

VIOLENCE AGAINST WOMEN WHO ARE OLDER

Intimate partner violence (IPV) transcends age; yet, abuse is often thought of as age-specific, with an emphasis on women who are younger or of childbearing age.¹ When this happens, the violence experienced by women who are older is rendered invisible and their voices are silenced.

Contributing to this problem are the inconsistent definitions used by researchers, which may leave out women who consider themselves as older but are not recognized as such. In this newsletter, we build upon research inclusive of a variety of ages in order to reflect a wider range of women's experiences.

While focused on women who are older, we recognize that the experiences of these women may be shaped by oppressions beyond those associated with age and gender (e.g. oppressions related to indigeneity, poverty, disability, immigration status, sexual orientation).

The 2013 poverty rate for single senior women is 28% (2013), higher than for men at 24%.⁴

Language

Recognizing the power of language, we took the lead from [Atira](#) and use the more inclusive and respectful phrase of "women who are older." [Learn More](#)

Myth

Violence, especially intimate partner violence, is a problem that only younger women face.



What is "Older"?

- "Older" can mean different things to different people and definitions of older life vary.
- Emerging research does not use a consistent age range across studies (e.g. 50 years of age and older; typical retirement age, 65, and older).
- Variability exists in the health status, vulnerabilities, dependency, and life experiences of people who are older.
- **Your Input:** *Is there a way to overcome issues related to the varying definitions of "older"? What does "older" mean to you?*
Let us know at vawln@uwo.ca

Reality

Violence against women who are older is a global phenomenon.

Although young women experience high rates of intimate partner violence, these issues are still prevalent among women who are older and may increase with an aging population.

Finally, violence against women who are older is **under-recognized** and **under-reported**.

When Gender and Age Intersect

Although violence by a partner or family member against a woman who is older should be considered within the context of age and gender, it often exists in the margins between intimate partner violence and elder abuse.² For example, the definition of elder abuse only takes age into account, deemphasizing the fact that women disproportionately experience such violence, while discussion around IPV may emphasize how it is rooted in

gender inequality with little or no attention to age.

Unlike women who are younger, women's experiences of violence in older age is confounded with aging. For example, women who are older are more likely to have the physical and mental effects of abuse brushed off as a normal part of the aging process.³

Age and gender are not the only identities to be considered when working with survivors. Incorporating an intersectional, anti-racist, anti-oppression approach to work with survivors, including those who are older, draws attention to how different forms of oppression (e.g. homophobia, racism, sexism, ableism, transphobia, poverty) interact. Different sets of identities (e.g. sexual orientation, race/ethnicity, gender, age) impact experiences of violence, prevalence or risk in being targeted for abuse, and one's experience with systems and services.

Types of Violence Against Women Who are Older

This newsletter uses three terms to encompass the most common types of violence against women who are older (see list below). Although there are three distinct types of interpersonal violence, it is possible that older women experience overlap between types. For example, some

intimate partners or family members are also caregivers. In such cases, it is important that both types of the relationship are considered to gain a full understanding of the violence that exists.

1

Violence by a current or former intimate partner (often referred to as intimate partner violence):

Physical, sexual, emotional, or financial abuse, or stalking by an individual with whom one has a close personal relationship with, that may be characterized by identity as a couple, ongoing physical and sexual contact, and emotional connectedness (e.g. a current or former spouse, boyfriend or girlfriend, dating partner, or sexual partner).⁵

2

Abuse by a family member (often referred to as family violence):

Physical, sexual, emotional, or financial abuse, or neglect that occurs within a relationship based on kinship, dependency, or trust (e.g. abuse by adult children, siblings, or other family members).⁶

3

Abuse by a caretaker (often referred to as elder abuse):

An intentional act, or failure to act, by a caregiver that causes or creates a risk of harm to an older adult (e.g. abuse by adult children, a spouse, or caregiving professional). Such abuse can include physical, sexual, emotional, or financial abuse, or neglect.⁷

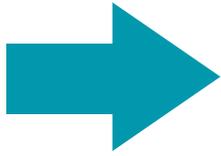
Myth

Caregiver stress causes people to abuse women who are older.

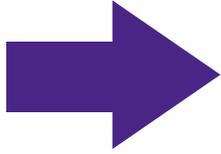
Reality

The notion that a caregiver can experience helplessness, anger, and frustration as a result of overwhelming responsibility and work is often used to rationalize violence against women who are older. A caregiver who does this, regardless of the relationship, is using abusive behaviour.⁸

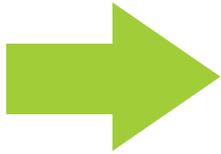
Types of Violence Against Women Who are Older



Women who are older can be subjected to the same forms of violence as women who are younger.



