Senior Women in Violent and Abusive Relationships: A Preliminary Needs Assessment for the North Shore

Developing an understanding of the nature and extent of violence against senior women, its ramifications and possible strategies and solutions

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The North Shore, like many other communities in British Columbia, is struggling with its response to and support for senior women experiencing abuse and violence. A full range of community organizations and associations such as politicians, physicians, police, families, friends, service providers and the court system need to acknowledge and address the atrocity of violence against one of our most vulnerable populations – senior women.

Elder abuse is an issue that has been examined by our communities and policy makers and, for the most part, speaks to financial exploitation of seniors at the hands of adult children and scam artists who prey on the vulnerable. Violence against women has also been recognized, but is most often seen as a young woman's issue. Yet, violence and abuse do not end at age 50 (Hightower et al; 2001). Many older women, for example, continue to live with their abusive spouse after 40 or 50 years of marriage. Some never recognize that what they are experiencing is abuse, as it has always been a normal part of their daily life.

In an effort to understand the nature and extent of violence against senior women, its ramifications and possible strategies and solutions for the North Shore, the North Shore Women's Centre and The North Shore Domestic Violence Program have partnered with a practicum student from Simon Fraser's Gerontology Program to undertake a preliminary needs assessment. To meet that end, three focus groups have been held – two discussion groups with senior women and one discussion group with North Shore service providers. (I was also honoured to have a telephone conversation with a woman, who in the 1950's and 60's experienced horrific violence and wanted to share her story for this project). The goal of the focus groups with North Shore senior women was to discover

what they knew about the issue of violence against senior women and what support services they are aware of and felt comfortable with using. We wanted to know if today's more open values and attitudes were part of senior women's consciousness.

The goal for the focus group with service providers was to ascertain the kinds of abuse that they were aware of, the extent and level of severity of abuse they had witnessed, and the services they felt would be helpful for women whether they wanted to stay in their homes, or chose to leave an abusive situation. We questioned what resources are needed to address the auxiliary issues of abuse: housing, alcohol abuse, mental health and dementia. We also sought to understand what is needed to change or eradicate the shame and fear of disclosure.

Literature Review

The primary goals of the research that has already been conducted in the area of violence against senior women, have been to identify and explore the needs of older women who have lived or are currently living with an abusive partner (Schaffer; 1999, Hightower et al; 2001), to expand the body of knowledge based upon older women's experiences that will help identify the need to develop appropriate health and social service strategies (Hightower et al; 2001), and to raise awareness that violence in the lives of senior women is the result of society not recognizing that issues of gender, ageism and power imbalance lead to violence and abuse (Hightower et al; 2001).

The major themes that emerged from these studies were the need for women to be believed and to have access to social supports, information, legal advocacy, safety planning, peer counselling, housing alternatives and income support. A benefit resulting

from the research has been that senior women felt empowered and liberated by telling their stories.

Jill Hightower, Greta Smith, and Henry Hightower's report **Silent and Invisible,** (2001) is a pivotal Canadian study that has brought the insidious nature of violence against senior women to the forefront of Gerontological research. Their work was used as a foundation and model for the current preliminary needs assessment on the North Shore. Hightower et al suggest that the homogenization of older people into a single genderless group diminishes the significance that most elder abuse is spousal assault against women. In their words, "it is spouse abuse grown old" (Hightower et al; 2001 p.33). "When we view older women as abused elders it will have ramifications in terms of the action we take in responding to it" (Vinton; 1999).

Harris (1996) identified several factors in traditional male – female relationships that have been shown to put senior women at greater risk of experiencing violence. These factors include: poverty, lack of education, racial oppression, marital conflict, verbal aggression, use of alcohol and drugs, violence experienced in family of origin, low reasoning capacity, perceived stress, depression, fair to poor health, and past violence. There was no correlation found between religious values with violence. (These findings show correlations only and are not to be taken as a comment on issues of poverty; discrimination and single parenthood, issues that have an impact on women and in this context have no association with violence.)

It has also been found that women who have been abused have higher rates of chronic illnesses, depression, drug and alcohol dependence, mental health issues, low self esteem and a lack of confidence (Schaffer; 1999).

Brandl, (2002) Seaver, (1996) and Hightower, (2001) examine why abuse occurs. Non-intentional abuse or injury include accidents and the abuser's physical and mental illnesses that manifest in violent behaviour. This latter includes injury from extreme caregiver frustration.(Brandl & Meurer; 2000)

Intentional violence, though often denied by the aggressor, results from the need to exert power and control over the victim. The abuser often uses the strategy of intermittent reinforcement as an effective tool to break the victim's spirit (Seaver; 1996). It is a strategy whereby the power figure offers gestures of love and commitment intermittently with emotional and physical assaults. The victim, in need of love, tries continually to please and assuage her partner to no avail. The violence escalates and the victim develops a sense of helplessness.

