

A total of 135 questionnaires were sent out to a range of the above organizations across the UK in September 2009. The covering letter sent with the survey explained the purpose of the study and the survey and asked for completed surveys to be returned within four weeks of receiving the survey. If necessary a reminder was sent to organizations and where possible directly to specific individuals, after this period of time; generally this reminder was sent by email or through telephone contact. If necessary, a further copy of the survey document was sent out at this point.

5.2.4 Data analysis

The statistical programme SPSS was used to provide a descriptive analysis of the data. Due to the small number of responses received, it was not possible to undertake further analyses (other than through use of descriptive statistics).

5.3 Sample characteristics

5.3.1 Institutions

Of the 135 organizations that were sent the survey, very few completed responses were received. Overall, only 26 questionnaires were returned, even after the reminder had been sent out. This represents an overall response rate of 19%. Of those 26 respondents, 22 organizations participated fully and completed the survey questionnaires (a 16% response rate). A further four organizations declined to complete the survey on the grounds that they did not collect the necessary information and the survey was returned incomplete but including this negative response (a 'No' response was thus recorded). At the point of reminders being sent a number of individuals indicated, by return email or during

the telephone call that they would not be responding to the survey. Although where possible information about the reason(s) for this non-participation was collected at this point, these replies were not counted as a 'No' response as the reply was not initiated by the individual but was, rather in response to the contact by the researcher as part of the reminder-process. Further discussion about the low response rate and possible reasons for this, together with a consideration of some of the other limitations of the survey appear later in this chapter.

Of the responding agencies, 85% (22) completed the long version of the questionnaire, which asked more questions in relation to numbers of cases. Very few individuals or organizations completed the short version of the survey; this is discussed further in the section on limitations of the survey. Just under half of the responses (46%; 12) received were from local authority Social Services; 35% (9) were from domestic violence agencies; 11% (3) were from health-related organizations. Finally, 4% (1) of responses were from law enforcement agencies and 4% of responses were from 'other agencies' (national voluntary organization). The minimum number of volunteers working for an organization was 0 and the maximum was 6500 (this latter figure represents data from a large volunteer-based national organization). The minimum number of staff working for an organization was 1 and the maximum was 3000 (this latter figure again represents data from a large volunteer-based national organization)

5.3.2 Respondents

In order to put the survey into context, relevant demographic information concerning the respondent, is as follows: 16 people (61.5%) who completed the questionnaire were female and 6 (23.1%) were male. The minimum age of workers who completed the questionnaire was 31 years, and the maximum was age 64 years (mean=45.76 years, SD=9.04). Many of the sample respondents were therefore middle-aged. The minimum time spent working in the relevant organization was 1 month and the maximum time was 324 months (mean=88.27 months, SD=88.11). Our respondent sample was therefore well experienced in terms of their work for the particular organization with half of our sample working in excess of 7 years in that organization; this may also be linked to the age range of the sample as reflective of experienced professionals.

5.4 Findings

5.4.1 Institutional/professional experience with older female victims of IPV

Of the responding agencies, 85% (22) reported that they had case knowledge of IPV and older women in the relevant time period: 2006 -2009 (see Table 6).

Table 6. Extent of case knowledge during 2006-2009, by number of organizations reporting

Time period	% organizations with case knowledge	Number of organisations reporting
2006-2008 and 2009	73	19
Only 2009	4	1
2006-2008	4	1
Don't Know	4	1
Total 2006-2009	85	22

However, numbers of cases reported were generally modest. For the period 2009 (first half year) 20 (of 22 respondent) agencies reported knowledge of 3651 cases (across all responding agencies). However, one national agency reported 3340 cases. Excluding the numbers of cases from the national organization, a total of **311** cases were reported for the first six months of 2009.

For the period 2006-2008, 18 (of 22 respondent) agencies reported knowledge of 3046 cases (across all responding agencies). As previously, one national agency reported 2366 cases. Excluding the numbers of cases from the national organization, a total of **680** cases were reported for the period 2006-2008 (see Table 7).

Table 7. Number of cases during 2006-2008 and 2009 and number of organizations reporting

Time period	Number of cases	Number of organisations reporting
2009	311	19
2006-2008	680	17
Total	991	20

Breaking this figure down further, between 0 and 56 (mean=8.75) women seen by organizations were 75 years and older (1 national agency reported 1913 such cases). During the period 2006-2008, **140** women of older than 75 were seen by these organizations (see Table 8). A total of 82% of responding agencies stated that they dealt with women over 75 years who had experienced IPV during the period 2006-2008, whilst 17% reported that they did not deal with this group of older women in this period. For the period 2006-2008, 14 (of 17) respondent agencies reported knowledge of 2053 cases of women of 75 years and older who had experienced IPV (1 national agency reported 1913 cases).

Table 8. Number of cases during 2006-2008, by age group and number of organizations reporting

Age Group	Number of cases	Number of organisations reporting
60-74 years	540	16
75 years plus	140	13
Total	680	17

Between 0 and 275 (mean=8.75) women seen by organizations were 60-74 years (1 national agency reported 453 such cases). During the period 2006-2008, **540** women of 60 to 74 years were seen by these organizations. 94% of responding agencies stated that they dealt with women between 60-74 years who had experienced IPV during the period 2006-2008, whilst 6% reported that they did not deal with this group of older women in this period. For the period 2006-2008, 17 (of 18) respondent agencies reported knowledge of 983 cases of

women of 60-74 years who had experienced IPV (across all responding agencies) (1 national agency reported 453 cases).

Table 9. Number of cases during 2006-2008, by age group and one national organization reporting

Age Group	Number of cases
60-74 years	453
75 years plus	1913
Total	2366

The following results were obtained in response to a question about the estimated proportions of older victims and older female victims in relation to all clients and all female clients:

- Proportion of older victims among all clients 0-27.3% (mean=5.66, SD=8.24)
- Proportion of older female victims of IPV among all female clients with IPV 0-75% (mean=13.67, SD=23.16)

A total of 17 respondents answered a question, which asked how the number of cases of older women (who had experienced IPV) had changed within the organization during the period 2006-8 as compared to 10 years earlier. Of these responses the following information was obtained:

- 2 respondents said increased, 4 said remained the same, 11 didn't know
- Those respondents that reported increased numbers of cases indicated increases of between 10-500%

It would appear that of those organizations which responded, most were not collecting or had not collected information that would allow them to compare the number of cases across a 10-year period. It is hoped that this might be rectified so that information could be compared a decade hence!

There were a smaller number of responses to a question which asked respondents to indicate how many cases in the organization related to older women in hetero- and how many in same-sex relationships.

- 14 organizations responded and data provided revealed that between 2 and 80 women/cases were in hetero-sexual relationships

- 12 organizations indicated that between 0 and 1 woman/case was in a same-sex relationship, most of these were 0 responses (10 out of 12 respondents in this category).

By far the majority of cases that organisations were dealing with related to women in heterosexual relationships, only 2 organisations reported that they had dealt with single cases of IPV between lesbian couples.

Varying numbers of responses were received to a question about the different forms of IPV that had been encountered in the cases reported to them. The responses can be seen in Table 10. Responding organizations reported that they dealt with cases of physical or psychological violence more often than other forms of violence.

Table 10. Types of Abuse by number of organizations reporting cases (%)

Type of Abuse	No of organizations	%
Physical abuse	18	69
Psychological abuse	17	65
Sexual violence	14	54
Intentional neglect	10	38.5
Sexual harassment	6	23
Stalking	3	11.5
Discriminatory abuse	2	8
Institutional abuse	2	8

There were also varying numbers of responses to a question concerning a delineation of the characteristics of victims, with fewer respondents overall who provided responses to this question. However, the responses that were received can be seen in Table 11. The data indicates that the highest numbers of cases dealt with by respondent organizations related to those older women who had either mental health problems or physical limitations or were in need of nursing care. Very few organizations reported experience of cases concerning older female victims of IPV with additional needs relating to learning disabilities, homelessness, substance misuse or no permanent residence rights in the country. Less than a quarter of organizations had experience of receiving cases that related to older female victims of IPV who had an ethnic minority background.

Table 11. Types of Victim by numbers of organizations reporting cases (%)

Type of Victim	No of organizations	%
Victim with mental health problem	10	38.5
Victim with physical limitations	10	38.5
Victim in need of nursing care	9	35
Victim with dementia	8	31
Victim with other support needs	8	31
Victim from ethnic minority	6	23
Victim with learning disability	3	11.5
Victim who was homeless	3	11.5
Victim with substance misuse problem	3	11.5
Victim with no permanent residence status in UK	2	8

Table 12 represents responses in relation to a question about the characteristics of perpetrators in these cases. The findings suggest that in the majority of situations known to organizations the victim and perpetrator were still living together and in a partnership arrangement.

Table 12. Types of Perpetrator by numbers of organizations reporting and number of cases

Type of perpetrator	No of organizations	No of Cases
Co-habiting partner	17	204
Non Co-habiting partner	4	4
Former partner	6	42
Caregiver to Victim	8	23
Care-recipient	5	4

The following question asked respondents to indicate the types of IPV that had taken place, as reported by the victim. There were varying numbers of organizations responding to these questions, as can be seen in Table 13. Most of the cases that organizations had dealt with were situations of one-way violence, frequent acts of violence, those where IPV had lasted for more than one year and situations where IPV had started before the woman had become 60 years old. This is consistent with a profile of intimate partner violence in older women

that has endured for very long periods of time, often throughout the history of the relationship.

Table 13. Types of Violence reported by victims by numbers of organizations reporting and number of cases

Type of IPV reported by Victim	No of organiza- tions	No. of cases
One-way violence (towards victim)	13	180
Mutual violence	6	9
Frequent acts of violence	13	155
Infrequent acts of violence	7	49
Violence lasted longer than 1 year	9	157
Violence lasted less than 1 year	3	33
Violence started before 60 years	9	159
Violence started after 60 years	3	6

There were varying responses to a question asking for information about how knowledge of cases became known to the organizations (see Table 14). The most frequent reported ways that case knowledge became known to organizations were either through the victim's own actions and/or reports or through the police.

Table 14. Organisations with older women IPV cases by source of information on organizations and cases (N)

Source of Referral Information	No organizations	N
The victim herself contacted the professional /organisation	11	116
The organisation was notified by the police	11	81
The organisation learned of the case from physicians or other healthcare services	8	19
A person close to the victim contacted the organisation	7	20
The organisation learned of the case from other organisations	10	42
Other sources	1	3
The organisation learned of the case from the justice system / court	2	0
Comments made or the observations of the organisation raised suspicions	3	13
Total		294

Varying numbers of respondents also answered a question about the way that first contact with victim had occurred. A total of 8 respondents (30.8%) reported that the first contact with the victim had occurred by the victim making contact, accounting for 116 cases and 7 respondents (26.9%) reported that the first contact with the victim had occurred by the organization making contact with the woman, accounting for 66 cases. Six respondents (23.1%) reported that the first contact with the victim had occurred through contact from another person with case knowledge, accounting for 63 cases. This suggests that older women themselves were initiating direct contact with organizations, although at times organizations appeared to respond to information and referrals about the victim received from elsewhere (another person or organization).

A range of services was reported as provided to the older female victims of IPV, depending in part on the remit of the organization (see Table 15). The most frequently mentioned responses were crisis intervention and information and advice services.

**Table 15. Services provided by responding organisations to Women IPV victims
(N and Number of organisations responding)**

Services provided to women IPV victims	N	N(org)
Psychosocial support/counselling	45	5
Legal advice	65	5
Giving information on other relevant organisations	71	7
Psycho-therapeutic support	11	2
Filing complaints	8	1
Assistance in daily living activities	12	4
Referral to another organisation	8	2
Crisis intervention	56	6
Financial aid	10	2
Conducting criminal investigations	3	2
Provision of a bed in refuge	53	7
Controlling adherence to restraining orders	12	1
Provision of medical services	8	3
Support in moving to a care home	10	5
Provision of nursing care	12	2
Issuing restraining orders	14	2
Banning orders	10	2
Other	155	8

Organizations were asked whether they had knowledge of situations involving other perpetrators of violence against older women. Responses to this question can be seen in Table 16. Although small numbers of responses were received, the results suggest that organizations are aware of quite high numbers of situations where older women experience abuse by their sons and other relatives, or by neighbours and acquaintances. These areas may be worthy of further research and examination in future.

Table 16. Types of Perpetrator (other forms of violence) reported by victims by numbers of organizations reporting and number of cases (2006-2008)

Type of Perpetrator reported by Victim	No of organizations reporting	No. of cases
Son	10	96
Daughter	5	3
Grandson	7	7
Grand-daughter	4	4
Other relatives	3	19
Other perpetrator (neighbour or acquaintance)	3	37
Other perpetrator (stranger or volunteer)	2	3

A further question asked whether organizations had had contact with older male victims of IPV. A total of 11 respondents (42.3%) stated that their organization had been in contact with older men who were victims of IPV during the period 2006-2008. This indicates that a number of organizations are aware of and working in situations in which older men are experiencing IPV and this may be an area for further examination and for consideration of the possible similarities and differences between experiences of IPV by older women and older men.

The final question in this part of the survey asked an additional, follow-up question asked about the types of relationships that older male victims had had in the experience of the organization (see Table 17). The results suggest that the needs of older male victims of IPV may require further attention, in particular to determine how older men in such relationships may be in need of support and assistance.

Table 17. Types of relationships of older male victims of IPV by numbers of organizations reporting and number of cases (2006-2008)

Older male victims of IPV	No of organizations reporting	No. of cases
In Heterosexual relationship	8	42
In Same-sex relationship	1	1

The following question asked respondents for information about the topics that the respondent's organization typically dealt with. There were a large number of missing cases, with only 5 (of 22; 22%) respondents who answered this question. These respondents provided individual answers about the remits of their

organization in specific areas such as social care, mental health care and so forth with small numbers of organizations reporting involvement in certain issues (for example one respondent indicating work with migrants, 4 respondents reporting work with women with psycho-social problems). However, due to the limited number of respondents it is not possible to derive any very detailed information about the remit of responding organizations as overall they comprised quite diverse group.

A further question asked respondents to consider if IPV against older women was one of the issues on the agenda of the organization. Over two-thirds of respondents (16 of 22; 72%) replied that this was the case, with supporting statements that such work fitted within the broader organizational remit of protection of vulnerable adults or domestic violence work in more general terms.

The following question asked about whether the organization had developed any specialized services for older women who are victims of IPV. By far the majority of respondents answering this question replied negatively (20 of 22; 91%), suggesting that overall there has been rather limited development of specialized services to date. Only two respondents (of 22) responded affirmatively. One respondent stated that they provided specialized accommodation for older women, the other that they had a Protection of Vulnerable Adults Officer with specialist DV knowledge and experience and that the organization had therefore been able to develop specific service provision for older women (the exact nature of this was not specified).

A question asking whether older women were explicitly regarded as a target group for the organization elicited only 5 (of 22; 22%) positive responses, with the remainder providing negative answers. It is therefore not possible to draw any specific conclusion here, in particular in relation to the respondent sample, other than to suggest that in general the survey respondents were not working in organizations that had a specific remit to target work in this area. However, this is consistent with the fact that generally within the UK there are currently no specific agencies that are mandated to work in the area of intimate partner violence and older women.

The penultimate question asked about the extent that the respondent was satisfied with the support provided for older female victims by their organization. Although 21 respondents answered this question, there were relatively small numbers of respondents in each of the 5 choice categories provided. Whilst 38% expressed some degree of dissatisfaction with the support that their organization

provided to older women who had experienced IPV, some 62% expressed some degree of satisfaction, as shown in the following table:

Table 18. Degree of satisfaction with support provided by number of organizations reporting

Degree of satisfaction	Number of organizations	%
Very unsatisfied	3	14.3
Somewhat unsatisfied	5	23.8
Somewhat satisfied	5	23.8
Satisfied	6	28.6
Very satisfied	2	9.5
Total	21	100

This mix of responses may perhaps reflect the variation in views received from the range of organizations that participated in the survey. It is also of note that within the section on perceptions there was a strong consensus (81%) that existing support systems are not adequate for older female victims of IPV and 90.5% of respondents also agreed that more support is needed for older female victims than is currently provided. The above finding appears at variance with these perceptions but may perhaps relate to differences between support services in general and those, which are specific to the respondent's own organization, where a higher number of respondents appeared to be satisfied to at least some extent with the services that their organization offered to older women.

The final question sought to determine whether there were any services for older female victims of IPV that the organization would like to offer (either now or in the future). Overall, a smaller number of respondents answered this question (N=14) and of these, only a minority of respondents answered the question affirmatively as shown in the table 19.

Table 19. Other services that the organization would like to see offered

Are there other Services that organization would like to see offered?	Number of organizations	%
Yes	6	42.8
No	8	57.2
Total	14	100

Of the positive responses received, three participants (21%) provided suggestions concerning a wish to see developments relating to housing and accommodation needs. These responses referred to a desire to see specialist housing, specific respite provision and appropriate care and adapted accommodation offered by their organization. The other 3 respondents gave answers that referred to peer support (1 respondent, 7%) and greater links and collaboration between services (2 respondents, 14%).

5.4.2 Perceptions of the problem of IPV against older women

In the next section of the questionnaire, questions asked about the respondents' more general perceptions of the problem as it relates to both older and younger women. Respondents were provided with statements and asked to provide comment about these using a 6-point Likert response scale, from strongly disagree to strongly agree. This also involved several comparative statements which respondents were asked to rate their agreement or disagreement with. Given the low overall response rate to the survey, numbers responding to these questions were likewise low, with relatively small numbers across the range of options and some missing responses. However, the following broad groupings of answers were obtained to the statements and as will be seen there was an overall consensus position obtained from respondents in response to most statements.

Whilst just under three-quarters (73%) of the respondents to this question disagreed that only a small number of older women become victims of IPV, some 80% agreed that older female victims were likely to face particular difficulties in dissolving a long-term abusive relationship. A slightly lower number of respon-

dents (71.5%) agreed that older women were less likely to separate from their abusive partners than younger women. A strong majority (85%) agreed that IPV against older women often occurs in the context of care dependency, whilst a slightly lower number (81%) disagreed that existing support systems were adequate to meet the needs of older female victims. Only two-thirds of respondents (67%) agreed with a statement that it can be difficult to motivate older female victims to accept help.

Just under two-thirds of respondents (64%) indicated that more proactive forms of assistance are required for older women, as compared with younger women, whilst 82% of respondents agreed that work with older female victims necessitates specialist professional training. However 81% of respondents disagreed with the assertion that professionals working with older women should themselves be middle-aged or older, whilst a strong majority (86%) agreed that older female victims are more reluctant to seek help than younger women. By far the strongest response (90.5%) to the statements was given in agreement that older female victims require more help than is currently available. The final statement in this series suggested that older women who experience IPV are more ashamed about what has happened to them than younger women; 71% of respondents agreed with this assertion

Although many of the responses were in agreement with the statements made, there were a few exceptions. Notably, disagreements were found in relation to the statement that only a few older women become victims of IPV (almost three-quarters, 73%, of respondents disagreed) and an even stronger negative response (81%) was provided to the statement that professionals should be middle-aged or older to work with older female victims, with a similar level of response provided to the assertion that existing support systems are adequate to meet the needs of older women who experience IPV. This latter statement was further supported by the very strong agreement (90.5%) that older female victims require more help than is currently provided.

The following questions asked about perceptions of help seeking behaviour by women who experience IPV. The results (see Table 20) suggest a perception of different approaches to help-seeking behaviour between younger and older women, with a view that far more younger women were likely to seek criminal justice solutions to their problems and conversely that more older women were considered likely to seek help from clergy.

Table 20. Average estimates of the extent to which older and younger women victims of intimate partner violence press criminal charges and seek help (%)

	Women aged 20 to 40	Women aged 60 and above
Press criminal charges	21	6
Seek medical help	32	23
Seek psychosocial assistance	32	10
Seek help by the clergy	5	10
Seek other help	48	19

5.5 Summary and Discussion

The survey results were disappointing in terms of the low response rate and the fact that the information obtained from respondents was somewhat variable in amount. The actual data provided by respondents also varied somewhat in quality, and a number of individual questions within the survey received very low numbers of positive responses. Some respondents omitted to answer questions at different points in the survey; the reasons for this are not known. Additionally, as indicated earlier, in view of the response rate, it was not possible to undertake any additional analyses of the dataset obtained. As an attempt to ascertain the extent of case knowledge within institutions and the nature of service responses to assist older women who experience IPV, the survey did not succeed at a national level. However, even if the response rate was quite limited, overall some useful information was obtained from the participants' responses and the respondents are thanked for their participation in this phase of the study.

When the survey was planned discussions were held across the partner countries about what the survey should consist of and the essential elements that it should contain. In a UK context, the resulting questionnaire was lengthy and quite time-consuming to complete in comparison to some other social surveys. Additionally, although a small pilot of the survey was undertaken in a small number of English authorities during the summer of 2009, this largely focused on issues relating to the structure, readability and content of the measure rather than testing whether the survey could actually be completed or not. Most of the respondents completed the longer version of the survey, which comprised 16 pages and almost 40 questions. Although a small number of respondents at national level were initially sent the short version to complete at least one of those organizations subsequently asked for the longer version to be sent (and duly completed this). The majority of respondents (22 of 26; 85%) did complete the

survey and provided at least a reasonable proportion of responses to the questions asked.

The sampling frame for the survey also proved rather more difficult to achieve than anticipated. One instance of this related to contact with Women's Aid organizations in the four nations to try and obtain relevant information and support for distribution of the survey, which produced varying responses. For example, whilst one of the national Women's Aid organizations indicated that they could not provide access to information about addresses of their local branches but would be willing to circulate brief information about the survey in their regular newsletter, which was circulated throughout the country (which led to 3 responses), another smaller national Women's Aid organization agreed to circulate the survey directly to their local branch members.

The response rate from local authorities was also variable; the PI took a decision to make contact with a number of local authorities to elicit support for the study before the survey was sent out, but whilst a number of authorities indicated broad support for the study and interest in participation and assistance in the interview phases of the project, several stated at that point that they would not be able to take part in completion of a survey due, generally, to pressures of work. These authorities were therefore not included in the sampling frame. In addition, when the PI was conducting a follow-up of non-responding organizations, subsequent to the reminder stage, a number of organizations reported that they were unable to complete the survey because relevant data was not being collected in the required form (or even at all) and resource limitations meant that they were not able to extract the information manually as this would have been a significant undertaking in terms of both time and effort. Others simply reported that they were not able to take part due to pressures of existing work and the inability to respond to additional, external requests for assistance that were not part of their daily work duties. In addition, of those organizations that participated in the survey and provided responses, some clearly indicated in the comments at the end of the survey that they could not provide all the information required and several subsequently indicated to the PI that the completion of the survey had been difficult due to the length and number of questions and the time needed for this to happen. For some individuals, it was clearly much easier not to respond at all, although as stated the research team did actually receive a small number (4) of responses indicating that no full response was possible for that organization. Furthermore a small number of organizations later provided some information about case numbers (outwith the survey) and this has been included, as relevant, in the previous chapter on data sources.

The findings from the survey clearly indicate that the area of IPV and older women is one in which organizations are involved, albeit to a rather limited degree. It is also apparent that there is a range of organizations that are undertaking work in this area; some of these are related to domestic violence, some to social care services, others to either health or law enforcement agencies. Although response rates were low, the range of organizations, which participated in the survey suggests strongly that the inter-disciplinary nature of this field has been recognised and that a range of services, including the provision of advice and information, crisis intervention and accommodation in refuges is being provided to individual older women who experience IPV in later life. That numbers of cases of older women experiencing IPV who were known to organizations were relatively modest does not indicate that the problem does not exist, or even that this is a marginal issue. As stated earlier, the study as a whole and this survey in particular was not undertaken to establish prevalence rates of IPV against older women. It was carried out in order to try and establish more knowledge and understanding about the extent of case knowledge within organizations and to learn more about service provision and help-seeking behaviour of women who are affected by this problem.

The survey results clearly demonstrate that case knowledge exists and that services are provided to this group of older women. It may be the case that older women do not often access organizations and may not even be aware of the existence of such services. Furthermore, awareness of the issue and what might be done about it may be quite low not just in the general population but also for the population of older women, including those who are particularly affected by IPV. As will be seen in later chapters of this report, this was an area for investigation within subsequent phases of the study. In addition, it is apparent from some of the lack of information received within the survey responses that organizations are not routinely collecting relevant case information and data across a wide range of domains. Significant information gaps exist and there is a real need to improve this situation so that more knowledge and understanding of the phenomenon, particularly in relation to organizational responses, can be obtained.

VI

Interviews with older victims of IPV

6.1 Research aims and ethical issues

As described in chapter II, one important goal of this project was to gather knowledge about specific features of cases of IPV against older women from different perspectives. This means that it was extremely important to talk with victims themselves, listen to their accounts and find out about their perspectives. Hence, interviews with older women affected by intimate partner violence are one core element of this study - thus following a general trend in criminal justice procedures as in criminological and victimological research to give victims an immediate voice and let them speak on behalf of themselves (cf. Hotaling & Buzawa, 2003; Morris, Maxwell & Robertson, 1993, Shalhoub-Kervorkian & Erez, 2002)

The interviews with victims aimed at exploring characteristics of older female victims and perpetrators, characteristics of violent relationships in old age, risk and protective factors, causes of abuse, characteristics of violent acts (dynamics, situational factors) and contexts of abuse. Of special interest was the help seeking behaviour of older victims, perceived barriers for help seeking and perceptions of professional help. One important aspect was also the way older victims speak about their experiences, the terminology and accounting structures they use and their interpretations of their experiences in the context of their generational and biographical backgrounds.

In the interviews with victims, ethical issues were highly relevant. Interviewing older victims of IPV demands for certain basic ethical principles just like in researching violence or other sensitive topics in general (see the principles presented by the International Organization of Medical Sciences (CIIOMS), Ellsberg & Heise, 2005, pp. 35/36). Beyond these principles aspects had to be taken into consideration with regards to the special target group and research interest: issues of confidentiality, problems of disclosure as well as the need to ensure adequate and informed consent. Following international standards (Ellsberg & Heise, 2002, WHO, 2001, Elcioglu, 2004) the partners discussed and fixed internal principles for ethical issues related to victim interviews.

6.2. Methodology

6.2.1. Instrument

The interview method used adopts features of so-called “problem-centred interviewing” (Witzel, 2000) and “episodic interviewing” (Flick, 2000) and places emphasis on giving space for narrative elements while at the same time following a more structured approach than Schütze’s method of narrative interviewing (Schütze, 1983). In an international consultation process partners worked out an interview guide for the interviews with victims and translated it to the respective languages. This interview guide (see Appendix B) covered four main fields of interest: (a) life history, (b) experiences of violence during life time, (c) changes in violence in old age and (d) help, needs and rights. The interview guide worked with open questions and narrative impulses and gave lists of aspects to be covered, which had to be checked by the interviewer during the interview and used for in-depth exploration.

An information leaflet was provided to all those interested in participating in the study (see Appendix C). A brief introduction contained information on the research project and on the topic to be explored. A crucial point here was to make explicit what the study was about without restraining answers too much by pre-labelling experiences as violence which might be labelled in other ways by interview partners themselves. The issue of interest was introduced with the following statement: “We know from other studies, that a lot of women experience serious conflicts in their partnerships and even violence by their own partners. So we know that living in partnerships may become difficult, agonizing and dangerous for some women. But we know very little about experiences and perceptions of women older than 60 years.” In this introduction it was also explained how the interview would be carried out, we asked the permission for recording the interview, explained what would happen with the information and the record and declared confidentiality. The interview partners were asked to sign an informed consent form and received a signed confirmation that their information would be treated confidentially (see Appendix D). In the last section of the interview, interviewees were asked if they would like to be informed about the regional support services available and if they knew about their rights and the legal framework. Interviewers had this information at hand and were prepared to give necessary information.

Partners also had two social data forms at hand, one for the women and the other for the women to complete on behalf of their violent partner(s) or ex-partner(s) (see Appendix E). The social data forms collected demographic information about the interviewee and the perpetrator of the abuse. This data was

not analysed but was used to provide a descriptive account of the sample of women who had participated in the research. Interviewers checked whether all relevant information was given during the interview and asked the interviewee for missing information at the very end of the interview.

After the interview interviewers completed an interview postscript form (see Appendix F). This form asked for basic information on the interview (date, duration, access, interviewer, disturbances etc.) and information given to the interviewer before and after recording. Leading first analytical steps interviewers were also asked for central messages of the interview, eye-openers, possible starting point for analysis and interpretation and other noticeable features, problems and impressions. In the last section of this form interviewers provided ratings of key interview features (interviewee's perceived openness, quality of interaction, concreteness of information, perceived reliability and perceived strain of the interview partner).

6.2.2 Sampling

An opportunistic sampling frame was used to recruit victim interviewees and the following methods of recruitment were employed within the current investigation:

- Professionals who had taken part in the institutional survey and/or interviews were asked to help facilitate contact with female interview partners beyond the age of 60 (or if this was not possible those over the age of 55, see section 6.5) who had experienced partner violence. Contact was also made with regional and national organizations that provided support for older women and/or domestic violence victims that had not participated in interviews/institutional survey. These organizations included voluntary organizations for older people, bereavement services, women's shelters, survivors of domestic violence organizations, organizations providing support for victims of violence. All of these organizations were approached and asked if they might assist in locating potential interview participants. If they were agreeable, they were sent further information about the study, including a project leaflet and an information sheet about the study and potential participation that could be shared with any older women they were in contact with, who might be interested in participating. The organisations then made contact with older women or their relatives/advocates, as relevant and appropriate and asked if the women might be interested in taking part in the study. If the women agreed to consider this further their contact details were provided to the research team who then made direct contact to discuss the matter further and explore possibilities for interview. If the woman declined at this point, either at time of initial contact by the organization, or at the point of

contact by one of the researchers, then no further approach or contact about the study was made to the woman; her decision at this point was taken as final. A total of nine women were recruited to the study via this method.

- In an attempt to make direct contact with older women who were interested in the taking part in the study posters (see Appendix G) were distributed in person to a variety of venues frequently accessed by older women throughout Sheffield (e.g. churches, community centres, libraries, advice centres, post offices, lunch clubs, charity shops, carers centres and voluntary organizations for older people). This poster contained a brief description of the project and invited older women to make contact for further information and discussion about the study and taking part. Contact details for the researchers were also provided to enable women to make direct contact with one of the research team. However, despite the distribution of 50 leaflets in and around Sheffield only one older female participant contacted the research team as a result of this method of recruitment.
- Further to the poster campaign in the local area, contacts with the local newspaper media also took place and an advert was inserted in the local newspaper (female readership of 55,711) on two separate occasions (on a women's health page; and in an older peoples' supplement). This advert (see Appendix H) was similar to the poster that had been distributed, in briefly describing project and inviting women to make contact for further information and discussion about the study and possible participation. Unfortunately, this additional approach did not result in any further contacts from local women.

Therefore, despite the various methods employed with the aim of recruiting older women to the study there were significant challenges encountered when attempting to access this particular group of women (see section 6.5 for a more in depth discussion of these issues). In accordance with the protocol developed for the study (at European level), the research team did not make contact with any women without the individual woman either providing their consent to an organization for contact to take place, or making direct contact themselves with the researchers.

6.2.3 Conducting the interviews

Prior to the victim interviews taking place a 'safe' location for both the researcher and participant was agreed upon. In the event the participant requested that the meeting take place at their home then a risk assessment was carried out by the Principal Investigator (PI) prior to the interview commencing. The PI was informed of the specific date and time of all interviews and the researcher informed the PI when they arrived at, and safely departed from, their meeting with the victim participant. On completion of the interview all interviewees were

provided with an information sheet detailing the different sources of support which are available to them (see Appendix I).