It is sometimes the case that women who are older have endured a longstanding history of violence through different relationships.



While the abuse may not end, the type of violence experienced can often change over time.⁹



Myth

Women who are older do not experience the same types of violence as younger women, and are not sexually or physically abused given their age and “asexuality”.

Reality

Women who are older can experience all forms of violence.

Psychological and financial abuse have been shown to be most common; however, physical and sexual abuse in later life happens.

It is sometimes the case that women with a long-standing history of victimization have experienced multiple forms of abuse throughout their lifetime.

It is through the three types of violence discussed on the previous page that women who are older may experience:

Physical Violence	The intentional use of physical force to cause a person pain, injury, or impairment. For example, hitting, slapping, punching, pushing, or throwing an object at someone; using physical force to prevent a person from leaving.
Psychological/Emotional Violence	Non-physical behaviours that cause a person emotional distress. For example, yelling or threatening a person, stalking someone, humiliating someone, or isolating a person from their social network and activities.
Sexual Violence	Sexual contact without the person’s consent. For example, forcing a person to watch sexual acts, touching a person without their consent, or forcing a person to perform a sexual act.
Financial Abuse	Unauthorized use of a person’s finances or property, or withholding access to funds. For example, forging a person’s signature, telling a person what they can and cannot buy, or keeping a person from accessing family finances.
Neglect	Failure to appropriately fulfill a caregiving position, either intentionally or unintentionally. For example, failure to provide the necessities of life, ignoring medical needs, withholding access to medication, and denying access to transportation.

Barriers to Reporting or Disclosing Violence and Seeking Help

Women who are older may face specific challenges in disclosing violence and utilizing services, which may be amplified by existing societal limitations in awareness regarding violence in the older population. Examples of these barriers include¹⁰:

<p>Intrapersonal barriers</p>	<p>Denial of abuse in relationships.</p> <p>Perceived or actual consequences of reporting abuse (e.g. fear that the abuse will increase in frequency and severity).</p> <p>Traditional beliefs and attitudes towards marriage, gender roles, and discussing family matters with strangers.</p> <p>Fear of having autonomy taken away, being forced into a care facility, having decision-making rights taken away.</p> <p>Cultural factors (e.g. women’s submissiveness to men, language barriers, community “shunning” when reaching out for help).</p> <p>Fear of losing relationships with children, grandchildren, and other family members or friends, humiliation or shame in asking for help.</p> <p>Apprehensions associated with social location (e.g. sexual orientation, social class, abilities), lack of knowledge about violence services available and/or belief that services are exclusively for younger women.</p>
<p>Interpersonal barriers</p>	<p>Dependency or co-dependency on partner or caregiver (e.g. physical, financial, and/or emotional dependency).</p> <p>Unsupportive responses from family and friends, such as the suggestion that the older woman stay in the relationship, minimize the abuse or deny that the abuse happened, and/or blame the woman.</p> <p>Emphasis on the sanctity of marriage and gender roles from clergy members.</p> <p>Lack of practical assistance from social network (e.g. not referring to appropriate services, not offering to drive to a shelter).</p>
<p>Physical barriers</p>	<p>Remote or rural living resulting in social isolation, inability to contact or access services, or lack of services altogether.</p> <p>Lack of a supportive place or supportive network to turn to. Functional or physical mobility limitations.</p> <p>Lack of financial resources to access services or transportation.</p>
<p>Service-related barriers</p>	<p>Lack of recognition of violence against women who are older by health care providers.</p> <p>Limited research within the field of violence examining or including the older population.</p> <p>Stereotypical view of violence and abuse mainly affecting younger women.</p> <p>Under-recognition of older women’s reluctance to disclose abuse, and not enough “follow-up” or thorough risk assessments.</p> <p>Attributing the typical signs of abuse to aging (e.g. injuries and health issues). Lack of facilities and services for those with disabilities and mobility difficulties.</p> <p>Lack of specialized support for older women (e.g. support for their concerns associated with leaving a violent relationship).</p>

