



The Silver Project: Domestic Abuse Service for Women Over 55

EVALUATION REPORT

OCTOBER 2013 – JANUARY 2016

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1. EXECUTIVE SUMMARY

The Silver project worked with over 120 older women affected by domestic and sexual violence between Oct 2013 and Jan 2016.

The evaluation has demonstrated that the project's beneficiaries are safer, healthier, less isolated and more confident as a result of their engagement with the project.

60% of the women came from BME backgrounds; 49% registered disabled; and the average age of the women was 67 (with the oldest being 101).

Engagement with the Silver Project was high, and many of the women required longer periods of time to build relationships of trust before disclosing, engaging and acting on advice given. Health concerns were paramount for this age group and impacted differently with each case depending on the nature and severity of the service user's ill health. When one off support was given this usually involved in depth advice and safety planning including referrals to other services such as adult safeguarding teams and/or activities for older people. Analysis of the data showed that some older women took initial advice, then took time to digest this before returning to the service at a later date for ongoing support.

We have trained 328 professionals and referral partners through the Silver Project to date; successfully increasing their understanding of domestic/ sexual violence and the impact on older women. This has enhanced the multi-agency element to the work and ensured that more older women are fully supported. Feedback from training beneficiaries and from women survivors is continually supporting the project's development and consistently highlights the need for this training element of the work.

Sustaining the project in the long term is a challenge in the current financial climate. The changes to welfare legislation and legal aid cuts have resulted in a greater demand on the service as women find it increasingly difficult to access benefits and legal advice.

The continued need for this Project has been well established; and areas for development identified in consultation with stakeholders. The following recommendations are agreed:-

1. Effective and wide-reaching strategies to raise awareness of older women's experiences of gendered violence, particularly in settings frequented by older women i.e. hospitals, GP Surgeries, opticians, hearing aid centres and older people's events. This should include a review of promotional materials.

2. Increased training and resources for voluntary and statutory professionals, particularly the health sector, adult Safeguarding Teams, housing departments, police and community age related projects.

3. Ensure access to all communities and in particular targets BME and disabled women, to ensure access to support.

4. Ensure Silver Project staff are fully trained in disability issues, including changes to welfare benefits.

5. Increase awareness of the issues surrounding multiple perpetrators (adult child to parent abuse in addition to partner/spouse) and the resulting difficulties for survivors.

2. INTRODUCTION

Solace Women's Aid is still running the Silver Project after a successful pilot 2010-13 funded by the Equalities and Human Rights Commission. The Big Lottery Fund (Reaching Communities) has funded the Project through a 3-year grant Oct 2013 – Sept 2016.

The Silver Project aim was to support 150 women over the course of three years, ending in October 2016. Its core purpose is to: (a) provide a domestic and sexual violence service tailored to meet the specific needs of women over the age of 55 living in London, to improve their safety, health, confidence, resilience and independent living skills; and (b) to deliver training to a range of practitioners to increase their awareness of the obstacles and risks facing women in this age group, and to help them spot survivors of domestic and sexual violence.

This evaluation gives Solace Women's Aid the chance to reflect on its delivery of the service, to understand what has been successful and what could be improved, thus allowing for continuous service improvement. The evaluation included a research review, analysis of beneficiary data and feedback, interviews with staff, case analysis and information from targeted consultations with stakeholders (older women, referrers and Steering Group members).

The report will seek to demonstrate the impact the project has had on survivors of gendered violence through the use of case studies and data. This evaluation will enable Solace to demonstrate its relevance, expertise and experience in the sector, and share evidence and learning with other stakeholder groups. It will therefore be useful to Solace as an organisation and the wider community by reflecting on lessons learnt and stories of success. Based on evidence and research, recommendations will be made to ensure greater efficiency in future projects and to continue the success of this service.

3. BACKGROUND

Domestic abuse can be perpetrated by any person in an ongoing relationship with the victim. Domestic abuse can frequently co-exist alongside sexual violence as a perpetrator exercises power and control over the victim denying any respect for autonomy and individual need. For older women, the perpetrator can include a spouse, partner, adult child, or other family member. The need for a service tailored for older women in London experiencing domestic and sexual violence is highlighted in a range of research conducted over the past ten years.

