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Domestic abuse and older people: factors influencing help-seeking

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Domestic abuse and older people: factors influencing help-seeking

Introduction

Domestic abuse in later life is a neglected area in policy and practice when compared to the plethora of policy guidance, service development and professional training tailored towards supporting other age groups (ADASS, 2013). Although older people may experience similar attitudinal barriers as younger victim-survivors of domestic abuse do when accessing formal help (McGarry and Simpson, 2011), their experiences are further compounded by ageist responses from service providers (Harbison, 2008). Age discrimination impacts on older people's willingness to seek help and the ability of agencies to provide an age-sensitive yet non-ageist response.

Our qualitative research, which focuses on discriminatory practices, highlights that for older victim-survivors of domestic abuse, policy guidance and service provision in Wales is still in its infancy (Clarke et al., 2015; Wydall and Zerk, 2015). Moreover, far more research is needed to increase our understanding as to how age and the interplay of intersections of gender (Pritchard, 2002; Brandl, 2000), disability (ADASS, 2015) and ethnicity (Bowes et al., 2008) impact on service engagement (United Nations, 2002).

Definition and prevalence of domestic abuse in later life

The Home Office (2013: 1) provide a cross-government definition of domestic abuse as, 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional.' This definition, despite some shortcomings (Lagdon et al., 2014), is useful because it includes abusers *other* than intimate partners. This aspect of the definition is important when comparing the victim-perpetrator dynamic among older people experiencing domestic abuse, with other age groups. When a family member other than an intimate partner, perpetrates abuse, the relationship dynamics are likely to differ and this may influence help-seeking behaviour (Wilcox, 2012).

The national organisation 'Safe Lives', which focuses on domestic violence victimisation, highlights that in 2016, people aged 61 years and over were *most likely* to experience abuse from a family member who was not a current intimate partner. This new finding has consequences for how professionals respond towards the older person, as abuse perpetrated by non-intimate family members will influence professionals' working practices, and the direction and type of service development available. Our research to date has found that statutory agencies do not often recognise domestic abuse in later life, particularly in cases where the perpetrator is not an intimate partner (Wydall and Zerk, 2015).

Identifying domestic abuse and coercive control in older people

It is difficult to identify the true prevalence of domestic abuse in later life, partly because older people's experiences are rarely included in research studies (Harbison, 2008). However, the data that does exist, suggests domestic abuse is an under-recognised phenomenon that has a wide-

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3 ranging impact on the lives of older people (McGarry and Simpson, 2011). A United Kingdom study
4 of people living in their own homes, estimated that over one third of a million older people were
5 subject to some form of abuse (O'Keefe et al., 2007). However, the true extent of the problem
6 remains unknown because there is significant under-reporting and under-recording of domestic
7 abuse experienced by older people (McGarry and Simpson, 2011; Wydall and Zerk, 2015). Under-
8 recording of domestic abuse by practitioners appears to be a widespread structural problem across
9 all statutory and third sector organisations.
10

11
12 The inability by many professionals to recognise older people as domestic abuse victim-survivors,
13 not only influences the monitoring of prevalence data and subsequent service development (Wydall
14 and Zerk, 2015), but can, on an individual level, also have life threatening consequences for the
15 victim (Sharp-Jeffs and Kelly, 2016). Furthermore, across statutory sectors, practitioners'
16 understanding about the nature and impact of coercive control is poor (Women's Aid, 2007).
17

18
19 Coercive control is considered a gendered crime largely perpetrated by men against women
20 (Anderson, 2009). Consequently, research on men's experiences as victims of coercive control has
21 been neglected (Swan and Snow, 2002). According to Stark (2007), coercive control is a pattern of
22 behaviour whereby male abusers isolate women socially and economically, whilst micro-regulating
23 women's everyday behaviour with intensive monitoring, surveillance and threats to commit lethal
24 harm. As the perceived or actual risk of homicide is greatest at the point of leaving (Abrahams,
25 1994), women often find themselves trapped in an abusive relationship with limited access to social
26 and financial resources (Kelly et al., 2014).
27