Information for Researchers & Service Providers¹¹

Regarding Women who are Older

What needs to be done

Research	<p>Collaborate with survivors who are older to develop research agenda.</p> <p>Agree on a definition of “older.”</p> <p>Review the suitability of screening tools, risk assessments, and interventions (such clinical tools were developed with younger women in mind, and may not be appropriate for use with women who are older).</p> <p>Increase understanding of the patterns of violence, including the shifts in violence one may experience.</p> <p>Study the implications of violence across life stages, specifically, the overall impact on physical and mental health, and the barriers experienced in seeking services.</p>
Training	<p>Integrate training on all types of violence experienced by persons who are older for service providers, including medical practitioners, nurses, social workers, psychologists, care providers, the justice system etc.</p>
Collaboration	<p>Enhance partnerships between survivors, women who are older, and service providers/programs.</p> <p>Develop multi-disciplinary task forces involving survivors who are older, service providers, researchers, and policy makers within the fields of family and partner violence and elder abuse.</p> <p><i>“EAO is mandated to implement the Ontario strategy to combat elder abuse. Violence against older women certainly is an elder abuse issue. Working together to increase awareness and maximize the resources directed at this specific population will generate collective impact.”</i></p> <p>- Sheila Schuehlein, West Region Consultant, Elder Abuse Ontario, September 2016.</p>
Service provision	<p>Integrate an intersectional approach, taking into account both the role of age, gender, race, sexual orientation, etc.</p> <p>Develop comprehensive violence screening and risk assessment tools taking into account barriers to disclosure and help-seeking behaviour, and the nature of the violence experienced.</p> <p>Create appropriate safety plans while recognizing barriers (e.g. mobility issues, physical vulnerabilities).</p> <p>Include thorough follow-up services to ensure safety.</p> <p>Increase knowledge of appropriate resources and referrals.</p> <p>Ask about any injuries or health concerns, accounting for circumstances other than aging.</p>
System approaches	<p>Develop community education campaigns and protocols to increase awareness and recognition of the problem and increase the likelihood of intervention.</p> <p>Work towards decreasing the stigma, in regards to interpersonal violence, increasing the likelihood of reaching out for help.</p> <p>Monitor the partner and family violence services available and implement specific approaches and programs (e.g. peer groups, accessibility services for those with mobility issues, financial support services).</p> <p>Increase funding for research and services for violence prevention.</p>

It is important to determine which groups are and are not reflected in existing research, practice, and learning opportunities, discover why gaps exist, and collaboratively work to be more inclusive.

Information for the General Public

Warning Signs of Abuse of Women Who are Older

The warning signs of abuse can be vast and are often specific to the individuals involved and the situation. Some common signs of abuse of women who are older include:



Disclosure

If she tells you she is being abused or hurt. Injuries – bruises, broken bones, sprains, cuts, or scratches.



Changes in behaviour

Depression, fear, withdrawal, isolation, disorientation, missing social activities.



Changes in financial situations

Cancellation of services, bills not being paid.



Signs of neglect

Unclean living space, no food, not having proper clothing, not having appropriate assistive devices (e.g. glasses or hearing aids).



It is important to remember that even if these warning signs are not present, abuse could still be happening. If interpersonal violence is suspected, trust your instincts.

Adapted from:



What You Can Do

If you suspect a woman who is older is being abused, you can:

- Call 911 if you think the situation is immediately dangerous.
- Do not assume anything; ask questions instead. Ask her if she needs help or feels that she is not safe. Make sure that you are in a safe environment and alone with her before initiating the conversation.
- Be supportive and listen. Remember that she may not feel comfortable disclosing the abuse right away. She also may not recognize that the behaviour is abusive.
- Reassure her that there is help and support available, and encourage her to talk to someone (e.g. a family member, violence help-line, a counsellor). Offer to go with her to talk to someone.
- Ask her what she would like to do. Ask her what she would like you to do. Respect her decisions.
- Acknowledge the difficulty of seeking help or leaving a violent situation.
- Stay involved with her and be sure to check up on her regularly.
- Do not confront or accuse the abusive person. This may make the violence worse when you leave.
- If support is not wanted, assure her that you are there to talk whenever she is ready. Always keep the lines of communication open.

For more information and steps you can take to help a woman who is older and experiencing violence, see **Elder Abuse Ontario** at www.elderabuseontario.com.

Helplines

[Assaulted Women's Helpline](#)

An anonymous, confidential, and free 24-hour telephone line for all women in Ontario that have experienced or think they may have experienced any form of abuse. 1-866-863-0511

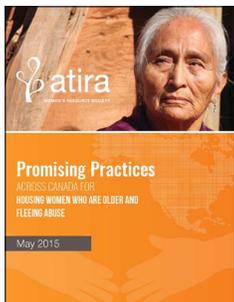
[Retirement Homes Regulatory Authority \(RHRA\)](#)

The RHRA oversees retirement homes to ensure that the law is being followed. If you suspect that there is a risk of harm to a retirement home resident, you must report it. To make a report, call 1-855-ASK-RHRA (1-855-275-7472)

[Senior Safety Line \(SSL\)](#)

The SSL provides referral information for family members and health care providers for services across the province that can assist in cases of abuse of older adults. 1-866-299-1011

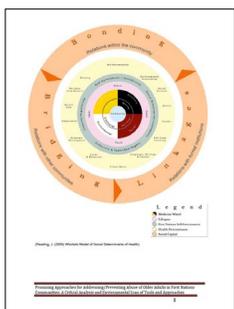
Resources



[Atira – Promising Practices Across Canada for Housing Women Who are Older and Fleeing Abuse](#)

This 2015 guide reviews issues related to violence against women who are older, including statistical information, the impacts of violence on women who are older, the challenges they may experience,

and important language considerations. This guide offers a comprehensive list of promising practices for service providers when working with older women who have experienced violence, specifically in terms of finding safe housing. *Promising Practices* can assist those who are exploring how to adapt their programs to be more responsive and inclusive of women who are older.