Before the start of the Silver Project in 2010, a specialist domestic and sexual violence support service for older women did not exist in London or the South East. We have supported 123 older women through the Silver Project to date, and this remains a unique support service for this group in London and the South East. In our 2015 consultation with 10 referrers and practitioners in Solace's Silver Project training, all felt there was a real need for a specialist service for older women as they had nowhere else to refer cases like this.

The majority of domestic abuse services are primarily targeted at and accessed by younger women, with very little support specifically offered to older women. Many of the posters and imagery used to advertise domestic violence services frequently use images of younger women, as well as their young children. This imagery implies that older women aren't affected by domestic violence and that current service levels are not accessible to older women and their needs.

Research in 2011 suggests there are 800,000 women aged over 55 living in London, with one in four of these women having experienced domestic abuse. This research also shows that for older women, physical and verbal abuse is occurring at rates similar to, or higher, than those of younger women.¹

However, research exploring the wider implication of domestic violence for older women is scarce, especially in comparison to the work surrounding younger generations.

Age UK stated in October 2014² that domestic violence is largely a hidden issue for older people. It is under-recorded and under-researched. Clear evidence of the scale of the issue is difficult to obtain as the Crime Survey for England and Wales 'intimate personal violence' self-completion section is only offered to adults up to 59. In the same Consultation Response they also state that 'Older people may be particularly affected as what may be perceived as 'low level' individual incidents can, when part of a longstanding pattern of cumulative abusive behaviour, have consequences that can equal or surpass any individual incident. This in combination with other specific risk factors for older people including the development of health needs, retirement from work (resulting in increased contact), abuse resulting from other stress associated with caring roles and social or geographical isolation may make older people more vulnerable to abuse. Age related needs may increase both the mental and physical impact of domestic abuse, and the ability of victims to recover'.

Long term abuse, carried out over decades, can begin with physical violence, establishing the abusive dynamic, and mutate into psychological abuse making it difficult for agencies to

¹ 'Domestic Abuse and Equality: Older Women', South East Wales Women's Aid Consortium, 2011

² Age UK Consultation Response: Home Office strengthening the law on domestic abuse. Powley & Vass 2014

identify the abuse and the subsequent negative impact on a woman's health and the increase in risk. This can also lead to an increased feeling of shame that older women may feel at staying with an abuser for years. Older perpetrators may also exploit age related health issues to tighten their control and may present as incapable of violence.

In the last 10 years a number of criminal cases and a serious case review, all involving deaths of elderly women in long term marriages, have highlighted both the vulnerability of older survivors, the perceived frailty of older perpetrators and the poor response from professionals.

In the case of Mary Russell (aged 81) she 'died of a bleed to the brain following a "domestic-related" incident at her home'. She had made eight 999 calls over the preceding seven months. The different agencies involved in the case failed to communicate adequately with one another. Despite Mrs Russell's repeated 999 calls, the emergency teams that arrived at the house had no knowledge of previous callouts.

Domestic violence incidents tend to escalate over time, so this lack of prior knowledge was highlighted as a particular cause for concern. Mrs Russell had considerable contact with agencies including police, social services and health professionals. She first reported domestic violence to the police after a neighbour saw her standing on her doorstep with blood pouring from her nose, saying she had been assaulted by her husband (aged 88).

Information passed to the Guardian about the inquiry, a serious case review, has highlighted how little is known about domestic violence involving old people, and how easy it is for professionals to miss the signs. The inquiry found that because the couple were elderly and frail, police were inclined to treat the domestic violence allegations as a social care issue rather than possible crimes. Following the inquiry senior officials stated 'We believe the prevalence of domestic violence among older people is higher than people think and we hope that our review will assist other authorities and agencies facing similar challenges.'

As shown in this and other similar cases, women in this age group are at risk of severe injury or death if assaulted by their abuser but are also vulnerable to poor mental health as a result of long term abuse. Older women in abusive relationships are often isolated and unable to flee the violence (due to a range of factors) and engagement with them initially requires specialist and intensive medium term support.