28
29 The process of coercive control especially where an interdependency exists, is far more complex
30 than the current literature suggests. Research on coercive control often refers only to Intimate
31 Partner Violence (IPV) (Sprangler and Brandl, 2007). The claim that the nature of coercive control is
32 somewhat different in abuse involving other family members is not fully substantiated in the
33 literature (Kelly and Westmarland, 2014; Monckton-Smith et al., 2014). As a result, little is known
34 about how coercive control creates additional barriers to help-seeking for older people in non-IPV
35 and IPV contexts, both on an individual level, in terms of economic and social resources (Ingram,
36 2016) and on a structural level in relation to policy development and service provision (Wydall and
37 Zerk, 2015).
38

39
40 The criminalisation of coercive control, in s.76 of the Serious Crime Act 2015 highlights advances in
41 how domestic abuse is conceptualised at policy and practice levels. The Act serves to address a
42 significant gap in legislation. The introduction of coercive control in legislation recognises that
43 domestic abuse is rarely a singular incident, but often involves multiple incidents that have
44 cumulative effects on victim-survivors.
45

46
47 Following the implementation of the Serious Crimes Act 2015, the term coercive control has been
48 included in statutory guidance both in England s.42-46 Care Act 2014 (Department of Health, 2017)
49 and in Wales s.7 Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2016). The
50 incorporation of coercive control in statutory guidance provides a legal framework for responding to
51 domestic abuse within a safeguarding context. Furthermore, the guidance requires that health and
52 social care workers understand the impact of coercive control and identify and respond
53 appropriately in cases where there is an 'adult at risk'.
54

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56 In instances where professionals identify domestic abuse and coercive control occurring, research
57 indicates social workers are not always equipped to respond effectively because they lack sufficient
58 knowledge of both domestic abuse referral processes and specialist resources (Clarke et al., 2012;
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3 Disability Wales and Welsh Women's Aid, 2011). There is also evidence that safeguarding
4 professionals are reluctant to use standard domestic abuse tools and processes (e.g. Multi Agency
5 Risk Assessment Conferences), when assessing older people, thus disadvantaging this age-group and
6 inhibiting access to specialist advocate support such as the Independent Domestic Violence Advisors
7 (Clarke et al., 2015). Furthermore, practitioners frequently lack the knowledge and expertise to
8 integrate safeguarding and domestic abuse procedures on a case-by-case basis (Clarke et al., 2012;
9 Wydall and Zerk, 2015).

10
11 The next section examines help-seeking behaviours of older victim-survivors, highlighting the
12 structural barriers they may experience, and expanding on additional financial concerns older people
13 may have in later life that influence decision-making in the context of domestic abuse. The literature
14 will explore some of the socio-cultural effects across different generations in relation to social
15 networks and family life. Given that existing data suggests that older people are less likely than
16 younger people to leave the family home, consideration is given to the value older people place on
17 the home and territorial space within it.
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19

20 21 22 **Review of the Literature**

23 *The help-seeking behaviours of older victim-survivors*

24
25 Harne and Radford (2008) show that as a phenomenon, domestic abuse is a 'hidden harm' that takes
26 place 'behind closed doors' across all age groups. Similar to younger age groups, older people rarely
27 access statutory agencies directly, in cases where domestic abuse is detected it is usually a third
28 party report that discloses the abuse to statutory agencies (Wydall and Zerk, 2015). Often younger
29 victims of domestic abuse will access specialist domestic abuse services from the third sector,
30 however as McGarry et al (2014) highlight, older people do not appear to access support from these
31 specialist services either. Consequently, older people are under-represented across both statutory
32 and third sector service provision and thus these sectors have limited knowledge about older
33 people's needs.
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36 Mouton et al (2004) state that older women may experience the same levels of victimisation as their
37 younger counterparts. Furthermore, the limited research on older male victims suggests there is an
38 increase in male victimisation in later life (Smith, 2012); if this is the case, it is of some concern that
39 older people rarely access support services. Recent research by Safe Lives (2016) shows some
40 variation between younger and older victims' help-seeking behaviours. Older victims, who came to
41 the attention of services, had stayed in the relationship for a longer time than their younger
42 counterparts, before accessing support, and a significantly lower proportion of these victims
43 attempted to leave the abuser after receiving support. The Safe Lives data highlights that older
44 people may wish to maintain a relationship with the abuser and remain in their family home, like
45 victim-survivors at other stages in the life course. However, there may be further structural barriers
46 that contribute to the entrapment of older victim-survivors in the abusive relationship.
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49
50 Whilst State structures, such as retirement limit access to financial opportunities at this stage in the
51 life course for many older people. For most women born prior to World War 2, financial dependency
52 on their husbands as the traditional 'breadwinner' reflects a widely accepted socio-cultural norm
53 towards marriage and the differing conjugal roles for heterosexual couples (Wimberley, 1973). Thus,
54 many older women within these age groups do not have their name on mortgage deeds, rely on
55 their husband's pension and do not have direct access to the household finances (ADASS, 2015).
56 Whilst it is well documented that access to economic resources is limited by perpetrators in younger
57 age-groups (Kelly et al., 2014), for older women experiencing IPV, the issue is compounded as a
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3 result of an increased dependency on their husbands, further restricting the choices they have to
4 leave an abusive relationship.
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6 An additional potential barrier to help-seeking is the increasing complexity of the victim-perpetrator
7 dynamic in later life. According to Stark (2007), domestic abuse perpetrators use coercive controlling
8 behaviours to encourage the victim's dependency on them. Whilst older victim's *dependency* on
9 abusers has been recognised as a significant factor, (Kurrle et al., 1992) *interdependency*, where the
10 perpetrator may also be dependent on the victim is not always acknowledged within the feminist
11 literature (Steinmetz, 1988). For example, as Clarke et al (2015) note, financial and emotional abuse
12 can occur where an adult son with a substance misuse problem is the sole carer for a parent. For
13 victims in this context, a sense of parental responsibility to help their adult child with an addiction
14 often supersedes their needs and rights as an individual (Sprangler and Brandl, 2007).
15
16