6.2.4 Data analysis

Interview transcripts were allocated a participant code and all identifiable details (e.g. names/places) were removed from interview transcriptions to maintain anonymity. Data obtained from the interviews were analysed using thematic analysis. Therefore, the themes and patterns of experiences which emerged from older women's accounts of partner violence and their help seeking experiences, were discussed within this report.

6.3 Sample characteristics

The age range of the women interviewed was between 55 and 81 years. Six women had children with their violent partner and all but two of the women had left their violent partner at the point in time when the interview was conducted. One lady did not speak English and therefore a translator was used so that she was able to share her experiences of partner violence with the research team.

Whilst a number of women suffered from chronic health conditions (e.g. diabetes, high blood pressure) none of women interviewed felt they required help with daily living tasks and all were living in independent accommodation. All of the women had been in previous employment and many of these women had worked since leaving school to retirement age. Indeed, three women interviewed were still working at the ages of 62, 67 and 68 years. However, despite this only six women had gained a pension out of their former employment and half of the women interviewed reported having a household income of less than £500 at their disposal. None of the women reported having access to more than £1,500 per month. In situations where women had separated from their partner, and had knowledge of their partner's finances, none of the women reported their partners had access to less than £800 per month and two women reported their partners had in excess of £4,000 available per month.

6.4 Findings

6.4.1 Defining violence

All of the women disclosed some form of partner abuse within their interviews with the research team. However, what was interesting was the way in which women defined these experiences. Many women were reluctant to use terms

such as 'domestic violence' or 'partner violence' and often minimised the severity/significance of the abuse they had been subjected to:

"As I say I've got no experience of domestic violence, I mean I suppose I have with my first husband with being totally indifferent, I suppose that's a kind of mental cruelty, and with [partner's name] I think his blood pressure was very high with the pressure of being self employed and that could kind of make him a bit shouting whatever at the time but it didn't bother me really..... when [he] got really really frustrated, but there again his blood pressure was sky high at that time, I can remember him pushing me down on the bed once in an argument about something, and you know kind of getting hold of me and shouting at me, but you know very very few occasions. But he was very volatile, a very volatile person, but yeah I think, I don't think he would have ever hurt me" (W5, 68 years)

"I know there are women's refuges. But I probably wouldn't have thought it was for me....it's more like people that have been, you know, hit and battered and things like that more than, you know... I was just living with a nasty type of man, you know, I wouldn't have put that handle on it" (W8, 61 years)

Indeed, many of the women interviewed had not recognised that their experiences had been abusive until they had left their violent relationships and/or had received support for the partner violence, which had enabled them to make sense of their relationship and start to identify abusive behaviours:

"I realised there were problems initially, but I had not realised till I actually gone to counselling, how bad the abuse has been" (W4, 55 years)

"Yeah I suppose I was very abused in that relationship looking back now that I'm much older. I mean the kids were younger so therefore you're very involved with your kids and work, you know going to work looking after the kids and you don't particularly notice these things" (W5, 68 years)

6.4.2 The emergence of intimate partner violence

A number of women had only ever been in one relationship, which was with the perpetrator of the violence. However, approximately half of the women had experienced previous relationships prior to meeting the perpetrator and it was not uncommon for this group of women to have experienced some form of partner violence within these past relationships:

"I have several long-term relationships, in between my first marriage in 1973 and to my second marriage in 1991 and a lot of them, actually I realised through counseling, have been abusive" (W4, 55 years)

"My first husband wasn't physically violent, he was mentally abusive" (W10, 60 years)

The violence typically started within the first couple of years of the woman's relationship with their partner. Often the violence began to surface after a significant event which either i) perpetrators exploited to give them a higher level of control within the relationship (e.g. marriage, moving in together) or ii) meant perpetrators were spending considerably more time at home (e.g. made redundant):

"As soon as the wedding ring went on. It was really a switch. I couldn't believe how he changed" (W10, 60 years)

"Well even at the beginning after we first got married we lived in a flat with very long stairs and he threatened to throw me down because I have only given him beans on toast for a mid day meal, so it was downhill then really, I think the beans went down the stairs...I think I was still pregnant, I couldn't tell you how many months or anything...I don't think you forget the first time but you might forget the others sometimes" (W2, 62 years)

"His marriage had split up and we just sort of drifted together [2nd marriage]. I married him in 1975 and he was so different. We lived together for a year and in that year he was so kind, considerate, and he was wonderful with the children. And then everything seemed to change about 3 months after we got married, as if he possessed me now...oh yes, because

he reminded me so many times, "don't forget I bought you. There was six and half quid for that license" " (W7, 67 years)

"When he came home [1st husband], he was only home a couple of weeks, that's how we had these babies, you see, because of the excitement of being on honeymoon. But when he packed in [work]...that's when it all started" (W7, 67 years)

"When I was in my mid 40s I met a man who was a few years older than me...we went out for quite a long time, probably well over 9 months, and we got on pretty well and he seemed okay with my children. Then he suddenly seemed to change really quite suddenly. He became quite moody and would get very angry every so often, really quite out of control but I didn't know why or when it was going to happen, it would be almost out of the blue; one minute fine and then he would explode over something little; like a bottle of pop" (W3, 81 years)

Whilst many women felt that they were now able to recognise the controlling behaviours which occurred very early on in their relationships, women described how their partners had often been very attentive and charming at the beginning of their relationship and felt that this had made it increasingly difficult to recognise they were victims of abuse in these early stages of their relationships:

"I was living in a rented flat and doing my job, looking after my son, he came along, Mr Charming, Mr Nice and all the rest of it, and we started going out and I was very...I was very, um, I wasn't keen to go out to start with...But he was very charming and all the rest of it and made time for me...so there were a couple of incidences looking back, um probably that the writing was on the wall, but I suppose by then I'd fallen for him and you gloss it over" (W8, 61 years)

"Actually when I first met him and we got together, you know, he was anything a woman could dream about. He was good looking, he was kind, he was romantic, but the minute the wedding ring went on the finger, he changed overnight to be a possessive, controlling, you weren't allowed of your own

opinion, and if you dared say anything, you knew you'd get a smack when you get back in that door" (W10, 60 years)

6.4.3 Characteristics of the violence

Very rarely were women subject to one type of abuse, in the majority of cases perpetrators were physically, psychologically, sexually and financially abusive. Physical aggression and/or violence were common in all of the women's relationships. Women had often suffered from horrific injuries and been victim to a series of repeated serious violent attacks throughout their relationship with the perpetrator. One woman revealed that she had survived rape, attempted strangulations and broken bones at the hands of her partner. Many women spoke of how their partners had frequently hit them or 'chucked them around':

"He had hit me with a fist after that, it was at first a shove or a push" (W1, 68 years)

"He would always just pick me up and throw me against the wall. He was a big man and he would chuck me about as if I was a ragged doll" (W7, 67 years)

"It wasn't a happy marriage at all, the kids and I were always wary that we didn't do the wrong thing....I don't think there was a week went by where there wasn't [violence], oh yes we used to get holes in the door you know, then I used to cover them up with the painting then the paintings would get holes in them so then I would get another painting. It wasn't funny at the time, they laugh about it now, but I think you have to" (W2, 62 years)

"He broke my nose and two ribs" (W10, 60 years)

Just under half of the women interviewed disclosed sexual abuse they had been subjected to by their partners:

"There has been throughout the marriage very controlled, psychological, physical and emotional abuse, including rape. First violent event really is rape at home" (W4, 55 years)

"She mentions that he loves to have sex. When she was having her periods and she doesn't like that and nowadays he, he tortures, he wants to have sex, he tortures her... she doesn't

like that and he forces her to have sex. In the past when she didn't want to have sex, he would punch her" (Translator for W8, 68 Years)

"One evening he got very angry in the house and he attacked me, my daughters were out at the time. He raped me, a really nasty rape and he beat me up physically at the same time. He hit me in the head a lot as I was screaming and he broke my nose and my jaw and hurt my neck too" (W3, 81 years)

The psychological and emotional abuse women experienced ranged from being ignored by their partners for weeks on end to being insulted and humiliated:

"[he would] humiliate her constantly, about herself, about her appearance" (Translator for W9, 68 Years)

"I shopped, cooked, I cleaned, he came into a meal every night. And he used to say to me have I got time to have a shower, and that was the only thing he spoke to me about...Oh, and I could take him wanting his own way, I could even take the temper, but the not speaking was absolutely agony. That was the worst thing of all" (W8, 61 years)

Women would often find themselves drifting apart from their family and friends as their partners successfully isolated them from their loved ones. Examples of this included women being forced to leave their employment due to their partners' jealousy or being prevented from meeting up with family or friends:

"When you were talking he would sit and watch your eye contact with people to see how friendly you are, he didn't allow me to have any friends, he didn't allow anyone to come in his house" (W1, 68 years)

"He'd been on and on and on at me to leave, give up yoga, he didn't want me to go to yoga, you know it, it took up my time this that and the other and then when he bought the house it was oh move in with me, you know, and I didn't want to, I was very reluctant and he went on and on and on, we can't do this we can't do that, so I eventually did move in with him in this new house and, um, and then it was the next step to give up work. And again it was give up work we can go away

weekends, we can do this, we can do that, and course we never did that anyway, but yes I gave up work and obviously then became financially dependent on him" (W8, 61 years)

"After three days of marriage, he forbid her to have any visits. Not even her mum or father could visit her. He would close, lock the doors and he wouldn't allow her to be visited by anybody. He used to work ...so when he was coming back home, then she could receive visits, he has to be there" (Translator for W9, 68 Years)

The perpetrators typically retained all control of the finances within the relationship. Situations were described where mounting debt would be put in the woman's name without her knowledge or perpetrators would have complete control over how the household money was being spent. Partners also used financial control to subject women to other forms of abuse:

"Well he didn't have a good credit rating. And everything was on my name, and then obviously he controlled the finances. But then he wasn't paying the bills. And then I use to receive letters and phone calls, and then I went to citizen advice for paper work, and as the lady said, you know it's in your name, so do you use it. I just said you know it's his responsibility because he didn't have credit rating, I did, you know everything is in my name, but its him the money was used to buy these fancy deals, fancy equipments, this CD and that, but she said, well I am afraid, at the end of the day it's you are the one whose neck is under debt" (W10, 60 years)

"So also he controls her in the morning, in the house, he doesn't give her money. When he wants, he gives her some money for very important things, like transport maybe, he would give her some money. This is something that I have been working with, trying to get her money back. He controls the food he doesn't allow her to cook because if she cooks then he thinks that she is going to spend the whole tin, then if he cooks he rations the food" (Translator for W9, 68 Years)

"He was always telling me to fuck off, fuck off he always used to say to me, you never had a pot to piss in when I met you, clear off you don't, you know, you've got nothing now 'cos

you'll never get anything out of me, I'll raze that bungalow to the fucking ground rather than give you anything. And he was always very aggressive like that" (W8, 61 years)

6.4.4 Characteristics of the perpetrator

Some women felt it was/had been difficult to predict what would trigger an episode of violence by their partner. However, women spoke of how their partners desire to be in 'control' had dominated their relationships. Women described how perpetrators had typically been obsessed with the 'right way' to do things, having control over women's behaviour and being in charge of the decision making processes within the relationship:

"It was all about cleanliness I think at the beginning because a wooden spoon he would say there was dirt on it, but what he was actually scraping off was the wood it wasn't dirt. Just silly things, so you know, sometimes you would go a week and everything would be 'hunky dory' but then obviously as the kids came along there were more things to moan about" (W2, 62 years)

"Within the house he was just controlling me and I am a tidy person but it had to be spotless. The washing machine was in the kitchen and I wasn't allowed to have the washing machine on if he was in the house. So if I had it on and he came in I'd be running and turning it off." (W8, 61 years)

All of the women spoke of how their partners had been highly jealous of other men. Indeed, it appeared that jealousy was a major trigger of physical violence:

"The accusing of other men was still going on all the, every bloody day, all the time" (W1, 68 years)

"she also says that every time she comes late at home, he would ask her to get off her clothes, her interiors and he would smell, just in case she has had sex with another person" (Translator for W9, 68 Years)

"He's always been manipulative, he's always been quite jealous minded and always questioned me about things" (W5, 68 years)

"We were dancing, not even together. When I went back to [my partner] he just went ballistic. We drove home like a bat out of hell...I got into bed and he got into bed and then he jumped out and by the side of the bed he had a baseball bat, just for protection in case we were ever broken in, and he told me 'get out of my effing bed, get out of my effing house, you whore', you this, you that, he called me everything he could, and by the side of the bed there was a dressing table and he got hold of the baseball bat and he just smashed the mirror. And he got hold of me and dragged me out the bed and it's two in the morning by now" (W8, 61 years)

"I had a black eye once, when the kids were little...he had gone to the stag night and I had gone to the hen night, and he got home before me, so, and it just wasn't cleanliness things, it was if I looked at somebody else for too long or, you know, I would get it later when we got home for gaping at other men" (W2, 62 years)

"And after he left, he just battered me in the kitchen because I was throwing myself at the workman and I was cheap...obviously you couldn't have a cup of tea with anybody, he even went as far as upstairs and check the sheets, you know, and it was him that was messing around, not me" (W10, 60 years)

Over the years women had been presented with a range of different explanations for why their partners were violent. Whilst the causal relationships between problem behaviours/addictions (e.g. excessive gambling or excessive alcohol use) and violence was not explored, women did speak of how they felt their partners addictions did *contribute* to the violence they had experienced. Excessive gambling was often associated with financial abuse. For example, women spoke of how partners who were addicted to gambling did not allow them shared access to money/financial documents and/or how perpetrators would put credit in the names of the women so that they would be responsible for the debt. Women who had partners with an alcohol problem spoke of how their partner's use of alcohol would increase the likelihood they would become violent:

"I said where's the money that you won on the horses, and he said, what money I won on the horses and I said, I told him...you were up almost £70 so he just lost the head at that,

and did he have to tell me everything and every penny or halfpenny he had and he lifted his hand and he thought that the kids were out of the way and one of them was at the door and he lifted his fist and struck me in the face, that was the first time he ever hit me, other than a punch to the arm or grabbing me, you know, where the kids couldn't hear and that was the first time he ever marked me" (W1, 68 years)

"He has always had a gambling problem as well which has caused the major problem with the house, having to be sold, because of his tremendous debts, he has racked up" (W4, 55 years)

"He was beautiful. He was the most handsome man in the world till he had a few drinks when he turned in to a monster" (W7, 67 years)

"Drink [when asked what could trigger a violent attack], he used to be a good drinker... [he would drink] every night" (W2, 62 years)

Mental health problems and difficult childhoods had also been offered to the women as possible reasons for their partner's violence, typically by the perpetrator and/or the perpetrator's family but also, in some situations, by health and social care professionals:

"[he] had a really bad childhood and so therefore he's an extremely confident competent person and he's over compensated for this feeling of inadequacy as a child. You know he was just passed around the family. He didn't have parents, just passed around the family, always had to kind of fight his corner really....but it's a power thing. Yes he's always had that power thing" (W5, 68 years)

"His mother always said it [violence] was because he came off his motorbike and fractured his skull" (W2, 62 years)

"All I was offered was to attend schizophrenia meetings once a fortnight to cope with his sickness" (W1, 68 years)

However, women typically felt that the perpetrators were able to pick and choose the situations in which they would be violent and therefore felt skeptical that their partners had underlying medical conditions which prevented them from being in control of their behaviour. Indeed, it was common for women to speak of how their partners were overly charming with other people and often just revealed their aggression within the family home. Thus perpetrators were often described as being extremely manipulative. Women discussed how perpetrators often 'twisted' the situation around so that they were in the right and rarely apologised for their violent behaviour:

"I mean she was fully aware of the abuse, smacks and what not, but you know, everybody thought he was wonderful [he was] clever, clever with words" (W10, 60 years)

"..him that could have turned it on and off when he liked and he could really be a villain, a devil when he wanted, and he could have just turned around and been as nice as nine pence whenever anyone was about" (W1, 68 years)

"Nobody knew, in fact that anything was wrong. No one. Not the neighbours, or my daughter, or my family because he would always be acting in front way with them...I can say that his behaviour is that of a Jekyll and Hyde personality. He would be extremely nice one minute and would change no reason at all, and he used to use techniques, like, virtually brain washing techniques, torture techniques...he [would] move things and hide things from me to make me feel I was losing my mind. He told my family I was losing my mind...No apologies ever, he has never apologised for even one incident. It was all my fault. I instigated it. I asked for it and he would just be calm, completely calm as if nothing had happened. There was no emotion whatsoever. It's quite chilling really" (W4, 55 years)

"[he acted] as if nothing had happened, he never said sorry, like you read about, no he just, you would keep out of the way and wait" (W2, 62 years)

6.4.5 Intimate partner violence in older age

A small minority of women spoke of how the types of abuse they had been subjected to had changed over the duration of their relationship, with lower levels of

physical violence and higher levels of psychological abuse in older age. However, many women felt that the abuse generally had become more ingrained over years:

"I think the difference between the earlier violent partnerships and my last relationship is, I would say the psychological violence that he has done, is far greater than the physical and its over a prolonged period of time....It has just sort of built up over the years and the last five years have been the worst really" (W4, 55 years)

"I thought, he will get better as he got older. So, nothing improved much over the years, I just learnt to tolerate it...violence does not stop in old age, wherever it will be it just gets more controlling because the longer that they can keep you under control, the more desperate you get" (W1, 68 years)

"I really thought, naive or what but I thought things will change for me when I came back, you know I came back home. But the physical abuse stopped but the mental abuse didn't and that was the hardest thing" (W10, 60 years)

Women coped with the violence in different ways but many described how they would try and avoid the violent partner when they sensed signs of him becoming abusive. Interestingly, the way women responded to the abuse tended to change as their relationship developed and they learnt over time what actions made the violence worse:

"You began to know what the signs were so the best thing to do was to go out, obviously in the middle of the night you couldn't go anywhere but I used to go and hide in the girls' bedrooms. Then just keep a low profile, then in the morning it would be just as nothing had happened" (W2, 62 years)

"You see the amount of people that used to say to me "I will never let a man hit me. A bloke hit me, I will hit back". But you don't, because you get ten times worse if I would have fought back... I learnt to keep my mouth shut on everything he said" (W7, 67 years)

"Initially, I would try and confront him, then I realised that the more I confronted him, more nasty he would get and he would turn it, twist it around to make it seem to be my fault all the time. So in the end, I just sort of, I just sort of let it ride over my head and just say whatever sort of thing just to keep peace basically" (W4, 55 years)

6.4.6 Impacts of partner violence

Women spoke of how they had suffered horrendous injuries at the hands of their partners. Injuries which resulted from a variety of physical and sexual assaults were described (see section 6.4.3). The ways in which partner violence impacted on women's physical health, more generally, were also described:

"I mean from 95 till 2007 I was in hospital 14 times with heart problems. On one occasion he didn't come at all...and I was left for 4 days in coronary care for 4 days with no visitors and I have to say now the staff were appalled. He didn't even ring once to see how I was" (W10, 60 years)

The emotional and psychological impacts of the abuse became clear from the series of interviews conducted with the ten women. They discussed how the repeated abuse they had experienced had left them with feelings of hopelessness, low self esteem, anxiety and low mood, which in many cases had continued to impact on their quality of life months and years after they had left their violent partner. Women spoke of how these impacts had become more intense/harder to manage as they grew older:

"I had to have help for, what is classed as complex trauma. It's a severe form of posttraumatic stress disorder. I have had several panic attacks actually, which have been really really severe. Although I had been given anti depressants, I would shake for nine hours, continuously and be unable to function properly whatsoever, and the terror-. They call it panic attack, but the actual terror you suffer, is the worst form of terror that is imaginable...I think because I am getting older. I can't do things that I would want to do...And I think stress-wise mentally, as you get older, you can't cope with it so much, especially when it's over a very long period. It's completely draining and all the incidents build up as well. I feel you can't cope with flashbacks and the post traumatic stress,

these panic attacks, you can't cope with them as well as you would have been if you were younger" (W4, 55 years)

"It's harder to deal with when you are older because then you feel, I missed a lot, messed the children's life up. You see, that's the worst of all. You have got no chance now to make it right. You are running out of time. You know, and that's such an important thing. That's upset me" (W8, 61 years)

Women also spoke of how they felt they had lost their identity and personality over the years as they had become more and more aware of how they 'should' behave:

"I am a very talkative person.... but I got so withdrawn; I had a friend staying with me last week. She rang on Sunday night to thank me for having her; she said "I didn't recognise you from the girl who lived in [place where lived with perpetrator of abuse]. She said because you are now so outspoken and so confident, I can't believe it's the same person" (W10, 60 years)

Women often spoke of how their children had been affected by witnessing the partner violence and in some cases being subjected to violence within the family home. Some reported how children (particularly step-children) of the perpetrator had been subjected to psychological abuse during both their childhood and adulthood. As a result of this many spoke of how they had experienced strain in their relationships with their children. Some also felt that their experiences had made their children vulnerable to entering into abusive relationships of their own:

"I don't have the contact with the boy though his choice, not mine... you know the boy didn't like the second husband. So I mean that wasn't easy and that was part of the reason that he stopped contacting me. And it was recently, you know, when my granddaughter started talking and when recently when [name] told him that we have parted. He said I am going to contact mom but he never did. And that's four years down the line. I mean I have two grandchildren and they. I mean there is nothing I could do about and I am not going to get stressed about it" (W10, 60 years)

"He used to mentally abuse them. My oldest son left home when he was 15, because he just hated [him]. My daughter left home when she was 18. My youngest son, he didn't leave home, till he was 27, because he used to say "I am not leaving you on your own with him" and he used to mentally abuse [him]" (W7, 67 years)

"The kids think it has affected them because they can be quite heavy handed perhaps with their kids sometimes and shout when there is no need, but then you don't interfere with how they do it, well not if you want to stay friends with your kids... my eldest daughter is married to a bloke who does that, yes so I say, you know, just like your father then, so he hears me, just so he knows we aren't stupid and I could fall out with him so easy" (W2, 62 years)

"because three (children) have had breakdowns, there is a couple of them that's very insecure, and god knows what, I know they did, although the kids never asked any questions but they tell you now bits and pieces of things when they were listening and they were wondering what they could do.....they used to sit very quiet. Because they were afraid to make any noise" (W1 68 years)

"It was ok for his own kids to come in and out of the house but my kids weren't allowed to... And they complied with everything he wanted, it was just horrible, my own children, you know really when I think now... put a wedge between us. He said to me one day, my eldest is 36, he said 'it's not like you're mother and son'. He's jealous of him. Plus he was the image of his dad. He was so jealous of him. And then when [my son] did come down he'd never leave us alone. He'd always be there, like you could not have any time together to have a chat or anything like that" (W8, 61 years)

6.4.7 Help seeking and experiences of support services

6.4.7.1 Difficulties, barriers and suggestions for improvements

The majority of women had at some point reached out for help from family members and friends. Typically women would disclose abuse to those close to them long before seeking professional support. Whilst women often received

emotional support from family and friends this never had any real impact on reducing the abuse, even in situations where the perpetrator became aware that the abuse had been disclosed:

"as I left to go and get some he lifted his leg and kicked me on the backside and I got the tablets and brought them in, he never said, me dad got up and that and he said you ever lift your foot or hand to her again I will split you... and me dad says there was no excuse for hitting her" (W1, 68 years)

"Yeah I went to tell his dad and I think his dad had a word but I think they were all a bit wary of him anyway but he never hit me again, it was just much more, you know, this close to your face you know, intimidating, and he would have something in his hand which he would be banging" (W2, 62 years)

However, some women had kept the abuse hidden even from those who were close to them. Embarrassment tended to be one of the main reasons that women did not disclose their experiences of partner violence with family, friends or professionals:

"People didn't like to talk about it. I don't know whether it's the same now...I don't think people do talk about it, they feel embarrassed well I certainly did anyway." (W2, 62 years)

"She says that she doesn't feel like talking about these with her daughters because it's very difficult to tell them how he humiliates her and she doesn't share this with anybody" (Translator for W9, 68 Years)

Fear that the perpetrator would discover they had disclosed the abuse, and that subsequently the violence would become more severe, also prevented women from speaking about their experiences with others:

"I didn't go to the hospital, but I should have done. I went to see my doctor after several days because of the pain and he said that I should go to the hospital but I never went....this was partly because he threatened me when he was beating me and said that he would kill me and the family if I ever told anyone what had happened. So I told the doctor that I had

fallen downstairs, but I wasn't not sure if he believed me or not at that time" (W3, 81 years)

However, many of the women had disclosed the abuse to health care professionals such as their GP, at some point in the relationship. Rarely had this led to them being offered any support for the violence and in some cases women described situations where only their partners had been offered appropriate support and they had been encouraged to be more supportive of their partner. In some situations women had been offered support but the woman's response to the violence (e.g. low mood, anxiety) had been medicalised and managed accordingly:

"he says [to the psychiatrist] 'you know I can overlook if she is going with men, because she is getting money, because I am not giving her no money, I don't know how she is getting by'...she turned round to me and said is anything of what he is saying about the accusations true. I said 'No', I said 'he is here to see you not me'...Yes, he had support for him 100% and 'don't try and make fun of him', 'be positive for him', 'he can't help what he thinks'" (W1, 68 years)

"A social worker actually told me that an alcoholic only hates the person he loves most in the world. And I said oh well that's OK then. The next time he started and pinned up against the wall, hurting me, because there was no tomato sauce in the cupboard. And my children, were screaming, and I just got to say to them "don't worry darlings; daddy is only doing this to me because he loves me". Though I never ever saw her again" (W7, 67 years)

"When I left in 2006 and I registered with the doctor and told him. All he did was to send me to the mental health team in there. And I tried to tell him that it was counselling that I needed, not a psychiatrist and a bag full of pills, but he didn't take any notice. He didn't listen" (W10, 60 years)

From women's accounts of their experiences it appeared that the health professionals, who they had been in contact with over the years and had thus witnessed the impacts of the violence, were more inclined to discuss the violence with women once they had left their partners:

"I only went to my GP and said that I fell down a flight of stairs. He raised his eyebrows as much as and said I don't know who you are trying to kid, but you are not kidding me, but he didn't pursue it...I have seen that particular doctor recently, you know when I was and I took sick and I went to see him and he brought the subject up. He knew it, because my friend, he was her GP as well and she sort of said, you know, they have parted and he said to me, you know, "I am going to ask you about the broken nose and broken ribs and why you wouldn't go to the hospital. Because I know that you haven't fallen off the stairs" (W10, 60 years)

"I did even talk with my doctor about it a few years ago. He [my GP] told me that he had not believed me when I had told him that I had fallen downstairs but that he didn't know what to do about it then so he hadn't done anything. He was quite young then but I hope that doctors today would ask more and say something to someone with injuries like that...I hope that doctors now would have some more training about abuse and what can be done about it and would also be able to tell patients about groups [and the] help they can offer." (W3, 81 years)

One of the major barriers which prevented women from seeking help from domestic violence support services earlier in their lives was their lack of awareness and knowledge that this support would be available to them. As previously discussed women rarely identified themselves as victims of 'domestic violence' and felt refuges were aimed at younger women with children, therefore, these factors often prevented them from accessing this support earlier in life. The majority of the women interviewed had not known where to seek help and had stumbled upon organizations more often than not by chance:

"I would say that the women's aid would have been a great help, if I had known...I just forgot about it. I didn't active associate [with it]. With my association I was like, you know with people with children that you got these houses sorted out for and I didn't have children. So I didn't really associate myself. It was only when my friend said to me, you know, I have been to see them and they are just brilliant. I said how do you go about finding out about them. She said I will ask and she got me in touch" (W10, 60 years)

"I didn't even know anything even about those shelters, I only had a faint idea and that was because nobody around here had separated" (W1, 68 years)

"I don't know how anyone would ever know about it... [with me] my son was in London and he was listening to [a] radio programme and it was about... abuse and everything and the lady that wrote the Freedom programme...so he rang the radio station and spoke to the lady" (W8, 61 years)

"the only reason I knew about [the domestic violence organization] was when I had an appointment at the council about housing and I just happened to be lucky and get one of the ladies who had something to do with [it] and she said well [the domestic violence organization] can help you and I had never even heard of them...It's not very well publicised" (W2, 62 years)

"I never really got any help to deal with what had happened, but then I never really tried to get any...But then one day about six or seven years ago I was in [another city not far from where she lives] and I went into the cathedral to look around and there on the chairs were some leaflets. Well I picked one up as it looked interesting and then when I got home I got it out of my bag to read it and...the leaflet said something like 'Have you been abused?' and 'Do you need to talk to someone about this in confidence?' and I suddenly thought 'Well yes that's me!' It was the first time I had really thought that what had happened all those years before was abuse and it was a bit like a light going on inside my head really...I don't know what would have happened if I hadn't found that leaflet when I did" (W3, 81 years)

Women felt there needed to be much more awareness raising about what help is available for older women who suffer partner violence and that equally health and social care professionals should be aware of the issue so that they can offer advice and support for this issue:

"One thing that I think could be improved for people who have suffered abuse, as it is really important that they know

about what help is available and that something can be done to help after abuse has happened...So I think that doctors need training about this so that they can help the patients more. I also think there needs to be more information for people about what abuse is and how to get help to deal with it. And there should be more groups" (W3, 81 years)

Women's experiences of help seeking varied. The issue of having to see numerous different workers for advice/support was also raised. It was suggested that it would be beneficial for women to have one worker who they could build up a trusting relationship and a rapport with. With different workers came the challenging task of having to retell their experiences of abuse to different people again and again:

"I was just thankful that there was someone to help me that I had never heard of in my life. Really nice and friendly, when I went to see the next one I felt like I was there under false pretences and then I saw another one there, another different one, you see too many differences going on I think if you are going to have somebody like you know, like kids have probation officers, I am sure they have the same one as their case load, I think they should keep the same person, so you are not under that, oh god have I got to remember all this again" (W2, 62 years)

Whilst women felt appreciative of the support they had received, issues regarding being able to secure appropriate accommodation after leaving the violent relationship was discussed by a number of women. One woman who accessed accommodation from her local housing authority felt they she had not been offered any real options and had been forced to take the first option available, regardless of its suitability to her needs. Another woman spoke of how she was only offered refuge accommodation but was reluctant to leave her home and her pets and felt there needed to be alternative accommodation available where women could take their pets and have the privacy and safety they need:

"I think if you don't take the first place you have to wait another 6 months. I thought that was a bit harsh, you know because at the moment I can drive a car and hopefully I will do for some time to come but you are stuck in the middle of nowhere..." (W2, 62 years)

"There needs to be an alternative, I think to refuge situation. Something like some sort of safe house where someone can take their pets with them and may be just stay there for a short while till things are sorted out. Almost like. They could have all the support and therapy they needed but just for a short while they sort things at home....I didn't really know the implications of a refuge at all because I was in such a state at the time, things weren't sinking in. And I said to the policeman they said I can't take my cats with me. Can I come back and feed the cats. They said well if you are going to a refuge you can't do that and I realised that they would have to go, he said the RSPCA would have to take them and I was afraid that they might be put down to be honest. But if they could have arranged something like, sort of a half way house, and I have heard some stories about women in refuges who actually had abuse from other women and the situation hasn't been very good" (W4, 55 years)

None of the women had witnessed the perpetrator of the violence be held legally accountable for their violent conduct and none of the men had been successfully prosecuted for the crimes they had committed. Some women had been actively discouraged from pressing charges against their partner for a variety of reasons whilst others had been told there was insufficient evidence to proceed. Women who had been to court for divorce proceedings often found this a harrowing experience:

"When I went to court with the divorce procedure that was pretty traumatic. I tried to go, because he has refused to give any maintenance or anything. I tried to go on bad behaviour and it's not very often that judges will actually use bad behaviour as an incident in court. I had to sit in a court room where he was sat. I was sat on a desk opposite to the judge, and he was sat two people away that close, closer than a normal court of law and I found that extremely intimidating, because he kept trying to look at me and intimidate me. I had to have a lady from witness support to go with me for two times, went to court. I was advised by the judge virtually to drop the charges of bad behaviour...The allegations were very, he said were so severe against him that it would have to have been heard in a law court probably and not in a county court and they actually go in to every little detail of your personal

life and the cost incurred to him apparently, the judge said would be astronomical really. It would be about £80,000 to £100,000. The police are powerless really to prosecute him, although he has been reported to the crime prosecution service for the rape case but that was dropped because of insufficient evidence" (W4, 55 years)

6.4.7.2 Benefits gained from accessing support

However, despite the difficulties women had had to overcome to access support all of the women interviewed felt that the support they had received from domestic abuse projects had been invaluable. The support had helped women develop friendships and enabled them to make sense of the cycle of violence they had experienced:

"There was a...women's shelter, and they were very very good, they were very very good and at that time they weren't even getting very much backing from anyone, so I stayed there for three months" (W1, 68 years)

"I sought help really from domestic violence unit and they have been absolutely fantastic. They really have. They have actually, literally saved my life. There is no doubt about that. They put me on the Freedom Programme and through that I have met some very good friends and it really changed everything... what the freedom programme does, its teaches you to look at these traits and its absolutely uncanny but virtually talk to any other woman in the group, they will have a very very similar story of what's happening to them and I have actually found it tremendously helpful. And especially a lady [name] she has been an absolute Godsend. I am doing another course which is a follow up from, a course, follow up from freedom programme, it's like a recovery programme, and that's the twelve week one" (W4, 55 years)

"You hear other people telling their tales and everything and you realise it's not you it is this, this, erm, type of man, and it's I can remember them saying it's like a cycle how they, they get you in and then you'll sort of do as they want you to do, and then whether you're meaning to break, you know do, go against their will or whether it's just by an accident you go against their will, then whatever, whether they hit you, they

don't speak to you, or they go ballistic or whatever it is, then they go that route and then when they think you're just about to walk out that door it was, tears, oh god we had buckets of tears, oh please don't leave me I can't live without you, oh you're the best thing that's ever happened to me, all that sort of thing, so in the end you stay, and how right, how true that was" (W8, 61 years)

"I couldn't have done it [left the relationship] without the support of women's refuge, or the police and even without the [British] legion. I mean I couldn't have saved up enough money to carpet my whole flat. It would have taken me years" (W7, 67 years)

"Before coming here she wanted to die...OK now she doesn't want to die anymore. Now she realises that she is not the only woman who suffer this and that there are other many women who suffer abuse and don't talk or they cannot talk or say anything and some of them do die and they don't talk about it" (Translator for W9, 68 Years)

"I was probably going to throw myself from a bridge in the river or something. I got to put it in the box, tie a knot and move on. And that's what the [domestic violence organization] are really great at helping me to do that" (W10, 60 years)

6.4.8 Leaving the violent relationship

6.4.8.1 Difficulties leaving the violent relationship

One of the main difficulties women struggled with, when considering whether to leave their violent partners, was the belief that marriage was for life and that they should stick with the relationship no matter what the 'difficulties' were. Women talked of how generational influences, such as attitudes which were widespread when they were growing up, prevented them from leaving their marriage. It was also suggested that women may be less likely to leave second marriages due to the stigma associated with having more than one 'failed relationship':

"Because I am from the old school where you don't say anything, you know, you keep quite. You don't tell people what is happening to you" (W2, 62 years)

"Because once you got married you were married for life, that was it, because once you took those vows, that's it, you were there. To the end" (W1, 68 years)

"And I think also second marriages, with the first marriage, I mean I couldn't have stayed in that marriage, but you just think oh let it go, you know you can't make a big thing about anything, you're not going to break up again because you don't want another divorce so you just let things go" (W5, 68 years)

Fear was another major reason that women had stayed in their violent relationships for so long. Fear that the abuse would get worse, which in some situations had been exactly what had happened when women had made the decision for the relationship to end. Women were also fearful that no one would believe them about the abuse:

"The last incident which was, when my ex husband moved out and he came around one day and he pushed me downstairs and fractured my Humerous [head] and the injury was so bad that they said, a couple of inches it would have been my cervical spine and probably I have been either killed or paralysed" (W4, 55 years)

"I was just afraid that if I told anybody, I would get worse when I get home. Or he would just deny it. Over the years he should have got an Oscar, every year, for his acting, you know what I mean. He was always so convincing to other people" (W7, 67 years)

One woman argued that women are more trapped in violent relationships as they grow older because they do not feel they could cope with leaving their family home and everything that they have built up over the years. Indeed, there were often significant financial consequences of leaving the violent relationship. Women often described leaving with nothing just so that they could escape the violence:

"He'd stolen my purse....So that I had no money... I was also vulnerable because he knew that I didn't have any money, I didn't have a home or a family to run home to or anything like that" (W8, 61 years)

"You see I would have left years and years before if I'd had more money where I could go and live somewhere decent but I wasn't prepared to lose another home and I just thought I'd stick it out and I just kind of did my own thing, went out with my friends, worked. You know just did an awful lot of work" (W5, 68 years)

One woman also felt that women sometimes stay in violent or unhappy relationships because they compare their experiences to those experiences of others which they perceive as worse and underrate the significance of the abuse they are subjected to:

"Everything's seemed to touch my life. A divorce, separation, child abuse, even people losing kids. A friend of mine had a child run away. You know disappeared. There was everything going off at that time that I was going through that bad period. And that was in my mid and late 40s it all kind of kicked off. And I think those were years, you know with teenagers, parents with Alzheimer's, I can remember a friend who'd lost both lots of parents with Alzheimer's on both sides, she'd got a couple of sons who were drug addicts, her husband was beating her and she was unhappy at work. So my little lot didn't seem all that bad...You know looking at the news, things happening. You know I just used to think well my life isn't all that bad." (W5, 68 years)

6.4.8.2 Triggers for leaving the violent relationship

Eight of the ten women interviewed had left their abusive partner. When exploring the reasons behind what the major triggers were for leaving a violent relationship in older age, after experiencing many years of abuse, most women described how they had experienced a change in their circumstances (e.g. children growing up and leaving home or their partner spending more time at home) or a particularly violent attack, which had encouraged them to re-evaluate their situation:

"The girls were old enough then too, ok, they were doing their own thing so I was on my ownish. I think the youngest was 16, so that's about right, yeah, I have got three girls, the next one was 17 and, you know, but they were all doing their own thing, you know, boyfriends....when my parents had died I obviously inherited quite a lot of money which is why I was able to leave my 'happy home' and set up a new home" (W2, 62 years)

"[I thought] he is gonna come off sick from work and I am not gonna cope with this. So when he came home, I had gone" (W6, 63)

"A week before I left him, I had concussion and a dislocated arm...he smashed my head against the wall and I fell over and he pulled me back up on my feet and he dislocated my arm. My daughter always used to phone me on a Sunday. And on a Monday she phoned, and he answered the phone. It was just pure coincidence that [she] phoned and he said "no you can't speak to your mum; she is in bed with a migraine". And she went OK and then phoned later again during the day to see if I was any better. And he wouldn't let her speak to me. He went out, the next day, just to the paper shop and I phoned her and she said to me "oh my god mummy, are you OK". Because she was thinking oh my mom has got brain tumor and you know all the horrible things you think about. I said to her "I got to get out of here". I said "I am too old to take any more of this". She said "mother you are not too old, you are too bloody precious" "(W7, 67 years)

However, one woman simply described how she had left because she had realised over many years that the abuse was never going to stop:

"[I left] because I knew it'd never change" (W8, 61 years)

6.4.8.3 Consequences of leaving the violent relationship

Women spoke of the emotional impact of leaving the relationship. Feelings of loneliness and uncertainty that they had done the right thing were not uncommon. Some women had also experienced negative reactions from family members after leaving their violent partner:

"but I just got lower and lower because I was still questioning myself...I could safely say that up until a year ago or less I was keeping considering going back to him" (W1, 68 years)

"And I said to my daughter look I can't stay here anymore with your dad. I have got to move, I need to get out and she said I can't take this on, I can't help you. I can't take it all on. So I struggled and struggled and then I think finally I could actually pack this up...my daughter wouldn't talk to me... what she was saying was, seeing a bit more clearly after counselling, that if she had got involved, she would get depression. So she couldn't chance that. So that was that" (W6, 63 years)

"What I have lost really is my home and the actual area. I have lived here for 15 years. It's my life really and I have to make a new life under very difficult circumstances now. And the damage he has done to my family as well which is very difficult to repair" (W4, 55 years)

After leaving the violent relationship women had often been left in dire financial situations. Some women had been forced to leave the family home with nothing whilst others who had remained in their home had no choice but to sell the house to generate income and pay off the partner's debts which were in their/joint names:

"I just went with a bin liner and I stayed for 3 months between two friends, I had no money no nothing...didn't take any furniture or anything like that. I just took my personal things...My eldest son, he gives me so much a week, so much a month. I mean I get my pension, that's the only thing" (W8, 61 years)

"he left me with massive bills, I had creditors at the door all the time and it's trying to sort things out. My benefits were stopped at one point. I have had all. I have awful problems trying to get the ESA benefits. I had to go to tribunal and things like that, which is really sort of, it's really not helped the situation by any means... I am not happy, no. I have £91.40 per week. I have to pay all my bills from that. And that's gas, water, electricity and telephone and food, and I have to get food for my pets as well and I have to maintain the home and also the mortgage is a problem because the SA have decided not to pay the full amount that they agreed to. It was only a month ago that it took me to sort that out and I had absolutely horrendous time trying to sort it and now it's been sorted and they have decided to cut it in half. My only option now is that I got a buyer for the house I just have to sell it at a really knocked down price" (W4, 55 years)

Many of the men were able to continue the abuse even after the relationship had ended through preventing women from accessing the finances and possessions they were rightfully entitled to:

"[its] taken me nearly, well a good 20 months to get a divorce and 3 solicitors. He refused to give me any maintenance...he's not gonna be you know answerable to anyone telling him what to do. He said to me I don't care if the top judge in the land tells me I've gotta give you money I'll go to court, I'll go to prison, I'll never give you a penny. So that's where we are at the moment" (W8, 61 years)

"He keeps trying to take me back to court over the sale of the house and this is the only way really he can get at me. He has no; we have not children together that he can get at. So he is trying to do it through financial ways, so that hopefully, then he thinks that I can be made sort of penniless, because, you know, that's just one way of destroying me basically" (W4, 55 years)

"I get so frustrated that he just walked away with his name intact, 40 grand in his bank, he is laughing after he put me through sheer hell" (W10, 60 years)

Perpetrators would typically use a variety of methods to try and persuade women to enter back into a relationship with them, from preventing women from accessing their finances to making promises that they would no longer be violent:

"When he found I had left, he cut all his money off me. That was the following week...eh. He tried to get me back by starving me out I think now. Then he came and we met up and he said basically he would change" (W6, 63 years)

"And then it was, even when I left, please don't go, I'll change, I'll this, I'll the other. You know...You know I've loved you and I miss you so much, you know, he even wrote, the day I moved out and went to get my bits, he left a note there for my children, and he said I have so enjoyed your company over the last 10 years, he never wanted them there" (W8, 61 years)

"I left then and went into that shelter and then when I came out and he was pleading and pleading and pleading and I said no, kept saying no, I could have got the police, he kept saying get the police if you like they will not stop me seeing you, you are my wife....he pleaded with me to take him back and he was up every night with bunches of flowers and chocolates" (W1, 68 years)

Many of the women had taken their partner back for short periods of time before leaving them on a permanent basis. Hopes that their partner would change, feelings of loneliness and financial dependency were all highlighted as reasons why women felt they had to give the relationship another chance. For women who had entered back into relationships with their ex-partners the abuse had always re-surfaced soon after they had reunited:

"I took him back again, after three and a half years because he was never off the doorstep because begging me take him back, take him back, take him back and I was feeling lonely" (W1, 68 years)

"I had nowhere to go. So because I had nowhere to go I go back don't I, and that just was the series of things after that" (W8, 61 years)

6.4.8.4 Advantages of leaving the violent relationship

The eight women interviewed who had left their violent relationship discussed the benefits they felt they had gained from leaving the abusive situation. This included regaining their independence, having the ability to take back the control of their lives without the fear they had previously become so accustomed to and building bridges with family and friends who they had not been allowed to have close contact with during their controlling relationship. Many women felt they would not be alive if they had not left their relationship when they did:

"The main gain really is that I was told and police would verify it that I am still alive that he would have killed me. I have no doubt about that" (W4, 55 years)

"Well I think [staying] probably would have done me in" (W1, 68 years)

"I am just happy to have got away when I did...[I have] piece of mind, you know, you don't have to worry about what we did what we had on the telly, when we had our tea, that was something else I used to do" (W2, 62 years)

"The advantages of it? I've still got high blood pressure but I'm on half the strength tablets, I've got a life, you know, I've got my friends, like today I do keep fit on a Tuesday, we walk, you know, I help, I can't work unfortunately at the moment cos I've got legal aid, so I can't work because I won't get legal aid and I couldn't afford to fund it otherwise. I do voluntary work at a school on Thursday and, erm, I do much more with my life...Yeah, I see my kids. You know. Just feel free, not frightened to walk, you know, I dreaded going home, dreaded that, the door, you know" (W8, 61 years)

"Peace of mind, and freedom. I have been told "how can you have freedom, you know, don't you get lonely", I said "no, I don't get lonely at all, because for 30 years I was lonely" "yeh, but you live on your own, you must get lonely" and I say "no because I have got a choice, I can sit and read if I want to. I can be an old granny and do knitting. I can watch what I want, television, I can play music or I can go out and

when I am out, I am not looking at my watch "oh my God, I better get home and get his dinner" (W7, 67 years)

6.4.9 Reflection and messages to other women

Once the interviews were near completion women were asked to think about what advice they could give to other women, particularly older women, who find themselves being abused by a violent partner. Women offered the following advice:

"I think it's difficult, I think when you think about leaving it is scary, because you are thinking, especially if, you know, usually a person in a situation like this hasn't got any money, but if you're brave enough to do it, there are you know like you say the refuge, there are places out there, and somehow, very gradually, things will come your way, they fall into place, you know others have done it before you and it can be done, it can happen, you know otherwise what's the alternative? Living a life of fear and a life of misery, you know. And that is, we get one shot at this life, you know. But it's as I say I have been fortunate 'cos I've had good friends and that's been a big big thing...It must be very hard if you've got nobody. It must be very very hard then so you need an organization don't you?" (W8, 61 years)

"The advice that I would give to anybody that gets married, if you can't fix things that have gone wrong in a short space of time get out. Because that's never going to go right...don't keep secrets, if you are getting abused, let it be known...keeping secrets is the worst thing you can do, covering up for anybody, because you are sinking yourself by covering up, you are doing them a favour and not doing yourself any favours. Digging your own grave" (W1, 68 years)

"Well, hindsight is a wonderful thing isn't it, its having the confidence to get up and walk away but it's easier said than done unfortunately..." (W2, 62 years)

"I think if I would have known exactly about the abuse from the beginning, I would never have got in the situation. If I had really known from the start at a very early age...that's why I really strongly feel that information should be given

such as the freedom programme in schools to youngsters, teenagers girls, and boys and I think it would also stop lot of young pregnancies, young girls getting pregnant. I am sure it really really needs to be sort of drone in to the young girls so they at an early age, so they can look out for what's going on" (W4, 55 years)

"Get to women's aid as fast as quickly you can and don't put up with any nonsense. You have rights, far more than you ever had 40 years ago. Exercise them. You are a person in your own right. And you have every right. You are not just a commodity. You are not just a number. You have every right to be treated like a human being and you don't have to put up with them battering you about, and knocking you about" (W10, 60 years)

"I think the women that live in my village, have learned from my experience" (W7, 67 years)

6.5 Summary and discussion

The abuse of older women is a serious problem in Europe (Ockleford et al., 2003), however, there is 'a conspicuous gap in the literature' and survivors' voices are rarely represented in research on this issue (Scott et al., 2004). To date only a small number of studies in the United Kingdom have investigated the perspectives of older women who have experienced abuse or mistreatment (Pritchard, 2000, Scott et al., 2004, Mowlam et al., 2007).

The findings from the current study revealed that the women interviewed experienced many different types of partner violence throughout the duration of their relationships. Partner violence tended to start relatively early on in the relationships of all of the women interviewed and had in all cases continued in to older age. Interestingly, some of the women did not feel they were victims of 'domestic violence', however, all of the women who participated in the research described being victim to a variety of controlling and abusive behaviours. Therefore, terminology is a key issue which should be considered when communicating with this group of women.

Women described a range of physical, emotional and social impacts which resulted from their experiences of abuse. Physical injuries, loss of self confidence, anxiety, low mood, suicidal thoughts and severe post traumatic stress disorder

were all described. Women had often been forced to leave work or refrain from seeing family and friends as a result of their controlling relationship. Previous research has also found social isolation is a significant impact of partner violence which makes older women particularly vulnerable to continued abuse (Scott et al., 2004). Women spoke of how the abuse had not only affected them but had also negatively impacted on members of their family, namely their children.

Whilst all of the women interviewed had at some point in their life confided in family and friends about their partner's violence, many women had not known there was specific support and advice available for the abuse they had been experiencing prior to having been put in touch with these services. This is consistent with findings from previous research which has revealed that whilst older women may be aware of refuges for younger people they are often unaware of support of this nature for older women (Scott et al., 2004). Indeed, Blood (2004) proposes that older women, particularly those living in rural locations, may find it very difficult to access information about support services.

By and large the women interviewed reported they had not received appropriate advice or support from the health professionals that they had been in contact with whilst the abuse was occurring. Some of the women did not want to disclose the abuse with other people for fear or embarrassment. However, others revealed they would very much have welcomed the support had it been offered but felt that there was a reluctance on the health professional's part to question whether they were victims of domestic violence if they were still in a relationship with the perpetrator. These findings are consistent with Scott et al.'s (2004) study which also found that older women survivors of domestic violence reported frustrating encounters with health professionals such as GPs and A&E departments and that women failed to receive support even after numerous attempts to get help from this group of professionals.

All women who had engaged with domestic violence services rated the support they received extremely favourably. However, some had experienced specific difficulties accessing appropriate housing and securing financial security. Women had typically been forced to make significant financial sacrifices in order to leave their violent relationship, which often meant they had left with nothing. Indeed, Pritchard (2000) also found that gaining financial independence was a problem for older women leaving abusive situations and that these women typically have to wait long periods of time to sort out their financial entitlements. Blood (2004) argues that the government needs to make provision for older women who have been victim to partner violence and whose pensions or savings make them ineligible for housing benefit or community care grants. The benefit system, as it

currently stands, unfortunately penalises women who have financial assets even though these women may have no method of accessing these funds. The interviews revealed situations where perpetrators were able to continue their financial abuse of women, even after they had left the violent relationship, by withholding/preventing women from accessing their assets and/or money.

The research team experienced a number of difficulties when attempting to recruit older female victims of partner violence to the study. In total over 500 organizations were contacted, using a variety of communication methods (e.g. email, phone, newsletters), and asked if they would approach older women victims of partner violence, who they had previously supported, and invite them to take part in the study. Whilst nine of the ten women interviewed were recruited using this method, it should be recognised that only a very small proportion of organizations were able to help us with this stage of the project. Staff provided a number of explanations as to why they were unable to help recruit older women to the study.

In a number of situations the organizations contacted were reluctant to make contact with the women that they had had previous contact with (and as indicated, they were not asked to provide the details pertaining to individuals to the researchers without some initial contact being made with the women by the organization). This was said to be for a number of reasons. In many cases the organizations reported that they were not in regular or ongoing contact with the individual women and contact/work with the women might have ceased some time ago. In such instances workers were often not comfortable in renewing contact and may have had concerns about 'rocking the boat' or causing possible upset to the woman, or even of possibly provoking some further request to the organization for support and assistance which could have been difficult to meet. It was however not possible to determine whether these professional perspectives were also imbued with some wish to protect the women concerned and not to cause any potential distress (rather than to allow the women to make that decision themselves), or if the professional did not wish to risk any potential discomfort or was not able to take on any additional, unpaid work in addition to their normal workload (in terms of making contact with former service users of the organization).

Some organizational representatives also indicated that they did not have sufficient resources to examine their records, potentially going back over a period of several years, or equally that they did not have enough time to undertake this extra piece of work (locating and contacting the women and discussing potential

research participation with them) due to pressures of time and resource constraints within the services. Where workers were in continuing contact and undertaking ongoing work at that time with individual older women, the researchers were often told that it was not the right time for the women to be interviewed, due to the sensitivity (and complexity) of the situations that women were experiencing and the need to work through the situations that were facing them. This appeared to be a reasonable position to take, as the researchers did not wish to cause any additional distress to the women and were in any case well aware of psychological perspectives on trauma and crisis.

A further set of potential barriers to participation relate to the older women and their experiences and circumstances. Some of the professionals contacted reported that the many of the 'older' old women they had worked with were physically or mentally very frail, sometimes as a result of the abuse that they had experienced and were therefore not well enough to take part in an interview. Sometimes women were reported as cognitively impaired and with physical health problems or disabilities and equally that they would not be able to withstand an interview. Therefore, in order to overcome some of these problems the research team broadened the criteria of 'older women' to women over 55 years and one of the women interviewed was within this age bracket.

An additional layer of potential complexity surrounding the issue of obtaining a sample of older women with experience of intimate partner violence in later life to interview became apparent from discussion with Local Authority Safeguarding Adults Managers and Co-ordinators. These individuals reported in a number of different forums (not just in discussion with the PI) that they had faced real difficulties to obtain a sample of older service users to interview about their experiences of safeguarding systems and processes following an alert and investigation to the Social Services Department about abuse and/or neglect. The managers and co-ordinators stated that whilst they had found it difficult to recruit younger adults (for example those with mental health difficulties or learning disabilities) to take part in such discussions and evaluative work, generally they had managed to achieve the samples needed for their service evaluations. However, in many different areas of the country, it had proved virtually impossible to recruit any older people to undertake such interviews, suggesting that there might perhaps be a cohort effect operating in relation to the reluctance of older people to engage in such discussions. This could suggest that similar effects were operating in relation to the difficulty of recruiting a sample of older women to participate in this study.

The research team also attempted to make direct contact with women through advertising the study. An article detailing the study was placed in a regional newspaper and leaflets/posters were placed in locations frequently visited by older women (e.g. post offices, churches, libraries, advice centres and carers' centres). However, this method of recruitment was not highly successful and only one women came forward to take part in the study as a result of the local advertising conducted. It is proposed that one of the possible reasons for this poor response could be that a significant proportion of older women are reluctant to discuss their experiences due to their generational beliefs and values (e.g. relationship issues should remain private, the sanctity of marriage is more important than relationship 'problems'). There is also the possibility that women who were experiencing violence were too afraid to talk about the abuse or that they were not at a point in their life where they felt able to discuss the abuse they had experienced. Due to the hidden nature of the phenomenon, women may have found it difficult to even discuss their situations with family members or friends and therefore entering into discussion with an unknown person may not have been something that the women would enter in to. Additionally, in some situations the women were still living with the partner who was involved in the abuse and it was felt to be too difficult, and possibly unsafe, to consider undertaking an interview. Indeed, the barriers we experienced recruiting women to the study are likely to be indicative of the barriers older women experience and have to overcome if they are to seek support for partner abuse. Reports from a helpline in relation to this matter (the reasons that women gave for not taking part in an interview) indicated that in many situations the original approach to the helpline had been made at a time of crisis and extremis and that the women were not willing to share information about their situations or their thoughts with anyone else, but wanted to preserve their privacy.

Therefore, it is proposed that researchers investigating this sensitive issue need to think creatively about how to deal these challenges. An alternative method of recruitment, which could be employed to increase the participation rate of older women in a study such as this, would be to contact support agencies in advance of the research commencing (e.g. 12 months prior to the start of the research) and request they keep details of any women who they support in that time period who may be interested in taking part in the research study in the near future. This would mean that staff would not have to overcome the difficulties associated with having to identify and make contact with previous clients.

The interviews provided unique accounts of ten women's experiences. However, these accounts may not be generalisable and are unlikely to address all of the issues this group of women experience as a result of partner violence. It should

be recognised that nine of the women who were interviewed as part of this study had successfully engaged with services which provided help and advice for partner violence. Thus, women who had been unable to access support for partner violence have not been represented in this study, or indeed in similar research on this issue (Scott, 2004). Therefore, whilst the findings from this study offer considerable insights into the experiences of this group of women, future research needs to explore the experiences of women who have never engaged with support services as it is likely they may have different support needs and experience different barriers to those women who have been able to access support. However, despite these limitations the following set of recommendations was developed from the findings of this phase of the study:

- Further research which investigates abuse against older women needs to take into account the possible difficulties in accessing this group of women and should design research accordingly. Research should also aim to include the perspectives and experiences of older women who may be hard to reach and not often included in research, such as women from diverse ethnic communities and including the experiences of lesbian, bi-sexual and trans-gendered women. In addition, research with older women who have not engaged with support services would add to our knowledge and understanding of the phenomenon as a whole.
- Health professionals need to be trained in the assessment of domestic violence against older women so that they can identify this type of abuse and refer/signpost this group of women to appropriate sources of support. GPs and staff working in A&E departments should provide women with the opportunity to disclose the abuse by seeing women on an individual basis as part of the consultation.
- Older women victims of partner violence need to be offered the opportunity to receive support from a key/named worker, to improve continuity of support and decrease the need for women to have to retell their experiences to different workers.
- Increased publicity about the support services available for older women affected by partner violence needs to be available. These services need to be advertised in locations frequently accessed by older women, avoiding the use of language and terminology that older women do not associate with (e.g. 'domestic violence').
- Increased financial advice and support should be available for older women so that they are able, if they choose, to leave the perpetrator of the abuse and live independently. Women who are not eligible for community care grants or housing benefits because of savings or pensions should be eligible

for alternative sources of financial support in cases where they do not have access to their financial assets.

- Women should be offered appropriate and accessible accommodation if they choose to leave their home because of the partner violence. Alternatives to refuge accommodation are needed.
- Support services and the police need to ensure older women are aware of existing criminal and civil laws which can protect them from the violence and allow them to remain in their own home (e.g. Family Law Act, 1996, Housing Act, 1996, Protection from Harassment Act, 1997, Protection from Abuse (Scotland) Act, 2001, Domestic Violence, Crime and Victims Act 2004).

VII

Staff interviews

7.1 Research aims

It is proposed that the range of services available to older women who experience IPV needs to be researched in order to identify potential areas for future service development. It is also important that research investigates the barriers that prevent older women from accessing the support they need and the difficulties professionals experience when attempting to meet the specific support needs of older women. This phase of the study, therefore, aimed to collect information on the services available to older female victims of IPV and the types of support available to them. This element of the study also aimed to investigate the difficulties professionals and services may encounter when providing support to older women who have experienced IPV and the challenges posed by such difficulties.

7.2 Method

7.2.1 Instrumentation

A Short Interviewee Form (SIF) was completed, prior to the commencement of the interview, which obtained personal and institutional background information from the participant (see Appendix J). The information collected from the participant included: gender; age; professional/educational background; organization details; job title; job role; number of hours worked per week; and length of time working at the particular organization.

An agreed, standardised interview topic guide was used within the staff interviews to explore particular areas of interest (see Appendix K) Semi-structured interviews explored professionals' experiences of providing support to older female victims of intimate partner violence but allowed for additional information from interviewees through the semi-structured nature of the process. The interview collected information on the following main topics:

- Characteristics of older female victims, perpetrators and violent relationships
- Specific needs of older women
- Co-operation/communication and collaborative working with other organizations

- Range and types of support and services offered to the older women
- Problems and challenges encountered in this work
- Recommendations for service development

Once the interview had been completed the interviewer completed an Interview Postscript (IPS) form (see Appendix L). This form obtained information on details of the interview and provided a basic account of how the interview had been conducted. The information recorded on this form included: date/time of interview; location; disturbances; key themes that emerged; special features of the interview; possible starting points for analysis; noticeable impressions/problems within the interview; and the interviewer's evaluation of the validity and reliability of the information that the interviewee had reported. The main purpose of this exercise was to present the research team with an opportunity to produce a reflective account of the interview experience and provide some potential starting points for subsequent data analysis.

Both the Short Interviewee Form and the Interview Postscript form were developed to promote commonality of approaches between the research teams in each country.

7.2.2 Sampling

The research team approached a variety of regional and national, statutory (e.g. adult safeguarding services) and voluntary (e.g. women's refuges, advice agencies) organizations which provided support for older adults and/or domestic violence victims, and invited them to participate in the study. Once permission, to interview staff members had been obtained, any individuals who were interested in participating in the study were urged to contact the research team. A purposive sample of professionals was chosen to represent the variety of workers that provide support for older women who have experienced intimate partner violence (e.g. adult protection co-ordinators, social workers, support workers and advocacy workers).

7.2.3 Conducting the interviews

All professionals who expressed an interest in participating in the project were sent information leaflets which provided further details about the study (see Appendix M). These individuals were given the opportunity to contact the project leader if they had any questions/concerns regarding the study. Staff interested in taking part in the research were made aware that their participation in the investigation was entirely voluntary and that the anonymity of all data would be maintained throughout. Prior to commencing the interviews staff were asked to read through and complete the consent form for the study (see Appendix D). All

participants were informed in advance that the interviews would be recorded and were asked to indicate on the consent form that they agreed to the information they provided being used in anonymous reports and publications.

Interviews with staff took place in different parts of the United Kingdom and some were conducted via telephone. Interviews typically lasted between 30 and 60 minutes. Participants were informed at the time of the interview that they did not have to answer any questions they did not want to and that they were free to stop and withdraw from the interview at any time without this having any adverse effects on them.

7.2.4 Data analysis

Interview transcripts were allocated a participant code and all identifiable details (e.g. names/places) were removed from interview transcriptions to maintain anonymity. The analysis of the transcribed interviews was conducted using thematic analysis.

7.3 Sample characteristics

A total of 35 professionals participated in semi-structured interviews. Most of the staff who participated in the study had been in direct contact with older women who had experienced intimate partner violence. However, some professionals had experience of providing guidance and supervision to staff who were directly managing these cases. Whilst all organizations had some experience of supporting older female victims of IPV one staff member had no direct case knowledge due to the nature of their job role (e.g. managerial role). Of the 35 professionals who were interviewed six staff members were male and 29 were female. The age range of workers was between 27 years and 70 years old and the amount of time the staff had worked at their organization ranged from three months to 30 years. The professionals who participated in the study worked for a variety of different organizations including: adult safeguarding boards (N=15); multi-agency domestic violence teams (N=5); voluntary organizations for older people (N=2); violence/domestic violence voluntary organizations (N=10); and domestic violence units within the police (N=3). A brief description of the role and responsibilities of the different the organizations that participated within this research are detailed below:

- 'Adult safeguarding teams' are statutory based organizations within Social Services departments. Safeguarding is defined as "a range of activity aimed at upholding an adult's fundamental right to be safe" (Department of Health,

2010, p7). It is the responsibility of Adult Safeguarding teams to protect vulnerable adults from any form of abuse. A vulnerable adult is defined as anyone aged 18 years or over who may be unable to take care of or protect themselves because they have a physical or sensory disability, learning difficulties, mental health needs or are frail older people.

