

The disappearing age: a discussion paper on a strategy to address violence against older women

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INTRODUCTION

In the international debate on responses to family and domestic violence, one group, older women, has consistently disappeared. Older women fade away in the databases of homelessness, refuge residents, medical screening and any number of other critical indices. Do women move into a violence free period of their life as they age? Not according to the most recent evidence that indicates that one in four women who have experienced an incident of physical violence in the past 12 months is aged 45 years and older (Australian Bureau of Statistics 2006).

This Topic Paper examines a project by the Older Women's Network NSW (OWN) to describe our current understanding of violence against older women and to develop a strategy to address the violence. The project, *Prevention of Violence Against Older Women* (September –December 2008), was funded by a NSW Domestic and Family Violence Grant (Office of Women's Policy, NSW Department of Premier's and Cabinet) and supported by the Australian Domestic and Family Violence Clearinghouse. The paper explores the challenge for the domestic and family violence sector of responding to the increased reporting of violence against older women. It highlights the urgent need to improve the capacity of the domestic violence, aged care and homelessness service systems to provide flexible, collaborative and sensitive support designed for the needs of older women, should they remain in the family home, leave or become chronically homeless.

The OWN NSW Draft Strategy to Prevent Violence Against Older Women

The Strategy aims to:

- Promote better awareness and visibility of violence against older women
- Create a safe and supportive environment in which older women can report
- Improve the ability of support services to identify violence against older women
- Provide appropriate and proportionate levels of support and assistance to older women
- Ensure that targeted training skills enable key agencies and staff to respond appropriately to the needs of older women
- Promote collaboration across key agencies and staff supporting older women.

The Federal Government's homelessness white paper (2008), *The Road Home*, recognises the ageing of the homeless population and commits the country to an ambitious reform agenda. The white paper also recognises domestic violence as a key cause of homelessness. In this environment, a strategy concentrating specifically on reducing violence against older women is timely. Another timely factor is a new demand for a feminist analysis of ageing and the impact of gender-based violence on older women. Historically, feminism has not embraced ageing, preferring to focus feminist thought and practice on younger women (Calasanti, Slevin & King 2006; Hightower 2002).

The ageing of many of the 1970s feminist activists is now helping to stimulate this discussion. It is in this context that OWN NSW seeks to foster a national debate on the issue of violence against older women, to develop a comprehensive national strategy to prevent the violence, and secure commitments from governments and service systems to implement the strategy.

Defining 'Older'

There is little consensus on the threshold of being an 'older' adult. The OWN Project chose 45 years and over as the benchmark age for becoming an 'older woman'. This decision reflects the lower life expectancy of Indigenous women and that the *Personal Safety Survey, Australia* (Australian Bureau of Statistics 2006) uses 45 years of age as an ageing benchmark. In choosing the age of 45, the Project recognised that there is a great diversity of experience for women of different ages with vulnerability, poor health and dependency usually increasing as women grow older. The Project also focused on violence against older women in their own homes, as the vast majority of older women continue to live in the community, with only 5% of older Australians living in aged care facilities.

'Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse'

United Nations Principles for Older Persons No. 17, adopted by General Assembly resolution 46/91 of 16 December 1991.

One in four

A number of factors have contributed to the abuse of older women being 'lost in the cracks between the domestic violence and elder abuse services system' (Brandl & Cook-Daniels 2002). These include focusing by the family violence sector on younger women and their dependent children, defining the abuse of older people as age-related, rather than a lifelong continuum of violence for many women, framing older people as sexless and limited levels of collaboration between aged, health and family violence services.

Reporting rates for family violence in the past have suggested that older women are less at risk than younger women (VicHealth 2004). Only 3.3% of women aged 45 years and over reported experiencing violence from their current partner in the *Women's Safety, Australia* survey (Australian Bureau of Statistics 1996). Of female clients accessing the Supported Accommodation Assistance Program (SAAP) services who were

escaping domestic violence, less than 14% were aged 45 years and older (Marcolin 2005, p.15). Indigenous SAAP clients were the only cultural group in which older women outnumbered older men. Women seemingly appear to enter a violence-free zone between the ages of 45 and 65 years old, to reappear in studies of 'elder abuse' with recorded rates of abuse two and a half times the rate of men (Boldy *et al.* 2002).