17 Harbison (2008) notes that whilst most domestic abuse service responses are targeted at separating
18 the victim and the perpetrator, for some older people, maintaining the relationship with the harmer
19 is a priority, especially if they are an adult child. Moreover, severing family ties with the abuser(s)
20 can lead to loss of access to grandchildren and subsequent social isolation (Flueckiger, 2004).
21 Cicerelli (2010) states the risk of social isolation can also stem from the fact that social networks
22 diminish in later life. As a consequence of the reduction in the size and diversity of social
23 attachments, older people may place greater importance on family ties, particularly those involving
24 adult children (Relate and Ipsos MORI, 2013).
25
26

27 Zink et al's (2006) research with older victims highlights a strong desire by victims to stay attached to
28 social networks that have been developed over many years. Furthermore, research by Age UK (2014)
29 indicates that older people place considerable emphasis on having family and friends in close
30 proximity. Thus, in later life, service responses that lead to a reduction in social networks may not be
31 considered a desirable option, as rebuilding social ties may be more difficult for older people than
32 for other age groups.
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35 A reluctance to seek help by older people may also be explained by a strong sense of self-reliance
36 when managing difficult family situations compared to younger age groups (Disney et al., 2000).
37 According to Beaulaurier et al (2007), older women (aged 45-85 years) are more likely to conceal
38 domestic abuse within the family because the harsh reality of the situation conflicts with
39 constructed ideals of family life and a woman's role as a wife and mother. For some older women,
40 protecting and preserving the status of the family may override their needs as a victim-survivor. Zink
41 et al (2003) found that for the generation born during World War 2, and just after, older people
42 place considerable importance on protecting the private family sphere, the home, from external
43 interference. Thus, little is known as to how older generations negotiate the boundaries between
44 public and private spheres when engaging in help-seeking behaviour.
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46

47 The work of Giddens (1976) frames the home as a site of ontological security. The daily rituals
48 constructed within this territory contribute towards self-identity and therefore hold a particular
49 significance for the people inhabiting this space. The home is a territory bounded by physical
50 parameters, where family members' emotional attachment to this private space are constructed
51 through a range of interactions that hold specific meanings to the individuals who live there
52 (Gustafson, 2001). As Dupuis and Thorns (2002) note, it appears that for older people the home may
53 take on greater significance as a site of ontological security as the space creates a strong sense of
54 personal autonomy free from the public gaze.
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3 For De Jong Gierueld et al (2006), fear of being removed from the family home can be a considerable
4 barrier to engagement with service providers. Adverse media coverage of cases of abuse and neglect
5 in care homes has contributed to a negative perception of such environments at a societal level. The
6 prospect of admission into a care home instils in older people a fear that the experience may lead to
7 a loss of autonomy, subsequent social isolation and the risk of abuse by staff. However, specialist
8 refuges are not a desirable option either, for example, research by the Older Women's Network
9 (1998) found that wherever possible, rather than flee to a refuge, older women wish to be
10 supported and protected whilst remaining in their own home.
11

