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Violence Against Older Women, Volume II

Responses

Edited by Hannah Bows

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Hannah Bows
Editor

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Palgrave Studies in Victims and Victimology

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Preface

Despite over four decades of scholarly and activist commitments to examining and responding to violence against women, there remain significant gaps in knowledge in relation to specific groups of women who experience violence by men. In particular, despite the increase of intersectionality as a guiding principle in feminist research, taking sensitivity to the importance of gender, class and ethnicity in women's risk of victimisation and lived experiences of violence, age has been all but ignored in the majority of these efforts. However, there has been a slow and steady increase in research examining abuse of older people, though this is spread across a range of disciplines and fields, including elder abuse, domestic and intimate partner violence, eldercide and sexual violence. The lack of an easily identifiable body of work has not gone unnoticed, and there have been calls to bring together the existing, cross-disciplinary research into one place. This edited collection aims to address this gap by drawing the empirical work of a range of researchers and activists working broadly in the areas of violence against older women.

This collection is an important starting point for future research, theory and practice. I am grateful to the contributors who have shared their research findings, conceptual and theoretical ideas and case study

examples in the pages of this book. I would like to thank my colleagues at Durham University; in the Law School, the Department of Sociology and in the Centre for Research into Violence and Abuse for advice, guidance and support. A special thanks to my husband (David), dog (Rufus) and my lovely parents for their continuing support (and patience!).

Durham, UK

Hannah Bows

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1

Introduction

Hannah Bows

Introduction

This is the second volume of a two-volume edited collection on violence against older women. The first volume brought together contributions from international scholars and practitioners concerned with conceptualising and theorising violence against older women and documented the extent and nature of different forms of violence against older women. This second volume is concerned with understanding the consequences and impacts of violence and abuse against older women, their support needs and the existing informal and formal responses to this phenomenon. The focus of this second volume is on domestic and sexual violence (by intimate partners or other family members), although it is acknowledged that older women experience other forms of violence and abuse within and outside of intimate and

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familial relationships. Currently, the small pool of research examining the impacts and responses to violence against older women spans a number of fields of inquiry: elder abuse, domestic violence and sexual violence. Consequently, locating the literature is difficult as there is no single source and the existing studies adopt a variety of concepts, keywords, and theoretical and methodological frameworks. This collection brings together eight chapters dedicated to examining the needs of older victims of violence, the challenges in accessing support services and providing them, and innovative responses and interventions that are being used to prevent and respond to violence against older women. This chapter provides a brief background of the existing literature on the consequences and responses to violence against women generally, and considers what has previously been known about this in relation to older women. The structure of this collection and an overview of the contributing chapter are also provided.

Impacts and Consequences of Violence Against Women

Globally, it is estimated that at least one in three women will experience some form of physical or sexual violence in their lifetime (World Health Organisation 2013), whilst up to 75% of women experience emotional abuse each year and up to 90% experience controlling behaviour (World Health Organisation 2013).

The World Health Organisation (WHO) (2013) reports women exposed to intimate partner violence are twice as likely to have depression and almost twice as likely to have alcohol disorders. Moreover, women who have experienced physical or sexual partner violence, or both, are significantly more likely to report poor or very poor health compared with women who have never experienced partner violence. Common issues include problems with walking and carrying out daily activities, pain, memory loss and dizziness. Significantly, the WHO report demonstrates that the physical effects of violence can last long after the violence has ended.

The consequences extend beyond the individual woman. Often described as the ripple effect, violence against women impacts individuals, families, communities and wider society. The impacts are intergenerational. Children who witness domestic violence are at an increased risk of victimisation and/or perpetration of domestic violence as adults. They are also at greater risk of substance abuse and criminal behaviour, as well as mental health problems, self-harm and suicide (UNICEF 2006).

Violence against women also impacts on the wider family and friendship networks. A study by Banyard et al. (2010) found women often experienced emotional distress in response to a friend's disclosure of sexual violence. Some scholars have described family and friends of women who have been raped or sexually assaulted as 'secondary victims' (Christiansen et al. 2012). Similarly, other studies have reported radiating impacts of intimate partner violence on friends, family, neighbours and co-workers (Riger et al. 2002 cited in Sigurvinsdottir et al. 2016).

Outside of the family and friendship networks, violence against women negatively impacts communities and society more generally. For example, at least a third of abused women reported domestic violence affected their ability to get to work, and nearly all felt DV negatively affected their performance at work (Wathen et al. 2015). More broadly, the estimated cost to society from domestic violence is 32.9 billion dollars in England and Wales. In Australia, the estimated figure is 11.38 billions, whilst in USA it is 5.8 billion per year (Walby 2009; End Violence Against Women Now, n.d.).