But there is clear evidence that the levels of violence are being seriously underreported. Mears (1997) critiqued the methodology of the *Women's Safety, Australia* survey (Australian Bureau of Statistics 1996) for failing to acknowledge a greater reluctance of older women to disclose personal matters and, thus, ensure accurate reporting of violence against older women. In a 1998 CASA House phone survey on sexual assault, over 25% of calls were from women over 50 years of age, who said they called because their anonymity was assured (Duncan 2002). In their national foundation study which sought to record the incidence and lived experiences of older people experiencing domestic violence, Morgan Disney (2000) found that over a third of the older women interviewed 'had never known a life without violence'.

As an understanding of the rights of older people and elder abuse improved nationally and internationally (for example, the declaration of 1999 as the United Nations Year of the Older Person and see the NSW Advisory Committee on Abuse of Older People in their Homes 1993), the issue of violence against older women became more publicly debated (Blue Mountains Community Legal Centre 2005; Caringbah Women's Health and Information Centre 2005; Mears & Sargent 2000). This may have contributed to increased reporting by older women in the *Personal Safety Survey, Australia* (Australian Bureau of Statistics 2006, p. 20), which found that the proportion of older women aged 45 years and older reporting physical violence in the twelve months prior to the survey had increased to 25%. Further, the greatest increase in reporting between the two national safety surveys was by women aged 55 years and over: from 4.4% in 1996 to 10.1% in 2005.

CHALLENGE FOR THE DOMESTIC VIOLENCE SECTOR

That one in four women reporting domestic violence are older women (Australian Bureau of Statistics 2006) suggests that the domestic violence sector needs to ensure older women can access appropriate support. Morgan Disney (2000) in their study of older people and domestic violence found that the most common reason given by respondents for not speaking to anyone about their situation was shame and embarrassment. Older women thought that leaving the relationship, going to a refuge or calling the police were choices for younger women. Many of the women interviewed felt they had invested too much in their families and partners to leave, that they were too old to re-enter the workforce or were not prepared to be ostracised from their cultural community or the social networks they enjoyed as a couple. A common fear expressed by older women was that if they left their home they would be placed in an aged care facility.

The nature of violence against older women has many features similar to that experienced by younger women but there are important differences in the nature of the violence and the choices available to them. Older women may be exposed to abuse by a broad range of family members and carers (Livermore, Bunt & Biscan 2001). Older women living alone are less likely to be physically or psychologically abused but may be more at risk of financial abuse by an adult child after the death of a partner (Brozowski & Hall 2004). Social isolation of both victim and abuser is a common feature of violence against older women.

There is a growing trend in Australia towards a more diverse domestic violence response system with greater capacity to provide outreach, allowing older women the option to stay safely in their homes. For example, Victoria has introduced an integrated, diverse family violence service system and a recent (2008) snapshot of services state-wide found that 18% of clients were aged 45 years and over (KPMG 2008). In one service, the Victorian Eastern Domestic Violence Outreach Service (2007-28), annual client data shows that 26.2% of outreach clients were 45 years and older, with a marked increase in number of clients aged 60

and older. Domestic and Family Violence Support Services Queensland report a slightly higher use by older clients (15.8% aged 45 years and older 1/1/2007-30/6/2008) with the main support provided being court support.

Building on 'safe at home' strategies, safety planning and better security measures in the home can assist older women staying home to be safer. Technology commonly used to monitor health emergencies in the home, for example, can be also

US Victim of Violence Prevention Act 2000

After a national survey of U.S. shelters in 1998 mapped services for older women, a policy of recruiting older women as staff, management and volunteers was introduced, with increased collaboration between domestic violence and aged services, and cross sector training workshops. New provisions in the US *Victim of Violence Prevention Act 2000* were directed to older and disabled victims. They included grants for training and programs to improve the capacity of police and court staff to recognise, address, investigate and prosecute domestic violence and sexual assault against older people and people with disabilities (Hightower 2002).

used for security alerts in cases of family violence.

