OLDER WOMEN'S LIFELONG EXPERIENCE OF DOMESTIC VIOLENCE IN NORTHERN IRELAND

EXECUTIVE SUMMARY

A CAP-FUNDED RESEARCH PROJECT REPORT

January 2010

'Abuse of older women is not generally age based, rather it is often 'domestic violence grown old' – a continuation of violence started earlier in life'

Anne Lazenbatt
John Devaney
Aideen Gildea

Queen's University Belfast

OLDER WOMEN & DOMESTIC VIOLENCE IN NORTHERN IRELAND:

COPING WITH LIFELONG ABUSE

About the authors

Anne Lazenbatt, PhD. is a health psychologist and NSPCC Reader in Childhood Studies based in the Institute of Child Care Research in the School of Sociology, Social Policy and Social Work at Queen's University Belfast. She was previously Head of Research and Development in the School of Nursing and Midwifery, Queen's University. Her research interests are focused around ''vulnerability, violence and abuse', with particular emphasis on domestic violence and emotional and mental health; and on the development of 'theoretical and methodological models of evaluation of health and social care'.
http://www.qub.ac.uk/schools/SchoolofSociologySocialPolicySocialWork/Staff/AcademicStaff/AnneLazenbatt/

John Devaney, PhD. is a lecturer in social work in the School of Sociology, Social Policy and Social Work, at Queen's University Belfast. Prior to this he worked as a practitioner and manager in children's social services in the statutory sector for twenty years in Northern Ireland. His research interests include familial violence, the impact of adversity in childhood on later adult outcomes, and non-accidental child deaths. He is chair of the Northern Ireland Branch of the British Association for the Study and Prevention of Child Abuse and Neglect, and Associate Editor with the journal Child Abuse Review.
http://www.qub.ac.uk/schools/SchoolofSociologySocialPolicySocialWork/Staff/AcademicStaff/JohnDevaney/

Aideen Gildea is a research Health Visitor based in the Institute of Child Care Research in the School of Sociology, Social Policy and Social Work at Queen's University Belfast. She previously worked as a health visitor in the community with children and their families within the Craigavon & Banbridge HSS Trust and in South and East Belfast Trust. Her research interests include child growth and development, parenting, neglect, childhood obesity and early interventions. She is also very interested in the growing area of concern in child-health, the rise and impact of mental-health problems among families.
http://www.qub.ac.uk/research-centres/InstituteofChildCareResearch/StaffDirectory/AideenGildea/#d.en.52561

ACKNOWLEDGEMENTS

The authors wish to thank the Atlantic Philanthropies and the Institute of Governance, Queen's University of Belfast for funding this project. Special thanks to Dr Una Lynch, the Changing Ageing Partnership (CAP) research manager for her continued support with the development of this research project. Further, the authors are greatly indebted to all the women suffering lifelong abuse who kindly took part in the study, particularly for their willingness to talk to us in-depth and share often extremely personal experiences of violence and abuse. Thanks also to Lisburn and Belfast Women's Aid who supported the research team in accessing older women for the sample, and to the service providers and professionals who are working with abused women for their participation in the focus group.

A copy of the full report is available from J.Devaney@qub.ac.uk.

EXECUTIVE SUMMARY

Although domestic violence in the second half of life is a common experience for approximately 15% of women aged over 55 years, little research has been given to the specific coping strategies of older women, who are experiencing, or have experienced domestic violence throughout their lifetime. Service providers and policy makers often assume that violence stops at age 55 and there is a noticeable lack of literature, research and policy guidelines on the issue. The greatest challenge for policy makers is that abuse remains hidden, with women remaining silent and finding it difficult to speak openly or seek help. This exploratory study aims to address this gap by giving older women a 'voice' through applying a theoretical model of 'sense of coherence' (SOC) or 'wellbeing' to their lived experience of domestic abuse. The main aims of the study were to increase our knowledge and understanding regarding domestic violence against older women in Northern Ireland, by allowing older women themselves to speak about their lifelong experience of living and coping with violence and abuse; and to increase our understanding of the views and experiences of professionals and service providers working to support older women experiencing domestic violence.

The study recruited a purposive sample of older women who are currently, or had been in an abusive relationship since age 50. The mean age of our sample (n = 18) was 61 years (age range 53–70 years). The average length of the abusive relationship was 39 years, (range 22–48 years); 61% still had an ongoing relationship with the abusive partner, while 33% were divorced or separated, and 6% widowed. In all 89% of the participants had children (range 1-5 children); 17% of the older women had grown up in an abusive home with domestic violence, child abuse and sexual abuse.