Most of the available evidence is based on the consequences and impacts of domestic violence and sexual violence on younger women; the impacts on children and the workplace are key areas of concern when assessing the ripple effects of violence against women and these relate to women of childbearing age who are eligible to work. The effects and impacts of sexual violence and domestic violence and abuse on older women have received very little research. However, there is some available evidence from the elder abuse literature. The existing elder abuse research has highlighted a number of significant adverse consequences of elder abuse, distinguished from those associated with general ageing (Wolf 1997; Wolf et al. 2002; National Research

Council 2003). In a systematic review of the existing literature, Cook et al. (2011) report that older women who have experienced physical or sexual assault report greater psychiatric distress with a range of associated problems, including depression, anxiety and post-traumatic stress disorder, when compared to older women who have not experienced such events. Physical effects observed in the existing research include bruises, welts and wounds including head injuries, broken bones and sores; persistent and chronic physical pain; dehydration and nutritional deficiencies; sleep problems; increased susceptibility to new illnesses and conditions and, crucially, increased risk of premature death (Anetzberger 2004; Lachs et al. 1998; Lindbloom et al. 2007).

Taken together, the available evidence therefore indicates that older women experience similar consequences and impacts resulting from men's violence. However, these impacts may be exacerbated by older age and associated conditions, which may in turn create additional consequences. It is clear that more research is needed into the experiences and needs of older women who experience different forms of violence and abuse in different context, to inform policy and practice developments.

Support Needs

Given the dearth of literature examining the impacts of sexual violence on older women, it is unsurprising that there is little available research which specifically looks at the support needs of older survivors of violence and abuse. From the elder abuse field, a small number of studies have examined support needs. Pritchard (2000) conducted a study into the needs of older women and the services available for victims of elder and other abuses. There were 31 key needs identified by victims in the study ranging from practical needs such as housing, food and warmth, money and benefits and general information, through to more emotional support such as to talk to someone, to be believed, to be listened to and to be given advice. Also from the elder abuse field, Nerenberg (2008) suggests victims' service needs span a broad spectrum and range from preventing abuse by reducing isolation and dependency and enlisting help and support; responding to and stopping abuse through to

legal interventions and removing victims from unsafe settings, providing information, advice and support; and helping victims recover from abuse by medical treatment or health care, group or individual counselling, legal actions to recover property, counselling and support services. A range of services were identified by Nerenberg (2008) including shelters, counselling, emergency funds, legal assistance, victim witness assistance programmes, mental health assessments, support services and guardianship. Nerenberg (2008) reported a number of key issues to provide these services, including inconsistent responses and inadequate services.

It may be assumed that many older women would have specific needs related to poor health or disability; however, Lundy and Grossman (2005) found that just 12.2% of their sample ($n=1057$) of women aged 65 and over accessing services for domestic violence reported having a specific special need or disability at intake. Their study reports that very few had serious physical impairments despite the average age of their sample being 72. However, services might not always be available or offer themselves to older survivors. Jeary and Stevenson (2004) concluded that minimal, if any, services were offered to elderly victims of sexual violence in their study in respect of coming to terms with their traumatic experiences.

Responses

It is well known that women who experience violence or abuse often do not report this to formal agencies. Obtaining accurate data on the level of reporting and underreporting is difficult, due to a lack of reliable prevalence data and reporting data; however, it is estimated that anywhere between 55 and 95% of women disclose violence or abuse to formal agencies (World Health Organisation 2013). In England and Wales, national data indicate only 15% of women report sexual violence to the police.

Amongst the various reasons for not reporting, the most commonly cited include concerns of being disbelieved, blamed for their victimisation and fear of the criminal justice system (Felson et al. 2002).

Such concerns and fears are not unfounded; for women that do report, the outcomes are often poor. In England and Wales, only 5% of sexual offences and around 15% domestic violence offences result in a charge (ONS 2018), meaning they do not progress to a criminal charge or prosecution. In a significant number of cases, out of court disposals are used as an alternative to criminal prosecutions. This has led the police inspectorate to conclude the overall response to victims of domestic and sexual violence is not good enough (Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services 2014). Moreover, the conviction rate for domestic and sexual violence offences is around 6% (ONS 2017).

The needs and experiences of older survivors have received very little attention; however, the available data suggest older people are often denied access to criminal justice and specialist victim services. The first contribution to this collection comes from Wydall and colleagues (Chapter 2) who report on a Welsh initiative, the Dewis Project, which was set up to provide an integrated support programme for older victims of violence and abuse. The authors reflect on the findings from evaluation and research which compliments the project and identify that older people's needs are still routinely ignored or overlooked by support services, their access to support and the criminal justice system is often restricted, and there are significant cultural divides between adult social services and specialist domestic/sexual violence organisations. They observe that the approach taken by many frontline agencies is 'welfarist', a distinct response that is rooted in cultural attitudes towards older people which is rooted in ageist constructions of vulnerability and dependence. They consider the emerging findings from a research project exploring the potential of restorative justice approaches with older people as a way of meeting their needs.

The theme of challenges in both accessing and responding to violence and abuse continues in Chapter 3, which considers whether practitioners are equipped for working with older women who experience intimate partner violence. Drawing on interviews with 46 practitioners, Carthy and Bowman present the key themes from their research. Amongst the findings, they report that practitioners felt there were significant knowledge gaps in relation to older victims of violence and