Older women recounting their stories (Mears and Sargent 2000) of violence in their personal relationships described a range of survival strategies: blocking out the violence, channelling energy into work or study, leaving or waiting for the perpetrator to die. Of primary importance was being able to talk about and share their experience with other older women. Support groups for older women who have experienced family violence

Family Violence Services Recommendations

- Review supported accommodation and homeless models to ensure appropriate and proportionate access and responses for single older women
- Develop policies and protocols for services responding to family violence that recognise the prevalence, specificity and complex nature of violence against older women
- Develop safety plans for programs working with older women (including subsidised home security measures)

Family Violence Services Recommendations continued

- Fund Community and Women's Health Centres to develop support programs for older women
- Incorporate strategies to address violence against older women into national and state and territory plans to reduce violence against women
- Enhance the capacity of one specialist domestic violence service per region to act as conduit between the programs supporting older women and to ensure skilled responses to referrals of older women experiencing violence.

HIDDEN HOMELESSNESS

Older women do leave abusive relationships but leaving can be financially problematic:

All of the women had found it a very difficult experience and, almost without exception, none were financially better off, although several commented that their quality of life had improved. Many women reported that their families had not been supportive of their leaving (Morgan Disney 2000).

The financial barriers for older women to leave a violent relationship are great; far greater numbers of older women than men live on the single Age Pension and as many as 55% of women in their sixties have no superannuation (Association of Superannuation Funds of Australia 2008).

Leaving a violent relationship also results in a high risk of homelessness for older women as there is a scarcity of services that they can access that are appropriate for their needs. In their study of homeless, single women in Western Sydney, Robinson and Searby (2006) argue that the policy and service emphasis on homeless women with children has led to a failure to address the diversities of women's homelessness.

As an example of this complexity, most SAAP services for single people are for single men. The small number of single women's services (there is no funded service specifically for homeless older women) receive only 3% of recurrent SAAP funding (AIHW 2009) and accommodate less than 7% of older (45 years and over Indigenous,

50 years and over non-Indigenous) SAAP female clients (Lai 2003, p. 14). Yet, the latest SAAP data collection reports that in 2007-2008, older women accessed SAAP services in greater numbers than men (AIHW 2009). According to a monograph on older SAAP clients, older female clients (40%) were more likely than younger women to cite domestic violence as their predominant reason for seeking SAAP support (Lai 2003 p.16). Where older women are able to access SAAP services, they are predominately supported in services for women escaping domestic violence (Lai 2003 p. 14), many accompanying their adult daughter and grandchildren: three generations of displaced people. A new monograph is required to map the reality of older women's homelessness, capturing the impact of the significant number of unfunded places for homeless women being provided by the large charities, including an unfunded refuge for older women in Western Sydney that has operated for twenty years.

For according to Sharam (2008), who estimates that up to 30,000 older single women at housing risk are living on the Australian eastern coast, the levels of older women's homelessness will continue to escalate:

Young women also tend to link their housing to partnership, more so than men, which means if the relationship breaks down in later life they are left more vulnerable to housing stress. Combine this with the lowest housing affordability since the early 1980s and we're looking at an unprecedented number of pension-aged single women entering the primary homeless population in the next 20 years.

Older women need specific accommodation options, including specialised refuges and long term housing (Beaulaurier *et al.* 2007). Community housing is a major provider of housing for single people and older women: 62.5% of head tenants aged 45 years and older were women (AIHW 2008). Access is, to a large degree, dependent on available single person housing stock, which tends to be concentrated in the inner cities. The Australian Government has announced \$6.4 billion for new public and community housing (the Hon. Tanya Plibersek MP, Minister for Housing and the Status of Women 2009). Advocates are concerned that as a result of the hidden nature of older women's homelessness, this group may not benefit proportionately from the new housing provisions (S. Cripps, [Homelessness NSW 2009], pers. comm.

27 April). Future long term housing options for older women must also address the issue of appropriate housing stock. This will require a 'growth in higher density housing forms' as the:

...dramatic increase in lone person households into the future (the majority of which will be female lone person households) will likely account for much of the growth in higher density housing, particularly as older women demand smaller properties to minimise maintenance and costs (Tully, Beer & Faulkner 2007).

Homeless and Social Housing Recommendations

- Urgently provide funded proportionate levels of supported crisis accommodation services for older women
- Recognise older people as a specific target group in homelessness programs
- Conduct snapshot data collections to monitor usage of SAAP and housing services by older women
- Review social and public housing programs to ensure appropriate and proportionate access and responses for single older women
- Conduct research to map the hidden homelessness of many older women
- Develop a strong advocacy base to ensure the rights of older homeless women are not neglected.