[BC Association of Community Response Networks – Promising Approaches for Addressing/ Preventing Abuse of Older Adults in First Nations Communities](#)

This 2009 research project was designed to identify relevant screening and intervention tools, and prevention strategies being used

in First Nations communities with older adults. It offers a critical analysis of the abuse of older First Nations adults, and promising approaches in abuse education, training, and intervention in First Nations communities for use by front line workers.

[The Minister of Health and Long Term Care](#)

A toll-free line to hear complaints and concerns from people receiving long term care. Once a report is made, an inspector conducts an investigation and can take different actions to ensure that the law is being followed. 1-866-434-0144

[Victim Support Line](#)

A toll-free, multilingual telephone line that provides a range of information for victims of crime. 1-888-579-2888



[It's Not Right! Neighbours, Friends & Families for Older Adults Campaign](#)

A collaboration of public education materials from leading professionals and advocates across Canada on the abuse and neglect of older adults. The It's Not

Right! campaign has developed several brochures for both the general public and older adults who are being abused, with information on safety plans, identifying abuse, and how to help older adults that are at risk.



[Neighbours, Friends & Families Immigrant & Refugee Communities Campaign](#)

A province-wide campaign designed to raise awareness of violence against women in immigrant and refugee communities. The campaign has developed online resources, and supports networking and collaboration within diverse communities and service providers. Specific information and infographics about older immigrant and refugee women's experiences of violence are available.

References

- ¹ Crockett, C., Brandl, B., & Dabby, F. C. (2015). Survivors in the margins: The invisibility of violence against older women. *Journal of Elder Abuse & Neglect*, 27, 291-302.
- ² Crockett et al., 2015.
- ³ Atira Women's Resource Society. (2015). *Promising practices across Canada for housing women who are older and fleeing abuse*. Retrieved from <http://www.atira.bc.ca/sites/default/files/Promising%20Practices%20for%20Housing%20Women%20who%20are%20Older.pdf>
- ⁴ Shillington, Richard. (2016) *An Analysis of the Economic Circumstances of Canadian Seniors*. Ottawa: Broadbent Institute.
- ⁵ Centers for Disease Control and Prevention (CDC). (2016b). *Intimate partner violence: Definitions*. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>
- ⁶ Sinha, M. (2013). Overview of family violence. *Family Violence in Canada: A Statistical Profile, 2011* (pp. 5-16). Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11805-eng.pdf>
- ⁷ Centers for Disease Control and Prevention (CDC). (2016a). *Elder abuse: Definitions*. Retrieved from <http://www.cdc.gov/violenceprevention/elderabuse/definitions.html>
- ⁸ Atira, 2015.
- ⁹ Finfgeld-Connett, D. (2014). Intimate partner abuse among older women: Qualitative systematic review. *Clinical Nursing Research*, 23(6), 664-683.
- See also, Weeks, L. E., & LeBlanc, K. (2011). An ecological synthesis of research on older women's experiences of intimate partner violence. *Journal of Women & Aging*, 23, 283-304.
- ¹⁰ McGary, J., Simpson, C., & Hinchliff-Smith, K. (2011). The impact of domestic abuse for older women: A review of the literature. *Health and Social Care in the Community*, 19(1), 3-14.
- See also: Stutts, J. J. (2014). Domestic violence in later life. *The Judges' Journal*, 53(2), 20-23. / 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 & Aging*, 20(3/4), 231-248. / Finfgeld-Connett, D. (2014) / Crockett, et al., (2015) / Weeks, L. E., & LeBlanc, K. (2011).
- ¹¹ Roberto, K. A., McPherson, M. C., & Brossoie, N. (2014). Intimate partner violence in late life: A review of the empirical literature. *Violence Against Women*, 19(12), 1538-1558.
- See also: Tetterton, S., & Farnsworth, E. (2011). Older women and intimate partner violence: Effective interventions. *Journal of Interpersonal Violence*, 26(14), 2929-2942. / Weeks, L. E., & LeBlanc, K. (2011).

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