Violent men's behaviour is often condoned by the rigid stereotypes that denigrate women. Some abuse results from a belief of entitlement (Brandl & Meurer; 2000, Hightower et al; 2001). Spousal abuse procures obedience and humiliation that leads to isolation. Abuse also arises from a power differential between abuser and victim and it can escalate from mild to deadly (Vinton; 1999).

Seaver identifies several stages in a woman's journey away from abuse (Seaver; 1996). These stages are:

- Shock of the blow and the sense of betrayal;
- Renewed compliance where she tries to do anything to please her spouse, but finds nothing works;
- Awareness. The media, books, physicians, ministers, other professionals, and legal advocates all contribute to a new level of awareness;
- Action;
- Healing can begin if she is able to get the help she need.

"When women see and name the abuse in their lives their consciousness has been raised"(Seaver; 1996). Several studies report that older women want the relationship to continue but they want the abuse to stop. In these cases, action and healing is attempted within the boundaries of the relationship. (Harris; 1996, Schaffer; 1999, Hightower et al 2001, Seaver; 1996)

Victim's voices are used in Nabi and Horner's (2001) study to speak poignantly of the psychological problems that arise from the abuse, the need to talk about abuse as an important step in eliminating it, and the need for society to condemn violence and recognize that it is not normal or acceptable in relationships. Vinton (1999) points out that women have an internalized message that says that they are to blame. They fear retaliation, isolation, and potential loss of income and assets. Abuse affects the older woman's emotional and physical health.

Recommendations from previous studies include the need for time sensitive interventions and referrals to the appropriate services providers (Brandl & Meurer; 2000). They also emphasize how service providers must be aware of the fact that older abused women have unique and often culturally specific needs (Schaffer; 1999).

Results – Senior Women

Twelve and twenty-five seniors (mostly women) respectively attended two focus groups aimed at senior women. Please note that summaries of the discussions have used *italicized words* to identify direct quotations from the focus group participants.

We began our sessions with a viewing of the video ***What's Age Got to Do With It?*** Hightower, Smith and Hightower produced this video in conjunction with Silent and

Invisible: a report on abuse and violence in the lives of older women in British Columbia and Yukon (Hightower et al; 2001). The twelve-minute video is startling in its candour. It portrays the many faces of abuse in several vignettes. They include: a husband convincing a social worker that the bruises on his wife are the result of caregiver frustration, adult children taking advantage of their generous but frail mother, and examples of emotional and sexual abuse. It highlights the issue of isolation due to language, culture and geography. The video also examines the limitations of transition houses and the difficulties senior women face when trying to address their situation.

The focus group participants had been informed that the case studies portrayed in the video were based upon real life situations. Many of them found the scenarios to be *frightening* and *unbelievable*. Others felt that the case studies showed the *women being deserted, feeling helpless and hopeless.* They felt older women would simply say *that everything was fine* rather than openly disclosing any abuse that they might be experiencing. One woman observed that she went cold when she saw the video.

> *It reminded me of my neighbour who brought his brother to stay in his basement. The basement wasn't finished; it was more like a crawlspace. I saw the brother was only being fed bread and peanut butter with Kool Aid. He was filthy. I didn't know what to do, but I finally called the authorities and they took him away.*

Others had been reminded of friends they had known who had been subject to emotional abuse. The video acted as a springboard into our discussion.

Changes in Awareness

Many of the women in our two discussion groups felt that attitudes about violence against women had changed over the years. They felt that society never used to talk

about abuse; they simply *blocked it out* of their consciousness as if it never happened. There was a general consensus that men *learned violent behaviour* from childhood and that it had been far more acceptable in past years. One woman quietly commented that she remembered *her father beating her mother* while she was a very young child. Her mother died when she was seven; a harsh and brutal testament to violence in the home.

They felt that the media has played an invaluable role in bringing to light family violence and abuse against women, yet, some of the women commented, *the older generation keeps things to themselves, it still goes on as women are scared to come forward.* Despite greater openness, there was a real concern about becoming involved with possible violent situations in their neighbourhood. The most significant concerns were the thought of going to court or having their name disclosed to the perpetrator.