The long-term effects of domestic abuse on older women are likely to be similar to those on younger women. However, the effects are expected to be more severe the longer the abuse has occurred. For older women who have lived in an abusive relationship for many years, the effects can include: permanent physical damage, chronic eating disorders, disability, self-harm, self-neglect, loss of confidence and mental health problems. It has been found that older women experiencing domestic violence were 'significantly more likely to report more health conditions than those who were not abused' and have considerably increased odds of reporting bone or joint problems, digestive problems, depression and anxiety, chronic pain, and high blood pressure³.

³ Scott, Marsha, 'Older Women and Domestic Violence in Scotland', 2008

Research in the UK undertaken last year in Teesside confirms the multiple additional barriers to safety that older women face: they have suffered abuse over a longer period of time, embedding fear, and there is pressure from grown up families to stay together; older women can be more isolated, have greater financial insecurity or dependence and lack general independence.⁴

Since the Silver Project began in 2010, continued evaluation has highlighted the complexity of older women's cases, which enabled Solace to identify key areas of learning and development. The project has developed and targeted training delivery to practitioners in the health/adult social care sectors and police to broaden the knowledge base. The risk of fatality is high in this age group as a result of domestic violence, therefore closer links are needed with police and social services to ensure early identification of risk and the need for a specialist intervention. Solace also aimed to develop a greater understanding of cases and successfully intervene where abuse is perpetrated by both a partner/husband and a male or female offspring. Research shows that BME communities are further isolated, experiencing multiple disadvantages so the project began targeting BME communities to engage vulnerable women.

4. PROJECT DELIVERY

Because of the profile of the clients supported by the Silver Project, Solace had to think carefully about the best way to engage with this group of women to ensure the service was accessible for them and to ensure good retention rates. Earlier in the project a number of factors had affected both the accessibility of the project and attrition and retention rates and these needed to be addressed in the service delivery model to ensure that all targets were met and outcomes achieved.

Barriers to Safety & Help-Seeking

As outlined above Solace's experience is that there are very specific barriers to seeking help or taking action within this age group. Research on older women and gender violence highlights a number of recurring themes and particular obstacles when seeking help for domestic/sexual abuse:

- Older women may regard abusive behaviour as 'normal'. There is a degree of acceptance surrounding domestic abuse in older generations. Before the 1970s, a range of cultural and social factors – combined with the fact that domestic violence was not considered a crime – led to many women 'suffering in silence'. Women did not see marital rape ruled illegal until 1991 when the law changed, and for many women now aged 55 or over, this is still the norm.
- They may not identify themselves as abused and therefore they believe that services are not for them and they also may not consider services to be attractive even though they offer safety: a domestic violence worker in Teesside explained "some clients I have worked with don't want to go to a refuge because they have this image

⁴ Dr Carthy N. & Taylor, Domestic Violence and Older Women 2015

of a horrible, dirty, scary sort of place where there's lots of aggression and fighting⁵" This is a particular problem in London where there is a social housing crisis and some older women with older children are not able to access refuges, and many refuges are not able to fulfil the practical needs of older women especially those with disabilities.

- Older women may feel more social stigma around separation/divorce.
- Older women often feel insecure about their financial situation; having no formal education, no experience of work outside the home or independent economic resources (such as a pension or being named as a home owner) can mean they are more financially reliant on abusive partners than many younger women. She may not feel able to face leaving a family home lived in for many years which she may part or wholly own. As a contrast, older women may have savings/ capital/ pensions which makes them ineligible for access to social housing, benefits, legal aid and community care grants.
- Financial abuse is a common factor and abusive adult children may be financially dependent on their mothers.
- There is limited understanding of domestic and sexual violence and amongst professionals when working with this age group and recent research⁶ confirms this e.g. older men being considered less threatening and capable of abuse. Professionals are less likely to identify the signs of domestic violence accurately in older women. Abuse may be undetected because of a belief that physical injuries could arise because of frailty and disclosures dismissed because of mental health concerns. Older women's experiences of domestic and sexual abuse are often overlooked or categorised as 'elder abuse' which can lead to women being referred to inappropriate services.
- Responses of family members and adult children who may not want the couple to separate due to their own emotional investment or the complex dynamic involved when the abuser is an adult son or daughter (research suggests this represents 25% of abuse cases).⁷
- Physical frailty is often an issue. High numbers of the Silver Project's service users have presented with disability issues, creating additional and complex support needs. This can mean that there is also often increased dependency as, in some cases, older women may be dependent on the abuser for daily care. Disabled women have particular difficulties in leaving abusive relationships and access to support services may be difficult.
- The abuser themselves may be disabled or otherwise dependent on the victim for care. Research suggests a strong association between physical abuse, and the perpetrators need to control their carer.