- 'Multiagency domestic violence teams' are groups of highly skilled professionals who work together to provide support for victims of domestic violence. They also aim to ensure that perpetrators of domestic violence are held accountable for their behaviour. They do not form part of Social Services departments but are generally run by local authorities. The teams are typically made up of a mixture of professionals (from a range of service providers) such as support workers, social workers, police officers, healthcare practitioners and housing officers.
- 'Voluntary organizations for older people' are non-governmental organizations (charities) which are specifically designed to provide information and advice on a range of issues for older people.
- 'Violence/domestic violence organizations' are non-governmental organizations (charities) that provide victims of abuse or violence information, advice and support. These contain a mixture of organizations. Some provide support for victims of any form of abuse/violence whilst other agencies are specialist domestic violence organizations (with a proportion of these specifically providing support for females victims of domestic violence).
- 'Domestic Violence Units' are dedicated teams within the police service that investigate all serious domestic violence crimes and coordinate the overall response to domestic violence crimes. They are made up of police officers that have received specific training in domestic violence. They are responsible for gathering information about the domestic violence from the victims, recording victims' statements/evidence of the abuse and providing the victims of domestic violence with information regarding the support and advice that is available to them from other agencies.

7.4 Findings

7.4.1 Characteristics of intimate partner violence against older women

7.4.1.1 Defining 'intimate partner violence'

It became apparent from the interviews with staff that the term 'intimate partner' was commonly understood as meaning partners who lived together or had a sexual relationship with one another. Some workers felt this term specifically related to partners within heterosexual relationships:

*"Violence between people who are in a sexual relationship"
(S28, adult safeguarding team)*

"For me intimate partner violence means anybody who is in an intimate relationship but for me it doesn't spring to mind family violence. To me it means anybody in an intimate relationship and I suspect if I think about it a bit longer it means a heterosexual couple as well" (S4, multiagency domestic violence team)

"I think it means abuse by...I assume it means abuse by husbands or wives on each other...." (S16, adult safeguarding team)

However, a small number of professionals felt this definition could be also used to describe violence between family members:

"There is generally a long term connection with that person and there has been a relationship. That can be through step children, it can be through a relationship like I said between partners, it can be in relation to extended families...that is what I would determine as intimate partner violence" (S6, domestic violence agency)

The definition of 'violence' that staff provided within the interviews was generally very broad and incorporated a whole range of abusive acts:

"Any behaviour that makes a person feel abused, feel like they're...feel negatively. Feel frightened feel...anything that will degenerate their self esteem, self worth, identity, confidence...anything like that that would impact negatively on a person anything like that to me would constitute intimate domestic violence. You can be talking about anything from psychological abuse to somebody getting beaten up" (S1, adult safeguarding team)

"It is any form of abuse be it emotional, sexual, physical, psychological, financial ...within my definition I would also include women escaping forced marriage, women escaping street prostitution, women having to leave because of female

genital mutilation. So it is a broad church in my head anyway. So it is any form of violence or abuse within a relationship” (S5, domestic violence organization)

7.4.1.2 Types of intimate partner violence experienced by older women

It became evident from the staff’s description of the cases that they had been involved in, that there was a huge variety of abuse being experienced by older women. Interestingly, the type of organization that the professional worked for appeared to influence what type of violence they typically provided support around. For example, professionals working within police departments were more likely to report dealing with cases where there had been issues of physical violence. This is perhaps unsurprising as it is the acts of physical violence that are often the triggers for police involvement in a case. In contrast, professionals working in voluntary and statutory services often reported supporting women who had been subjected to a variety of different types of abuse:

“For many [older] women victims there comes a point when they are forced to seek help and can’t cope with the physical violence any more so most of what we see is physical violence” (S34, police)

“We have had incidents of older women who have been hit by their partners, we have had incidents of older women who have been denied contact with their families, intimidated by their partners” (S28, adult safeguarding team)

“One was a murder but the others have not been as dramatic they’ve been more about ongoing emotional and financial control and the lack of giving the other person any life really” (S22, adult safeguarding team)

7.4.1.3 Characteristics of older women who experience IPV

There was a difference in opinion as to whether there were certain groups of older women who were most at risk of experiencing intimate partner violence. Some interviewees felt that women who had a history of abuse, women that were frail or dependent on their partner for care, those that were isolated and women with substance misuse issues could all be particularly vulnerable to experiencing intimate partner violence later in their life:

“Yeah older women, women who are dependent on their carers, isolated women, women who are unwell, who are frail,

who are disabled through ill health" (S23, adult safeguarding teams)

"I would say those who have led a more dysfunctional life-style perhaps, maybe there has been issues with alcohol or drugs in the past and it has been maybe a pattern in their life but having said that I know that that is not always the case" (S7, voluntary sector)

However, in relation to issues of isolation and substance misuse many workers described how this could be an effect of the abuse rather than a contributory factor. Therefore, the relationship between certain 'characteristics' and IPV are complex and should be interpreted with caution:

"Those who are isolated [are vulnerable] and obviously many people who have experienced domestic violence are isolated because that is what the tactics of a perpetrator of domestic abuse are, to isolate the person they are abusing" (S24, domestic violence organization)

Interestingly, some people felt that environmental factors could be potential contributory factors for intimate partner violence against older women. It was proposed that women who live in rural locations and small villages may be more at risk of experiencing IPV, or perhaps staying in abusive relationships, due to the additional barriers they face when accessing help for the abuse due to a lack of provision of services and the community factors at play:

"I think where I work which is a largely rural area I think they are vulnerable as well because it is harder for them to access services and it is harder for them to report I think because they are much more visible and being in a smaller community with fewer people it goes around like wildfire the sort of secrecy and shame people feel in relation to this is magnified" (S24, domestic violence organization)

However, there was also the opinion that each woman's set of circumstances were very individual and some people felt that generalisations about particular vulnerable groups were not accurate or helpful:

"Anybody can be at risk" (S26, domestic violence organization)

"All quite different actually....they could be rich or poor, very old or moderately old, big house or small house, town or country...anything" (S28, adult safeguarding team)

"In the course of my professional conduct, I have not been able to identify a particular area of the community that is most at risk" (S1, adult safeguarding team)

7.4.1.3 Characteristics of violent relationships in old age

A number of different situations were described detailing the different types of relationships which older women were in when they experienced intimate partner violence. It was evident that in certain situations partner violence in later life was a continuation of the abuse that the women had endured throughout the lifespan of their relationships and in many cases for the majority of their adult lives. Within these cases of long term violence many professionals spoke of how the type of abuse had changed over time in line with the perpetrators circumstances (e.g. physical health):

"I had a 64 year old woman who appeared at the gate of the refuge one day with her life belongings in a plastic bag...she had been married for 44 years and had had 44 years of concerted physical, sexual, financial, emotional violence over all those years...I remember one 72 year old woman who came to us she had had a lifetime of violence and her husband had now had a stroke and physically he wasn't able to hit her anymore but she was his carer...now while he didn't hit her anymore he spat on her and he spat on her whenever she was doing his care" (S26, domestic violence organization)

"Sometimes things have been going on for years anyway and we have just become aware of it" (S28, adult safeguarding team)

However, in contrast to these accounts some of the situations that were described involved cases where the abuse had reportedly started in later life. Most commonly this appeared to have been triggered by the older woman becoming more dependent on their partner as a result of physical or mental health problems. Some professionals described how the stress and pressures, associated with caring for a partner with dementia or physical health problems, could result in carers accidentally or intentionally abusing their partners. However, some

professionals argued that the term 'carer stress' was too often used to excuse the perpetrator of his actions and place the blame with the older female victim of the abuse:

"Quite often the intimate partner is also the carer and where we have to be very careful of course is, was the abuse intentional? Was the abuse the result of a person trying to do their best but perhaps not moving and handling the person in the right way and getting bruising as a result? Or was it a result of carer stress where the person had enough of their caring responsibilities and snapped and quite often that happens" (S19, adult safeguarding team)

"I do think that we live in a world where victims are blamed and perpetrators excused.....One of the major things I get when I talk about domestic violence involving older people is that excuse of carer stress that in some way this older woman is difficult" (S26, domestic violence organization)

Violence in later life was also explained by the change in a situation or the dynamics/power of the relationship creating an opportunity for the perpetrator to take more control within their intimate relationship. Situations were described where a male partner would be maintaining a sexual relationship with their wife who was no longer able to consent to this due to her mental health condition (e.g. advanced dementia). A variety of explanations were provided for this particular form of sexual abuse. Some professionals felt that perpetrators were willfully exploiting the situation whilst other interviewees felt perpetrators lacked any real understanding of their partners' mental condition and the associated implications of this.

"Sometimes there is a power shift in the relationship which provides an opportunity for things to start to happen...sometimes the woman might become ill or suffer from dementia" (S28, adult safeguarding team)

"We do get some cases of queried sexual abuse of older women...where the older woman has quite an advanced dementia and it becomes clear that the partner is still maintaining a sexual relationship with that person and we are very unclear at times that it is consensual" (S19, adult safeguarding team)

"(perpetrators) lacked any understanding or insight into the dementia so were still expecting for instance to have their sexual rights but didn't actually appreciate that their wives couldn't give consent to that to actually happen and therefore they were actually assaulting their wives" (S8, adult safeguarding team)

Interestingly, the type of violent relationships discussed were to some extent influenced by the type of the organization the professionals worked for. Care giver violence was most commonly discussed by the professionals working with in adult safeguarding teams. This may be a result of the type of older women that statutory services come into contact with (e.g. vulnerable adults)

"There are a lot of women with dementia where their husbands can't cope.....but bearing in mind that I only work with vulnerable adults and if a woman hadn't got dementia or a mental illness I wouldn't be seeing them" (S11, adult safeguarding team)

7.4.2 Women's experiences of intimate partner violence and support services

7.4.2.1 Impacts of intimate partner violence

Professionals spoke of how older women who had suffered intimate partner violence often experienced a variety of psychological, social and physical impacts as a result of the abuse they were subjected to.

The most common psychological consequences of intimate partner violence described by professionals were feelings of shame and guilt. Mental health conditions such as anxiety and depression were also highlighted as possible psychological impacts of abuse of this nature:

"Everybody experiencing domestic abuse feels shame and takes it on themselves as the victim, that is the classic victimisation thing, that your self esteem is affected and therefore you blame yourself for what has happened to you. Because of the social attitudes people have grown up with it is more acute for older people" (S27, multiagency domestic violence organization)

"Because I would say a lot of them have lived with it for a long time, in relation to their mental health, a lot of them have clinical depression" (S6, domestic violence organization)

"They were very much affected by the abuse...the impacts of the abuse sustained over many years....a lot of women had substance misuse issues, mental health issues which means it is very difficult for them to make plans and they were very much affected by post traumatic stress disorder in various ways and forms and were very very grief stricken by their ordeal" (S23, adult safeguarding team)

A common social impact of intimate partner violence in older women was isolation. Workers often discussed how the older women typically became increasingly cut off from friends and family as a result of the perpetrator's controlling behaviour and/or the violent relationship:

"She had lost contact with her two sons because of his behaviour so she was quite isolated" (S3, multiagency domestic violence team)

"She developed cancer...she didn't find out until later that he had stopped family [from seeing her], they had to make appointments to see her" (S3, multiagency domestic violence team)

It was proposed that many women experience impacts on their physical health as a result of the violence in their relationship. Some of these needs were as a direct result of the abuse they had experienced whilst some were exacerbated by the fact that they were not able to access support for these problems due to the controlling nature of their relationship:

"They also generally have quite severe issues in relation to arthritis and other health issues because they have never had their health needs addressed in relation to that. One of them had quite deformed hands etc because her partner had constantly hit them with a rolling pin and it was obvious that over time they had been broken but she had never sought treatment" (S6, domestic violence organization)

However, the courage and strength of older women who had been subjected to years of abuse was also highlighted:

"I am often astounded by the sheer resilience of older women" (S10, adult safeguarding team)

7.4.2.2 Specific support needs

Some felt the needs of older women were very similar to younger women who experienced domestic violence. However, some specific support needs were discussed:

"I think that working with older women has a lot of similarities than working with younger women but it also has some significant differences" (S10, adult safeguarding team)

It was suggested that women who had been in abusive and controlling relationships for long periods of time often struggled with practical issues such as how to manage their finances. Some interviewees felt, therefore, that older women often needed more practical support and advice around financial matters than younger women:

"We have had significant women who said that their name is not even on the mortgage or on anything, they don't have a separate bank account, they don't have that separate identity, so very often that becomes a major issue as to how does that women get recognised and established as an individual and trying to get them things like their benefits separated, their bank account separated, helping them to set up a bank account. Because you need a bank account for everything now" (S26, domestic violence organization)

"Particularly if you have had a very controlling husband, say for many years, and you have not had to do things for yourself, or you have not been able to, it is more the practical side of well how do I go about finding out about it what do I do when I have got it. How do I then manage my finances, how do I budget, how do I pay my bills all those kinds of things" (S7, voluntary organization)

"A lot that I have worked with it is around financial [support]. They don't know what they are entitled to" (S3, multiagency domestic violence organization)

Emotional support was highlighted as incredibly important for all victims of IPV. Support and advice offered by other older women, who have been through similar experiences, was discussed as having the potential to be particularly beneficial to older women:

"To be with other women who have had very similar experiences is a very empowering thing and they can give and get support through that" (S24, domestic violence organization)

"Some people may like to understand that other people are in the same situation they are in and that they are not on their own so I guess peer support might be quite an issue for people" (S15, adult safeguarding team)

Whilst it was recognised that not all women over the age of 60 years would necessarily have complex health needs, which required additional support, staff did discuss a range of physical or mental health difficulties which were more commonly experienced by older women than younger women. It was argued that these additional health needs of older women meant that developing support packages for older female victims of IPV sometimes involved more time and planning than the development of support packages for younger victims of IPV:

"Some have disabilities and that's where adult services come in to offer care packages" (S21, adult safeguarding team)

"With elderly people you have got other things to take into consideration, if someone is vulnerable, is elderly, but is also disabled you have got double the problems there...if they don't want to stay in the property...most local authorities wont have that many disabled facilities available....most courts aren't very friendly in that respect the local courts around here, the majority of them you have got steps to get up" (S20, domestic violence organization)

"There was so much to do they didn't know where to start with it...so it is quite a slower process with them as well I think. It has to be a lot more involved (than with younger

women) because your talking about health issues sometimes those health issues take priority of even fleeing...like the counselling about her anxiety about leaving the property” (S3, multiagency domestic violence organization)

It was argued that a proportion of older women do not want to leave their violent relationships but rather want the support and help that enables them to live a more safe life. Therefore, it was proposed that workers should listen to the needs of older women and take a non-judgemental and empathetic approach to their individual situation:

“We need to look at what is it older women are saying and I hear them saying the same thing: They want the abuse and the violence to stop, they need to be safe, they need to feel safe, but that doesn’t always involve them being totally isolated from the perpetrator of that abuse” (S26, domestic violence organization)

“They might love their partner dearly. They just want the abuse to stop” (S20, domestic violence organization)

7.4.2.3 Barriers to help seeking

It was felt that many women may not be aware of the services which are available to them. Different reasons were suggested for this. Some professionals argued that older women would be less likely to use technology such as the internet, which has made information widely available and accessible to people from younger generations. Also there was the suggestion that, even in situations where older women knew of services available for victims of domestic violence, they may believe that these services are only available to younger women due to the focus on these age groups by publicity/advertising campaigns on this issue:

“They have not had access to the information that some of us who are a bit younger have had access to” (S21, adult safeguarding team)

“Harder to know where to seek help in the first place” (S7, voluntary organization)

"Possibly because she doesn't know about refuges, which means we are not advertising our service in the correct way for those women" (S5, domestic violence organization)

Many workers told of how relationships with children were rebuilt after the separation from the violent relationship had occurred. However, negative reactions from children were also discussed as a possible challenge women faced when confronted with the decision of whether they should leave their abusive partner:

"From what I remember she had waited for her children to grow up and leave home and be independent before she left...she felt guilty, in the way women are made to feel guilty. She felt guilty about leaving as well because even though her kids were grown up they struggled with her having left their dad" (S5, domestic violence organization)

"They may have grown up children who side with the other partner" (S7, voluntary organization)

"She had four adult children three daughters and one son and only one of her daughters actually supported her or would speak to her the rest of her children felt that it was a disgrace that she was making all this conflict at their age, the public shame" (S26, domestic violence agency)

The beliefs older women may have were also thought to be a barrier to them accessing services for support. Beliefs related to the sanctity of marriage and beliefs that relationships should be kept private and not openly discussed were suggested as possible reasons older women did not seek out support for IPV. Older women's attitudes concerning what actually constitutes abuse, were also raised as an issue. Workers felt that many women did not even recognise that what they were experiencing was abuse. It was proposed that many of these beliefs and attitudes were as a result of generational influences which are specific to this particular group of women:

"We have to think of it in context of their generational place. Ladies beyond 60-70 years of age didn't question you know 'till death do us part, for gooder, for better, for richer for poorer'" (S1, adult safeguarding team)

"My perception is that the younger generations find it easier to talk about difficult subjects and the older generation and I'm talking 80s, 90s, 100s, are generations that what is private should be private" (S8, adult safeguarding team)

"I think there is a lot of shame and guilt attached because of the value base. As we go through time there are different values our parents give, I mean if you look 30 years ago there was no such thing as cohabiting you know what I mean, time changes on but some people still have that value base" (S3, multiagency domestic violence organization)

"Thinking that it is just their way of life that it is just perhaps what they feel their marriage is about. There was one lady I knew she had been married for years and years and years and every Sunday morning her husband had sex with her but she did not want to have sex with him but she didn't understand that that is actually rape" (S4, multiagency domestic violence organization)

The intense fear that older women experience about the prospect of leaving their violent partner was highlighted as a factor which may prevent them from seeking help or leaving the abusive relationship. Situations were described where women wanted the abuse to stop but did not want to leave the perpetrator and were fearful of what would happen to their partner should they decide to report the abuse. It was also felt that for many older women choices were constrained by their financial situations and that the option to leave was not always a financially viable one. In these situations the fear of leaving, without any perceived method of being able to support oneself, was suggested as a major barrier to leaving the relationship:

"The alternatives are so horrifying for older women, to leave their family home and what they have known and what they have built up, what they love with their possessions around them...." (S23, adult safeguarding team)

"Older women need a lot of support in and around their fear....a fear of not being believed, a fear of being forced to make decisions...a fear that they will have nowhere to go and be totally ostracised by their rest of their family, a fear that they could end up in care because of their age, their physical

profile.... and even that fear of a loss of identity. As an older women who has identified as his partner or this person's mother, for her to make that decision to leave can mean that she loses all of that identity and that fear is enough to keep her there" (S26, domestic violence organization)

It was also suggested that a proportion of older women victims may never receive the support they need due to their individual circumstances which prevent them from being able to actively seek help for the abuse they experience. Specifically older women who have severe mental health or physical health problems and have to rely on their violent partner for care, may find it very difficult to seek out the support they need:

"Where you have got a vulnerable adult who isn't able to, through physical disability or mental ill health...to take steps to protect themselves how are we ever going to find out particularly if they aren't known to services previously or in contact with professionals as many older women aren't" (S19, adult safeguarding team)

7.4.3 Working with cases of intimate partner violence against older women

7.4.3.1 Services experiences

Many workers felt that abuse against older women in general was underreported and that there was a specific underreporting of cases of IPV against this group of the population. Some staff highlighted how the expansion of services, however, had led to an increase of older women approaching organizations for support:

"We had 600 (vulnerable adult) referrals last year....but if you look at the 2007 UK study of...UK prevalence study of abuse and neglect, the four percent figure that is given for [our city] is over 3,500 older people so our vulnerable adult referrals of 600 and 800 are still, we think, significantly underreported" (S19, adult safeguarding team)

"Probably under ten cases [of IPV against older women] in the year but what that is of the overall, my gut reaction is that there is a drastic underreporting and there is significantly more than that going on in our community" (S10, adult safeguarding team)

"As our services expanded we opened an advice centre and then started doing outreach, providing outreach services, and I think we got more women and more older women as a result of that change in service so I think for the obvious reasons really that a refuge is quite a big change to make...an older woman might decide they aren't going to make that choice" (S27, multiagency domestic violence team)

7.4.3.2 Services offered to older female victims of intimate partner violence

The majority of services offered a huge variety of both practical and emotional support for victims of domestic violence. Practical support commonly included providing a safe haven/refuge, legal support, financial support, immigration and welfare advice, target hardening, personal and dwelling safety measures and assistance with re-housing. Staff from all of the different types of services described being able to offer emotional support through the use of social workers and/or support workers and many felt that women were provided with an opportunity to tell their story. Few statutory services were able to offer victims outreach support, befriending services or access to support groups, however, many were able to refer/signpost women to organizations within the community that provided those specific services:

"We can target harden property along with legal advice...obviously emotional support...housing advice, referring on to other agencies" (S3, multiagency domestic violence organization)

"We offer advice and support around practical issues such as housing, welfare benefits, access to legal advice, immigration advice and things about access to learning, social and cultural activities. The main thrust of it is obviously emotional support and responding to women's different distress as a result of the abuse they have experienced" (S5, domestic violence organization)

Many workers described how their organization worked with a wide range of other services in order to provide the necessary support to victims of IPV:

"It really is multidisciplinary working, there is some lip service paid to it (but) we do do it...we will link to whoever we need

to ensure a person is safeguarded as much as we can" (S1, adult safeguarding team)

The Multi-agency Risk Assessment Conference (MARAC) process was discussed as a highly effective way of providing support for those older female victims of IPV who are at most risk. It was felt this coordinated community response to domestic abuse, which incorporated representatives from statutory, community and voluntary agencies, enabled all services to meet regularly and link closely in order to provide the most comprehensive and effective support for the victims of IPV. However, it was highlighted that because this process was only available to those at most significant risk very few older women were able to benefit from the professional support available to those individuals subject to a MARAC.

"We have got the MARAC as well for the high risk cases where we get that multiagency approach, we kind of hold mini MARACs in the office sometimes if they are high risk cases as well. We might have health in, CYPS (Children and Young People Services), so we can link it together quite well" (S3, multiagency domestic violence organization)

"We have safeguarding procedures as a framework which work well to protect, we have MARAC which we can refer older women into so we have a framework there, we have a framework for offering carers services" (S11, safeguarding adult team)

Few services had specific support available to older women but many felt their service could respond to older women's individual needs well and described operating or developing a client-led service where they would tailor support for the individuals needs whatever their age:

"They have the same range of services that we would give to anybody" (S6, domestic violence organization)

"Basically the same as everybody else, it's just that obviously if they are over sixty we can get adult services to help them as well. They will do assessments on them if they need further support" (S21, adult safeguarding team)

"Our process doesn't differentiate between client groups really....we are just about to revise our procedures and one of the

things that we want to make sure happens, and it sounds ridiculous we are having to take this step, but we are trying to put the service user at the centre of the process. I don't think its standard practice all the time to have contact with the service user and find out what they want. I think that does happen sometimes but I don't think it happens consistently enough" (S15, adult safeguarding team)

7.4.3.3 Challenges and difficulties

On the whole many professional felt that they worked well with other agencies and described improvements to multiagency working which had occurred over recent years. However, barriers to multi-agency working were also discussed. A specific area of joint working where people felt there were difficulties, involved collaboration with the Crown Prosecution Service (CPS). Specifically the willingness of the CPS to prosecute the perpetrators of IPV against older women was an issue that was commonly raised. Professionals discussed how they had experienced situations where women had wanted to press criminal charges against the perpetrator of the abuse but that they had been informed by the CPS that the older female victim would be viewed as an unreliable witness or that it was not in the public interest to prosecute. There was the opinion that this had resulted in feelings of helplessness and frustration for both staff members and the older female victims of the abuse:

"I was talking to a police officer about it, one of the ladies was 94 and she said 'well there is nothing that we are going to be able to do, we are not going to go to the crown prosecution service we are not going to take this to court because of her age she is an unreliable witness so we will just have to remove her'" (S8, adult safeguarding team)

"Tend to have problems particularly where there are questions about a person's capacity...we have a number of occasions where the police will say 'mmm don't think the CPS are going to want to touch this' and therefore the investigation doesn't get off the ground and that is one of our big frustrations really" (S15, adult safeguarding team)

"I don't think the Crown Prosecution Service has made any effort at all on the ground to engage with this issue. I know strategically from the centre they have produced documents around how they will address crimes against older people but

on the ground I don't see any realisation of that" (S16, adult safeguarding team)

Ageist attitudes, stereotypes and discrimination against older women were all cited as difficulties interviewees had encountered from other professionals, which they felt had prevented older women from receiving the support they needed. The refusal to accept that older men were capable of perpetrating violence against their partners and the prevailing attitudes that older women, certainly those who had lived with violence for most of their lives, were beyond help were two examples of this:

"I think workers actually fall into some of those same traps the sort of stereotypes this couldn't possibly be happening to someone who looks like your granny...I think there is a lot of denial the workers bring" (S21, adult safeguarding team)

"I do think there is, although you will never hear anyone say it...but the perception seems to be it 'well its a bit late' 'it may be too late to help people'" (S16, adult safeguarding team)

"I think that sometimes people assume that because this might be the situation that somebody has lived in for a long time it doesn't need to be dealt with when it comes to light as a potential adult protection referral that has occasionally been my experience of people's attitudes towards it" (S15, adult safeguarding team)

The lack of awareness of the problem from professionals working with this group was also key issue. Many workers felt they did not receive enough referrals of older women, specifically from health professionals such as GPs:

"Again research would show that most people actually do disclose intimate partner violence to their GP but the fact is that GPs often don't do anything with it. We certainly get very few referrals from GPs" (S6, domestic violence organization)

"We have historically had problems with health with information sharing I suppose they have really in recent times come on board very much more but I think there is a lack of graft of the insignificance of adult protection particularly in primary

care especially amongst general practitioners...they are failing to enable other people to work with people who really really need some help...They are in a very good position to refer in and they refer in very little despite professional guidance that they should" (S18, adult safeguarding team)

Inadequate accommodation for older women was commonly cited as a major challenge for services. Many professionals felt that accommodation services were not equipped to deal with older women with disabilities. There was also the opinion that refuges, which consisted of many young people with families were typically very chaotic and thus not always suitable for older women who may feel uncomfortable and distressed living in this sort of environment. There was a general agreement that the shortage of appropriate and accessible accommodation restricted the options available to older women and some professionals spoke of how this, in a number of instances, had contributed to older women moving into residential care unnecessarily:

"Older women over 60 coming into a refuge we did have, but it would be a minority. I think living in a refuge is quite a difficult thing, it is difficult for a lot of people but living in a refuge with lots of younger women and a load of kids, there could be tensions around small kids and parenting and also different standards of cleanliness, different standards about what time you went to bed or how much you drank...and all that kind of stuff" (S27, multiagency domestic violence organization)

"I can only speak for vulnerable adult older women...people who need refuge accommodation often aren't able to access accessible accommodation...that is suitable to meet their physical disability needs and so quite often people end up in residential care which is the wrong place for them to be. They need to escape from the domestic abuse environment at home. They don't need to be put in residential care" (S19, adult safeguarding team)

Difficulties arranging financial support for older women who had left their violent partners were also cited as major problem. For example, in some situations financial support would be dependent on the woman meeting certain qualifying criteria such as selling their home within a strict period of time. This course of action was often not a viable option for older female victims of IPV because of

the perpetrators reluctance to cooperate, often due to them making a final attempt to hold on to the power they held within the relationship:

"The benefits went straight to him as well, even though it was a joint claim, so we had a lot of work around debts for this woman and applying for charities because at the time we struggled getting community care grants and things like that for her despite her age and help problems" (S3, multiagency domestic violence organization)

"An older woman in her 80s, who was looking for re-housing, was told that she would need to start divorce proceedings in order to secure her assets from the marriage and the older women saying I don't want to do that. All I want is a place of my own" (S26, domestic violence organization)

"She had no mortgage when her first husband died and was quite comfortably off, when she married this man and he moved in with her into her house he then, after a while, became entitled to half of everything...he wouldn't agree to sell the house, every time she arranged to take a prospective buyer around he would do something in the house, he would cause a flood or trample in off the garden with mucky wellies that kind of thing" (S20, domestic violence organization)

There was a mixture of opinions related to whether services were currently able to meet the needs of older female victims of intimate partner violence. Many staff felt there was certainly a willingness to deal with the issue but that resources did not always make this possible or straightforward. It was recognised, specifically within statutory services, that if measures were taken to combat the denial and underreporting of the problem then the resources currently available would soon become inadequate:

"If we were to get more numbers come in we would struggle. So that is a challenge for us in terms of how we raise the publics awareness and peoples awareness of this and what we can do to build up the system to respond appropriately" (S10, adult safeguarding team)

"It is particular challenging at the moment when we are under resourced, there is no other way of saying it, if we had

more than two of these cases active at the same time then we would struggle because of all the other referrals that come in" (S17, adult safeguarding team)

7.4.3.4 Recommendations for improving services for older female victims of intimate partner violence

A series of recommendations were proposed for overcoming the barriers which prevent older female victims of IPV obtaining the support they need. These recommendations included service development and more general societal changes, which professionals felt were necessary if this issue was to be fully addressed in today's society.