Former Attitudes

The women in the groups said that it used to be *acceptable to spank and hit children* as part of the discipline in the 1950's and 1960's. Children often lived in *dread of Dad* coming home after work. Women during this era were expected to be *submissive*; to *carry the burden* in the family and fathers were rarely involved in the raising of children beyond discipline. It was mentioned how rarely either parent said *I love you*; highlighting the significant shift in attitudes since the 1960's. Family violence took place *behind closed doors* and the *police stayed out of family matters* and offered *no protection* to a battered wife.

The participants felt that women did not speak to anyone about the abuse that they were enduring because of fear of harm coming to their children, escalation of the violence and feelings that somehow they were to blame. Doctors, although not explicitly

told of the abuse, somehow knew and offered sympathy, but never offered suggestions as to how to leave the relationship or how to get help.

A woman, Anne, (not her real name) told of repeated beatings she experienced during the course of her 20-year marriage during the 1950's and 60's. She said that there was no escape, nowhere that a woman could go. She had *no money*, *no rights* and when she hinted at what was happening, friends and family would query, "*what did you do to deserve it?*"

Anne knew of one other situation in her neighbourhood where the husband was beating his wife. She knew this because it was publicized in the papers. She said she did not want her children to go through that. Years later she asked her former neighbours if they knew that her husband was beating her. They nodded in the affirmative. Police never came to her door; no one offered support, services or assistance over the course of 20 years of a violent marriage.

Why Are Women Hurt?

The women offered valuable insights into why they thought spouses and other family members hurt senior women. They felt it was the result of *frustration, burnout, fatigue or learned behaviour.* They also believed that men's need to have *power*, a *show of strength* and *dominance* all contributed to abuse and violence against women. The abuse was usually fed by the abuse of *alcohol*. The group participants felt that lack of self-esteem and self-confidence led men to beat their wives to somehow compensate for their own *diminished sense of self.* Today as *caregivers,* seniors are not adequately

trained nor do they have any relief when they become frustrated and burned out. This state may, in some cases trigger abuse.

Anne did not know why her husband beat her, but she said that he had a *hair trigger temper and that alcohol was often a factor in his rage.* She did not only endure broken bones, severe injuries, haemorrhages and broken teeth, but also suffered from emotional abuse and was kept isolated from friends and family**.** *Once my husband held a kitchen knife at my throat.* In another situation *he threatened "You are never to have anyone in this house unless I am here."*

Protection Against Abuse

The participants felt that *knowledge and education* were the best tools to protect women against abuse. They said that education should start in *schools*, and could be part of *television programming* and *religious teachings*. They believed that it was also wise to find a *confidant, a friend, family member or preferably a family doctor* to talk to about the situation. *Home care workers* were identified as another source of solace and help, especially if the woman in question was frail or unable to leave her bed.

Divorce was raised as an unconventional, but effective protection against abuse. This option was not available in the past, however, and Anne talked about thanking Pierre Elliot Trudeau for the change in the divorce laws in the late 1960's. She was finally able to divorce her violent husband and begin a new life for herself. Today, thirty-five years later, however, she still finds it difficult to talk about her experience.

However valuable knowledge and education are, both groups felt that our health care system is failing senior women. *Families are under pressure* and support, if it comes at all, comes too late. They felt that *more resources need to be dedicated to*

home care to help with such sensitive and pressing issues as abuse and neglect. Many commented that they are expected to care for spouses with disabling chronic illnesses when they are released from hospital.

Support, Services and Assistance

Several members of the focus groups commented that when a woman needs support or assistance, that she could contact a *friend, the police, social services, the health units or even an apartment building manager*. One woman raised a very real fear that the *abuse would escalate* if she reported it. Overall, however, there was uncertainty as to how to help senior women experiencing abuse and about what responsibilities they as neighbours, family or friends have in these situations.

Results – Service Providers

A group of approximately ten service providers gathered to watch the video ***What's Age Got To Do With It*** and engage in the subsequent discussion. They thought that the video would make an excellent teaching tool for new personnel in their respective organizations and act as a *wake-up call* to all service providers working with the elderly who may be unaware of abuse inflicted by a manipulative spouse or family member.

Forms of Abuse

None of the service providers at this meeting had experience with wife battering or other kinds of physical abuse. The abuse that they were aware of was often the result of adult children's *addiction issues*, *forced isolation*, or the spouse either *minimizing disclosures* or using their wife as a *scapegoat* for their own behavioural issues.

Immigrant mothers and mothers-in-law were also thought to be at significant risk of *abuse and isolation* due to language and cultural barriers.

Over medication and sedation by physicians was considered physical abuse. This is used primarily as a means of *subduing and controlling* erratic and difficult behaviour. A physician may resort to over medication to placate a family's demand to *fix moth*er.