COLLABORATION

The bulk of support for older women at risk in their own homes is being provided by the aged care sector, where an estimated two thirds of clients are women¹. Yet many plans and strategies on abuse

1 The aged care sector comprises a range of Commonwealth and State programs, including Aged Care Assessment Teams (ACATs), Home and Community Care (HACC) Services, and Community Aged Care Packages. Australia wide, there were a total of 683,322 ACAT and HACC clients aged 65 years and over in 2004-2005; two thirds of clients were women (AIHW 2007). In contrast, there were 1279 female SAAP clients aged 45 years and older whose main reason for seeking assistance was domestic or family violence or relationship or family breakdown in the year 2006-2007, according to data provided to the OWN Project by the Supported Accommodation and Crisis Services Unit, AIHW.

of older people have neglected the gendered nature of the violence and, despite advocating for collaboration across support services, they fall short of a comprehensive inclusion of all key agencies. The lack of collaboration between the aged care sector and the domestic violence sector has resulted in women falling through the cracks and not receiving adequate support.

The NSW Department of Ageing, Disability and Home Care (DADHC) *Interagency Protocol for Responding to Abuse of Older People* (2007) does incorporate an understanding of the effects of domestic and family violence on older people. The Protocol specifies that staff employed in NSW Government agencies 'must report to the NSW Police regardless of the victim's views' where there is: serious injury, the perpetrator has access to a gun or other weapon and is threatening to cause harm, and there is immediate serious risk to individuals or workers are threatened. The Protocol stresses the need for collaboration with domestic violence services. It provides NSW with an imperative to improve collaboration across the key sectors and to include the aged care sector in an integrated response to family violence.

Recommendations for Improved Collaboration

- Include Aged Care Services and Departments in State, Territory and National Plans and Strategies to Reduce Violence Against women
- Include Family Violence and Homelessness Services and Departments in State, Territory and National Plans and Strategies to Reduce Abuse of Older People
- Establish Interagency Protocols for Responding to Abuse of Older People in every State and Territory, which incorporate strategies to develop collaborative networks of domestic and family violence, aged, health and legal services to reduce violence against older women
- Develop collaborative and accredited training on violence against older women for the domestic violence, aged and health sectors
- Fund and train ACATs and HACCs to the levels necessary to respond to the reported levels of abuse of older people.

THE ROLE OF THE MEDICAL AND HEALTH COMMUNITY

General Practitioners (GPs) represent a critical group of service providers to improve older women's awareness and reporting of violence and abuse. They were identified by Morgan Disney (2000) as the professional group most likely to be accessed by older women (46%, compared with 38% accessing police and 9.6% accessing refuges), although judged to be more unhelpful than helpful. The Australian Society for Geriatric Medicine (2004) states that 'the medical profession should play a major role in recognition, assessment and management of cases of abuse' and should be part of referral and decision making processes. The provision of a clinical referral pathway to domestic violence specialist support may assist GPs:

Beyond their initial response, most generalists have neither the expertise nor the capacity to meet the needs of women experiencing partner violence... A key step is an offer of referral to specialist support, such as domestic violence advocacy (Hegarty, Taft, & Feder 2008).

Advances have been made in screening and training in the medical community. Routine health screening for domestic violence in NSW Health early childhood, alcohol and drug and mental health services was introduced in 2001, and is now routinely conducted in women's health centres. Women are asked: 'within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?' and 'are you frightened of your partner or ex-partner?' This program screens 10,000 women a month, with around 7.3% reporting physical abuse by their partner or ex-partner in the past 12 months (Spangaro 2007). The Practice Incentives Program (PIP) Domestic Violence Initiative pays general practices in rural and remote areas a subsidy to identify and appropriately refer patients experiencing domestic violence. There is no fee for practice nurses or Aboriginal health workers to undertake the primary training course (DiVeRT) delivered by Lifeline across Australia as part of the PIP Domestic Violence Initiative (Medicare Australia 2009).

Recommendations for the Medical and Health Community

- Extend routine screening of women for domestic violence by NSW Health to services accessed by older women such as breast screening (with questions adapted to be sensitive to older women)
- Provide training to services utilising Routine Screening to ensure that appropriate assistance and referrals are made
- Encourage Divisions of General Practice to take a lead role in encouraging general practices to identify and respond to cases of violence against older women and, where possible, refer to a specialised family violence service
- Deliver training to medical and allied health workers on violence against women and the abuse of older people as part of their core curriculum.
- Extend the Commonwealth funded Practice Initiatives Program (PIP) Domestic Violence Initiative scheme to ensure the training of all GP Nurses and Aboriginal Health Nurses.