⁵ Dr Carthy N. & Taylor, R, Domestic Violence and Older Women. 2015

⁶ An Exploration of service responses to domestic abuse among older people, McGarry J, Simpson C, Hinsliff-Smith K 2014

⁷ 'Domestic Abuse and Equality: Older Women', 2011

- Older women are vulnerable to poor mental health as a result of long-term abuse and are at increased risk of severe injury or death if assaulted by their abuser. Additionally, survivors often experience heightened anxiety about the outcome of reporting abuse (specifically on housing and any dependent relationships).
- Older women are more likely to have family responsibilities (caring for elderly parents, siblings or dependent children).

Project Design

The overall aim of the Silver Project remains unchanged from the start of the pilot: primarily to provide individual support to women in London over the age of 55 who are affected by domestic and sexual violence to improve their safety, health and confidence and aid their recovery.

Another key aim was to raise awareness amongst professionals of the barriers to reporting and the risks facing women in this age group by delivering specialist training.

The pilot project (2010-13) enabled Solace to identify some areas of learning and development for future years, and this has informed our service planning and delivery since:-

1. To ensure flexibility of engagement period with service users.
2. To target training delivery to practitioners in the health/adult social care sectors especially Adult Safeguarding teams and police.
3. To develop a greater understanding of cases and successful interventions where abuse is perpetrated by both a partner/husband and a son or daughter.
4. To target BME communities where isolation is a significant additional barrier to safety.
5. Identify the best settings for supporting women survivors in this age bracket.

These learning points have been addressed throughout this evaluation report.

In 2013/14 a Steering Group was formed and this consisted of representative members from Disability Action, Safeguarding (statutory service), Age UK, Carers UK (voluntary sector) and three service users; and a sheltered housing specialist joined the group at a later date. The Steering Group has successfully acted as a source of expert advice and support for the project to ensure an excellent service. The Steering Group has further monitored the project's progress, promoted its work (including to BME demographics) and offered a networking platform and access to training. We consult with the service users through focus groups and surveys, and have plans to consult with them further on a one-to-one basis.

5. EVALUATION METHODOLOGY

This evaluation covers the last two years and four months of the Silver Project, from October 2013 to Jan 2016. Primarily, the evaluation has thematically analysed and evaluated the service through a range of methods. The evaluation followed the format below:

- A targeted consultation with stakeholders and review of consultation results
- Review of research
- Analysis of monitoring data
- Analysis of feedback from service users
- Case reviews and analysis of progress against Support Plans/ Safety Plans
- Analysis of training feedback
- Interviews with staff