12
13 It would appear that for older people experiencing domestic abuse, the existing literature points to
14 a range of structural, organisational and individual factors influencing decision-making. Thus, this
15 paper aims to shed light on some of the contextual factors influencing help-seeking in later life. The
16 following sections provide an outline of domestic abuse service development within the context of
17 Wales. A summary of the research design and methodology is given, drawing on social constructions
18 of ageing and how these constructs informed the analysis. The research findings are reviewed in the
19 context of existing literature and the future implications for policy and practice will be discussed in
20 the concluding section.
21

22 **Domestic Abuse within the Context of Wales**

23
24 Wales is perceived as a pioneer in the field of domestic abuse, developing highly innovative
25 initiatives to increase the safety and choices for victim-survivors. Initiatives include the
26 establishment of the Multi-Agency Risk Assessment Conference, the provision of an Independent
27 Domestic Violence Advisor, the use of Specialist Domestic Violence Courts and the Dyn Project
28 aimed at supporting male victims. The domestic abuse policy is also progressive in that it includes
29 older people.
30

31
32 The population of Wales is 3.1 million with the population density greatest in the south of the
33 country (Welsh Government, 2016). In 2010, 19% of the Welsh population were aged 65 and over
34 (Office for National Statistics, 2012). In the next 20 years, the ageing population will have doubled
35 (House of Lords, 2013). It is estimated that the prevalence rate of familial abuse is likely to rise with
36 an increase in the ageing population (Roberto et al., 2014).
37
38

39 **Methodology**

40
41 The research study 'Crimes Against and Abuse of Older People in Wales' was funded by the Older
42 People's Commissioner for Wales in 2013. One of the primary aims of the study was to explore
43 practitioners' perceptions of the barriers to help-seeking for victim-survivors of domestic abuse aged
44 sixty years and over.
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46
47 Given the limited qualitative research that exists on domestic abuse in later life, an interpretivist,
48 discovery-orientated approach was prioritised. The qualitative research was conducted in Wales
49 over a fifteen-week period commencing in mid-September 2013. A total of 50 semi-structured
50 interviews were conducted with practitioners and managers from twenty-one out of twenty-two
51 local authorities (44), four regional police forces (4) and members of the Crown Prosecution Service
52 Cymru (2).
53

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55 Three stages of semi-structured interviews were conducted; the first, with professionals with
56 specialist domestic abuse knowledge, the second, targeted adult protection safeguarding officers
57 and final stage involved interviews with criminal justice agencies. Interview schedules explored
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professionals' understanding of definitions of domestic abuse, safeguarding and coercive control, referral pathways and service provision. Particular attention was given to professionals' perceptions as to why domestic abuse victims aged sixty years and over may disengage with statutory agencies. Furthermore, the researchers explored professionals' knowledge of third sector provision and opportunities for integrating domestic abuse and adult safeguarding processes.

In addition to exploring the subject of domestic abuse and coercive control generally, researchers also examined how age might be perceived as a barrier to accessing services. To date, there are three key theoretical perspectives through which the social construction of ageing can be viewed, first, an analogy of ageing as a process of disengagement and decline (Cumming and Henry, 1961). Second, an empowering 'third age' where older people, can enjoy active consumerism (Blaikie, 1999; Katz, 1998) and third, a social welfare model, which constructs older people as potential 'consumers' of welfare services (Biggs and Powell, 2001). By reviewing the language used in the interview transcripts researchers could glean how older domestic violence survivors were socially constructed by professionals working in the statutory sector. As ageism is a factor, it was interesting for the researchers to see whether the data reflected any of the characteristics inherent in the three perspectives outlined above.

All the interviews were audio-recorded and fully transcribed. The researchers individually coded the qualitative data to identify emerging themes and worked collaboratively to produce a coding scheme. This scheme was then subjected to a systematic coding exercise using the qualitative software package NVivo. The study was conducted in accordance with ethical guidelines set out by the University.