In addition a focus group was held with service providers to explore the challenges of responding to the needs of older women who are the victims of domestic violence. Representatives from nine organizations across the public, voluntary and community sectors were involved, comprising providers of services to older people in general such as Help the Aged/Age Concern and Health and Social Care Trusts, and providers of more specialized domestic violence services, such as Women's Aid, the Police Service of Northern Ireland and Victim Support.

The stories and narratives conveyed in this study provide a powerful picture of the lifelong domestic violence experienced by older women and how they make sense of their violent experiences. The major findings from the study highlight how their 'wellbeing' is weakened by living in a domestically abusive context. The required self-esteem and confidence that enables individuals to exercise control and make choices conducive to their wellbeing appeared to be different in the context of domestic violence compared to other contexts. Key findings from the research indicate that older women are less likely to seek help due to social expectations and a lack of specialist services for older victims, and that they are more likely to resort to misusing alcohol and prescription drugs in order to cope, with significant consequences for their mental and physical health. Psychological abuse had the strongest impact on their physical and mental health such as long-term depression and anxiety (94%), the use of psychoactive medication (100%), and the likelihood of becoming a heavy drinker and experiencing alcohol dependence (22%). The findings suggest that depression through the life-course may play some role in increasing the chance of becoming a victim of interpersonal violence, and may make it even harder to leave an abusive relationship.

The majority of women revealed significant difficulty with coping and seeking help. Economic dependence and family support were cited as the most significant barriers to seeking support, or leaving an abusive relationship. Respondents cited serious lack of support from their GPs and the Police, as well as a lack of supportive programmes or settings that would allow them to 'tell their stories' safely and in

private. Complicating service delivery for older women was the artificial boundaries that have been created in the service sector. Protective service systems designed for elders have few methods for dealing with domestic violence among older women, while women viewed domestic violence shelters as being unfamiliar with ageing issues and the special needs of older women, such as dealing with chronic illness, disabilities, or alcohol dependence and very few had separate programming targeting this group.

Professional's failure to identify the abuse that women are suffering in later life is related to assumptions that domestic violence does not exist for this age group, through sexism or ageism. There is a need for greater professional awareness and support services that cater for the additional needs of older women as their physical health deteriorates. Development of services, support groups, and community outreach specifically suited to the needs and desires of older women who experience domestic violence is vital, such as the use of preventive health care which would allow GPs the opportunity to screen and make referrals during routine, non-emergency checkups. Professionals in all service sectors must more fully understand the help-seeking barriers that older victims face. To this end, the research community is challenged to replace myths and stereotypes about the nature and prevalence of DV among older people with research-based knowledge.

Our findings have specific implications regarding psychological interventions for older women suffering domestic violence. First, the development of adaptive salutogenic coping strategies could promote psychological adjustment and, in consequence, encourage seeking of solutions to the abusive relationship. In particular, supporting women to reduce negative coping strategies could ameliorate the negative impact of violence on women's mental health and wellbeing, whereas the implementation of secondary control strategies, such as CBT, cognitive restructuring, acceptance, and positive thinking, could strengthen older victims of abuse.

Key findings

- Social expectations and a lack of specialist services for older victims means that older women are less likely to seek help with violence and abuse

- Older women lose significant aspects of their 'wellbeing' over the lifetime of abuse

- Psychological abuse has the strongest impact on their physical and mental health such as long-term depression and anxiety, and the likelihood of becoming a heavy drinker and experiencing alcohol dependence

- Isolation, loneliness, fear and loss of relationships such as those with children, family and friends has serious detrimental effects over the lifespan

- Older women are more likely to resort to misusing alcohol and prescription drugs in order to cope, with significant consequences for their mental and physical health

- Depression through the life-course may play some role in increasing the chance of becoming a victim of interpersonal violence, and may even make it even harder for them to leave an abusive relationship.

- Older women have limited positive coping abilities as they are not receiving adequate support from the protective services, or their GPs and the Criminal Justice System.

- Development of services, support groups, and community outreach specifically suited to the needs and desires of older women who experience domestic abuse is vital

The research presented in this report was supported by:

A Changing Ageing Partnership (CAP) Research Seed Grant

CAP is a Partnership between:

Queen's University Belfast (Institute of Governance)

Age Concern Help the Aged Northern Ireland

Workers' Educational Association

CAP's vision is of a strong informed voice capable of challenging attitudes and approaches to ageing.

Cap is funded by The Atlantic Philanthropies

www.changingageing.org

older louder stronger