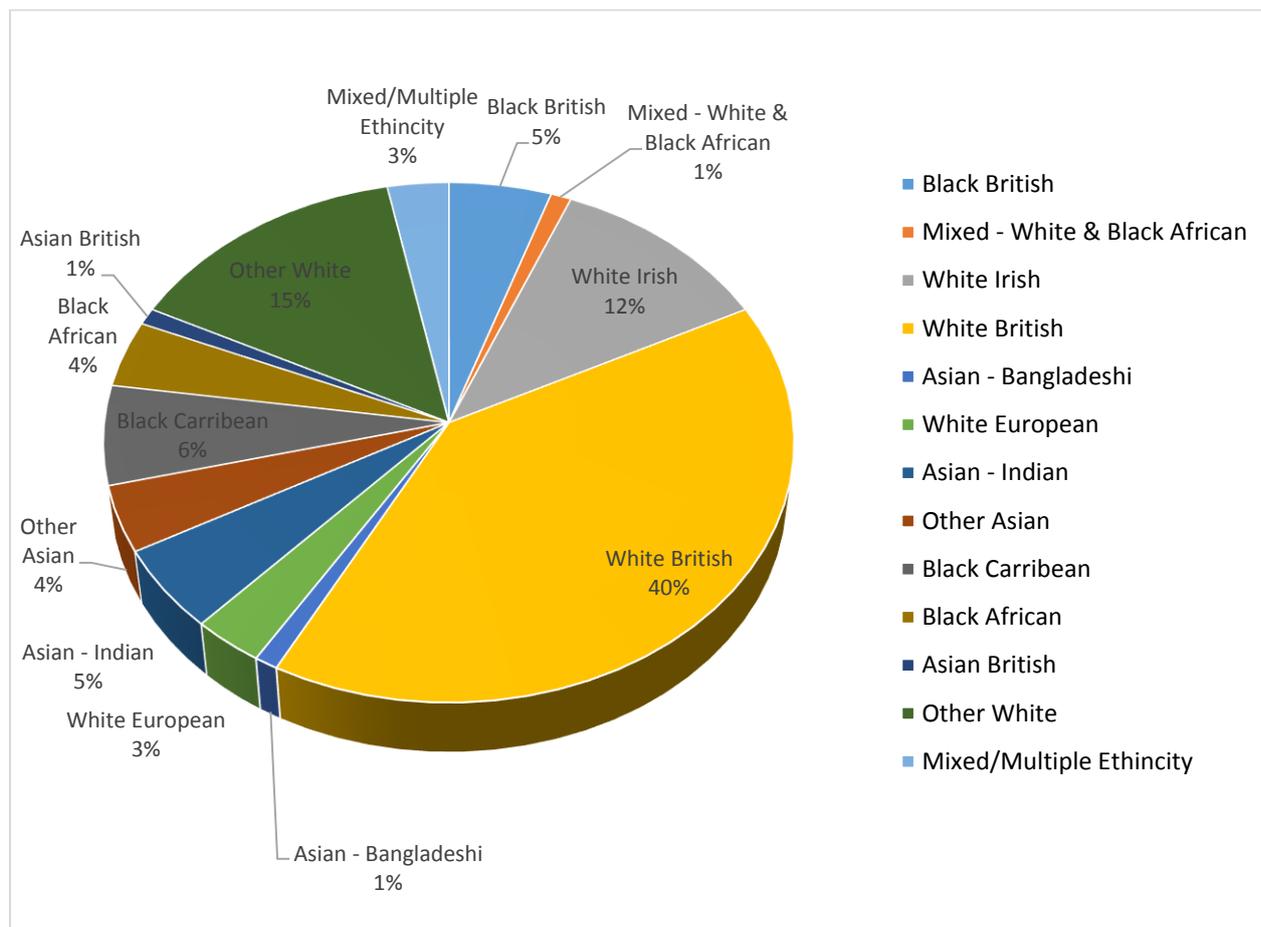
6. FINDINGS

i. Client Profile

From October 2013 to Jan 2016, the Silver Project supported 123 women through safety planning, risk assessments, advice and advocacy, practical and emotional support and multi-agency liaison. The majority of cases involved ongoing support from between 1 month and year.