Research Findings

The findings highlighted four key factors that practitioners suggested influenced older people's help-seeking behaviours. First, professionals often adopted ageist and paternalistic responses towards older people using a discourse that reflected a 'decline' analogy of age (Cumming and Henry, 1961). Second, interviewees reflected on how socio-cultural factors impacted on older people's decisions to seek help. Third, professionals interpreted their client's decisions to engage were dependent on being able to stay socially embedded within their family, their home and their community. Thus, practitioners felt that older generations placed a far stronger emphasis on the meanings of the home and family ties compared to younger generations. Finally, an overarching theme revealed that some professionals felt statutory responses often ran counter to the expressed wishes of the older person. Overall, the findings suggest that to promote engagement, a more age-sensitive approach that recognises the wishes of individuals and facilitates informed decision-making is necessary.

Ageist and paternalistic responses by professionals towards older victim-survivors

Older people may present a range of generational characteristics; however, their decisions will be highly contingent on the dynamic socio-cultural environment within which they seek help, not on chronological age (Dimah and Dimah, 2004). It was evident that interviewees framed older people as a homogenous group and practitioners were not aware of some of the generational differences in later life. Practitioners did not place sufficient emphasis on how contextual factors influenced the choices made by their clients. Only two of the 50 participants interviewed, referred to the socio-cultural diversity of older people spanning three generations. Practitioners failed to acknowledge

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3 that a range of temporal and situational factors would influence older people's priorities at different
4 stages in the life course.

5
6 As age is a very unstable social construct, the way ageing is socially constructed in a particular
7 society will influence the direction of policy responses (Desmarais and Reeves, 2007). In the context
8 of domestic abuse, the data analysis demonstrated that 42 of the interviewees from the local
9 authority adopted a discourse that reflected a 'decline' analogy (Cummings and Henry, 1961).
10 Therefore, older victims were stereotypically viewed through a biomedical 'lens' insofar as they
11 were constructed as passive, illogical and irrational in their decision-making. Consequently, little
12 consideration was given to ensuring the older person was central to the decision-making process
13 and thus, ageism hindered a person-centred approach.

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16 In the majority of cases (77%), safeguarding practitioners did not recognise the complexity of victim-
17 perpetrator dynamics for older people who experience domestic abuse, particularly if the
18 perpetrator was an adult child. There were however two exceptions where local authority
19 practitioners understood the multifaceted nature of the decision-making process. These
20 practitioners highlighted the importance of a person-centred response. One interviewee said:

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22
23 *"It's not one size fits all, but when you talk about domestic abuse you are talking about*
24 *families and people having to make a judgement call about their relationship, long term*
25 *relationship. That is probably the biggest decision. "How far do I take this and risk the*
26 *relationship going down the river?" That is a big decision when [older] people value family*
27 *ties, it's the final straw for the victim and they have put up with many years or situations of*
28 *abuse and you can sense when they have made the decision and it will be theirs. It's*
29 *tangible. The sense of urgency is there."*

30
31
32 *Safeguarding Officer: 1*

33
34 The above quote demonstrates how older people make active, rational and logical decisions within
35 the context of their own abusive situation and their family network. This recurrent theme reflects
36 the need for professionals to acknowledge the complexity of an individual's decision-making in later
37 life.

40 The impact of socio-cultural factors on older people's decisions to seek formal help

41 Previous research has shown how generational norms and values can negatively impact on victim-
42 survivors' willingness to seek help when experiencing domestic abuse (Zink et al., 2003). The current
43 study found that the 'family' is an important part of Welsh culture, particularly within a rural
44 context. Practitioners' commented that for most older people an integral feature of positive ageing
45 involved a close association with 'the family', this is demonstrated in the quote below:

46
47
48 *"It is around expectations isn't it...and everything tells us that old age is 'family being around*
49 *you' is the sign of being where you should be, the opposite is being abandoned, alone,*
50 *lonely... it is how old age is seen by people here [in Wales], no one wants to be removed from*
51 *family, from their family home, no matter how bad they [perpetrators/family] are, away, into*
52 *a [care] home, that is often all we can offer and it is everyone's worst nightmare."*

53
54
55 *Safeguarding Coordinator: 4*

56
57 The data suggests that a high premium is placed on preserving an outward 'ideal' image of a large,
58 cohesive family support system. It was perceived by interviewees that older family members are

likely to be resistant to agency involvement as it will reveal a less desirable reality of family life. Thus any intrusion into the private family sphere by an external agency potentially threatens to dismantle the public presentation of an ideal family. Participants gave the impression that more restrictive boundaries between public and private spheres were drawn by older people aged 70 years and over than the 'baby boomer' generation now in their sixties. Professionals were aware of how their roles may be perceived by older people as an unwelcome public intrusion into family's private lives. For example, a safeguarding coordinator expressed what they felt to be a representative view of their older client group:

"Will services get involved? Are they going to be poking around? A lot of people [older people] say, "You Social Services are going to be poking around here." They are afraid of what might be found then and identified and uncovered. They [the victim] are going to worry it's going to have an impact on families. The family is going to be split up, involvement of services, they are afraid of that. Is it going to open up a can of worms? Is it going to split a family up? Are the Police going to be moving them from home?"