7.4.3.4.1 Service development

Some professionals felt that stronger links between services would continue to benefit service users. Specifically improving the links between domestic violence organizations and older people's services was discussed. It was suggested that improvements to services could be made by providing additional domestic violence training to the groups who come into contact with the older women and providing training on the needs of vulnerable adults to those working in the field of domestic violence. Another suggestion was that examples of good practice could be published and made widely available to other agencies. It was proposed that policies and procedures should also be developed to ensure that multiagency working is conducted consistently across the board:

"Specialist domestic abuse support services...they are poorly skilled to actually deal with the range of needs of people with learning disabilities, people with dementias, people with physical disability needs, communication needs....the social care services whilst they are geared up to deliver services to vulnerable adults they are not they are not geared up to deliver domestic abuse specific support service. So I think there is a service gap...developing those strategic links and making those links across domestic violence, joining up strategy" (S19, adult safeguarding team)

"As I say we have made links but improving those links so that the safeguarding adult team are aware of what is domestic abuse and when they should be referring cases in and ditto making sure domestic abuse unit officers do involve the safeguarding adults team when they know of cases" (S13, police domestic abuse unit)

"There is a real lack of any kind of training being delivered or DV awareness for people that were coming into contact with the elderly...I don't think we will see an improvement in them seeking out help until we get the people who are engaging with them on a normal day to day level being able to recognise the signs and be able to ask the questions in a safe way and be able to refer that person on" (S3, multiagency domestic violence team)

"We have very good multiagency working here but it has taken years. I think there is always the issues of personalities and geography...people move on you have to keep cultivating those relationships so I do think all of this work needs to be enshrined in policy and there needs to be policies and procedures and work that is tangible where doesn't depend on who is working in those organizations" (S26, domestic violence organization)

It was felt that more routine assessments should be carried out by the health and social care services that older women commonly engage with. The National Health Services was highlighted as an organization that would be in a good position to conduct routine assessments of domestic violence against older women in an effort to increase the identification of the problem:

"Particularly GPs need training around this area and A & E, hospitals definitely need to start recording just what sort of abuse (is happening) just like we do with children and younger women. They need to be routinely asked, there should be some universal questions being asked of older women whenever they are engaging with health or social care type services....routine screening, better risk assessment specific to domestic abuse and older women...we need GPs to be coming on board in the identification. We need health professionals to take a more prominent role than they did before, particularly district nurses, domiciliary workers and care managers" (S23, adult safeguarding team)

"It is just assumed that it doesn't happen once you get past a certain age. It should be part of a routine health screening" (S6, domestic violence organization)

"Staff having more confidence to ask questions during assessments in a way that communicates they have got the experience, empathy and skills to listen to whatever they get told in response" (S22, adult safeguarding team)

It was proposed that a range of different options and services should be available for older female victims of IPV to reflect the variety of support needs these women may have. Professionals spoke of how women also needed a variety of referral routes into support services as some women would be reluctant to approach certain services because of their beliefs about how those services operate and the possible consequences this may have on their lives (e.g. loss of control over the decisions made/actions taken):

"I think they need lots of avenues, I don't think there 'a' way. I think that's not real world stuff for me we are talking about such a terrific array of different people who have got sort of different kind of lives and they just need lots of different ways that they might be an opportunity for them to take that risk" (s18, adult safeguarding team)

"I think there has to be a range of choices for people.... I think people need to have a number of different places where they can go" (S15, adult safeguarding team)

The specific types of services, which interviewees felt could be developed or expanded to better meet the needs of this group of women, typically related to the provision of emotional support and included providing more outreach services, befriending and support groups for older female victims of IPV:

"I think they need support groups and so on. Somewhere they can go and actually talk to the other women that are in the same situation, make friends maybe if anything" (S21, adult safeguarding team)

"Some money to set up some specific support groups...I think there are lots of groups that need more specific support groups and it would be good to have some demonstration projects, there have been a few already around older women, but some greater availability of funding" (S22, adult safeguarding team)

In response to the problems that were widely discussed with the accessibility and availability of accommodation for older women, many suggested that increasing the supply of suitable accommodation for this group of women should be a key area of service development. The need for self contained and accessible accommodation, which meets the needs of older women, was highlighted:

"Refuges are not geared for older women. I think we need to look at separate safe accommodation for older women. I think the accommodation part of it is a big one" (S26, domestic violence organization)

It was also suggested that dedicated workers who managed the cases from start to finish, would be able to provide the continuity of care and support that older women often required. These workers could have specific knowledge of the issues that affect older women in order to be able to provide support which effectively meets the needs of this group:

"It would improve if we could have a specific/dedicated outreach worker" (S31, domestic violence organization)

"I think it is important that they have consistency in who they speak to. They don't want to be a case they want to remain a person and I think the only way we can demonstrate that is to have dedicated people who will see them through this particular event in their lives" (S17, adult safeguarding team)

7.4.3.4.2 Societal changes

However, it was proposed that ultimately societal and cultural changes were necessary if the issue of IPV against older women was to be fully addressed. Awareness-raising for older women and members of the general public, about the issue of IPV against older women, was discussed extensively. Reference to possible 'bottom-up' and 'top-down' approaches were made within the interviews. Engaging with community groups in efforts to raise the profile of the issue, and the development of locally based strategies for increasing awareness, was proposed. The use of the media to convey the message that this type of abuse is happening, and is not an accepted part of society, was discussed as an additional method which could help raise people's awareness of the issue:

"Raising awareness, raising awareness raising awareness" (S22, adult safeguarding team)

"I think we need to actually get out there and we need to get it out to people in a format that is accessible to them and a language that is accessible to them particularly our very diverse community we have got here where I work and engage the community groups in this" (S10, adult safeguarding team)

"I think it is around making sure the population in general knows there is support there and how you deliver that in an unthreatening way. I suppose I would like to see Eastenders pick it up or something like that. I mean abuse in childcare has been highlighted through media and drama and it would be good if we could have similar sorts of scenarios for older people" (S17, adult safeguarding team)

"Establish a huge advertising campaign, it would be double pronged and it would be focused not only at the victims themselves but also at those working with them and it would be talking about how a crime is a crime no matter who it is against or who perpetrates it or where it happens" (S2, voluntary organization)

Many felt that the government should take a lead in raising the profile of the issues within the general population and the service providers. Some professionals felt this was fundamental in tackling the denial and discrimination which prevents older women from accessing the support and justice they deserve. It was also suggested that the government should increase/develop further guidance for statutory services about *how* services should work together in an attempt to address the inconsistent management of this problem in our society:

"The governments consultation on the review of no secrets...in terms of a broad national framework, I think that has got a real key role that needs to reemphasise local authorities responsibilities" (S10, adult safeguarding team)

"More guidance from the government in terms of what we should and shouldn't be doing, unfortunately everything seems to come down to targets now and by having something to measure and by having something related to this group of people might steer people working in that direction, unfortu-

nately that is the kind of direction coming from that everything is target led" (S12, adult safeguarding team)

"The government in particular could influence the health service not to be so completely focused on younger women with children" (S22, adult safeguarding team)

"Perhaps what we need to have is a cultural change and that takes me back to the stuff to do with what society is prepared to commit by way of resources. We are prepared to spend money on health services and children but older people? Well no not really" (S18, adult safeguarding team)

7.5 Summary and discussion

Professionals from both domestic violence and adult safeguarding services commonly reported that, of the referrals they received into their service on a daily basis, a relatively low number were for cases of IPV against older women. There was general agreement however that the small amount of older female victims of IPV self-referring, or being referred in, to support services was a direct reflection of the existing barriers that prevent this group of women from accessing the support they need. The professionals interviewed proposed that there were two main reasons why only a small proportion of the cases of older female victims of IPV engage with support services. Firstly, that older women may be less likely than younger women to disclose or report partner violence to professionals or support services and secondly that staff in contact with older women (e.g. GPs, care workers) may not recognise the signs of partner violence in these women or may be reluctant to refer older women to the appropriate support services in situations where partner violence has been identified.

The suggestion that older women underreport the abuse they experience is consistent with results from the UK Study of Abuse and Neglect of Older People Prevalence Survey Report (O'Keeffe et al., 2007) which found that of women who actually disclose their abuse to somebody else, only 30% seek help or support from a healthcare professional or social worker. The staff interviewed offered a variety of different reasons to explain why older women might be reluctant to disclose the abuse they have been experiencing to the professionals working in support services. Firstly, it was proposed that many older women may not recognise that what they were experiencing was actually 'abuse'. Secondly, there was the suggestion that that a proportion of older women could be

unaware of the support services that are available for victims of IPV or be unaware that these services would offer support for older women as well as younger women, who are often the focus of the advertising campaigns/publicity around the issue of domestic violence. Other possible explanations that were proposed for why older female victims of IPV might not report their situations included their desire to keep their relationship issues private (e.g. shame, cultural/religious belief systems) and their fears associated with seeking help (e.g. lack of control, reactions of others, consequences for self and perpetrator).

The common perception of interviewees, that professionals tend to under refer cases of IPV against older women, is also a concern. The Public Interest Disclosure Act (1998) states that it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect of a vulnerable adult and pass on their concerns to the appropriate agency (Department of Health, 2001). In situations where the older female victim of IPV does not meet the criteria of a 'vulnerable' adult, health care professionals still have a responsibility to provide care and support to their patient around the domestic abuse they are experiencing. Indeed, guidance states that health care professionals, who have responsibility for the care of a person, should be aware of local domestic violence guidelines, be alert to the possibility of domestic violence, be able to undertake an assessment of this and know how to respond to cases of domestic violence with sensitivity (The National Assembly for Wales, 2001: Department of Health, 2005).

There were a variety of possible explanations proposed by interviewees about why the staff who supported older women did not always recognise signs of IPV or did not take the appropriate action in situations where IPV had been identified. It was argued that this was sometimes a consequence of the stereotypes held by staff (e.g. older men no longer desired sexual relationships or were too frail to be violent) which were not compatible with the notion that older men could be sexually, physically, emotionally or financially abusing their female partners. These stereotypes could lead to older women being denied the services that they require, which is at odds with Governmental guidance, from The National Service Framework for Older People, which states that older people should never be 'unfairly discriminated against in accessing NHS or social care services as a result of their age' (Department of Health, 2001, p 16). It was also proposed that raising professionals' awareness of IPV against older women would be needed to help combat the stereotypes which are responsible for preventing staff from recognising and managing this issue in their practice.

Another factor that interviewees felt could prevent staff from identifying violence against older women was that these women may not be being provided with an

opportunity to disclose the abuse. It was argued that staff may be reluctant to conduct any assessment of violence in older women's relationships because they do not feel trained to respond to disclosures of abuse from older women. Indeed, previous research found that the main reasons why professionals in the health services were reluctant to screen for domestic violence was due to a lack of education or experience of screening and a fear of offending or endangering patients (Ramsay et al., 2002). One of the suggestions for addressing the problem of professionals underreporting cases of IPV against older women included the introduction of routine domestic violence screening within social and health care services for this age group of women at 'significant points' in time (e.g. regular health review, prior to receiving a social care service, attendance at A&E, presentation of low mood/anxiety problems at GP practices). In the current study professionals spoke of how older female victims of IPV would commonly exhibit feelings of hopelessness and low mood as a consequence of the prolonged exposure to the abuse. This would support the argument that healthcare staff should specifically consider screening for domestic violence in older female patients who have depressive symptoms (Mouton et al, 2010). However, a systematic review found that only a minority of doctors and half of nurses in the UK were in favour of routinely screening women for domestic violence. Therefore, additional training is needed to increase the skills and confidence of staff in the effective assessment and management of this issue. A handbook for health professionals which guides staff on the assessment and management of domestic violence, and addresses some of the specific needs of older women, has been developed by the English Department of Health (2005). However, the use and implementation of this resource by healthcare practitioners has not yet been evaluated.

Over the past decade the Government has emphasised the importance of partnership working in the response to both the protection of vulnerable adults and domestic violence. Government guidance documents 'No secrets' (Department of Health, 2000) and 'In Safe Hands' (National Assembly of Wales, 2000) have outlined how Social Services authorities need take a lead responsibility for coordinating local multi-agency management committees and in developing inter-agency policies and responses for the protection of vulnerable adults. Within the domestic violence field, a Multi-Agency Risk Assessment Conferences (MARAC) model of intervention has been established as good practice for protecting those at most risk from domestic violence. Indeed the majority of the professionals interviewed reported that they felt multi-agency working had improved considerably over recent years due to initiatives such as these. Partnership working was highly regarded and praised as an effective way of supporting older women experiencing IPV. This is consistent with previous research that has found pro-

professionals working in the field of safeguarding adults consider the sharing of information and responsibilities to result in improved outcomes for the service users they support (Penhale et al , 2007; Pinkney et al., 2008).

However, one barrier to multi-agency working that was described in the current study was the lack of resources available to certain organizations which meant that, whilst they might be willing to collaborate in cases of IPV against older women, they were sometimes unable to spare the resources to fully contribute to partnership working in the way required. Professionals also spoke of how multi-agency working was quite variable and sometimes dependent on the relationship between staff across different organizations. Therefore, it was recognised that organizations need to allocate resources for this particular type of work and that guidance and policies should be developed to outline the specific responsibilities of different organizations in the safeguarding of older female victims of IPV. Whilst partnership working was outlined as a core process in a service's response to cases of IPV against older women, many felt that older women, who may be particularly reluctant to access support in the first place, would benefit from having a dedicated or key worker who could take the lead role in their support and provide continuity of care throughout their journey with the service. This appeared to be common practice in specialist domestic violence organizations but was much less common in statutory services.

The suggestion that domestic violence services and adult protective services need to work closer together was echoed throughout the interviews. Indeed previous research has shown that supervisors in adult protection teams feel their staff need to know more about the issue of domestic violence and that teams that have domestic violence training policies in place they are more likely to participate in training (Payne, 2008). This suggests that policies need to be developed to encourage cross agency training and working. Blood (2004) argued that in order for training and partnership working to be encouraged and supported the Government needs to provide additional funding and provide clearer guidance on how cases of domestic violence against older women should be coordinated by the different agencies involved.

The study also highlighted the need for outreach services and support groups for older women. This is consistent with findings from previous research. Blood (2004) argued that refuges that do not offer home visits are leaving a gap in service provision and that community outreach services make services more accessible to older women. The benefits of support groups for older women have also been discussed in the literature. Brandl et al (2003) proposed that 'Support

groups for elder abused women have the potential to help victims feel safe and strong. The groups can save lives’.

Over recent years a number of initiatives have been implemented to improve the support provided to older women who choose to seek justice for the crimes against them through the legal system and press criminal charges against their violent partners. Professionals felt hopeful that the introduction of Independent Domestic Violence Advisors (IDVAs) would contribute to more collaboration between law enforcement agencies and support services for older female victims of IPV. However, one of the major difficulties discussed by the professionals interviewed in the current study was the way in which they felt that certain law enforcement agencies typically managed cases of IPV against older women. The Crown Prosecution Service (CPS) holds the responsibility for deciding whether a perpetrator should be charged with a criminal offence and they make decisions about whether or not to prosecute based on the ‘Full Code Test’ which has two stages. The first stage is concerned with whether or not there is enough evidence to prosecute and the second stage is concerned with whether or not it is in the public interest to prosecute, which will take into account consequences for the victim and the public at large (Director of Public Prosecutions, 2010).

Many professionals felt that older female victims of IPV were judged as ‘unreliable witnesses’ by those working within the law enforcement agencies and that ‘insufficient evidence’ was used as a reason not to proceed with a prosecution, especially if victims were suffering from neurological problems such as dementia. It was suggested by those interviewed that cases of IPVoW often did not pass the full code test and thus rarely resulted in successful prosecutions despite policies being in place which aim to guide staff in the management of cases involving domestic violence and crimes against older people. For example, the England and Wales CPS policy, developed for guiding the prosecution of crimes against older people, specifically states that ‘if someone is not able to take part in criminal proceedings, for example even with appropriate support they cannot understand information given to them or remember that information, we will work with the police to see what other evidence might be available to prove the case in court’ (Director of Public Prosecutions, 2009b, p4). It was also suggested that the CPS would sometimes justify their refusal to prosecute perpetrators of IPV against older women, by stating that the case was not in the ‘public interest’. The professionals interviewed voiced their frustrations in regard to this and felt that this statement reflected how little value was placed on obtaining justice for older female victims of IPV. Some of those interviewed felt that these decisions were based on sexist and ageist attitudes prevalent within the service. However, CPS policy for prosecuting cases of domestic violence highlights the

importance of prosecuting perpetrators of domestic violence and states that whilst 'there are a number of myths and stereotype surrounding domestic violence. We will not allow these to influence our decisions and we will robustly challenge such attitudes in the courtroom' (Director of Public Prosecutions, 2009a, p5). It was suggested, therefore, that the policies outlined by the CPS needed to be more widely implemented, and that any discriminatory practices that exist need to be challenged, if older female victims of IPV were able to achieve legal justice for the crimes against them.

It should be recognised that whilst the findings from this project offer considerable insights into the issues faced by older female victims of IPV and support services, the study was not without limitations. The staff that chose to participate in the research may have had a specific interest in this issue and could have held a different set of attitudes to those that chose not to participate in the study. Thus the views and experiences represented within this study may not be a true reflection of the perspectives of other professionals working within the field. It should also be highlighted that whilst there was general agreement about what constituted 'violence' there was some variation in how staff defined the term 'intimate partner'. Therefore, when responding to the questions within the interviews, some staff may have been using their own specific definition which may have, for example, included family violence. However, the issues raised in the interviews were all specific to older women who had experienced some form of intimate violence and, therefore, it is unlikely that this would have significantly influenced or biased the findings. An additional limitation with the study was that whilst the staff interviewed in this research did represent professionals from a wide variety of voluntary and statutory services, which had expertise in supporting of older people and victims of domestic violence, no staff from the NHS or CPS were interviewed. One implication of this was that the experiences and perspectives of professionals working in these services were not reflected in the findings of this study. Therefore, it is proposed that future research could explore the factors that influence how professionals from NHS and CPS services experience and manage the issue of IPV against older women within their professional practice.

Despite its limitations, it is proposed that the current research highlighted a number of ways in which services could be developed further to meet the needs of older female victims of IPV. The recommendations, which emerged from the interviews, included:

- Raising awareness within the general public and service providers that older women can experience domestic abuse and be the victims of intimate partner violence.

- Training for staff, from services which have regular contact with older women (e.g. health services, domiciliary care providers), in the recognition and management of intimate partner violence in older people.
- Incorporating specific questions about domestic violence into routine assessments that are/could be carried out with older women by social and health care services at 'significant points' in time (e.g. at regular health review, prior to receiving a new social care service, if attending A&E for physical injury, if presenting to GP with low mood/anxiety problems).
- Increased collaboration between specialist domestic violence agencies and organizations that provide support for older people/vulnerable adults.
- Widespread implementation of policies within the CPS in an attempt to increase the number of successful prosecutions for cases of IPV against older women and send out the message that criminal offences of this nature are subject to the same laws regardless of the age of the perpetrator or the victim of the criminal act.

VIII

National networks

8.1 Cooperating agencies and organizations

One of the objectives of the study was to establish a national network in each of the partner countries. There was discussion about this at the first partner meeting, held in Munster, Germany and agreement reached about the strategies that would be used in order to reach potential network members and to establish a network in each country.

In the UK the Principal Investigator made contact with a number of national level organizations in the early months of the study in order to inform them about the existence of the study and the formation of a national network. Information was provided to these organizations and expressions of interest in further involvement in the study, including participating in a national network were obtained from the majority of those contacted. Additionally, when the institutional survey was developed (during the spring and early summer of 2009) one of the later questions invited respondents to indicate whether they would be interested in receiving further information about the study and its findings and a further final question asked whether respondents would be interested in involvement in further discussion about the recommendations of the study, which was one of the objectives for the national network to achieve. A number of survey respondents gave positive answers to this question and provided contact details. These details were therefore included in the database of potential network members which had already been created.

8.2 Mode of cooperation and methodological issues

At a later point in the study, during the summer of 2010, when the findings from the study at national level were being analysed and the draft recommendations were being developed, plans were made to hold a national network meeting for interested parties to attend. Following exploration of the relative costs, benefits and disadvantages in relation to the location of the meeting a decision was taken to hold a meeting at a voluntary organization venue in the city of Sheffield and a date was set for a meeting to be held (mid-October 2010). Possible participants on the list of potential network members were contacted in July 2010.

They were given notice about the network meeting and invited to participate. Individuals and organizational representatives were also invited to comment on the draft recommendations that had been developed (derived from the findings of earlier phases of the study). The main purpose of the national network meeting was to allow participants to learn about the main findings of the study and to consider and shape the draft recommendations in order to develop a final agreed version of the recommendations, which would be appropriate at a national level. Although a total of 58 individuals (representing 49 organizations) were contacted about the meeting, a total of 19 people responded indicating that they could attend the meeting in Sheffield. In the week prior to the meeting a number of individuals made contact with the research team to cancel their attendance. In addition, several responses were received indicating that individuals/organizational representatives were unable to attend the meeting on the date set but which also provided some suggested amendments to the draft recommendations and indicating interest in learning the outcome of the network meeting (and the final results of the study).

In the event, 13 people attended the network meeting, which was a half-day event. The event consisted of a presentation about the study, including some of the emerging findings and discussion about these, together with consideration of the draft recommendations that had been derived and developed from all the phases of the study (including the interviews with older women, where relevant). Although the size of the meeting was relatively modest, those who attended the day were interested in and enthusiastic about the initial findings of the study and appeared keen to discuss the draft recommendations and to comment on these, suggesting some amendments during the session so that the recommendations could then be finalized at national level. Members of the group were also prepared to commit to the continuation of the network concerning this issue and agreed that this should be on a virtual, electronic basis. They also agreed that their email contact details could be circulated within the group in order to enable a continuation of the contacts and links made during the session.

8.3 Recommendations

The discussions which took place at the National Network meeting generated a number of specific recommendations which include the following:

- It was suggested that the Joint Strategic Needs Assessment data (Department of Health, 2007b), which the English Government receives from re-

gional safeguarding teams should be collated and made available at a National level.

- It was proposed that researchers may be more successful in recruiting older women to take part in research on this issue if they (subject to obtaining the necessary approvals and consideration of ethical issues) approached older women as they engaged with health services (e.g. flu jabs, health checks, asthma clinics). It was suggested that in these situations researchers would be able to explain the project in person which could overcome some of the barriers associated with the use of terminology such as 'violence' or 'abuse'.
- A wider use of focus groups in future research with older women was also suggested and it was proposed that this research method may be particularly appropriate for this group of women as it could help break down barriers of disclosure as women shared similar experiences of abuse with their peers.
- It was suggested that an evaluation of the use of guidance which deals with domestic violence and crimes against older people, could be undertaken within law enforcement agencies. For example, within England and Wales the evaluation of the policies such as the 'CPS policy for Prosecuting Cases of Domestic Violence' and 'Policy for Prosecuting Crimes against Older People' could be conducted to gain an insight into how these policies are being implemented in practice. Data from law enforcement agencies (e.g. police, CPS) could also be reviewed to examine the number of successful prosecutions for crimes related to IPVoW. This data could be compared to statistics relating to cases involving younger female victims to identify if there is a difference in the nature of these cases or the way these cases are managed.
- Members of the NNM also felt that in order to deal with the under identification of issues of IPVoW by those working within the health service that health professionals should be trained to undertake routine screening of domestic violence with older women at significant points in time (e.g. health reviews). Many felt that guidelines which exist for other groups of the population could be applied to this group of women to help overcome some of the barriers which exist in relation to this issue (e.g. older women's reluctance to disclose abuse and professionals' reluctance to make enquiries about domestic violence with older women). Indeed, current guidance exists which recommends domestic violence screening for pregnant women and states that professionals should ensure a supportive environment is offered for these women in which they have the opportunity to disclose violence and that staff should be equipped to provide basic information about domestic violence services and refer these women to local services as required (Department of Health, 2007a). This could perhaps be adapted for wider use with other women.
- One issue which was discussed extensively at the meeting was the target and performance culture which operated within organizations. Interestingly, it

was not only staff working within the statutory services that felt they were under increased pressure to meet pre-defined targets and operate using a 'business model' but also those individuals working within voluntary organizations. It was felt that meeting set targets within specific time scales often prevented them from being able to deliver sufficiently flexible and client-centred care.

- It was highlighted at the NNM that professionals often felt that the Benefits Agency, within the Department of Work and Pensions, were unable to respond appropriately to older women's financial needs, especially in situations where women had financial assets but were unable to gain access to these funds. The lack of guidance/policies within the Benefits Agency around safeguarding or domestic violence was outlined as a major issue and it was suggested that Government needs to develop a set of policies relating to victims of domestic violence or vulnerable adults and financial issues.
- An additional barrier which professionals at the NNM felt prevented older women from leaving their violent partners was the inability for women to keep/transfer their existing 'care package' if they chose to leave their violent relationship and move into a different local authority, possibly resulting in a temporary loss of care provision until a new assessment has been conducted and an associated care package put in place. Members of the NNM felt that this was one example of how the personalisation agenda (HM Government, 2007) had not been implemented in practice. Whilst it was highlighted that some local authorities may allow the portability of care packages it was felt that by and large this was not possible and that this was a service, which should be available throughout the UK. Indeed, ADASS's seven-point plan on 'Personalisation and Safeguarding' emphasises the need for sharing of information between statutory agencies across geographical and organizational boundaries in order to meet the needs of vulnerable adults.
- Issues were also raised with the existing CAADA-DASH Risk Identification Checklist (RIC) form developed for referrals into MARAC participating agencies for high risk cases of domestic abuse, stalking or honour based violence. Professionals using this tool felt that the current list of questions on the form does not take important contextual factors into account, such as the potential vulnerability of the victim, and rather just assesses the frequency/severity of the abuse. It was proposed, therefore, that the risk assessment tool was not sensitive to assess risk and vulnerability experienced by older women. Some individuals had experience of being highly concerned about cases of IPVoW but these cases had fallen short of the 14 ticks required for referrals to meet the acceptance criteria of MARAC agencies. Indeed, whilst the CAADA-DASH RIC highlights the importance of professional judgement within the 'Recommended Referral Criteria to MARAC' guidance, there is actually very little

space to write supplementary information or voice professional concerns when completing the referral form. Therefore, it was suggested that more emphasis should be placed on 'professional concern' or 'specific vulnerability of client' in order to help to communicate messages of risk in cases which involve older women.

- It was felt that awareness raising had an important role in improving women's knowledge of services and thus improving women's access to support. Black and Minority Ethnic/Refugee (BMER) communities were highlighted as particular groups who need to be targeted in awareness campaigns. Therefore, understanding more about cultural attitudes to partner violence is of utmost importance if awareness raising strategies are to be relevant and effective for varying communities.
- Whilst peer support was seen as having an important role in supporting older women victims of partner violence it was suggested that because there may be low numbers of older women engaging with support services 'buddying' schemes may be a more practical method of providing peer support.
- It was proposed that there need to be undercover mobile interventions and 'safe houses' available for older women as these types of support are often more appropriate and accessible for older women.
- It was also highlighted that older women are no more a homogenous group than younger women and that the needs of older women will vary considerably.

IX

Discussion and perspectives

9.1 Findings

The current study consisted of five separate phases:

- Review of existing literature on IPVoW within the UK.
- Institutional survey investigating key organizations' experiences of providing support for older women victims of IPV.
- Interviews with older women who had experienced intimate partner violence.
- Interviews with staff that had experience of supporting older women survivors of intimate partner violence.
- Development of a national network of experts within the field, who could contribute to the recommendations for future research, service development and policy.

The findings from the study, and the associated recommendations which are presented within this chapter, have been derived from these five separate phases of the research project.

9.1.1 Prevalence of intimate partner violence against older women

Whilst there has been a paucity of research into domestic violence in older age, it has become increasingly recognised over the past few decades that 'no one, young or old, is immune to interpersonal violence' (Lundy & Grossman, 2009, p297). Indeed, previous research has shown that many older women have been subjected to partner violence throughout their lives and are still experiencing the impacts of this abuse in their old age (Mears, 2003).

However, one of the main problems encountered when attempting to quantify the problem of partner violence in later life is the lack of information and accurate data available on this issue. Whilst several studies have been conducted on the incidence and prevalence of intimate partner violence against older women in the United States, in the UK research in this area is incredibly limited. The definitional issues related to 'elder abuse' and 'domestic violence' also pose a problem for understanding the prevalence of partner violence against older women. This relates to the way in which data is collected, or not collected, based on whether the abuse is deemed to be elder abuse or domestic violence. Therefore, in order to obtain a full picture of the problem, different methods of data collection need to be undertaken in both of these fields. In order to gain an

insight into the magnitude of this problem, the data available on both elder abuse and domestic violence needs to be examined.

Studies which have investigated the incidence of elder abuse in the past year have revealed approximately 3.8% of older women reported experiencing some form of mistreatment within the previous year and that in approximately half of these cases the abuse was inflicted by a spouse or partner (O'Keeffe et al., 2007). However, a study which investigated the prevalence of elder abuse revealed that approximately one in three older women (37%) had been abused since turning 60 years (Ockleford et al., 2003).

One of the methods of obtaining incidence and prevalence estimates of domestic violence is through the examination of police/crime statistics. Data obtained from interviews conducted for the British Crime survey 2008-9 revealed that approximately 0.6% of women reported experiencing domestic violence in the past year. However, this was likely to be underestimation of the problem with the self completion module revealing that over 6% of women reported domestic abuse in the previous year when they were able to indicate this on an anonymous questionnaire. The British Crime Survey indicated that around one in three hundred older women (over 55 years) reported experiencing a violent crime from a domestic acquaintance in the previous year. However, data from regional police forces suggest that between 6% and 7% of domestic violence incidents are against women over 55 years.

In situations where data was collected at a national level there was very rarely any detailed information about the number of older women, who had experienced intimate partner violence, who were from black or mixed ethnicity background or the number of older women who were in same sex relationships. Therefore, it has not been possible to present this information from previous research. However, the data from the institutional survey revealed that the majority of older women who access support are in heterosexual relationships and are white British. It is important to recognise that this data represents the number of women who had successfully engaged with services rather than the number of older women who had been affected by partner violence. Therefore further research could usefully explore the extent and nature of experiences of intimate partner violence of those individuals from disadvantaged groups such as these, including (but not limited to) their service usage and help-seeking behaviours

Therefore, whilst it is difficult to draw any firm conclusions about the prevalence of partner violence against older women, from the limited data available, it is

proposed that the data indicates that around a third of older women will be affected by abuse at some point in older age and that whilst a significant proportion of this abuse will be being inflicted by the women's spouses/partners, only a relatively small proportion of these women will report this abuse to the police or actively engage with domestic violence or other support services.

9.1.2 Nature and impact of partner violence in older age

In the current study many professionals felt that there was very little evidence that partner violence decreased with age and some staff believed that in some situations this type of abuse could actually be triggered by events which occur later in life. There was a prevalent belief amongst those professionals interviewed that a power shift in a relationship later in life could result in partner abuse. The most common example of this change in relationship dynamics was an older woman developing dementia or becoming physically frail and becoming dependent on her partner for care. Indeed, these findings are consistent with previous research which has also found that a controlling relationship often intensifies at retirement when men spend more time at home (Montminy, 2005). The interviews with the women themselves also indicated that partner violence did not disappear as their relationships and partner grew older and that the issues that often triggered the abuse (e.g. jealousy, control) often just became more engrained over time. This is consistent with previous studies which have found that no differences in the severity of abuse exist across age cohorts except that perhaps older women have been experiencing abuse for longer periods of time (Wilke & Vinton, 2005). However, whilst the majority of those interviewed acknowledged that abuse could start in later life, many professionals felt that the belief that 'caregiver stress' was a major cause of partner violence in older age was not only inaccurate but also unhelpful. It was argued that this common explanation for partner violence against older women insinuated that older female victims of intimate partner violence were the 'stressors' causing the abuse and thus were in some way responsible for its occurrence.

The results of the study revealed that the nature of partner violence in older age was incredibly varied. Situations where women had been victim to a range of abusive acts (e.g. sexual, physical, financial, psychological abuse and neglect) were described. In the current investigation the type of abuse workers felt they predominantly responded to varied dependent on the support service they provided. Workers from voluntary organizations for older people spoke mainly of supporting women for the psychological abuse they had experienced whereas staff from police departments and safeguarding teams often highlighted how they commonly responded to physical acts of violence. This supports earlier research which found that the types of abuse which people report as 'most fre-

quent' varies depending on the group of people asked about this issue (Ockleford et al., 2003). A study by Pritchard (2000), which investigated abuse against older women, found that whilst workers most frequently identified physical abuse as the main problem affecting older women, the women themselves felt that they were most commonly affected by financial and emotional abuse. Therefore, as there is evidence that there are discrepancies between the information provided by women themselves, and the different services, which support older women, it is important that a variety of data collection methods are employed to investigate this problem.

The physical, psychological and social impacts of abuse were described by both staff of the support services and woman survivors of partner violence. The physical injuries which resulted from the abuse were often commented on. Previous research also indicates that there are a number of physical health issues which develop as a consequence of domestic violence. Women who experience psychological/emotional abuse had significantly higher likelihood of experiencing health problems such as bone or joint problems, digestive problems, chronic pain, high blood pressure and heart problems (Fisher & Regan, 2006). The findings from the current study also highlighted key psychosocial problems which can develop as a result of partner violence such as anxiety, depression and social isolation. Again, these findings support earlier research which has found that domestic abuse is associated with poorer mental health (Mouton, 2003).

9.1.3 Support needs and barriers in accessing help and support

It has been argued that it is essential that support services more fully understand the needs of older women who have experienced domestic violence and the barriers which prevent them from accessing help for this abuse (Beaulaurier et al., 2008). Staff and women talked of the different barriers they felt existed, which prevented older women from accessing support. These barriers were related to generational and cultural issues (e.g. belief systems, pressures of perceived gender roles, definitions of abuse) and age related barriers (e.g. disabilities, dementia, dependency on carers).

