

The needs of older women: services for victims of elder abuse and other abuse

Much of the research to date about the abuse older people face has focused on definition, prevalence and incidence. There has been little research into how to work with older people who have been victims of abuse. The aim of this project was to identify women who had been victims of elder abuse and various other abuses in order to consider their life experiences and consequent past and present needs. The research was carried out by Jacki Pritchard. The study found:

- f** Of all vulnerable adults identified as victims of adult abuse, older people constituted the largest service user group. The majority of older victims were female aged between 60 and 99 years. Most known abusers were male aged between nine and 90 years.
- f** Workers most frequently identified physical abuse as the main problem whereas victims gave prominence to financial and emotional abuse. Victims included abuse by strangers in their definition of abuse, but this was seldom identified by workers.
- f** Abuse cases were often multi-faceted; few were directly due simply to a carer feeling stressed.
- f** Victims frequently remained in abusive situations because they did not know how and where to get the practical advice and the information they needed to leave - for example, about accommodation, money, benefits.
- f** Victims had emotional and practical needs related both to the past and to the present. They emphasised the need to talk to someone, to receive practical advice and ongoing support.
- f** The findings from this research project confirm that practical help and emotional support are needed from workers in a wide range of agencies, that the resources required are not always offered or are not readily made available to older victims, and that effective co-ordination of specialist and non-specialist inputs of help is often seriously lacking.

Introduction

Research about the abuse of older people has focused on definition, prevalence and incidence. There has been little research into how to work with older victims. This project aimed to identify older women who had been victims of abuse, review their life experiences and give expression to their past and present needs. The findings have practical and organisational implications for all agencies involved in service provision to older people.

The level of abuse

Workers in three social services departments identified 186 cases where a vulnerable adult had been a victim of abuse. Older people were the largest group among these victims, constituting 68 per cent of the total. Ninety-seven of these older people were women, most of whom were over 75 years of age. Sixty-six per cent of known abusers were male, aged between nine and 90 years. Physical abuse was the most common form of abuse identified by workers.

Identifying abuse

Professionals seemed to struggle to define abuse, but victims (both in individual interviews and in focus groups) were able to define abuse clearly and disclosed the extensive types of abuse they had experienced during their lifetimes. Victims were very sure about what abuse meant to them and there was a high level of agreement amongst them. In contrast, a common complaint from workers was that it is difficult to work with abuse cases because some victims do not see certain actions as abusive. The research suggests that some workers (especially those uncertain of their purposes and skills) tend to project their own uncertainties on to their perceptions of what victims say to them.

Financial and emotional abuse by family members were the most common forms of abuse identified by victims. Many commented that their attitudes to being abused had changed from when they were younger: *"Then you had to put up with it"*. Abuse by strangers and the fear of crime within the local community were also mentioned. Practitioners and policy-makers do not always include these in their policies concerning adult abuse, but victims indicated that abuse by strangers should be included in any definition of abuse, and in assessments.

Needs identified by victims

Table 1 sets out the needs identified by victims. They emphasised the need for:

- Supportive discussion of earlier or current experiences;
- Practical advice and information;
- Appropriate housing;
- Ongoing support during periods of decision-making and of adjustments in personal circumstances.

Victims were eager to talk about their experiences because they had the researcher's permission to do so.

Conversely, there was evidence that some workers inhibit disclosures, either because these do not fit workers' pre-set plans, or because they dread the consequences of further demands.

Victims spoke of how both social and personal attitudes had changed. They explained that in the past they would keep problems to themselves. They now recognised the need to talk, especially about earlier life events or abuse which had never been disclosed to anyone. Many felt they needed to sort these problems out before they died; preferably with someone who was not intimately known to them. Most victims needed to tell their story only once. They wanted to talk particularly about personal losses and bereavement; many of the women had experienced the death of a child or had had children taken away from them.

A need both in the past and present was for very informed practical help, i.e. advice and specific information related to what would happen if and when the woman left the abusive situation. They needed to know about places of safety, the choice and availability of housing, entitlements to benefits, access to joint bank accounts, obtaining a divorce etc.

Fundamental concerns were for food and warmth and for social contact and support. Victims talked at

Table 1: Older women's needs

- Advice
- Choice/options
- Companionship
- Control over own life/own affairs
- Counselling
- Feeling able to trust other people
- Food and warmth
- Health
- Hobbies/interests
- Housing
- Information
- Money/benefits/pension
- People (helpers of various kinds)
- Physical help
- Place of safety
- Practical help
- Privacy
- Telephone numbers of possible helpers
- The support of religious beliefs
- To be believed
- To be listened to
- To be safe
- To feel safe in the house/community
- To forget what has happened
- To get out and about
- To know who to go to for help
- To leave the abusive situation
- To protect the family/abuser
- To reduce fear of crime
- To stop the abuse/violence
- To talk

length about the poverty and hardship they had experienced in earlier life; having enough food and living in a warm environment was of paramount importance to them now.

Many victims were socially very isolated and cited the need for company. They emphasised the importance of maintaining hobbies and interests and also religious links and practices.

Workers had often not identified many long-term effects of abuse and trauma when assessing need. Typical health problems were:

- Permanent internal damage resulting from physical attack;
- Chronic eating disorders;
- Self harm/neglect;
- Suicidal tendencies;
- Nightmares/flashbacks.