Safeguarding Coordinator: 3

It was not uncommon for professionals to encounter alarmist, negative stereotypes about the statutory sector as demonstrated by the above quote. Furthermore, practitioners commented that victim-survivors were often concerned that practitioners would automatically decide the outcome of their disclosure without fully listening to the client's wishes. One practitioner commented:

"It's [domestic abuse] a family matter. People don't want to get involved with the police or social services. They don't want to get their son or daughter or relative in trouble. They don't want to go through the court process."

Police Officer: 2

Only one practitioner and one manager emphasised that clients should be central in the decision-making process regarding individual family circumstances.

"...it's involving the person wherever you can even if it is by a hospital bed...whenever an older person has been at the strategy meeting and listened to the chronology of incidents, it has helped them, because often domestic abuse victims are just thinking about the most recent event, so by hearing and seeing everything, they can see they may need our support to stop the abuse, and it helps because they are engaging more with us."

Safeguarding Coordinator: 9

It was believed that older victim-survivors anticipated a lack of informed choice regarding statutory involvement, which led to older people closing down all communication with external agencies and concealing the abuse within the private family sphere. This finding supports research by Brandl and Cook-Daniels (2002).

The importance of 'social embeddedness' in the family, home and community

For women, research by Barrera (1986) shows that the community serves to create a sense of social embeddedness. Older female victims report a heightened sense of emotional attachment to their local community (Hightower et al., 2006). However, for men there is a lack of information on their sense of attachment to the community and wider society. In the current study practitioners

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2
3 emphasised the importance of a sense of place and space. Thus for an individual, a community
4 constituted more than just the physical space, rather the environment seemed to be an embodied
5 space. Practitioners' perceived that older people might develop a strong sense of social
6 embeddedness in local community life, especially when having lived in the same area for over many
7 years.

8
9
10 For older people, time is finite and 'horizon planning' makes relocation even less desirable than it is
11 for younger people. According to Zink et al (2006), older women may feel they have more to lose
12 leaving the community because they will have to sever social ties that they may have invested many
13 years in developing. As the example below suggests, the subsequent isolation from the community
14 that could result from a disclosure was seen to be major barrier to seeking help for most older
15 people:

16
17 *"I do think it's a more complicated issue, domestic abuse in older people. There are other*
18 *issues on the agenda and I think it's difficult for elderly victims of domestic abuse to see a*
19 *way out of the situation... if you are a young victim of domestic abuse you can potentially*
20 *brush yourself down and start again. Older persons won't think that way."*

21
22 *Safeguarding Officer: 1*

23 Interviewees suggested that people at later stages in the life course, found it more difficult to
24 establish new social networks because there are less opportunities to meet people especially in rural
25 areas. Therefore, the older victim rarely considered leaving a relationship in later life and adjusting
26 to a new community without access to established social ties.
27

28 29 *The home as a private space*

30
31 One of the most interesting themes emerging from the study was how the family home was
32 perceived as influencing the help-seeking behaviour for both men and women. Research by Rowles
33 and Chaudhury (2005) suggests that meanings of the home are often magnified in later life, because
34 the home becomes the primary living space where most activity and socialisation occurs. According
35 to Dupuis and Thorns (2002), who build on the work of Saunders (1989), the home is a site of
36 ontological security that may take on increased significance in later life. Self-identity is strongly
37 associated with meanings of the home and the families' role in the home; furthermore, older people
38 place considerable value on their gendered roles in the home and actively resist external
39 interference in their territorial space.
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41

42
43 All agencies held the view that the private space within the home had increased significance for
44 older people. Professionals recognised they had to operate in an ambivalent space between public
45 and private territories. Practitioners were aware that their presence was perceived to be intrusive,
46 rarely offering solutions that were conducive to the family's circumstances:
47