One of the main internal barriers which emerged from the interviews with staff and women was the generational influences which prevented women from talking about their experiences. It is argued that women who were born before World War II were socialised into domestic roles which resulted in them being financially and socially dependent on their husbands (Zink et al., 2003). This combined with public ignorance to issue of domestic violence meant these women appear particularly vulnerable to having to suffer abuse in silence (Zink et al., 2003). In this respect it could be argued that certain generational barriers,

which have prevented women from accessing help for partner violence, may decrease overtime. For example, it could be argued that women born in recent decades, in which traditional gender roles have been challenged and a lower tolerance of domestic abuse in society exists, may not experience the barriers women currently in their 60s, 70s, 80s and 90s have faced, as they grow older themselves. However, whether this will prove to be the case is yet to be known.

Cultural beliefs may also influence women's decisions to access support for the partner abuse they are experiencing. Older women from minority groups are more likely to experience poverty, unemployment, substandard living conditions and debilitating illness compared to their white counterparts (Grossman & Lundy, 2003). Whilst it is not suggested that these factors increase women's vulnerability to partner violence, it has been proposed that older women who come from minority groups may have specific support needs and may experience more barriers and difficulties engaging with support services. Consistent with the results from the institutional survey, a study by Lundy & Grossman (2009) found that of all women who utilised domestic violence services, older victims were more likely to be white. Indeed, some research has found evidence that certain groups within society may experience specific barriers when accessing help for domestic violence. Lichtenstein & Johnson (2009) found that older African-American women were deterred from reporting incidents of domestic violence because of their fears of being stigmatised by the church, their family and the wider community. Therefore, women's cultural needs need to be identified and addressed appropriately (Grossman & Lundy, 2003). However, research that has specifically investigated the needs of older women from black minority and ethnic backgrounds has mainly been conducted in United States and therefore cross-cultural differences mean that these findings may not be generalisable to the UK. Therefore, more research needs to be undertaken in the UK which specifically explores the needs of different groups of the population.

One of the external barriers which staff felt prevented women from receiving the help they required was related to the discrimination and age related stereotypes older women are subjected to. It has been argued that older female victims of domestic violence have to deal with the forces of ageism in addition to those of sexism which have long been recognised (Vinton, 1999). Staff discussed a whole array of situations where they felt discriminatory practices had negatively affected older women survivors of partner violence. This included services not being equipped to address older women's needs or to respond appropriately to their rights. One example of this was that older women were rarely identified in domestic violence campaigns as possible victims of this type of abuse. Indeed, over recent years this has increasingly been raised as an issue, which needs to

be addressed (Lundy & Grossman, 2009). However, it was also argued that the conceptual overlap between domestic violence and elder abuse often meant that older victims of partner violence were not recognised as sufferers of 'domestic violence'. Some felt this had often resulted in older women falling between these distinct policy areas and thus not receiving appropriate support for domestic violence issues. Therefore, it was suggested that staff need guidance around their specific roles and responsibilities relating to this issue. Consequently, it has been proposed that both service delivery and policy making needs to fully address the problem of partner violence against older women (Mears, 2003).

Many of those interviewed recognised that older women had, in many ways, similar needs to younger women. However, it was also highlighted that older women may be more likely to have additional needs, for example, concerning their physical health. The current research revealed that very few services in the UK had specific resources for older women. This is in contrast to the situation in the United States where the number of domestic violence shelters, which have specifically developed resources for older women, has increased dramatically over recent decades (Vinton et al., 1997). It should be recognised that age-related barriers are likely to become more problematic as the population ages and the need for services increase. Therefore, these barriers are likely to exist (and possibly increase) unless they are proactively addressed and challenged.

9.2 Research design

One of the main strengths of the research was the multi-method approach employed which involved listening to both the experiences of women who had experienced partner violence and the professionals who had experience of supporting this group of women. Whilst quantitative approaches were used to collect statistical information relating to the prevalence of the issue and referral/service information, qualitative approaches were also used to gain a more in depth understanding of how this problem affects older women and to explore older women's experiences of how they coped with this abuse (including their help seeking behaviour).

An additional strength of the current investigation was that it formed part of an International research study. Therefore, the findings from the UK contribute to a larger international report which investigated the issue of IPVoW in five other European countries (Germany, Hungary, Portugal, Austria and Poland) and makes recommendations at a European level for policy, future research and service provision. It is also proposed that conducting research about partner

violence against older women, which has previously received scant attention, has the potential to be an intervention in its own right by raising the profile of this issue to all those participating in the study within the relevant countries.

However, it must be recognised that the findings from this report are a reflection of the experiences and perspectives of those individuals who participated in this research. The authors do not claim to have provided an exhaustive list or exploration of the issues relating to IPVoW within this report. It is also acknowledged that these findings may not be generalisable. For example, it is possible that those professionals who participated in this study had strong beliefs about IPVoW or particular interests in this issue. The statistics derived from the institutional survey data should also be treated with caution. Firstly, staff were asked to provide estimates regarding the number of women who were accessing services etc. and therefore these estimates could be a reflection of the individual's own experiences of supporting these women rather than the organization's experiences, especially as a number of services indicated that they did not collect information in the form requested within the survey. Additionally, whilst the term 'intimate partner violence' was defined at the beginning of the survey it is also possible that people's own interpretation of this terminology was being used when staff completed the questionnaire. It should also be recognised that some services were not represented in the current research. Whilst the study aimed to be as inclusive as possible, and staff from a range of organizations were interviewed, no individuals from the health service, housing service and Crown Prosecution Service participated in this research.

In total ten women who had experienced partner violence were interviewed as part of study. However, a number of difficulties were experienced which limited our access to older women survivors of partner violence and thus resulted in the recruitment stage of our study taking longer than initially envisaged. The service barriers experienced included staff being reluctant to ask women if they wanted to participate in the research for fear of re-traumatising women or due to high workloads, which meant they did not have the resources to make contact with older women who may have been willing to participate in the project. In many of the situations where services did make contact with older women they were themselves often reluctant to meet with the research team. Many workers felt women were often not at a stage where they felt ready to talk about their experiences with people outside the support service they were engaged with, for fear of the consequences. When women were directly invited to participate in the research through posters/newspaper articles advertising the study, the response rate was extremely poor. This could be a result of the internal barriers (e.g.

generational beliefs and influences) that prevent older women from disclosing and talking about the abuse they have experienced.

9.3 Implications and recommendations

Based on the findings from this research a series of implications and recommendations have been developed which aim to address some of the issues raised by the review of existing data, the institutional survey, the interviews with women survivors of partner violence and the interviews with staff working in key support services. These recommendations were concerned with: future research; future data collection; development of service provision; and societal/governmental initiatives.

9.3.1 Future research and future data collection

The review of existing data and institutional survey revealed that there is currently a shortage of accurate data relating to the prevalence, extent and nature of intimate partner violence against older women in the UK. The research also highlighted key areas which warranted further investigation. Therefore, it is proposed that in order to be able to make more accurate and detailed conclusions in relation to this issue that future research/data collection should be conducted in the following areas:

- Future research needs to address issues around the unsuccessful prosecution of older perpetrators of partner violence and explore the experiences and perspectives of those professions working within law enforcement agencies (e.g. the police, Crown Prosecution Service/Crown Office and Procurator Fiscal Service) in relation to this particular issue.
- Future research should investigate the experiences and perspectives of those staff who work in the National Health Service. This would include those professionals who have regular contact with older people such as district nurses, GPs and nurses working in hospitals (e.g. in A&E departments).
- Future research which investigates the problem of IPV against older women should not limit the administration of surveys to those older adults who live independently but rather conduct surveys in a variety of settings such as nursing homes, residential care and supported living settings etc. This would make the sample more representative of the population and improve the accuracy of the data.
- Future research needs to explore the perspectives and experiences of those older female victims of partner violence who have not engaged with support services. The use of focus groups should be more widely used within research involving older women's experiences of partner violence.

- Future research needs to use methods which investigate the prevalence, as well as incidence, of partner violence against older women, to gain an insight into the proportion of women affected by partner violence throughout older age.
- Routine collection of demographic information of service users by support services (older adult services, domestic violence agencies and adult safeguarding/protection teams) is required. Information which should be collected includes: details about the women victims (e.g. age, gender, ethnic background, types of abuse experienced); details of the perpetrators of the abuse (e.g. partner, relative); and information about the relationship (e.g. length of relationship, same-sex or hetero-sexual relationship).
- Inclusion of women aged over 59 years in the self-completion module of British Crime Survey on domestic abuse should take place.
- Regional Joint Strategic Needs Assessment data (older adults) should be collated and be made available by the Government. The Abuse of Vulnerable Adults (AVA) data collection via the Department of Health Information Centre should be continued and if necessary extended to provide additional information concerning IPV against older women.

9.3.2 Service development

The findings from all four phases of the study revealed that a number of improvements could be made to support services, so they can better address the needs of older women who have experienced intimate partner violence. These recommendations are divided into awareness raising initiatives and suggestions for improvements in service provision.

9.3.2.1 Increasing awareness around partner violence against older women

- Organizations (domestic violence and older adult services) need to raise older women's awareness about the services they are able to offer older female victims of intimate partner violence. This will require the adjustment of the language used in publicity/campaigns so that it is inclusive of this group of women (e.g. some women may not recognise their experiences as 'abuse' due to generational influences) and the adaptation of information material so that it includes images of older women as well as younger women. Materials need to be displayed in locations frequently visited by older women (e.g. post offices, community centres) and publicised in media commonly used by older women (e.g. radio, local newspapers). Materials need to be developed in the languages which are used in the local communities. Black and Minority Ethnic/Refugee (BMER) communities were highlighted as particular groups which need to be targeted in awareness campaigns. Therefore, understanding more

about cultural attitudes to partner violence is of utmost importance if awareness raising strategies are to be relevant and effective for varying and diverse communities.

- Training is needed for staff from services, which have regular contact with older women (e.g. health services, domiciliary care providers, housing services) in the recognition and identification of intimate partner violence in older people. Staff should also be familiar with how to refer to appropriate services and the appropriate legislation that exists.
- GPs and staff working in A&E departments should provide women with the opportunity to disclose possible abuse by seeing women on an individual basis as part of the consultation.
- Specific questions about domestic violence should be incorporated into routine assessments that are/could be carried out with older women by social and health care services at 'significant points' in time (e.g. at regular health review, prior to receiving a new social care assessment or at service review or re-assessment, if attending A&E for physical injury, if presenting to GP with low mood/anxiety problems).

9.3.2.2 Improving support available for older women

- Increased collaboration needs to take place, particularly between specialist domestic violence agencies and organizations that provide support for older people/vulnerable adults, including relevant local authority teams, so that the sharing of experiences and relevant knowledge transfer can be established.
- Development of support groups aimed at older women victims of intimate partner violence should take place. These would ideally be run by older women who can identify with the issues faced by this group of women and who are able to provide peer support. This type of emotional support may initially need to take the form of a support helpline/befriending service due to the low number of women accessing services locally or regionally. 'Buddying' schemes may be a more practical method of providing peer support in areas/services where few older women have engaged with support services.
- Increased provision of outreach services. Some older women will have lived with the abuse for many decades and leaving the family home to move into emergency refuge accommodation is a big step which many women are reluctant to undertake for a variety of reasons (e.g. fear, lack of access to own finances). Therefore, the provision of a variety of mobile interventions (e.g. floating support for women in their own homes) is essential.
- Support services should ideally allocate named key workers to be responsible for the case management and provision of support for the older women who have been affected by partner violence. Older women may be particularly reluctant to seek support, therefore, this is a measure, which would provide

some continuity of support for women and would also aim to reduce the amount of older women who withdraw from support services.

- Improved emergency accommodation which meets the needs of older women is required. This includes refuge accommodation which is accessible to women who may have physical disabilities and also the option of private self contained units for older women. 'Safe houses' need to be available for older women as this type of accommodation is often more appropriate and accessible for older women.
- Widespread implementation of policies within law enforcement agencies (e.g. Crown Prosecution Service) in an attempt to increase the number of successful prosecutions for cases of IPV against older women and send out the message that criminal offences of this nature are subject to the same laws regardless of the age of the perpetrator or the victim of the criminal act.
- Support services and the police need to ensure older women are aware of existing criminal and civil laws which can protect them and allow them to remain in their own home (e.g. Family Law Act, 1996, Housing Act, 1996, Protection from Harassment Act, 1997, Domestic Violence, Crime and Victims Act, 2004).
- There needs to be flexibility within services which enables staff to deliver client-centred care rather than constraining staff by operating a rigid target and performance culture.
- Existing risk assessment measures (e.g. CAADA-DASH Risk Identification Checklist) which enable individuals to receive intensive and coordinated care packages (through the use of MARAC procedures) need to be adapted so that they are sensitive to risk experienced by older female victims of domestic violence and take into account any additional contextual factors such as the individual's vulnerability.

9.3.3 Societal/policy

- Government initiatives to raise awareness within the general public, the older population and service providers that older women can experience domestic abuse and can be victims of intimate partner violence (e.g. increased use of media).
- Early intervention to try and raise younger people's awareness of the problem which can affect people of all ages e.g. education in schools about domestic violence.
- Development of policies that outline organizations' specific responsibilities and roles in the safeguarding of older adults who are experiencing partner violence.

- Government commitment to increase resources allocated to services which will enable these organizations to more effectively meet the needs of older female victims of IPV (e.g. improve facilities/services).
- Financial support needs to be available, and easily accessible, for older women who are dependent on their abusive partners for financial security. This should include access to emergency financial support in case of urgent need. Women who are not eligible for community care grants or housing benefits because of savings or pensions should be eligible for alternative sources of financial support in cases where they do not have access to their financial assets. Policies relating to victims of domestic violence or vulnerable adults should be developed for use by the Department of Work and Pensions (DWP), specifically the Benefits Agency section of the DWP.

9.4 Conclusions

To conclude, this study aimed to investigate the issue of intimate partner violence against older women using a multi-method approach. The current investigation found that whilst there was a paucity of information on this issue in the UK the professionals working within the field felt it was an important issue that demanded more attention. The findings from the study enabled a series of recommendations to be developed for future research and practice in this area. Older female victims of intimate partner violence are at a point in their life where they may be at their most vulnerable and in need of support, however, to date only a small proportion of these women receive support to deal with the abuse they experience. The Government and support services need to address the issues which prevent older women from accessing support to assist them to deal with partner violence and prevent this group of women from suffering in silence.

X

References

ARONSON, J., THORNEWELL, C. & WILLIAMS, K. (1995). Wife assault in old age: coming out of obscurity. *Canadian Journal on Aging, La revue canadienne du vieillissement*, 14 (2), 72-88.

BARRON, J. (2009). Women's Aid Federation of England 2008-9 Survey of Domestic Violence Services. October 2009. Women's Aid Federation of England.

BEAULAURIER, R. L., SEFF, L. R. & NEWMAN, F. L. (2008). Barriers to help-seeking for older women who experience intimate partner violence: A descriptive model. *Journal of Women and Aging*. 20: 231-248.

BERGERON, R. (2001). An elder abuse case study: Caregiver stress or domestic violence? You decide. *Journal of Gerontological Social Work*, 34 (4), 47-62.

BLOOD, I. (2004). Older women and domestic violence: A report for Help the Aged/hact. London: Help the Aged.

BONOMI, A.E., ANDERSON, M.L., REID, R.J., CARRELL, D., FISHMAN, P.A., RIVARA, F.P. & THOMPSON, R.S. (2007). Intimate Partner Violence in Older Women. *Gerontologist*, 47 (1), 34-41.

BRANDL, B. (2002). Power and control: Understanding domestic abuse in later life. *Generations*, 16 (2), 39-45

BRANDL, B., HEBERT, M., ROZWADOWSKI, J. & SPANGLER, D. (2003). Feeling safe, feeling strong: Support groups for older abused women. *Violence against women*, 9 (12), 1490-1503. <http://vaw.sagepub.com/cgi/content/abstract/9/12/1490> (last accessed 01.05.2008)

BROWNELL, P. (2006). Psycho-educational support groups for older women victims of family mistreatment: A pilot study. *Journal of gerontological social work*, 46 (3/4), 145-160

BYTHEWAY, B. (1994). *Ageism*. Buckingham: Open University Press

CHAN, C. (2004). Working with older women who are survivors of multiple trauma: Treatment issues. *Newsletter on Older Woman Abuse*.

<http://www.womanabuseprevention.com> (last accessed 22.04.2008)

CRICHTON, S.J., BOND, J.B., HARVEY, C.D.H. & RISTOCK, J. (1999). Elder Abuse: A Feminist and Ageist Perspectives. *Journal of Elder Abuse and Neglect*, 10 (3, 4), 115-130.

DEPARTMENT OF HEALTH. (2001). *National Service Framework for Older People*. London: Department of Health.

DEPARTMENT OF HEALTH. (2000). *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*. London: Department of Health.

DEPARTMENT OF HEALTH. (2005). *Responding to domestic abuse: a handbook for health professionals*. London: Department of Health.

DEPARTMENT OF HEALTH (2007A). *National Service Framework for Children Young People and Maternity Services Standard 11: Maternity Services*. March 2007. London: Department of Health.

DEPARTMENT OF HEALTH (2007B). *Guidance on Joint Strategic Needs Assessment*. December 2007. London: Department of Health.

DIRECTOR OF PUBLIC PROSECUTIONS (2009a). *CPS Policy for prosecuting cases of domestic violence*. March 2009. London: CPS Communications Division.

DIRECTOR OF PUBLIC PROSECUTIONS (2009b). *Policy for prosecuting crimes against older people*. October 2009. London: CPS Communications Division.

DIRECTOR OF PUBLIC PROSECUTIONS (2010). *The Code for Crown Prosecutors*. February 2010. London: CPS Communications Division.

DUNLOP, B.D., BEAULURIER, R.L., SEFF, L.R., NEWMAN, F.L., MALIK, N. & FUSTER, M. (2005). *Domestic violence against older women: final technical report prepared for the National Institute of Justice by the Center on Aging of Florida International University*. Miami. <http://www.ncjrs.gov/pdffiles1/nij/grants/212349.pdf> (last accessed 10.07.2008)

ELCIOGLU, O. (2004). Ethics in Domestic Violence Research. *Eubios Journal of Asian and International Bioethics* 14, 50-52,
<http://www.eubios.info/EJ142/ej142d.htm> (last accessed: 01.09.2009).

ELLSBERG, M. & HEISE, L. (2002). Bearing witness: ethics in domestic violence research. *The Lancet* 359 (9317), 1599-604.

ELLSBERG, M. & HEISE, L. (2005). *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC: World Health Organization,
http://www.path.org/files/GBV_rvaw_front.pdf (last accessed 25.06.2010).

FISHER, B.S. & REGAN, S.L. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. *The Gerontologist*, 46 (2), 200-209.

FLICK, U. (2000). Episodic interviewing. In M.W. Bauer & G. Gaskell (Eds.). *Qualitative researching with text, image and sound* (pp. 75-92). London: Sage.

FULMER, T., GUADAGNO, L. & BOLTON, M.M. (2004). Elder mistreatment in women. *Journal of obstetric, gynecologic and neonatal nursing* 33 (5), 657-653.

GÖRGEN, T., HERBST, S., NÄGELE, B., NEWIG, A., KEMMELMEIER, I., KOTLENGA, S., MILD, N., PIGORS, K. & RABOLD, S. (2005). *"Ich habe gehofft, das wird besser mit den Jahren": Sexuelle Gewalterfahrungen älterer Frauen* (KFN-Materialien für die Praxis, Nr. 1). Hannover: Kriminologisches Forschungsinstitut Niedersachsen.

GÖRGEN, T. & NÄGELE, B. (2006). Sexuelle Viktimisierung im Alter. *Zeitschrift für Gerontologie und Geriatrie*, 39 (5), 382-389.

GÖRGEN, T., NEWIG, A., NÄGELE, B. & HERBST, S. (2005). *"Jetzt bin ich so alt und das hört nicht auf": Sexuelle Viktimisierung im Alter* (KFN-Forschungsbericht Nr. 95). Hannover: Kriminologisches Forschungsinstitut Niedersachsen.
<http://www.kfn.de/versions/kfn/assets/fb95.pdf> (last accessed 11.02.2009).

GÖRGEN, T., NÄGELE, B., HERBST, S. & NEWIG, A. (2006). Sexuelle Viktimisierung im höheren Lebensalter. In INFORMATIONSZENTRUM SOZIALWISSENSCHAFTEN (Ed.). *Kriminalsoziologie + Rechtssoziologie, Band 2006/1* (S. 9-48). Bonn: Informationszentrum Sozialwissenschaften.

GRAVEL, S., BEAULIEU, M. & LITHWICK, M. (1997). Quand vieillir ensemble fait mal: Les mauvais traitements entre conjoints âgés. *Criminologie*, 30 (2), 67-85.

GROSSMAN, S.F. & LUNDY, M. (2003). Use of domestic violence services across race and ethnicity by women aged 55 and older: the Illinois experience. *Violence against women*, 9, 1442-1452.

<http://vaw.sagepub.com/cgi/content/abstract/9/12/1442> (last accessed 30.06.2010).

GRUNFELD, A.F., LARSSON, D.M., MAC KAY, K. & HOTCH, D. (1996). Domestic violence against elderly women. *Canadian Family Physician*, 42, 1485-1493.

HIGHTOWER, J. (2006). Hearing the voices of abused older women. *Journal of gerontological social work*, 46 (3/4), 205-227.

HM GOVERNMENT (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*. London: Department of Health. December 2007.

HOTALING, G.T & BUZAWA, E.S. (2003). *Victim satisfaction with criminal justice case processing in a model court setting*. Rockville, MD, United States: National Institute of Justice.

HOUSE OF COMMONS HEALTH COMMITTEE (2004) *Elder Abuse: Second Report of Session 2003-2004*. Volume 1. 20th April 2004. London: The Stationary Office.

HUSSEIN, S., MANTHORPE, J., REID, D., PENHALE, B., PERKINS, N., & PINKNEY, L. (2010). Working together in adult safeguarding: findings from a survey of local authorities in England and Wales, *Research Policy and Planning* 27, (3), 163-176.

LUNDY, M. & GROSSMAN, S. F. (2004). ELDER ABUSE: SPOUSE/INTIMATE PARTNER ABUSE AND FAMILY VIOLENCE AMONG ELDERS. *JOURNAL OF ELDER ABUSE AND NEGLECT*, 16 (1). 85-102.

LUNDY, M. & GROSSMAN, S. F. (2009). Domestic Violence Service Users: A Comparison of Older and Younger Women Victims. *Journal of Family Violence*. 24: 297-309.

LUPRI, E. (1993). Spousal Violence. Wife Abuse across the life course. *Zeitschrift für Sozialisationsforschung und Erziehungssoziologie*, 13 (3), 232-257.

MAXWELL, M. S. & O'ROURKE, K. S. (1999). Domestic abuse in later life. A competency-based training manual for meals on wheels volunteers & other elder services staff. <http://familyvio.csw.fsu.edu/rural/elderlyolder-text.html> (last accessed 22.04.2008).

MEARS, J. (2003). Survival is not enough: violence against older women in Australia. *Violence against women*, 9, 1478-1489.

MONTMINY, L. (2005). Older women's experiences of psychological violence in their marital relationships. *Journal of Gerontology and Social Work*. 46(2): 3-22.

MORGAN DISNEY AND ASSOCIATES (2000a). *Two Lives – Two Worlds: Older People and Domestic Violence. Volume 1*. Canberra: Partnerships against Domestic Violence. Available from: http://ofw.facs.gov.au/downloads/pdfs/d_v/two_lives_two_worlds_older_people_dv.pdf (last accessed 18.10.2008)

MORGAN DISNEY AND ASSOCIATES (2000b). *Two Lives – Two Worlds: Older People and Domestic Violence. Volume 2*. Canberra: Partnerships against Domestic Violence. Available from: www.ofw.facs.gov.au/downloads/pdfs/d_v/two_lives_two_worlds_older_people_dv_two.pdf (last accessed 17.10.2008)

MORRIS, A., MAXWELL, G.N. & ROBERTSON, J.P. (1993). Giving victims a voice: A New Zealand experiment. *The Howard Journal of Criminal Justice*, 32 (4), 304 – 321.

MOUTON, C. P. (2003). Intimate Partner Violence and Health Status Among Older Women. *Violence Against Women*. 9:1465-1477.

MOUTON, C. P., RODABOUGH, R. J., ROVI, S. L. D., BRZYSKI, R. G., KATERNDahl, D. A. (2010). Psychosocial Effects of Physical and Verbal Abuse in Postmenopausal Women. *Annals of Family Medicine*. 8 (3) 206-213.

MOUTON, C.P., RODABOUGH, R.J., ROVI, S.L.D., HUNT, J.L., TALAMANTES, M.A., GRZYSKI, R.G. & BURGE, S.K. (2004). Prevalence and 3-year incidence of abuse among postmenopausal women. *American Journal of public health*, 94 (4), 605-612.

MOWLAM, A., TENNANT, R., DIXON, J., MCCREADIE, C. (2007). *UK Study of Abuse and Neglect of Older People: Qualitative Findings*. London: National Centre for Social Research

NATIONAL ASSEMBLY FOR WALES. (2001). *Domestic Violence: A Resource Manual for Health Care Professionals in Wales*. Cardiff: National Assembly of Wales.

NATIONAL ASSEMBLY FOR WALES. (2000). *In Safe Hands: Implementing adult protection in Wales*. Cardiff: National Assembly of Wales.

NATIONAL CENTRE FOR SOCIAL RESEARCH (NATCEN) (2008). *Health Survey 2007*, London: HSE.

OCKLEFORD, E., BARNES-HOLMES, Y., MORICHELLI, R., MORJARIA, A., SCOCCHERA, F., FURNISS, F., SDOGATI & BARNES-HOLMES, D. (2003): Mistreatment of Older Women in three European countries: estimated prevalence and service responses. *Violence against women*, 9, 1453-1464.

OFFICE FOR NATIONAL STATISTICS, (2009). *Life expectancy at birth remains highest for the South of England*. Newport: Office for National Statistics.

OGG, J. & BENNETT, G. (1992) Elder abuse in Britain. *British Medical Journal*. 305: 998-999.

O'KEEFE, M., HILLS, A., DOYLE, M., MCCREADIE, C., SCHOLE, S., CONSTANTINE, R., TINKER, A., MANTHORPE, J., BIGGS, S. & ERENS, B. (2007). *UK Study of Abuse and Neglect of Older People: Prevalence Survey Report*. London: National Centre for Social Research.

PARANJAPPE, A., RODRIGUEZ, M., GAUGHAN, J. & KASLOW, N.J. (2009). Psychometric properties of a new scale to assess family violence in older African American women : The family violence against older women (FVOW) Scale. *Violence against women*, 15 (10),1213-1226.

PARANJAPPE, A., TUCKER, A., MCKENZIE-MACK, L., THOMPSON, N. & KASLOW, N. (2007). Family violence and associated help-seeking behavior among older African American women. *Patient Education and Counseling*, 68, 167-172.

PAYNE, B. K. (2008). Training adult protection services workers about domestic violence – Training needs and strategies. *Violence Against Women*. 14: 119-1213.

PENHALE, B. (1999). Bruises on the soul: Older women, domestic violence, and elder abuse. *Journal of Elder Abuse & Neglect*, 11(1), 1-22.

PENHALE, B., PERKINS, N., PINKNEY, L., REID, D., HUSSEIN, S. & MANTHORPE, J. (2007). Partnerships and Regulation in Adult Protection: Final Report to the Department of Health, Sheffield: University of Sheffield.

PINKNEY, L., PENHALE, B., MANTHORPE, J., PERKINS, N., REID, D. & HUSSEIN, S. (2008). Voices from the frontline: social work practitioners' perceptions of multi-agency working in adult protection in England and Wales. *Journal of Adult Protection*. 10 (4) 12-24.

PRITCHARD, J. (2000). *The needs of older women: Services for victims of elder abuse and other abuse*. Bristol, UK: The Policy Press.

RAMSAY, J., RICHARDSON, J., CARTER, H., DAVIDSON, L. L. & FEDER, G. (2002) Should health professionals screen women for domestic violence? Systematic review. *British Medical Journal*. 325:314.

RENNISON, C. & RAND, M.R. (2003). Non-lethal intimate partner violence against women : a comparison of three age cohorts. *Violence against women*, 9, 1417-1428.

SCHRÖTTLE, M. (2008). *Gewalt gegen Frauen in Partnerschaften. Eine sekundär-analytische Auswertung zur Differenzierung von Schweregraden, Mustern, Risikofaktoren und Unterstützung nach erlebter Gewalt*. Berlin: Bundesministerium für Familie, Senioren, Frauen und Jugend.

SCHÜTZE, F. (1983). Biographieforschung und narratives Interview. *Neue Praxis*, 13 (3), 283-293.

SCOTT, M., MCKIE, L., MORTON, S., SEDDON, E. & F. WASOFF (2004). '...and for 39 years I got on with it.' *Older women and domestic violence in Scotland*. Prepared for Health Scotland by the Centre for Research on Families and Relationships. <http://www.cfr.ac.uk/Reports/DMViolenceReport.pdf> (last accessed 10.07.2008).

SEEVER, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse and Neglect*, 8 (2), 3-21.

SHALHOUB-KERVORKIAN, N. & EREZ, E. (2002). Integrating a victim voice in community policing: A feminist critique. *International Review of Victimology*, 9 (2), 113-135.

- SMITH, M.J. (G.) & HIGHTOWER, J. (2004). Community programs. Safe homes for older women: a unique pilot project in British Columbia. *Newsletter on Older Woman Abuse*. <http://www.womanabuseprevention.com> (last accessed 22.04.2008).
- SORMANTI, M. & SHIBUSAWA, A. (2008). Intimate partner violence among midlife and older women: A descriptive analysis of women seeking medical services. *Health and Social Work*. 33: 33-41.
- STRAKA, S.M. & MONTMINY, L. (2006). Responding to the needs of older women experiencing domestic violence. *Violence against women*, 12 (3), 251-267.
- TEASTER, P.B., ROBERTO, K.A. & DUGAR, R.A. (2006). Intimate partner violence of rural aging women. *Family relations*, 55 (5), 636-648.
- TEITELMAN, J. (2006). Sexual abuse of older adults: appropriate responses for health and human services providers. *Journal of Health & Human Services Administration*, Fall, 209-227.
- VINTON, L. (2003). A model collaborative project toward making domestic violence centers elder ready. *Violence against women*, 9, 1504-1513.
- VINTON, L. (1992). Battered Women's Shelters and Older Women: The Florida Experience. *Journal of Family Violence*, 7 (1), 63-72.
- VINTON, L. (1999). Working with Abused Older Women from a Feminist Perspective. *Journal of Women and Aging*, 11 (2-3), 85-100.
- VINTON, L., ALTHOLZ, J.A.S. & LOBELL-BOESCH, T. (1997). A five-year study of domestic violence programming for older battered women. *Journal of Women and Aging*, 9 (1, 2), 3-15.
- WALBY, S. (2004). *The Cost of Domestic Violence. Women and quality Unit*. September 2004. London: Department of Trade and Industry.
- WALKER, A., FLATLEY, J., KERSHAW, C. & MOON, D. (2009). *Crime in England and Wales 2008/09. Volume 1. Findings from the British Crime Survey and police recorded crime. July 2009*. London: Home Office.

WHO (2001): *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence*.

<http://www.who.int/gender/violence/womenfirtseng.pdf> (last accessed 25.06.2010).

WILKES, D. J. & VINTON, L. (2005). The nature and impact of domestic violence across age cohorts. *Journal of women and Social Work*. 20: 316-328.

WINTERSTEIN, T. & EISIKOVITS, Z. (2005). The experience of loneliness of battered old women. *Journal of Women & Aging*, 17 (4), 3-19.