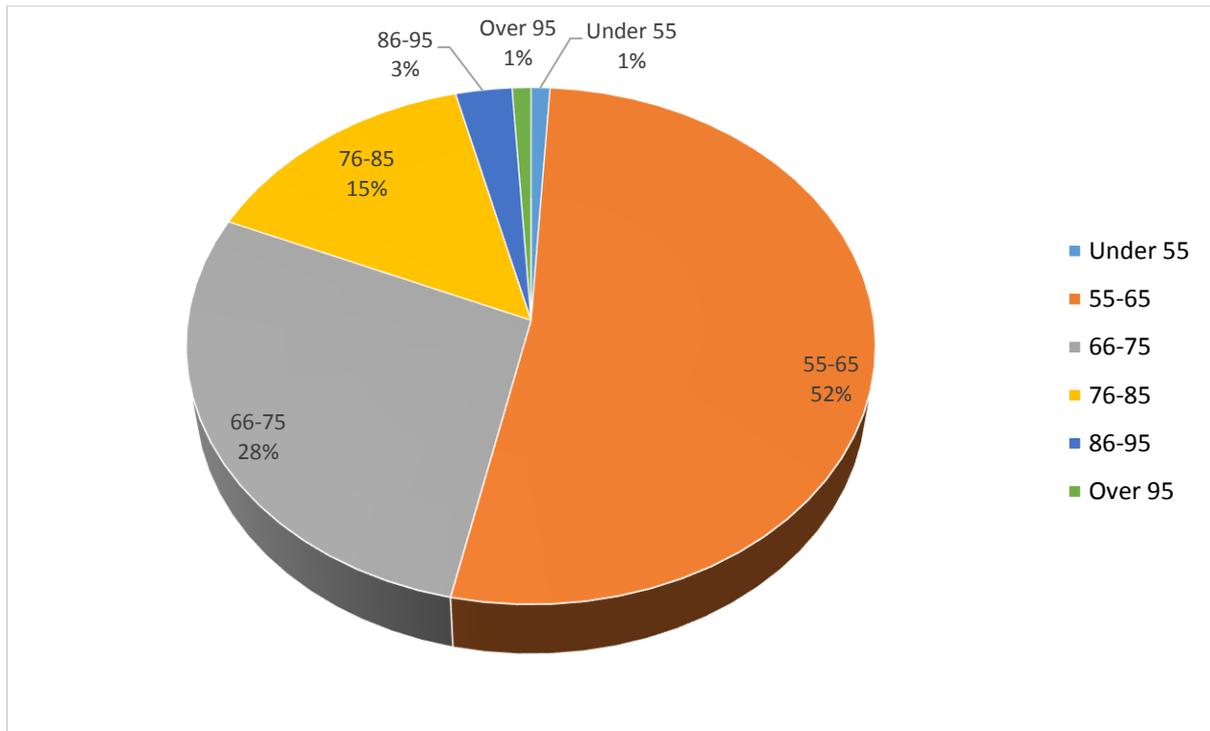
The charts below present data collected from service users between October 2013 and Jan 2016, offering an insight into the client's profiles.

Ethnicity



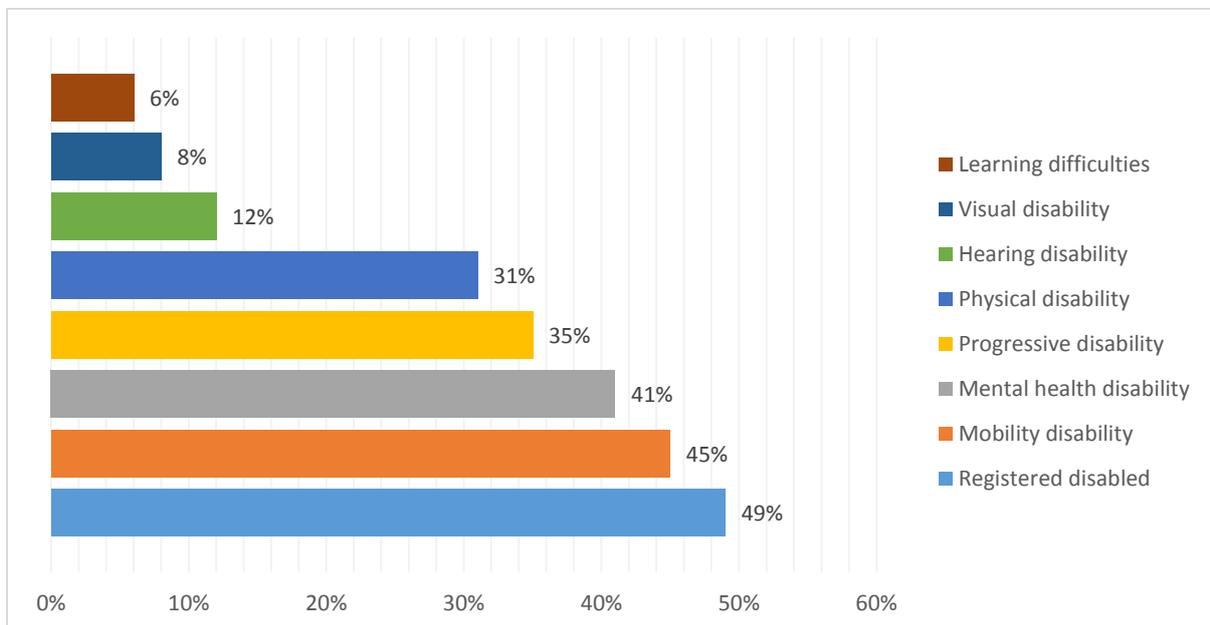
As shown through the data analysis, the project has successfully worked with BME communities with over 60% of service users coming from BME backgrounds. The project made a significant effort to raise awareness of the service in BME communities. They held a number of workshops aimed at targeted communities with a total of 75 people attending to date (for example, a Tamil Elders Group and a local South Asian women's organisation). The project has worked closely with a number of support groups for BME communities who found the workshops very beneficial in raising awareness and increasing referrals.