48
49 *"Sometimes I think we [agencies] are operating at cross purposes, we focus on keeping them*
50 *safe, they would rather see their grandchildren, it is what they know, to stay in the house,*
51 *the home they raised their children in... protecting that space is really important to them, so*
52 *we need to rethink our practice our approach sometimes..."*

53
54 *Specialist Older Person's Agency Manager*

55
56 Gustafson (2001) shows that meanings of the home are constructed through three interlinked
57 identities; self, others and environment. Perhaps in cases where the abuse is by a son or daughter,
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3 the role of parent is prioritised over other identities in this private space. For Giddens (1976), trust is
4 strongly linked to feelings of ontological security, thus the long established role of a parent and the
5 routinized activities that reinforce the parent-adult child bond may have a bearing on how victim-
6 survivors seek help in cases of adult family violence. The idea presents an unlikely paradox, for
7 victims of domestic abuse the home is an unsafe and unpredictable environment. However,
8 professionals held the view that despite the constraints placed upon the victim by the abuser, the
9 space within the home may represent a 'safe sanctuary', free from public surveillance, what Giddens
10 (1976) frames as a site of ontological security. The possibility of the home as a site of ontological
11 security for older victims of domestic abuse is an interesting phenomenon and worthy of further
12 investigation.
13
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15 16 17 *Housing options for older victim-survivors*

18
19 There is a paucity of research that explores how the home is perceived by older victim-survivors,
20 however a recent report by the Solace Women's Aid (2016) suggests that in later life people have a
21 far stronger preference to remain in their home compared to their younger counterparts. Some
22 practitioners were sensitive towards protecting an individual's wish to remain in their environment,
23 however due to limited resources, practitioners felt resigned to offering options such as temporary
24 respite care or removal to a care home. Interviewees frequently stated that the current available
25 service provision conflicted with the priorities of older victims that often led to disengagement from
26 services. One interviewee commented:
27

28
29 *"I think relocating to a new area, a new flat away from family would be an absolute last*
30 *resort... an absolute last resort for an older person, family is everything ... seeing the*
31 *grandchildren, hearing family news, chatting to neighbours makes life worthwhile doesn't it,*
32 *it is just an existence if you lose the ties to where you've lived for many years... the familiar is*
33 *reassuring isn't it, even if it is far far less than perfect."*

34 *Domestic Abuse Specialist: 2*

35
36 Unfortunately, for most victim-survivors of domestic abuse, the option to remain within the family
37 home is not always safe. While refuges can offer immediate accommodation, they often provide
38 only a short-term solution. For women of all ages, one of the main barriers to help-seeking is the
39 lack of available, suitable and affordable housing options (Bossy and Coleman, 2000). Refuges do not
40 meet the needs of older women, as they often lacking the facilities for those who have a disability
41 and/or mobility issues (Women's Aid, 2007). Furthermore, they rarely provide a service for men.
42 Practitioners in this study echoed earlier research findings about the suitability of refuges and the
43 numerous restrictions influencing where older victims could be rehoused. As an alternative to
44 refuges, care homes were often the only housing option. However, specialist domestic abuse
45 interviewees were aware that for older people, severing the links with their family home and their
46 community could lead to social isolation, as previously noted by De Jong Gierveld (2006).
47
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50 51 **Refocussing the lens: the need for an age sensitive approach by the** 52 **statutory sector**

53
54 The research findings show that when an older person makes an initial disclosure to a practitioner
55 the quality of the response given will influence the older person's decision to engage. Some
56 practitioners were aware of a clear difference in desired outcomes between the older person and
57 agency staff, placing both social services and justice agencies in a highly ambivalent and sensitive
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1
2
3 situation. The data suggests that certain processes created an adversarial dynamic that could
4 fracture family loyalties:

5
6 *“It’s not about being involved with the Police, it’s about the reluctance to possibly place their*
7 *children into the criminal justice system. It’s a big decision to say “I want the Police. You are*
8 *going to get locked up, you are going to get arrested and you may end up in Court”. I think*
9 *that is predominantly a huge factor when it comes to abuse...The big decision is, especially*
10 *the elderly who are the most vulnerable, is making that decision to put their loved ones into*
11 *the hands of the Police as such. So that is a major factor, we [the Police] feel.”*

12
13
14 *Safeguarding Officer: 2*

15
16 In a family network, victims of domestic abuse are not atomistic, their decision to seek help is
17 contingent on those they care about and the value they place on their ‘interconnectedness’ with
18 other family members. Interviewees frequently commented that they felt older people associated
19 help-seeking with punitive responses which were not always considered desirable. For example, for
20 a parent, when the abuser is an adult child, the decision to seek external help may lead to self-
21 blame. Victims may see the abuse as a consequence of their poor parenting (Condry and Miles,
22 2014) and remain silent due to a sense of loyalty towards the abusive family member(s) (Harbison,
23 2008).