WINTERSTEIN, T. & EISIKOVITS, Z. (2009). "Aging out" of violence: the multiple faces of intimate violence over the life span. *Qualitative Health Research*, 19 (2), 164-180 (to be published).

WITZEL, A. (2000). The problem-centered interview. *Forum Qualitative Sozialforschung/ Forum Qualitative Social Research* (Online Journal), 1(1). Available at: <http://www.qualitative-research.net/index.php/fqs/article/view/1132/2521> [6 July 2010].

WOLF, R.S. (1998). *Support Groups for older Victims of Domestic Violence: Sponsors and Programs*. National Committee for the Prevention of Elder Abuse c/o Institute on Aging. Worcester, Massachusetts.

WOLF, R.S. & PILLEMER, K.A. (1997). The Older Battered Woman: Wives and Mothers Compared. *Journal of Mental Health and Aging*, 3 (3), 325-336.

WOLF, R.S. (1999). *Elder Shelters: United States, Canada, and Japan*. Paper for Presentation at the 2nd National Conference on Elder Abuse. Worcester, Massachusetts: Institute on Aging.

ZINK, T., FISHER, B.S., REGAN, S. & PABST, S. (2005). The prevalence and incidence of intimate partner violence in older women in primary care practices. *Journal of General Internal Medicine*, 20 (10), 884-888.

ZINK, T., JACOBSON, C., REGAN, S., FISHER, B. & PABST, S. (2006). Older women's descriptions and understandings of their abusers. *Violence Against Women*, 12, 851-865.

ZINK, T., REGAN, S., JACOBSON, C.J. & PABST, S. (2003). Cohort, period, and aging effects: a qualitative study of older women's reasons for remaining in abusive relationships. *Violence against Women*, 9, 1429-1441.

XI

Appendices

Appendix A	Institutional survey
Appendix B	Interview guide - older women
Appendix C	Information leaflet - older women
Appendix D	Consent form
Appendix E	Social data form - older women
Appendix F	Interview postscript - older women
Appendix G	Recruitment poster
Appendix H	Recruitment advert
Appendix I	Useful information - older women
Appendix J	Short Interviewee form - staff
Appendix K	Interview guide - staff
Appendix L	Interview postscript - staff
Appendix M	Information leaflet - staff

Appendix A. Institutional survey

Expert Survey

Intimate partner violence against older women (IPVoW)



Dear participant,

With funding from the Daphne III programme of the European Commission, we are currently conducting an international study with partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal. We address the question to what extent women aged sixty or above experience violence by partners or ex-partners (intimate partner violence), what kind of help and support they seek and receive and what kind of support they need. Up to now, little is known about older female victims of intimate partner violence and the help they require and this research will help to address that gap in our knowledge.

We send this questionnaire to institutions and organizations that may have been in contact with older female victims of intimate partner violence in recent years. In the questionnaire you will find questions on/about your organization's experience in this area. To ensure a common time frame for the survey, most questions in the first part of the questionnaire refer to the last three years (2006-2008). In order to include recent incidents, questions 1 and 2 also refer to 2009.

If you and your organization do not have experiences with cases of intimate partner violence against older women during the period of time indicated your views are still highly interesting to us. In this case the questionnaire will direct you to the relevant sections to answer. Please send back the completed questionnaire as soon as possible, preferably within the next 3 weeks.

Should you have any further data and/or documents, which might be of interest to us – e.g. age specific user statistics – we would be very grateful if you could include these with the questionnaire or send them by email to B.Penhale@sheffield.ac.uk

Following this survey of organizations, we intend to conduct interviews with professionals who have case knowledge. We would be very pleased if you would be will-

ing to participate in such an interview. Please provide your contact details at the end of the questionnaire so that we may contact you later. Please also note on the form if you would like to be kept informed about the study and its results or discuss the results with us by ticking the appropriate box. In any case, the survey will be analysed anonymously.

Should you have any further questions, please do not hesitate to contact me at B.Penhale@sheffield.ac.uk or by telephone on 0114 226 9606 (office).

In order to have a shared understanding of our topic we hereby present our definition of intimate partner violence: An intimate partnership can be any type of couple, same-sex or heterosexual, married, cohabiting or just dating. It is not necessary that the relationship is still ongoing. Violence by ex-partners is included (if happening or still happening after the woman became 60 years old). We define violence as a non-legitimate forceful tactic, intentionally employed to cause physical and/or psychological harm. It includes the use of physical force and infliction of injuries as well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (if the victim depends on care and support by the partner or former partner).

We are looking forward to receiving your information and thank you for contributing to the success of this research.

Yours faithfully, Bridget Penhale

Date of completion of the questionnaire _____

Part 1: Institutional / professional experience with older female victims of intimate partner violence

Attention: In the subsequent questions we ask you for numbers of clients/cases. In the case that you do not have exact numbers, please estimate the numbers. If you have precise numbers please cross out the “about” or “approx.” for each relevant section.

1. In the years 2006 - 2009, has your organization / have you been in contact with **cases of older women (aged 60 and above) affected by violence committed by current or former intimate partners?** (Please tick all applicable boxes)
 - yes, in 2009
 - yes, in 2006 to 2008
 - no *fi Please proceed to question 14 (→ page 8)*
 - I do not know *fi Please proceed to question 14 (→ page 8)*

2. Among the cases you have / your organization has been in contact with, **how many older women** were affected by intimate partner violence?

In 2009:
in total (about) _____ female victims aged 60 and above

In the years 2006-2008:
in total (about) _____ female victims aged 60 and above

Attention: All subsequent questions in Part 1 refer to the years 2006 to 2008 only. If you only had victim contact in 2009 and not in the years 2006 to 2008 please proceed to question 14.

3. **Victims' age groups:** Among the older victims in the years **2006 to 2008** were....

- Women aged 75 years or above?
If so, how many? (approx.) _____ victims aged 75 years or above
- Women aged 60 to 74 years?
If so, how many? (approx.) _____ victims aged 60 to 74 years

4. What was the **proportion of older female victims of intimate partner violence** among your clients / clients of your organization in the years 2006-2008?

Among **all clients**, the proportion of **older female victims** of intimate partner violence was (about) _____ percent

Among all our **female clients with experiences of intimate partner violence**, the proportion of **older female victims** was (about) _____ percent

5. How did **the number of cases** of intimate partner violence against older women in your organization’s caseload **develop** if you compare the years 2006-2008 to 10 years earlier

- The number of cases increased by (about) _____ percent in comparison to 10 years earlier.
- The number of cases decreased by (about) _____ percent in comparison to 10 years earlier.
- The number of cases remained about the same.
- Do not know / comparison not possible.

6. Among the cases of intimate partner violence against older women you have / your organization has been in contact with in years 2006 to 2008, how many took place in **hetero-** and how many in **same-sex partnerships**?

in total (about) _____ female victims aged 60 and above in heterosexual partnerships

in total (about) _____ female victims aged 60 and above in same-sex partnerships

7. Which **forms of intimate partner violence** against older women did you / your organization encounter? (*Please tick all applicable boxes below; a women may have been affected by more than one form of violence*)

Type of IPV	How many women were affected by this type of behaviour?
<input type="checkbox"/> physical violence	(approx.) _____ victims
<input type="checkbox"/> sexual violence	(approx.) _____ victims

<input type="checkbox"/> psychological / verbal aggression and violence	(approx.) _____ victims
<input type="checkbox"/> financial exploitation	(approx.) _____ victims
<input type="checkbox"/> intentional neglect (applies to care dependent victims only)	(approx.) _____ victims
<input type="checkbox"/> sexual harassment	(approx.) _____ victims
<input type="checkbox"/> stalking ⁷	(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ (please specify)	(approx.) _____ victims

8. Characteristics of victims: Among the older female victims of intimate partner violence, were there women who ... (*multiple options are possible, please tick all applicable boxes below*)

	How many victims in 2006-2008?
<input type="checkbox"/> were from an ethnic minority/ were immigrants?	(approx.) _____ from an ethnic minority/ immigrant victims
<input type="checkbox"/> did not have a permanent legal residence status in our country?	(approx.) _____ victims without permanent legal residency status
<input type="checkbox"/> required nursing care?	(approx.) _____ victims in need of care
<input type="checkbox"/> were physically handicapped	(approx.) _____ physically handicapped victims
<input type="checkbox"/> had a learning disability?	(approx.) _____ mentally handicapped victims (UK: victims with learning disabilities)
<input type="checkbox"/> required other kinds of support ⁸ ?	(approx.) _____ victims in need of other kind of support
<input type="checkbox"/> suffered from dementia?	(approx.) _____ victims suffering from dementia
<input type="checkbox"/> suffered from other mental health problems?	(approx.) _____ mentally ill victims
<input type="checkbox"/> had a substance misuse problem/were addicted to alcohol/drugs?	(approx.) _____ victims with substance misuse problem

⁷ Explanation: Stalking can be defined as a pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.

⁸ This mainly refers to limitations in social interaction and communication and in performing household chores below the threshold of care dependency.

<input type="checkbox"/> were homeless?	(approx.) _____ homeless victims
<input type="checkbox"/> were stressed / strained in other ways, namely _____ (please specify)	(approx.) _____ victims stressed / strained in other ways
<input type="checkbox"/> lived more than 50 km (30 miles) away from you / your organization	(approx.) _____ victims living more than 50 km (30 miles) away from you / your organization
<input type="checkbox"/> had other special characteristics, namely _____ (please specify)	(approx.) _____ victims with other special characteristics

9. Perpetrators: Who were the perpetrators in these cases?

(multiple options are possible, please tick all applicable boxes below)

	How many victims in 2006-2008?
<input type="checkbox"/> cohabiting partner	(approx.) _____ victims
<input type="checkbox"/> partner not cohabiting (e.g. dating relationships)	(approx.) _____ victims
<input type="checkbox"/> former partner	(approx.) _____ victims
<input type="checkbox"/> perpetrator is caregiver of the victim	(approx.) _____ victims
<input type="checkbox"/> perpetrator receives care from the victim	(approx.) _____ victims

10. Please characterize the **type of intimate partner violence** reported by the victims. *(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
<input type="checkbox"/> one-way violence from/by victim's partner or ex-partner	(approx.) _____ victims
<input type="checkbox"/> mutual violence	(approx.) _____ victims
<input type="checkbox"/> frequent acts of violence	(approx.) _____ victims
<input type="checkbox"/> intimate partner violence as single or unusual/infrequent occurrence	(approx.) _____ victims

<input type="checkbox"/> long lasting/enduring intimate partner violence (one year and more)	(approx.) _____ victims
<input type="checkbox"/> short history of intimate partner violence (less than one year)	(approx.) _____ victims
<input type="checkbox"/> intimate partner violence started/began before woman turned 60	(approx.) _____ victims
<input type="checkbox"/> intimate partner violence started/began after woman turned 60	(approx.) _____ victims

11. How did you / did your organization **obtain knowledge** of the respective cases?

(multiple options are possible, please tick all applicable boxes below)

	How many victims in 2006-2008?
<input type="checkbox"/> The victim herself contacted me / my organization.	(approx.) _____ victims
<input type="checkbox"/> Observations from the part of my organization / from my part lead to the suspicion of IPV.	(approx.) _____ victims
<input type="checkbox"/> A person close to the victim contacted me / my organization.	(approx.) _____ victims
<input type="checkbox"/> I / my organization was informed by the police.	(approx.) _____ victims
<input type="checkbox"/> I / my organization was informed by the legal system/courts.	(approx.) _____ victims
<input type="checkbox"/> I / my organization was informed by general practitioners, specialists or other medical services (e.g. hospitals).	(approx.) _____ victims
<input type="checkbox"/> I / my organization was informed by other organizations, namely _____ (please specify)	(approx.) _____ victims
<input type="checkbox"/> Other ways of obtaining case knowledge, namely: _____ (please specify)	(approx.) _____ victims

12. How did you first get in contact with the victim? (multiple options are possible, please tick all applicable boxes below)

	How many victims in 2006-2008?
<input type="checkbox"/> The victim contacted me/ my organization.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organization contacted the victim directly.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organization contacted the victim via other persons with case knowledge (family members, other organizations)	(approx.) <input type="text"/> victims
<input type="checkbox"/> There was no direct contact between me / my organization and the victim because: <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other, namely: <input type="text"/>	(approx.) <input type="text"/> victims

13. Services: What kinds of services were provided by you / your organization, what kind of action did you / your organization take? (most organizations offer more than one kind of service, please tick all applicable boxes below)

	Please specify types of services where appropriate	How many victims in 2006-2008?
<input type="checkbox"/> crisis intervention	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> psycho-social support/counselling	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> giving information about other appropriate organizations	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> psycho-therapeutic support	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> legal advice	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims

<input type="checkbox"/> support with daily living activities (including accompanying clients to public authorities etc.)		(approx.) victims
<input type="checkbox"/> provision of nursing care		(approx.) victims
<input type="checkbox"/> provision of medical services		(approx.) victims
<input type="checkbox"/> provision of a bed in a shelter/refuge		(approx.) victims
<input type="checkbox"/> support with moving to a care home		(approx.) victims
<input type="checkbox"/> handing over/referring the case to another organization		(approx.) victims
<input type="checkbox"/> financial aid		(approx.) victims
<input type="checkbox"/> conducting criminal investigations		(approx.) victims
<input type="checkbox"/> issuing restraining orders by courts		(approx.) victims
<input type="checkbox"/> taking out injunctions		approx.) victims
<input type="checkbox"/> filing complaints		(approx.) victims
<input type="checkbox"/> controlling adherence to restraining orders		(approx.) victims
<input type="checkbox"/> imposing fines		(approx.) victims

<input type="checkbox"/> convicting perpetrators	_____	(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ (please specify)	_____	(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ (please specify)	_____	(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ (please specify)	_____	(approx.) _____ victims

Additional questions on other possible perpetrators and on older male victims of intimate partner violence

14. Perpetrator: In some cases, older women become victims of other close persons, e.g. children (also children-in-law), grandchildren, neighbours, friends and acquaintances. If you have / your organization has had case knowledge of those kinds of cases between 2006 and 2008, who was the perpetrator?

(Please tick all applicable boxes below)

Perpetrator	How many victims aged 60 years plus in 2006-2008?
<input type="checkbox"/> victim's son	(approx.) _____ victims
<input type="checkbox"/> victim's son-in-law	(approx.) _____ victims
<input type="checkbox"/> victim's daughter	(approx.) _____ victims
<input type="checkbox"/> victim's daughter-in-law	(approx.) _____ victims
<input type="checkbox"/> victim's grandson	(approx.) _____ victims
<input type="checkbox"/> victim's granddaughter	(approx.) _____ victims
<input type="checkbox"/> other relatives	(approx.) _____ victims
<input type="checkbox"/> neighbours, acquaintances, friends	(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ (please specify)	(approx.) _____ victims

15. In the years 2006 to 2008, has your organization / have you been in contact with cases of **older men** (aged 60 and above) affected by violence committed by current or former intimate partners?

yes

no *fi Please proceed to question [** 17 **] (→ Page 9, below)*

I do not know *fi Please proceed to question [** 17 **] (→ Page 9, below)*

16. If so: **How many older men** were affected by intimate partner violence?

In total (approx.) _____ in heterosexual partnerships / ex-partnerships

In total (approx.) _____ in same-sex partnerships / ex-partnership

PART 2: Perceptions of the problem of intimate partner violence against older women

17. Below are a number of **statements on the topic of intimate partner violence against older women**. Please indicate to what extent you agree or disagree with these statements. Please mark with x as appropriate.

	<i>strongly disagree</i>			<i>strongly agree</i>		
Older women become victims of intimate partner violence less often than younger women.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
In older couples, women are more often perpetrators of IPV than in younger couples.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
The number of older female victims of intimate partner violence will grow in the future.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Intimate partner violence against older women is a topic no one really wants to deal with up to now.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Older female victims of intimate partner violence need other types of support and assistance than younger women.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Women in all stages of life are threatened by intimate partner violence – women in later life are not exempted from this.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
The importance of the problem of intimate partner violence against older women is underestimated up to now.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Intimate partner violence against older women should be of higher importance in professional training for psycho-social and medical professions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Older female victims of intimate partner violence need more support than is provided up to now.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Only a few older women become victims of intimate partner violence.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Older female victims of intimate partner violence face particular difficulties in the breaking-up of a long-term abusive relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Intimate partner violence against older women often occurs in the context of dependency of care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

18. Based on your experience, please assess the following statements about professional activities with older female victims of intimate partner violence.

	<i>absolutely not true</i>					<i>absolutely true</i>
Existing support systems are adequate for the needs of older female victims of intimate partner violence.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
It is difficult to motivate older female victims of intimate partner violence to seek help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Working with older female victims of intimate partner violence requires specialist professional training.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Professionals working with older female victims of intimate partner violence should themselves be middle-aged or older.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Older women experiencing intimate partner violence are more reluctant to seek help than younger women.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Older women experiencing intimate partner violence are more ashamed of what has happened to them than younger women.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

19. Please estimate to what extent young and older women who become victims of intimate partner violence press criminal charges and seek help in the UK. (Please fill in an estimated number)

According to my estimate, **out of 100 women aged 20 to 40** who become victims of intimate partner violence,

press criminal charges

seek medical help

seek psycho-social assistance

seek help by the clergy

seek other help, namely:

(please specify)

According to my estimate **out of 100 women aged 60 and above** who become victims of intimate partner violence,

press criminal charges

seek medical help

seek psycho-social assistance

seek help by the clergy

seek other help, namely:
 (please specify)

Part 3: Your organization

20. How would you describe your **organization**? (please choose only one term which best fits your organization)

- battered women's shelter/refuge
- counselling service for female victims of violence
- counselling service for victims of violence (face to face)
- telephone helpline for victims of violence
- telephone helpline concerning elder abuse and neglect
- counselling service for the issue of elder abuse and neglect
- counselling service for issues of caregiving
- crisis intervention centre
- ombudsman for older people
- professional care institution
- counselling service for women (not limited to topics of violence)
- psycho-social counselling service (issues: partnership, crises) – face to face and telephone
- counselling service for older people
- police
- public prosecutor's office
- criminal court
- civil court
- clergy/religious community (spiritual/religious support)
- community based social assistance/social services
- social services department
- health care service (medical and social professions)
 - priMary care centers
 - hospitals
 - I am a general practitioner

- I am a specialist, namely _____
(please specify)
- social services within healthcare institution
- NGO or not for profit organization for older people
_____ (please specify)
- Other, namely: _____ (please specify)

21. What are the **topics** your organization typically deals with? (please tick all applicable boxes below)

- violence in general
- crime in general
- domestic violence / violence in families and partnerships
- domestic violence against women/girls
- elder abuse and neglect
- sexual violence
- violence against children
- deficiencies and problems in elder caregiving
- care and support of older people / gerontological social work / social services
- immigration
- psycho-social problems of women
- psycho-social problems of older people
- psycho-social problems in general
- spiritual health and well-being (spiritual/religious support)
- health care
- Other, namely: _____ (please specify)

22. Is intimate partner violence against older women **one of the issues on your / your organization's current agenda?**

- yes no Please explain your answer:

23. Have you developed **specialised services** for older female victims of intimate partner violence?

yes no If so: What kinds of services?

24. Are older women explicitly stated as a **target group for you / of your organization?**

yes no Please explain your answer:

If so: How do you access this target group?

25. To what extent are you **satisfied with the support** for older female victims of intimate partner violence from your part / on the part of your organization?

I / We did not have any cases of intimate partner violence against older women.

<i>Very unsatisfied</i>			<i>Absolutely satisfied</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6

Explanations

26. Are there **any services you would like to offer** to older female victims of intimate partner violence – in addition to your existing services / the existing services of your organization?

no yes If so: What kinds of services?
(please specify)

27. How many people **work on a paid and permanent basis** in your organization? *(Please count full-time equivalents)*

28. How many people work as **volunteers** for your organization?

29. **Where** are you / where is your organization situated/located (district, county, country)?

Part 4: Personal data

30. Are you **female** or **male**

31. **How old** are you? _____ years

32. What is your **professional background**?

33. What is the **position** you currently hold within your organization?

34. **How long** have you been working in your organization?

For _____ years and _____ months

Thanks a lot for taking the time to fill in the questionnaire. We really appreciate your contribution to gathering relevant information on the topic of intimate partner violence against older women.

35. Are you interested in further information on our research project and in the results of the survey?

no yes If yes, please provide your email-address _____

36. Are you willing to take part in an interview on the issue?

no yes If yes, please provide your name, email-address and telephone number

37. Are you interested in being involved in the discussion of recommendations for future work with older women as victims of intimate partner violence on a national and European level?

no yes If yes, please provide your email-address _____

If there is anything else you would like to tell us, please do so below.

Please send the completed questionnaire to B.Penhale@sheffield.ac.uk

If you wish to return this by post, please return to me at the following address:

**Bridget Penhale
Reader in Gerontology
School of Nursing & Midwifery
University of Sheffield
Samuel Fox House
Northern General Hospital
Herries Road
Sheffield S5 7AU**

Appendix B. Interview guide – older women

Interview guideline for victims of IPV and social data file

Have at hand:

- *Useful information sheet*
- *informed consent form*
- *tape recorder*
- *something to drink*
- *handkerchiefs*
- *paper and pencil*

First of all, thank you very much for agreeing to give an interview. We really appreciate that you have given up your time to do this interview and are willing to share your experiences with us.

I would like to give you some information about why we are doing this interview. This interview is part of a research project, which we are carrying out together with colleagues from 5 other European countries and our study is funded by the European Union. We know from other studies, that a lot of women experience serious conflicts in their partnerships and that living in partnerships may become difficult, agonizing and dangerous for some women. However, we know very little about experiences and perceptions of women older than 60 years who experience such abuse and violence. This is what we are interested in our study. Our aim is to learn from you, to better understand what might happen to older women, what support they seek and what kind of support they might need. We hope that our results will help others to better support older women in the future and we want to give women, who experience serious conflicts and violence, a voice.

I will now give you some information about the interview. This interview will be tape-recorded and typed up so that we can analyze in depth what you have told us. All the information will be used for research purposes only. We can assure you that everything you tell us will be treated confidentially – no one will know your name, where you come from and we will change every/any recognizable detail. After analysis, the tape will be destroyed. The interview will last between 1- 2 hours, but whenever you want to have a break just tell me. If you want to talk longer, this will also be possible. You can stop or interrupt tape-recording or the interview altogether at any point if you feel uncomfortable with the situation and you can certainly decide to not answer specific questions by indicating this to the interviewer as necessary without this having any adverse effects for you.

We previously sent you an information pack about the study which included two copies of the consent form for the study. If you are happy to proceed with the interview please can you read through the form again and complete all the sections (on both forms) as instructed. Your signature means that you understand this information and agree to be interviewed. Please keep one of these forms and we will take the second copy of this for our records.

(A) LIFE HISTORY

Open introductory question

- Please can you tell me a little bit about yourself?
- Have you been married only once?
- Have you had more than one long term relationship?

(If more than one then next question can explore these, however, in depth exploration should be of violent partnerships which lasted beyond age of 60 or started after 60)

Impulse/Trigger for narration on relationship

- Could you please tell me about your marriage/partnership? How did you meet and how has your marriage/partnership been/developed?
Themes to cover:
 - Partner (description)
 - Atmosphere
 - Kind/Type of relationship
 - Gender roles within marriage/ partnership (changes and shifts)
 - Power distribution (changes and shifts)
 - Events and experiences
 - Changes, constant elements
 - Continuation of relationship, divorce, separations (and reasons)
 - Significant figures
 - Children
 - Extended family
 - Conflicts, resolution of conflicts

(B1) Experiencing Violence*

- **You mentioned that you experienced violence by your partner.**
- **Have you experienced this kind of behaviour in former relationships?**
 - Could you tell me what happened?
- **I would now like to talk about your last violent partnership**
 - Can you recall the first violent event? May I ask you what happened?⁹
 - Where did it happen? When did it happen? Was anyone else present? Who?
- **What happened in the following years?**
 - Was this a typical situation?

*Main interests:

- violent partnership which lasted beyond/started after 60
- Violence related changes in long term relationships
- Differences between earlier violent partnerships and violent partnerships after age 60

In general, we should motivate our interviewees to talk about their experiences and we should try our best to avoid a question-answer-interview. That is, to ask open questions (like: please tell me what happened) and if the narration is not very detailed try once more to get more details (like: could you please tell me more about it; or pick up an information you got in the first narration: tell me more about xy or: what happened next...). The interviewees should generate the categories.

- If no: Please could you describe a situation of violence which was/is typical for your experiences
- What were the patterns of the violent acts of your (former) partners and his reactions afterwards?

Themes to be covered:

- Triggers for violent acts (conflict may be one), escalation to violence (cover process of becoming violent & how/whether episodes escalated over time):
 - Tell me how does it start and how does it get worse?
 - Where, when, who else was present (if anyone/was anyone else...),
 - Form/type of violence (physical attacks, threats/menaces, coercion into ..., rape): What exactly happened to you?
 - Duration and frequency of acts: How often did you experience violent behaviour by your partner? How long did this last?
 - *If violence occurred with children in the household*: Where were the children when these violent events were taking place?
 - what happened after the violent events:
- **What did you do after such an event?**
 - Immediate consequences of violence (nature and severity of injuries; referral to a doctor, or to a hospital)
 - Did you have any injuries? *If yes*, what injuries? What did you do? Did you seek help from anywhere/anyone else?
 - Long term outcome of violence: How do you feel the violence has affected you?
 - Reaction and behaviour of partner after violent events: How did your partner react after violent episodes? What did he do?
 - How did your partner explain his behaviour? (explanations/rationale of the partner as regards violent acts)
 - **Please could you tell me your thought/ideas about why this happened?**
 - Please can you tell me about the last time you were assaulted?
 - Please describe the situation/circumstances as detailed as possible.
 - May I ask you about the most violent event you experienced?

(B2) Changes in violence in old age

Only for women who experience long term abuse – not for women who experience abuse in old age for the first time.

- **What do you think about yourself & your partner and how your relationship has changed during/over the years?** (Changes in relationship over the years)
- **Did aggression and violence by your partner change over the years? If yes, what has changed?** (Changes in violence over the years)
- **If there are changes: What has your age and the age of your partner to do with these changes?** (dealing with violence)
- **How do you handle/deal with violence now as opposed to when you were younger?** (age specific aspects of change)

- *If woman has left:*
 - **What did you gain & what did you lose from having left?**
- *If woman is still with abuser:*
 - **What did you gain from not leaving & what would you gain & lose from leaving now?** (Continuity vs discontinuity of living together)
- *For women who experienced abuse by different partners at different ages:*
 - **What is the difference between your earlier violent partnerships and your last relationship in terms of violence?** If so do you think your age and age of your partner has anything to do with these differences?
 - **How did you handle your last violent experiences as opposed to former ones?**

(C) Help, Needs, Rights^

The exploration of help seeking

- **Was there anybody who witnessed or guessed what happened to you? If yes, how did they react?** (Reactions by persons in contact with the victim)
 - Explore the role of family, friends, neighbours, professionals (Social support; special focus: law enforcement) Adult/children's views about the violence
 - Do you think more people could have known? Why?
 - Changes over time
- **Did you tell other people/anyone else about your experiences?** (Help-seeking behaviour)
 - If yes: When did you seek help for the first time? Whom did you tell about your experiences? Where did you seek help?
 - organizations, professionals (esp. police), children, neighbours, friends
 - reactions of friends, neighbours, children,
 - Reactions of the partner: How did your (former) partner react when you sought help? Did he know that you had asked for help?
 - Changes over time

If women has experiences with institutions:

- **You said that you turned to [xxx] organization/professional for support. What were your experiences** (ask for each type of organization/profession mentioned before)
 - Changes over time – if women sought help over long periods of time
 - What were your expectations
 - Duration and frequencies of contact; when several contacts: more than one contact person/person in charge?
 - Measures set by the organization(s)/what kind of support/ how long did the support last?

- Behaviour of the staff towards you
- Effectiveness of the interventions / consequences
- Feeling of safety afterwards / fear of further assaults
- **If you experienced a similar situation again, what organization/who would you contact? Why?**
- **To which organizations wouldn't you turn again? And why not?**
- **Was there anybody (else) who was supportive to you? If yes: Who? How?**
- **There are several laws which should protect women from partner violence – do you know these laws? What do you know? When did you learn about these laws?**
- **How did you cope with this situation/your experiences?**
 - What was helpful for you to be able to cope with this experience?

Barriers to help-seeking

- **There are several other organizations and persons who might be helpful in such a situation (give some examples which haven't been mentioned before, e.g. doctors, women's shelters).**
 - Did you consider contacting them? Why didn't you seek their help?
- **(if didn't seek help) Please can you tell me a little about why you did not seek help at all?**
- **What kind of support would you have needed/liked which was not available?**
 - Why do you think it is not available?
- **How do you think your needs have changed with age?**
- **Is there any message that you would like to pass on to other women, who find themselves in your situation?**
 - What could others learn from your experience? What is your legacy? What message would you like to leave for the future?

²The exploration of help seeking behaviour and needs should include the whole experience of violence but should concentrate on experiences in old age (especially in-depth exploration of experiences with institutions)

Feedback on Interview: Is there anything that you would like to say about this interview?

Thank you very much for this interview!

^ We decided to talk about rights and the availability of help in the last section. I think this is connected to the aim of empowering victims and giving them information on possible help and support on the one hand and on her rights on the other hand. This should be addressed at the very end of the interview. We might ask, if the person is informed about the regional options available and if she knows about her rights and the legal framework and accordingly give her information. As options and legal rights are different in every country we should deal with this without a standardised approach.

Appendix C. Information leaflet – older women



Information leaflet – female participants A study about partner violence and older women

You are being invited to take part in a research study. Before you decide whether or not you would like to take part it is important that you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

We know from previous studies that a lot of women can experience serious conflicts in their partnerships and we know that these partnerships may become difficult, agonizing and dangerous for some women. However, we know very little about the experiences and perceptions of women older than 60 years who experience such abuse and violence. This is what we are interested in our study. Our aim is to learn from you, to better understand what might happen to older women, what support they seek and what kind of support they might need. We hope that our results will help others to better support older women in the future and we want to give women, who experience serious conflicts and violence in their partnerships, a voice.

Do I have to take part?

It is completely up to you to decide whether or not to take part. It is important that you read this information sheet so that you can make an informed choice about whether or not you would like to proceed. If you do decide to participate in the study you are free to withdraw from the research at any time and do not have to give a reason. Your rights will not be affected in any way if you decide to withdraw.

What will happen to me if I take part?

If you decide to take part you will be asked to answer some questions within an interview with a member of our research team. It is envisaged that the interview will last between 1 hour and 2 hours – although this will be determined by how long you would like to talk for. The interview will be taped so that it can be typed up and analysed at a later point in time.

What would I have to do?

If you would like to take part, you will be asked to:

- Sign both copies of the consent form.
- Keep one signed copy of the consent form and this information sheet for your own records.
- Take part in an interview at a location and time that is convenient for you.

What are the possible disadvantages and risks of taking part?

You may find some of the questions quite personal and may not wish to answer them. If there are any questions which make you feel uncomfortable or you find upsetting you can decide to not answer these questions. You can stop or interrupt tape-recording or the interview altogether at any point if you feel uncomfortable with the situation without having to give a reason. Your rights will not be affected in any way if you decide to withdraw.

What are the possible benefits of taking part?

There might be no immediate or direct benefits to you. However, this research will help us gain a better understanding of how partner violence affects older women. This information will be used to inform organizations and policy makers about more effective ways of supporting older women who have experienced partner violence

Will my taking part in this study be kept confidential?