Age



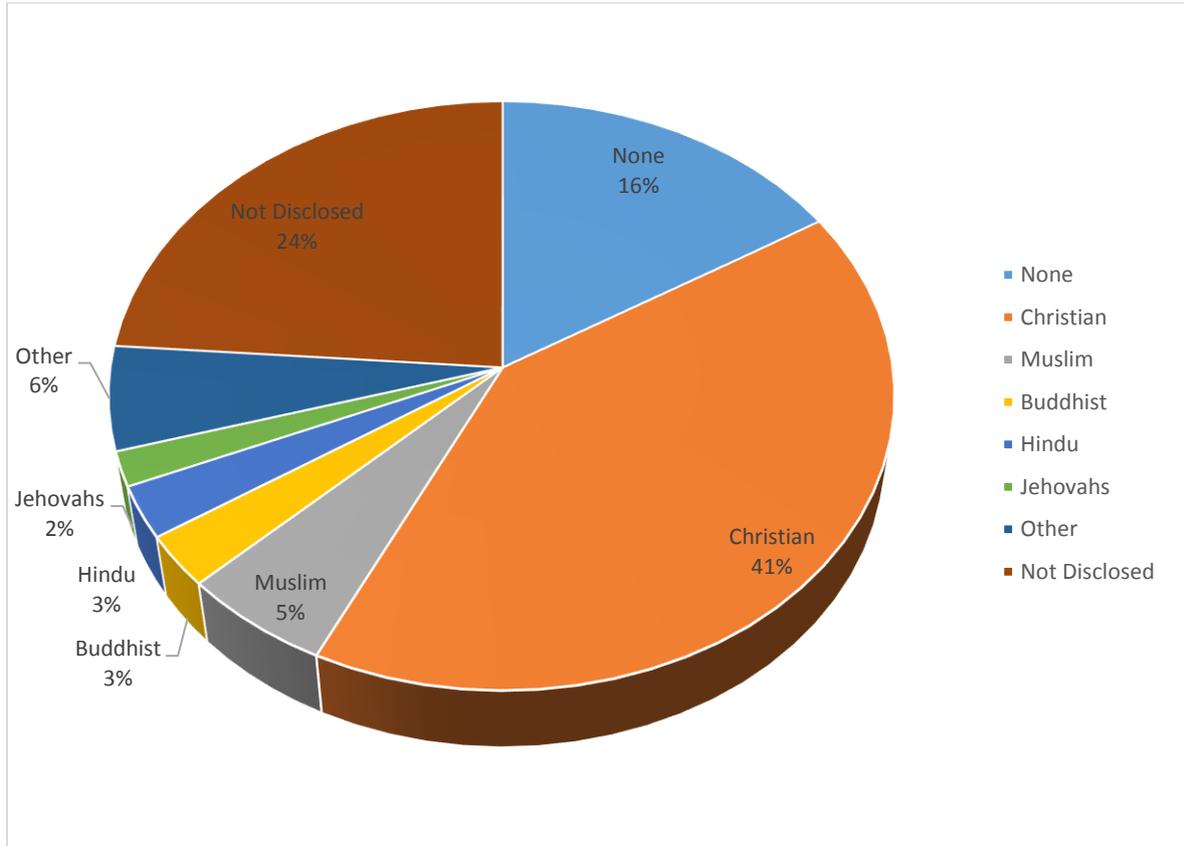
The oldest woman who accessed the Silver Project was 101 years old and the average age of the project's clients was 67.