The needs identified by workers

Workers' attitudes to the subject of elder abuse were predominantly negative, mainly because many had insufficient knowledge, confidence or understanding in identifying abuse and its long-term effects and the skills needed to address such problems. There was a pessimistic belief that little can be done to help victims. There was a tendency to want to 'rescue' victims from abusive situations rather than to assist victims to disclose their concerns in their own way and to make their own choices. In group discussions, workers found it hard to focus on the needs of victims, but immediately started addressing their own unmet needs, especially related to training. Table 2 summarises the key needs of workers (largely using their words).

Services and resources

This research confirms that workers in a wide range of agencies need practical help and support but that the resources required are not always offered or are not readily available for older victims. With appropriate support, older women can take the decision to leave an abusive situation, even when they have lived in it for a large part of their lives. The

findings suggest that there may be specific needs, for example those associated with mobility or confusion. Many victims do not know where to obtain help; the research suggested that older people are unaware of services.

Current practices indicate an emphasis on completing short-term rescue work, while neglecting the longer-term issues. Long-term help in the departments was erratic; victims identified three key areas of necessary information:

- Housing opportunities after the immediate crisis of leaving home;
- Money - benefits and gaining access to accounts jointly held with the abuser;
- Legal entitlements and procedures (e.g. in planning ahead for divorce).

Sources of help and support

Victims identified people who might provide practical help and support (Table 3).

Most professionals felt it was essential to build up a good relationship with a service user based on trust. But many victims found it easier to disclose abuse to a kindly stranger. Disclosure often took place during a personal and intimate activity, such as bathing. This raises issues of collaboration between services and professionals.

Victims wanted continued support during abuse investigations and in situations where they were waiting to go to court, but resented having to repeat their experiences to numerous individuals from different agencies. They suggested having one 'link-person', who would orchestrate specialist input both before and after leaving the abusive situation. In their anxieties about housing and financial matters, many spoke positively of help received from the police, solicitors and housing officers:

After leaving the abusive situation, victims often encountered problems with the length of time taken to sort out their financial entitlements. They found the benefits system complicated: simple explanations were needed. Help was needed to advise on the practical problems which worried victims

Table 2: Key needs of workers

Professional needs:

Competence in definition of abuse; recognising abuse; more time to work with victim; time to do investigation properly/thoroughly; time to sit and think; go at victim's pace, not the department's timescales; risk assessments; skills - empowerment, assertiveness, enabling, confrontation; elder abuse cases should not be closed due to other pressures.

Support and supervision:

Clear guidelines for action; consistent procedures and decision-making within social services department; support from managers/department; give time to

emotional feelings of workers; recognition that for a variety of reasons some workers are temperamentally unable to work with elder abuse; training.

Specialisation of tasks:

Specialist teams; two workers – one for victim; one for abuser.

Legislative framework:

Power to take decision away from victim when the risk of harm is severe; police to take referrals seriously; access to legal advice.

Inter-agency working:

Communication; sharing of information.

Table 3: Key people/organisations identified by victims

- Hospital doctors
- Psychologist
- Psychiatrist
- GP
- Nurse – hospital and in the community
- Counsellor/therapist
- Citizens' Advice Bureau
- Department of Social Security
- Housing department/officer/associations
- Police – domestic violence officers/CID/community bobby
- Victim Support
- Social services/social worker
- Solicitor
- Volunteer
- Visitor/befriender
- Advocate
- Workers in day centres/residential homes
- Vicar/priest

(e.g. retrieving possessions/clothes from previous home; obtaining new furniture).

Victims talked about 'ongoing support', which professionals would see as long-term work. They expressed the need to talk about their lifetime experiences of abuse. The interviews indicated that the timing of these disclosures differs between individuals, and that individuals respond to different approaches. This suggests that consideration should be given to:

- Specific problem(s) to be addressed where these are known;
- Underpinning philosophy of helper and its likely compatibility with that of the victim;
- Experience and understanding of elder abuse;
- Methods and skills which may be needed;
- Gender of helper;
- Age of helper;
- Likely frequency of contact;
- Appropriate venue for helping (some victims may be housebound; some may still be living in abusive situations).

Human and practical resources were needed for long-term work to adequately address the emotional needs of victims. This could include social workers, care workers, nurses, counsellors within day-care, day hospitals, community centres, women's centres, trauma centres. Victims identified some additional practical resources which had been helpful in their own situations (Table 4).

Table 4: Summary of practical resources

- Personal alarms;
- Alarm systems linked to a specific person;
- Closed-circuit television cameras near their homes;
- Telephone;
- Entry telephones (to sheltered accommodation);
- Telephone numbers for use in crises, including local police telephone numbers;
- Leaflets with information, readily available in all settings which old people are likely to use.

About the study

This qualitative research project was undertaken in three social services departments in the North of England. Monitoring systems were set up in each department to collate information about vulnerable adults. In-depth interviews were carried out with 27 older women who had been victims of elder abuse. Focus groups were run for over 300 older people. Social workers and other social care staff were interviewed and participated in focus groups. The findings of the project were validated by running a focus group for some of the interviewees; for other interviewees, a summary of the findings was sent out for comment.

How to get further information

The full report, **The needs of older women: Services for victims of elder abuse and other abuse** by Jacki Pritchard, is published for the Foundation by The Policy Press as part of the *Community Care into Practice* series (ISBN 1 86134 209 8, price £16.95).