All of the information that you provide us for this study will be kept **strictly confidential**. To protect your privacy the following measures will be taken to ensure that no-one, apart from the research team (Bridget Penhale & Jenny Porritt) will have access to your identity:

- Your name and other identifying details (e.g. where you are from) will not appear on any report or publication which arises from this research.
- You will be allocated a code number which will be used as an identifier when your interview is transcribed (typed up). Only the research team will know your name and code number.
- The tape recordings will be kept in a safe locked cabinet at the University of Sheffield and stored in secure locations (which are password protected) on the researchers' computers.
- All tape recordings will be kept strictly confidential and will be destroyed after completion of the project on 31st December 2010.

If there is any information disclosed during the course of the interview that concerns the researcher (e.g. information that a crime is about to be committed or somebody is at risk of significant harm) then confidentiality may have to be broken. However, if this situation does arise your prior consent to share this information will be sought.

What will happen to the results of the research study?

Following completion of the study if you have indicated you would like to be sent a copy of the results of the study then we will write to you giving you a summary of our findings. We hope that you will find this report interesting and that it will give you some understanding of other women's experiences, who may have been in similar situations to you. We will also produce anonymous reports and related publications based on the results of the study.

Who is organising and funding the research?

The Principal Investigator for this study is Ms Bridget Penhale and Jenny Porritt is a Research Assistant working on the project. Both researchers are from the School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU. This interview is part of a research project, which we are carrying out together with colleagues from 5 other European countries and our study is funded by the European Union.

Who has reviewed the study?

The study's protocol has been reviewed and approved by the University of Sheffield Ethics Review System.

Who can I contact for further information?

Further information about the study, is available from Jenny Porritt, School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU. Phone 0114 2269774 or Email j.porritt@sheffield.ac.uk

Alternatively, you can contact Ms Bridget Penhale, School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU. Phone 0114 2269606 or Email b.penhale@sheffield.ac.uk

What if I wish to complain about the way in which the study has been conducted?

If you have any complaints or concerns in the first instance please contact the Principal Investigator: Bridget Penhale Phone 0114 2269606.

Should you wish to contact an individual outside of the research team please contact: Professor Anne Peat, Dean of the School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU. Phone 0114 2269618 or Email a.m.peat@sheffield.ac.uk

Thank you for reading this!

Appendix D. Consent form



CONSENT FORM FOR INTERVIEW

Title of Project: Intimate Partner Violence and Older Women

Name of Researchers: Jenny Porritt, Research Assistant
Bridget Penhale, Reader in Gerontology

Please initial all boxes

1. I confirm that I understand the information I have been given about the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected. If this occurs, any data or recording collected from me will not be included in the research unless I wish it to be.

3. I understand that all discussion taking place in the interview is confidential and that the information generated will be kept according to the 1998 Data Protection Act guidelines*.

4. I agree that the discussion can be recorded and transcribed (typed up) for the purposes of the analysis and used in anonymous reports/publications.

5. I agree to take part in the above study.

Name of Individual	Date	Signature
--------------------	------	-----------

Researcher taking consent	Date	Signature
---------------------------	------	-----------

Lead researcher	Date	Signature
-----------------	------	-----------

Please keep one copy of this form and return the additional copy to a member of the research team – thank you.

Appendix E. Social data form – older women

Social data Interviewee

How old are you? _____ years

What is your educational background? _____

Do you have a job right now? _____

What is your professional background? _____

What was your occupation? _____

When did you have a job for the last time? (year)

How many years did you have a job in your life?

Do you gain your own pension out of these employments? yes no

How many persons belong to your household (including you)? _____ Person(s)

Who are those other persons? _____

What is your marital status? _____

Do you have any sons/daughters with the aggressor? How many _____

Age? _____

Do you have contact with your sons/daughters? _____

Do you have any sons/daughters with another partner? How many?

Age? _____

Do you have contact with your sons/daughters? _____

Do you have any major health problems? _____

Do you need help for daily living activities? _____

Can you tell me something about the amount of money your household has every month at its disposal?

less than £500 monthly

£501 to 1.000 monthly

£1.001 to 1.500 monthly

£1.501 to 2.000 monthly

£2.001 to 3.000 monthly

£3.001 to 4.000 monthly

£4.001 and more monthly

Do you have access to this money? _____ Can you tell me about the amount of this money you personally have every month at your disposal?

(Former) Partner/Husband (s)

How old is your (former) partner/husband now? _____ years

What is his educational background? _____

Does he have a job right now? _____

What is his professional background? _____

What was his occupation? _____

When did he have a job for the last time? (year)

How many years did he have a job in his life? _____

Does the batterer have children of his own? yes no

If yes, how many? _____

How old are his children today? _____

Do you have contact with his children? yes no

Do you live with his children? yes no

Does he have any major health problems? _____

Can you tell me something about the amount of money he has every month to his disposal?

- less than £500 monthly
- £501 to 1.000 monthly
- £1.001 to 1.500 monthly
- £1.501 to 2.000 monthly
- £2.001 to 3.000 monthly
- £3.001 to 4.000 monthly
- £4.001 and more monthly

Appendix F. Interview postscript – older women

Interview Postscript (IPS)

DAPHNE III project "Intimate partner violence against older women" (IPVoW)
Interviews with older victims of IPV

Interviewer: _____

Interview date (dd/mm/yyyy): / /

Interview **started** at (hh:mm): : hrs

Interview **ended** at (hh:mm): : hrs

Interview successfully tape-recorded? Yes No

Where applicable: Why not? _____

Interview location: _____ (includes: type of room)

Were there any **interferences / disturbances** in the course of the interview?

Yes No

If so: What kinds of interferences / disturbances?

Were **persons other than interviewer(s) / interviewee(s)** present during the interview?

No

Yes, permanently / for a longer period of time

Yes, for a short period of time

If yes: Explanations regarding 3rd persons' presence (person, circumstances, duration, possible influence on interview etc.)

Information provided by interviewee before tape-recording started?

Information provided by interviewee after tape-recording ended?

What central messages / key themes did interviewee bring forward?

What was special about this interview?

'Eye openers' provided by interview / possible starting points for data analysis and interpretation

Other noticeable features / impressions / problems

Ratings of key interview features

(please mark appropriate answer)

Interviewee's perceived openness

-3 -2 -1 0 1 2 3

Very closed lip very open

Perceived quality of interaction with interviewee

-3 -2 -1 0 1 2 3

Very bad very good

Perceived concreteness of information provided by interviewee

-3 -2 -1 0 1 2 3

Very vague very concrete

Perceived reliability of information provided by interviewee

0 1 2 3 4 5 6

not at all very much

Perceived strain experienced by interviewee during interview

0 1 2 3 4 5 6

not at all very much

How did interviewee get into interview sample?

- Via staff interview
- Via institutional survey
- Other (please specify):

Date and time of completion of Interview Postscript

Date (dd/mm/yyyy): / /

Time (hh:mm): : hrs

Appendix G. Recruitment poster



Could you help us with our research?

- Are you a female over 60 years old?
- Since turning 60 have you ever experienced your partner behaving in a way that makes you feel distressed, intimidated or scared?

If you answered **yes** to the above questions please keep reading as you may be interested in taking part in our study

Information about our study

We are a small research team at the University of Sheffield interested in learning more about older women's experiences of difficult relationships. We would like to interview a range of women to find out more about:

- How difficult relationships affect older women
- The type of support that older women who experience difficult relationships would find helpful

If you are interested in learning (a little) more about the study please tear off a strip below and contact us by phone or email for further information. There will be no pressure to take part in the study and should you decide to take part in the study you will be free to change your mind at any point without having to give a reason. **All contact with the research team will be treated with the strictest of confidence.**

Contact details: University of Sheffield, Samuel Fox House, Northern General Hospital, S5 7AU.
Phone 0114 2269606 (Bridget) or Email b.penhale@sheffield.ac.uk

Thank you very much
for your interest in our study

Please contact Jenny or Bridget
to find out more information

Telephone:
07790336668 (Jenny)
07903114736 (Bridget)

Email:
j.porritt@sheffield.ac.uk (Jenny)
b.penhale@sheffield.ac.uk (Bridget)

Thank you very much
for your interest in our study

Please contact Jenny or Bridget
to find out more information

Telephone:
07790336668 (Jenny)
07903114736 (Bridget)

Email:
j.porritt@sheffield.ac.uk (Jenny)
b.penhale@sheffield.ac.uk (Bridget)

Appendix H. Recruitment advert



Could you
help us with
our research?



Are you female and over 60 years old?

Since turning 60 have you ever experienced your partner or ex-partner behaving in a way that makes you feel distressed, intimidated or scared?

If you answered yes to the above please keep reading as you may be interested in taking part in our study. We are hoping to interview a range of women to learn more about how difficult relationships affect older women and to improve services. For more information about the study please contact us by phone or email. There will be no pressure on you to take part, all contact with the researchers will be treated in confidence.

Contact details: University of Sheffield, Samuel Fox House, Northern General Hospital, S5 7AU. Phone **0790 3114736** (Bridget Penhale) or **0114 2269778** (Jenny Porritt). Email j.porritt@sheffield.ac.uk

Appendix I. Useful information leaflet – older women



Useful Information

Thank you again for taking part in this research study and for sharing your experiences with us. If you would like any additional information about this study please contact Bridget Penhale (0114 2269606 / b.penhale@sheffield.ac.uk) or Jenny Porritt (0114 2269774 / j.porritt@sheffield.ac.uk). Address: School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU.

Helpful telephone numbers and websites

Below is a list of key organizations that provide information and support for people who have experienced domestic abuse. Please remember that if you want to be completely sure that your partner can not see what you have looked at on the internet, the safest thing to do is to access the internet at a local library, an internet cafe, a friend's house or at work.

Details of help and support available locally can be obtained by contacting Women's Aid:

Helpline: 0808 2000 247

Free 24-hour domestic violence helpline.

Website: <http://www.womensaid.org.uk/>

Provides support and advice for women and children victims of domestic violence. Website includes:

- 'Survivors forum' where you can read about other people's experiences and, if you wish, become involved in online discussions.
- Women's Aid report – 'Older women and domestic violence'.
- 'Survivors handbook' which includes information and advice on a range of topics which may be relevant to women who have experienced/are experiencing domestic violence including financial, housing and legal issues. Available in different languages.

Refuge website: <http://refuge.org.uk>

UK charity providing support and advice for women and children victims of domestic violence. Website includes:

- Links, useful numbers, general advice and information.
- Information on volunteering: volunteering@refuge.org.uk

Rights of Women: 020 7251 8887 <http://www.rightsofwomen.org.uk>

Provides a sexual violence advice line and also provides free legal advice for women. Type talk number: 020 7490 2562. (Monday 11am–1pm; Tuesday 10am–12noon).

Samaritans: 0845 7909 090 www.samaritans.org.uk

Provides 24-hour confidential emotional support to anyone experiencing feelings of distress. Type talk number: 08457 90 91 92.

Shelter: 0808 800 4444 www.shelter.org.uk

Free helpline for anyone experiencing housing problems. Provides advice and information on housing, legal and financial issues for victims of domestic violence. Type talk calls to helpline welcome. (Mon – Fri 8am–8pm; weekends 8am–5pm).

Victim support: 0845 3030 900 www.victimsupport.org.uk

Provide confidential emotional support and practical help to victims of crime, their family, friends and anyone else affected. Can also provide information on police and court procedures. Type talk number: 19001 0845 3030 900. (Mon – Fri 9am-9pm; weekends 9am-7pm; bank holidays 9am-5pm).

Action on Elder Abuse: 0808 808 8141 www.elderabuse.org.uk

Free helpline providing confidential emotional support and practical help to people who have experienced elder abuse, their family, friends and anyone else affected. Provides information about the nature of elder abuse and what action might be taken in response to abuse or to prevent it (Mon-Fri 9am-5pm)

Broken Rainbow: 0300 999 5428 www.broken-rainbow.org.uk

Provides support for gay, lesbian, bisexual and transsexual people who are or have been the victim of domestic violence. (Mon 2pm-8pm; Wed 10am-1pm; Thurs 2-8pm).

Rape crisis: www.rapecrisis.org.uk. Provides info and support for victims of rape and sexual abuse.

Appendix J. Short interviewee form – staff

Short Interviewee Form (SIF)

**DAPHNE III project "Intimate partner violence against older women" (IPVoW)
Interviews with practitioners**

1. Interviewee's gender: Female Male

2. What is your age? ____ Years

3. What is your professional education / your professional background?

4. *Some questions on your current job:*

What institution / organization do you work for?

What's your job title? _____

What does your work involve? What do you do?

Are you currently working full time? Yes No

How many hours do you work in a typical week?

For how long have you been working for this institution?

Appendix K. Interview guides - staff

Interview guide – Staff with case knowledge

Introduction

First of all, we would like to thank you and your organization for participating in our study and contributing valuable information to our understanding of IPV against older women. We would like to ask you some more details on the issue of intimate partner violence against older women so that we can achieve a more depth understanding of this topic.

In order to learn from what you tell us we will need to tape record it. We will keep everything you say confidential. In all published results from our study, names of persons, organizations etc. will be anonymised. It is possible that some of the questions may lead to you recalling memories of unpleasant events and experience negative emotions. You do not have to answer any questions which make you feel uncomfortable and you decide what you are going to tell me. If you want me to stop the tape recording at any point, please feel absolutely free to tell me. You are free to stop or withdraw at any point without this having any adverse effects for you.

We previously sent you an information pack about the study which included two copies of the consent form for the study. If you are happy to proceed with the interview can you read through the form again and complete all the sections (on both forms) as instructed. Your signature means that you understand this information and agree to be interviewed. Please keep one of these forms and we will take the second copy of this for our records.

OR (if a telephone interview)

We previously sent you an information pack about the study which included two copies of the consent form for the study. If you are happy to proceed with the interview can you read through the form again and complete all the sections (on both forms) as instructed. Your signature means that you understand this information and agree to be interviewed. Please post one of the forms back to us so that we can keep this in our records.

Personal and institutional background

(Use short interviewee form (SIF) for staff interviews with case knowledge)

- Gender
- Age
- Professional education / background?
- What is your organization?
- Could you give me a little more information on your agency and the work that is done?
- Job title?
- What does your work involve, what do you do?
- To what extent does your job relate to topics of IPV?
- To what extent is your job related to topics of aging/older people?
- Full time? How many hours?
- How long have you worked for agency?

- Have your tasks changed over time? How?
- Where were you working before?
- If previously did related work....how many years experience do you have working in IPV or ageing older people?

Open introductory questions

- When you hear the term Intimate partner violence against older women what do you think this means?
- How would you define intimate partner violence?
- Do you think there are certain groups of older women who are most at risk of experiencing IPV?
- Do you think there has been any change in attitudes towards this issue in recent years?
- Do you think there will be any change in attitude towards this issue in future years?
- What are your and your institution's experiences with this topic?

In-depth exploration of cases of IPV against older women

- In case that we know the numbers from the questionnaire – refer to the information already given.*

In the survey you mentioned, that you were in contact with xxx cases of intimate partner violence against older women in the years 2006 to 2009.

- In case we do not know the numbers:*

Looking back at the years 2006 to 2009: With about how many cases of IPV against women aged 60 and above have you been in contact? How was it in the years before 2006?

- In case that it is not clear,*

Do you think this is a high or low number?

In case that the interviewee only has little case knowledge (1-3 cases): only explore the cases (next question) skip these general questions.

- Can you tell me about the kinds of cases of intimate partner violence against older women you have been dealing with?

○What happened to these older women?

Among defining characteristics may be Type of violence; onset, duration and frequency of violent acts; characteristics of perpetrators and of victim-perpetrator relationships, causes, motives, and triggers of IPV; health and psychosocial consequences, etc. But again: generally let interviewees generate categories.

○Who were these older women? What characterized them?

Among defining characteristics may be age, social and immigration status, health status, need for care/support etc. But generally let interviewees generate categories.

- What do you know about reactions of the social and professional environment – like general practitioners, for example - to these older women becoming victims of IPV?
- How do older female victims of IPV cope with their experiences of violence?

In depth case discussions

- Could you please describe in detail the case you have worked with most recently (or an interesting case (where age specific patterns obvious) or a case that you remember, or a case that you were heavily involved in)?

Let interviewee describe case and where necessary add probing questions to gain information on victim characteristics and victim's living conditions; perpetrator characteristics; victim-perpetrator relationship; types of violence; onset, frequency and duration of violence; causes, motives, and triggers of IPV; health and psychosocial consequences; victim's help seeking behaviour (and history of seeking help); reactions of family, friends and professionals; conditions and mode of getting into contact with interviewee / interviewee's institution; interviewee's / interviewee's institution's way of working with victim, of handling and managing this case; cooperation with other institutions; further case history and case outcome.

How do other cases of IPV against older women with whom you have been in touch differ from the case we just spoke about? Could you please describe one of these other cases?

Let interviewee describe case and where necessary add probing questions to gain information on victim characteristics and victim's living conditions; perpetrator characteristics; victim-perpetrator relationship; types of violence; onset, frequency and duration of violence; causes, motives, and triggers of IPV; health and psychosocial consequences; victim's help seeking behaviour (and history of seeking help); reactions of family, friends and professionals; conditions and mode of getting into contact with interviewee / interviewee's institution; interviewee's / interviewee's institution's way of working with victim, of handling and managing this case; cooperation with other institutions; further case history and case outcome.

Working with cases of IPV against older women

A special focus of our study is about how older women who are victims of violence get into contact with specific institutions and how professionals work with this group of clients.

- Let me first ask: How do you typically get referrals of IPV cases against older women?
 - How do older female victims of IPV get in touch with your institution?
 - If self refer - Why do victims refer themselves to your organization?
 - What kind of support and assistance does your institution offer specifically for older female victims of IPV?
 - How do you work with these women?
 - How do you think older victims of IPV search for help before they turn to your institution?
 - *“To what extent is this specific for this group? How does it differ from other clients [from younger women becoming victims of IPV?” Interviews aim at contrasting this specific field of working with older female victims of IPV with professional experience in other fields.*
 - *If possible, younger female victims of IPV should be used as reference / contrast group. However, for some institutions (e.g. counselling services for the elderly) this will not be possible.*
- What kinds of support do older female victims of IPV seek?
- How do older female victims of IPV respond to your support and services?
- How do cases of IPV against older women develop after you have started your casework?
- How far did your intervention contribute to this development?
- How satisfied are you with your work in cases of IPV against older women?
- What specific problems and challenges are connected with these cases?
 - What could be improved?
 - What lessons do you think could be drawn from your work with older women who have experienced partner violence?
 - Is there anything you have learnt from working in this area?
 - Does it trigger anything in you when you work with older women who have been the victims of IPV?

Co-operation other organizations

- Do you cooperate with other institutions in cases of IPV against older women?
 - If so:
 - What other institutions are involved in your cases of IPV against older women?
 - How do you cooperate with other institutions in these cases?
 - What works well in this cooperation, what could be improved?
 - What institutions are missing from cooperation?

- To what extent does your institution report cases of IPV against older women to law enforcement?
- How would you describe your cooperation with institutions of law enforcement/criminal justice in cases of IPV against older women?

Outreach

In general, law enforcement and criminal justice know about only few cases of IPV against older women. This is true also for most battered women's shelters and victims support institutions.

- What can be done to improve outreach to these victims?
- What specific needs may older female victims of IPV have?
- To what extent is your institution adequately prepared to work with these victims?
- How could you improve your work in this respect?
- Do you know of any plans in your institution or municipality to address this issue beyond existing services and approaches?
- What framework would you need to improve your services for these victims?
- What framework is needed to improve services for these victims in general?

Final questions

- We have spoken about different aspects connected to IPV in old age. Is there anything, which is important from your point of view that we failed to ask and you would like to mention?
- Do you have any ideas about who would be a good interview partner on this issue?
- Finally I would like to give you the opportunity to give us any feedback about this interview.

Thank you very much!

Daphne IPVoW Staff without case knowledge

1. Introduction:

First of all, we would like to thank you and your organization for participating in our study and contributing valuable information to our understanding of IPV against older women. We would like to ask you some more details on the issue of intimate partner violence against older women so that we can achieve a more depth understanding of this topic.

In order to learn from what you tell us we will need to tape record it. We will keep everything you say confidential. In all published results from our study, names of persons, organizations etc. will be anonymised. It is possible that some of the questions may lead to you recalling memories of unpleasant events and experience negative emotions. You do not have to answer any questions which make you feel uncomfortable and you decide what you are going to tell me. If you want me to stop the tape recording at any point, please feel absolutely free to tell me. You are free to stop or withdraw at any point without this having any adverse effects for you.

We previously sent you an information pack about the study which included two copies of the consent form for the study. If you are happy to proceed with the interview can you read through the form again and complete all the sections (on both forms) as instructed. Your signature means that you understand this information and agree to be interviewed. Please keep one of these forms and we will take the second copy of this for our records.

OR (if a telephone interview)

We previously sent you an information pack about the study which included two copies of the consent form for the study. If you are happy to proceed with the interview can you read through the form again and complete all the sections (on both forms) as instructed. Your signature means that you understand this information and agree to be interviewed. Please post one of the forms back to us so that we can keep this in our records.

2. Personal and institutional background

(Use short interviewee form (SIF) for staff interviews with case knowledge)

- Gender
- Age
- Professional education / background?
- What is your organization?
- Could you give me a little more information on your agency and the work that is done?
- Job title?
- What does your work involve, what do you do?
- To what extent does your job relate to topics of IPV?
- To what extent is your job related to topics of aging/older people?
- Full time? How many hours?
- How long have you worked for agency?
- Have your tasks changed over time? How?
- Where were you working before?
- If previously did related work....how many years experience do you have working in IPV or ageing older people?

3. Background/Associations with the topic

- What comes to your mind when you think of intimate partner violence against older women?
 - What is your understanding of what IPV or DV? (if necessary give explanation of what is meant by this term within the project)
- Do you have experience with this topic in professional or private life?
- How important do you think this topic is?

4. (No) Contact with cases of IPV against older women

- In the survey you mentioned that you were not in contact with cases of intimate partner violence against older women during the years 2006 to 2009.
- Has anything changed since you completed the survey?
- Did you have any experience of cases before 2006?
- If yes - Could I ask you a few questions about these cases

If they have had experience of cases:

Can you tell me about the kinds of cases of IPV against older women you have dealt with?

- What happened to these older women?
 - (e.g. type violence, onset, duration, frequency, perpetrator's characteristics, triggers IPV, psychosocial consequences)
- Who were they- what characterised them?
- What do you know about professional's reactions to the older women who are victims of IPV?
- How do you think older female victims cope with their experiences of violence?
- Can you recall an interesting case that you are happy to talk about in a bit more detail?
 - or case very much involved in
 - or a case you remember very clearly
- How do other cases of IPV differ from the case we just spoke about?

If there were no cases at all:

- What do you think might be the reasons for older women referring themselves or being referred to your organization?
- What do you think are the reasons that older women might not be referred/refer themselves to your organization?
- Where else do you think they might be referred
- Where do you think they should be referred?

5. Service / work

Now, I would like to speak with you in a bit more detail about the services you offer and the kind of clients you work with in your organization. (if not yet sufficiently covered by SIF)

- If no experience of IPV - What they are doing? With whom? Why? Under what circumstances?
- What are the services you offer to women aged 60 and older?
- How do you work with women aged 60 and older in your organization?
- How do you reach older women that are 60 and older?
- What issues do you normally talk about with your clients, would you discuss personal issues/problems?
 - Do you talk about Intimacy with partner; relationships in the family; relationships with adult children; emotions such as happiness, suffering, loneliness, trust and mistrust and experiences with others in the family and outside supports (formal and informal);
- If you encounter cases where older women have been the victims of IPV do you give information about these cases to other appropriate agencies?
 - In what circumstances do you share information about cases with other organizations/institutions?
 - Which ones you decide to handle alone and which ones you refer? In what cases? What is this based on?
 - When do you refer and when not?
 - How do you work together with other institutions/organizations?
 - What are the areas of collaboration? Are there ever any tensions or frictions
 - Is there a continuum of institutions? What is the continuum based on
- Do you think your organization should deal with IPVoW - why/ Why not?

Outreach / improvements

- Do you do outreach? If so – how? If not – why not?
- What do you think might/can be done to improve outreach to older victims of IPV?
- What do you think stops your organization from including IPV against older women in their work?
 - How could you include the topic of IPV against older women
 - How willing is your organization to work with these victims? What limitations are they? What are the pros and cons
- How could you work with older women aged 60 and older that turn/refer themselves to your organization?
 - How could you improve your own work/services with regards to older women? What are the obstacles to do so?
 - What specific needs might older women that are 60 and older who experience IPV have?
- Do you know about plans in your community/district or your organization to address this issue beyond existing services?
- What framework would be needed in order for your organization to improve service for older victims of IPV
- What framework do you think would be needed for services generally to be able to meet the needs of older victims of IPV?

4. Final question(s)

- If you could change the ways you support older victims of partner violence what would you do?
- If you would had unlimited resources what would you do in the area of IPV with older women?

- Is there anything else you feel is important to say, which we've not covered?
- Do you know of any other people who might be willing to undertake an interview on this subject with us?
- Is there anything that you would like to say about the interview
- Would you like to be sent a copy of a report of the findings of the study when these are ready?

Thank you for the interview!

Appendix L. Interview postscript – staff

Interview Postscript (IPS)

DAPHNE III project "Intimate partner violence against older women" (IPVoW)

Interviews with practitioners

Interviewer: _____

Interview date (dd/mm/yyyy): ___ / ___ / ___

Interview **started** at (hh:mm): ___ : ___ hrs

Interview **ended** at (hh:mm): ___ : ___ hrs

Short Interviewee Form (SIF) filled in? Yes No

Where applicable: Why no SIF? _____

Interview successfully tape-recorded? Yes No

Where applicable: Why not? _____

Interview location: _____ (includes: type of room)

Were there any **interferences / disturbances** in the course of the interview?

Yes No

If so: What kinds of interferences / disturbances?

Were **persons other than interviewer(s) / interviewee(s)** present during the interview?

No

Yes, permanently / for a longer period of time

Yes, for a short period of time

If yes: Explanations regarding 3rd persons' presence (person, circumstances, duration, possible influence on interview etc.)

Information provided by interviewee before tape-recording started?

Information provided by interviewee after tape-recording ended?

What central messages / key themes did interviewee bring forward?

What was special about this interview?

'Eye openers' provided by interview / possible starting points for data analysis and interpretation

Other noticeable features / impressions / problems

Ratings of key interview features

(please mark appropriate answer)

Interviewee's perceived openness

-3 -2 -1 0 1 2 3

Very closed lip very open

Perceived quality of interaction with interviewee

-3 -2 -1 0 1 2 3

Very bad very good

Perceived concreteness of information provided by interviewee

-3 -2 -1 0 1 2 3

Very vague very concrete

Perceived reliability of information provided by interviewee

0 1 2 3 4 5 6

not at all very much

Perceived strain experienced by interviewee during interview

0 1 2 3 4 5 6

not at all very much

How did interviewee get into interview sample?

- Screened via institutional survey
- Other (please specify):

Date and time of completion of Interview Postscript

Date (dd/mm/yyyy): / /

Time (hh:mm): : hrs

Appendix M. Information leaflet – staff



Information leaflet - Professionals A study about partner violence and older women

You are being invited to take part in a research study. Before you decide whether or not you would like to take part it is important that you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

Whilst intimate partner violence is recognised as a serious problem the issue of partner violence among older people has received little attention. It is proposed that research needs to proactively address issues concerning violence and older women in order to develop services and programs, which can be tailored to their needs. The proposed study aims to fill in the knowledge gaps identified within the research literature and focus on intimate partner violence beyond the age of 60. The overall aim of the project is to investigate the experiences of older women who have been victims of intimate partner violence. The research project aims to further our understanding of the support needs of older women who have been victims of intimate partner violence. It is hoped that the information gained from this research will benefit older female victims of intimate partner violence, service providers in domestic violence intervention, providers of services for elderly people, policy makers and research communities.

Do I have to take part?

It is completely up to you to decide whether or not to take part. It is important that you read this information sheet so that you can make an informed choice about whether or not you would like to proceed. If you do decide to participate in the study you are free to withdraw from the research at any time and do not have to give a reason. Your rights will not be affected in any way if you decide to withdraw.

What will happen to me if I take part?

If you decide to take part you will be asked to answer some questions within an interview with a member of our research team. It is envisaged that the interview will last between 30 to 45 minutes. The interview will be taped so that it can be typed up and analysed at a later point in time.

What would I have to do?

If you would like to take part, you will be asked to:

- Sign both copies of the consent form.
- Keep one signed copy of the consent form and this information sheet for your own records.
- Take part in an interview at a location and time that is convenient for you.

What are the possible disadvantages and risks of taking part?

You may find some of the questions quite personal and may not wish to answer them. If there are any questions which make you feel uncomfortable or you find upsetting you can decide to not answer these questions. You can interrupt or stop

the tape-recording or the interview altogether at any point if you feel uncomfortable with the situation without having to give a reason. Your rights will not be affected in any way if you decide to withdraw.

What are the possible benefits of taking part?

There might be no immediate or direct benefits to you. However, this research will help us gain a better understanding of how partner violence affects older women. This information will be used to inform organizations and policy makers about more effective ways of supporting older women who have experienced partner violence.

Will my taking part in this study be kept confidential?

All of the information that you provide us for this study will be kept **strictly confidential**. To protect your privacy the following measures will be taken to ensure that no-one, apart from the research team (Bridget Penhale & Jenny Porritt) will have access to your identity:

- Your name and other identifying details (e.g. where you are from) will not appear on any report or publication which arises from this research.
- You will be allocated a code number which will be used as an identifier when your interview is transcribed (typed up). Only the research team will know your name and code number.
- The tape recordings will be kept in a safe locked cabinet at the University of Sheffield and stored in secure locations (which are password protected) on the researchers' computers.
- All tape recordings will be kept strictly confidential and will be destroyed after completion of the project on 31st December 2010.

If there is any information disclosed during the course of the interview that concerns the researcher (e.g. information that a crime is about to be committed or somebody is at risk of significant harm) then confidentiality may have to be broken. However, if this situation does arise your prior consent to share this information will be sought.

What will happen to the results of the research study?

Following completion of the study if you have indicated you would like to be sent a copy of the results of the study then we will write to you giving you a summary of our findings. We hope that you will find this report interesting and that it will give you some understanding of old women's experiences. We will also produce anonymous reports and related publications based on the results of the study.

Who is organising and funding the research?

The Principal Investigator for this study is Ms Bridget Penhale and Jenny Porritt is a Research Assistant working on the project. Both researchers are from the School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU. This interview is part of a research project, which we are carrying out together with colleagues from 5 other European countries (Austria, Hungary, Poland, Germany and Portugal) and our study is funded by the European Union.

Who has reviewed the study?

The study's protocol has been reviewed and approved by the University of Sheffield Ethics Review System.

Who can I contact for further information?

Further information about the study, is available from Jenny Porritt, School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU. Phone 0114 2269774 or Email j.porritt@sheffield.ac.uk

Alternatively, you can contact Ms Bridget Penhale, School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU. Phone 0114 2269606 or Email b.penhale@sheffield.ac.uk

What if I wish to complain about the way in which the study has been conducted?

If you have any complaints or concerns in the first instance please contact the Principal Investigator: Bridget Penhale Phone 0114 2269606.

Should you wish to contact an individual outside of the research team please contact: Professor Anne Peat, Dean of the School of Nursing and Midwifery, University of Sheffield, Samuel Fox House, Northern General Hospital, Herries Road, Sheffield. S5 7AU. Phone 0114 2269618 or Email a.m.peat@sheffield.ac.uk

Thank you for reading this!

Co-financed by the European Commission
within the Daphne III programme
by DG Justice, Freedom and Security