Financial exploitation and emotional abuse were amongst the most common forms of abuse seen by the service providers. Spouses and adult children issuing threats of *abandonment and institutionalization, demeaning comments* or *taking financial advantage* of frail or senior women living with dementia, represented many of the examples noted in the discussion. Neglect of a *cognitively frail* senior woman by her slightly less cognitively frail spouse is an ever-increasing problem as clients continue to live in their own homes long after it is safe to do so.

Service providers see alcoholism as an issue for both the abuser and the abused. Many women use alcohol as a means of *self-medication* to avoid the reality of their situation, whereas a spouse's or adult child's abuse of alcohol fuels their *anger and frustration leading to abusive behaviour*. Abuse of alcohol tends also to lead to *self-neglect*. Senior women often deny their dependency or their inability to manage their own care and then refuse support. They quickly become a risk to themselves and others. Intervention is problematic as large service provider caseloads leave little time to *build trust and rapport* or allow the client to accept interventions such as *linkages with social groups, outreach, services, and support groups.*

Deprivation of human rights was noted as another form of abuse often used against to senior women. These rights might include *denial of religious choice* or the *opening of mail*.

How to Help

P*ermission to tell* was identified as the key to helping women living in abusive situations. A*wareness and knowledge* were also believed to be critical to helping senior women in abusive situations. They need to know that they are not alone and that there is support for them. The current senior generation was socialized to never *air its dirty laundry*. They may be embarrassed by their abusive situation or feel trapped, as they believe marriage vows to be sacred. Most victimized women do not know the resources that might be available for them or how to access them because they do not feel safe enough to discuss their issues. Women may only access resources *during a crisis* when the services might not be as beneficial.

Service providers felt that women would benefit from *outreach support, introduction to social situations, peer counsellors, advocates and a choice of housing beyond transition houses*. SAGE House, the transition house on the North Shore, provides shelter for senior women, but mainly services younger women with children. Many senior women do not believe that transition houses are an alternative for them. As the video, ***What's Age Got To Do With It*** illustrates, they can be accommodated in transition houses but need a quiet, relaxing environment to recover from their traumatic experience with fully trained staff to understand the unique and special needs of older women.

Abuse does not only arise from long term spousal assault, but is often the result of a *husband's exhaustion and frustration* from caregiving for his wife. Several service providers felt that there is an urgent need for *support groups for male caregivers* to help alleviate stressful situations.

They suggested that ***physicians*** are in a potentially crucial role to help older women recognize the abuse for what it is and break free from their violent relationship. But due to the *physicians' shortage of time,* older women are unable to build a trusting relationship or feel comfortable talking about what they see as their marital or family problems. The doctor may be the only person outside her family structure that an abused woman sees during the course of her day, and are therefore the only avenue she may have to disclose her situation. It is incumbent upon the doctor to take the time to hear the disclosure and take the appropriate action. Several of the service providers commented that physicians have been known to *respond inappropriately to a woman's experience*, or discuss the *issues in front of the abuser*. This kind of experience may further isolate her or indeed escalate the abuse.

Referral to the *Public Guardian and Trustee* and involving individual *advocates* are both potential avenues that service providers could use to refer abused older women when they need specific assistance. The Public Guardian and Trustee is particularly suited for women who are no longer competent to handle their affairs. However, the service providers queried what they could do *to maintain communication with competent women who refuse service and assistance?*

What Does She Need To Leave

The service providers felt that *counselling, legal advice, financial support and practical training* are essential to building the skills needed to leave an abusive situation. Service providers require awareness of *available resources* and to have assurances that there will be a quick response to a referral. There have been so many changes recently with resources being eliminated, downsized or changed that it is difficult for advocates and service providers to keep abreast of the services available and how to help women access the resources.

Senior women face many barriers to leaving their marriage and also to accessing help. Finding alternative housing is very difficult. Transition houses provide an extremely valuable service to women leaving their abusive relationships but senior women have only ever comprised a very small percentage of their clientele. Senior women have historically either not been aware of transition houses or felt that their services were not for them. Transition houses need to offset the inaccurate stereotypes that many older women have by making their services more amenable to older women, provide resources appropriate for their needs, train staff and make any adaptations necessary for accessibility. The length of stay may also need to be extended for older women. *Safe care homes* have proven to be a viable alternative to transition houses and may be more suited to older women.

While the option of moving to an adult child's home could provide a *mutually supportive situation*, the mother may be considered a *burden* or her adult children *may harbour ill feelings toward their mother* for putting up with years of abuse at the hands of

their father. For the most part, the service providers did not see an adult child's home as a likely housing alternative.