LEGAL CHALLENGES

There has been much discussion in the Aged Care sector about the adequacy of existing legislation to protect older people from abuse, with calls for aged abuse specific legislation and mandatory reporting of all cases of aged abuse. New legislation in Victoria and Tasmania has specifically included economic abuse as a form of family violence and carers as people against whom orders can be made. Legal practitioners agree that older people should seek independent legal advice on their wills and early inheritance arrangements (Legal Aid NSW).

Any strategy or protocol to address these issues must be linked to training of the professionals involved. There is only one semester course on elder law given to law students (University of Western Sydney) and in NSW a small and recently established Older Person's Legal and Education Program initiated by Legal Aid NSW to educate Community Legal Centres on abuse of older people.

COMMUNITY AWARENESS

There is low community awareness of the abuse of older people (Artcraft Research 2004; Northern Rivers Social Development Council 2008). Community awareness campaigns have encouraged victims or third parties to report, stressed the dignity and respect due to older people, reinforced cultural values of ageing and promoted safety strategies for older people (Beaulaurier *et al.* 2007; Morgan Disney 2000; Zink *et al.* 2006). They have engaged the support of third party sources to alert services, including bank employees, postal workers, hairdressers, pharmacies and libraries. The support of religious leaders is critical for many older women, who tend to have stronger spiritual beliefs than younger women (Morgan Disney 2000). Campaigns that best reflect the concerns and sensitivities of specific communities of women are those designed in collaboration with those communities (Mears *et al.* 2003; Office of Public Advocate 2006).

Recommendations for the Justice and Legal Sectors

- The National Council to Reduce Violence Against Women and Children to review Commonwealth, State and Territory legislation in order to recommend good practice legislation to reduce violence against women and specifically older women
- Incorporate legal and justice sectors in collaborative protocols with domestic violence, aged and health sectors to ensure effective pathways for older women experiencing violence to appropriate legal services
- Introduce core training and ongoing professional development across mainstream justice and legal services on elder abuse and violence against older women.

Community Awareness Recommendations

- Fund local community awareness campaigns with older women as the target group using non-threatening and appropriate language
- Encourage older women to report to confidential and expert services, with the message that 'it is good for older women to talk with older women' at their local older women's group
- Develop the campaigns as a collaborative initiative of the community, together with local aged, health and domestic violence services
- Distribute the message through radio and other local media, and through local groups and services frequented by older women such as hairdressers, libraries, social and sporting clubs, and through religious leaders and GPs
- Design specialised campaigns for specific communities (older women with disabilities, CALD women and Indigenous women) in collaboration with these communities
- Fund a broader campaign to raise the status of older women; e.g. as mentors, survivors, backbones of their community.

CONCLUSION

Older women constitute a significant proportion of the Australian female population and ensuring they can enjoy a safe and healthy old age will be a challenge for Australia². The overarching message to emerge from the OWN NSW Project is that violence against women does not stop at the age of 45. Instead, the violence may become more complex, insidious and debilitating, compounded by factors such as the financial insecurity of single women in their fifties and early sixties, and a culture of silence and stoicism among older women.

The greatest immediate challenge is to provide older women experiencing violence and abuse with a safe and appropriate pathway to effective support and assistance. To do so requires an urgent response to the historically low funding of services for homeless older women, particularly appropriate permanent accommodation. A positive strategy is to include Aged Care Services in integrated family violence systems and maximise collaborative opportunities, such as joint training across all key sectors. Support to older women in the domestic violence response system should be appropriate and proportionate to the reporting rate indicated in the *Personal Safety Survey, Australia* (2006). Key professionals, such as GPs, can help to increase the reporting of violence against older women by accessing specialist referral pathways. There is value in both a broad campaign to raise the status of older women as mentors, survivors, and backbones of their community, as well as localised campaigns to encourage older women to talk confidentially to a counsellor or join a local support group for older women.

Despite the challenging economic conditions, the Federal Government declares itself committed to the long term planning necessary to tackle homelessness and reduce violence against women. More than ever, it is time to ensure that being an ageing, single, older woman is not a barrier to being safe, well and housed.

2 More than two thirds (39%) of the Australian female population is 45 years and older (Australian Bureau of Statistics 2008).

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