24
25
26 Our research indicates that not only do victims experiencing domestic abuse rarely contact the
27 statutory sector, on the rare occasions they do, it is to seek help for the abuser (Wydall and Zerk,
28 2015). A few professionals noted that the use of terms like ‘abuser’ or ‘perpetrator’ was not
29 conducive to engagement, often serving to polarise families in times of crisis, rather than aiming to
30 close the social distance in the family unit to facilitate positive change:

31
32 *“They [practitioners] may sometimes use a language the older person won’t accept, you*
33 *know telling them their son is wrong, is treating them badly, that is the last thing they want*
34 *to hear ... they want help for their son, that is often why they ring in the first place, like any*
35 *parent, your child comes first... going in gungho they will back off very rapidly, so we need to*
36 *think what angle to take...what to say or they are lost [disengage].”*

37
38
39 *Safeguarding Coordinator: 2*

40
41 Older people are entitled to equal access to justice and welfare options, however there needs to be
42 greater recognition in light of recent research by Save Lives (2016) that clients may wish to continue
43 to live in their home, with the abuser after any intervention has taken place. Furthermore, it is
44 disappointing that when a victim requests help for the abusive family member, that help is very
45 rarely available (Clarke and Wydall, 2013), especially if they are an older perpetrator.

46
47 It would appear that current services are not conducive to older people experiencing domestic
48 abuse. Further training is required for professionals to understand more about the situational,
49 temporal and relational factors influencing older people’s help-seeking behaviours (Saltzman et al.,
50 2002). Thus, the need to re-focus the lens to produce a more nuanced and age-sensitive approach is
51 evident.

52 53 54 55 **Conclusion**

56 Previous research suggests that older people may be experiencing abuse at similar levels to their
57 younger counterparts (Mouton et al., 2004; Mezey et al., 2002) however, they rarely access support
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3 services available to victims of domestic abuse (McGarry et al., 2014; Roberto et al., 2014). The
4 current study has highlighted statutory practitioner's perceptions of the barriers to engagement. The
5 findings illustrated that compared to younger victims; professionals feel that older people
6 experience further challenges that impact on help-seeking. Whilst research by Harne and Radford
7 (2008) shows that gender discrimination plays a role in statutory agencies responses to domestic
8 abuse victim-survivors, it appears from the findings in this study that age discrimination plays an
9 equal, if not greater role in influencing a lack of appropriate service provision. Practitioners need to
10 be more sensitive to generational differences existing in later life, in particular how the relevance of
11 the home and the shared family identity have a bearing on individual decision-making. Furthermore,
12 interviewees believed that in later life there is a stronger emphasis on social embeddedness within
13 the community. Any service response that threatens these 'interconnections' was considered
14 undesirable.
15
16

17
18 For older victims, developments in policy and practice are long overdue in cases of domestic
19 violence. There is a clear need to encourage mandatory training to safeguarding professionals about
20 the value of using appropriate risk assessment tools. Strategically it would be useful to find ways to
21 facilitate the cross pollution of safeguarding and domestic abuse processes within Local Authorities
22 across Wales (ADASS, 2015).
23

24 Service providers need to give more consideration to issues of interdependency, social
25 embeddedness, to ensure help-seeking becomes a more age-sensitive process. This paper
26 demonstrates that a significant shift is required in practice to offers a non-ageist response that
27 recognises the wishes of the individual and facilitates informed decision-making.
28

29
30 Ascertaining practitioners' views provided a valuable insight into how services across Wales respond
31 to older people. Practitioners' perceptions were based on their experience of working with those
32 older people who accessed services. Further qualitative research is needed to capture the voices of
33 older people themselves, particularly in relation to help-seeking behaviour and engagement with
34 services.
35

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