Support and Resources

The service provider group had several ideas about how community resources could support senior women experiencing abuse. ***Handydart***, a public transit service designed to carry passengers with physical or cognitive disabilities was seen as a great form of transportation, but because of *inflexible and rigid* booking requirements, it does not meet many needs. As government cutbacks have eroded home support and senior women needing housecleaning are not receiving enough of this kind of support, respite care for the caregivers must be more flexible, more easily accessed and culturally sensitive to the many different ethnic groups on the North Shore. Adult day programs were suggested as a successful way for caregivers to receive short-term respite, but at this time, there is a wait of up to *six months*. Service providers suggested that if we, as a community, do not alleviate caregiver stress, that there would be increased risk of abuse and neglect. They further recommended that North Shore also requires the full spectrum of housing options from independent living to care facilities for women of all levels of income and care requirements.

How to Move Beyond Shame and Fear

Education is the cornerstone of any campaign against violence and abuse. It is the primary means of helping older women understand what *constitutes abuse and that it is wrong.* Women need to see that *abuse is real and happening to other women*. This may help women develop the confidence needed *to speak out* and break free of the shame associated with abuse. Education can help eradicate the *fear of the unknown*.

The ***Keep Well*** model of reducing isolation works very well at keeping seniors healthy, involved and connected. They offer workshops that can be directed towards empowerment and awareness. Those that frequent the Keep Well Programs may not be victims themselves, but they may become aware of others in their community. Education and knowledge help, at all levels, to keep a community safe.

Limitations To This Study

Focus groups are in and of themselves small enough to provide the environment for a vibrant and meaningful discussion, but too small to generalize to the population as a whole. This is the case in this needs assessment, but it should be noted that both the women's groups and the service providers echoed the findings of the research discussed earlier in this report and the body of violence against senior women research as a whole. This suggests that the views on the North Shore are not skewed to our small community and that the issues raised in previously published documents are similarly raised here. This report is a preliminary needs assessment and is not meant to comment on the full spectrum of abuse against senior women on the North Shore.

Recommendations

The following recommendations have been taken from the three focus group discussions and the research. The common thread that emerged was recognition that residents in communities lack knowledge and awareness of the issues surrounding violence and abuse of senior women. This is reflected in many of the recommendations below.

- ***Education*** – for prevention and awareness. Utilized at the school levels and educational campaigns at the community level.
- ***Abuse continuum*** - Awareness that abuse begins in the family and requires action at the community level.
- ***Reporting*** – seniors need more information about the reporting process. They are currently afraid to come forward.
- ***Seniors Well Awareness Program (SWAP)*** - Alcohol abuse prevention and harm reduction program. Alcohol is behind a great many cases of abuse and violence. This program is currently offered in Vancouver and is very effective at helping seniors reduce or end their drug or alcohol dependency.
- ***Home care support worker training*** – they may be the first response to abuse and violence.
- ***Respite*** – need for creative solutions and more adult day programs.
- ***Geriatric training for health care providers*** – knowledge of seniors' issues and how to elicit information etc will provide greater quality of care to seniors.
- ***Senior women's support groups*** – senior women need to know that they are not alone.
- ***Male caregiver support groups*** – Men do not feel existing support groups meet their needs. These groups are excellent at helping alleviate the build-up of stress and reducing caregiver burden that comes from ongoing caregiving.
- ***Peer counselling and advocates*** - these roles need to be more visible and accessible.
- ***Transition houses and safe care homes*** – need greater visibility and accessibility for senior women.
- ***Transportation*** – The North Shore needs more flexible and affordable transportation alternative for frail seniors.

The final three recommendations have synthesized of all the information gathered from the research and the focus groups and have been brought together as potentially viable solutions for North Shore senior women and their families.

- ❖***Geriatric Clinics*** – these could be attached to specific medical clinics meeting all seniors' medical, psychological and wellness needs.
- ❖***Seniors' One Stop Network*** - Gathering all support information under one umbrella and advertising the service in telephone books, seniors' centres, libraries and other meeting places to ensure that consumers and service providers are aware of new and upcoming services.
- ❖***Violence Against Senior Women Men's Groups*** - These groups work at eliminating the violence and abuse that is rooted in the need to exert power and control over women. The **Family Services of the North Shore** and The **Change of Seasons** from the Squamish Nation are two such programs that provide male peer support and counselling to end abusive behaviour.

This report has provided insight into what people in our community envision as needed to protect senior women from abuse and violence in their relationships. It is evident that commitment is needed at the individual, community, provincial and national levels to eliminate abuse. The upcoming ***North Shore Violence Against Older Women Forum,*** (November, 2003) will highlight many of these recommendations and call upon the appropriate organizations and political bodies to take the appropriate action.

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