Disabilities

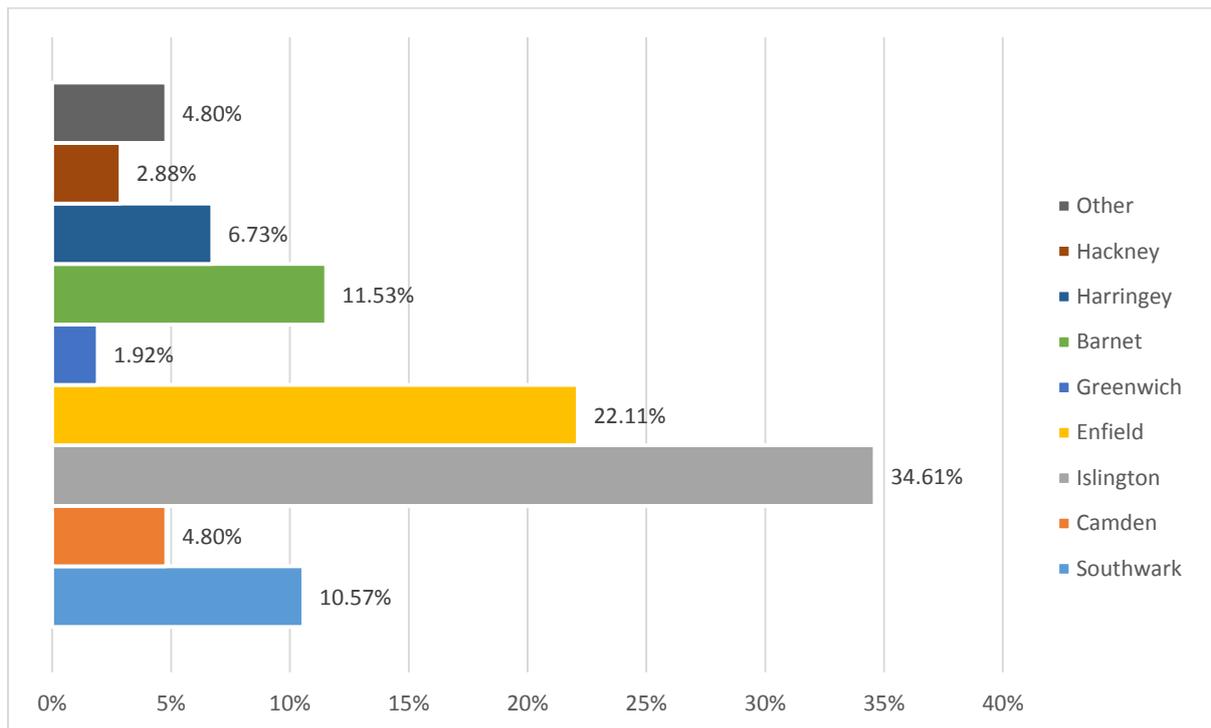


49% of women service users were affected by more than one or multiple disabilities with a subsequent increase in their risk and needs.

Religion



Geographical Area



Solace has dedicated teams in a number of boroughs across London: Solace has close, long standing links with Islington explaining the higher percentage of cases in this borough, as well as dedicated teams in Enfield, Barnet and Southwark. However in Enfield, the second highest source of referrals, there is a lack of services for older people which may go some way towards explaining the popularity of the Silver project in this area.

ii. Outcomes and case studies

The outcomes for the Silver Project (funded by Big Lottery) were as follows:

Outcome 1	50 women a year improve their safety through engagement with the project
Outcome 2	50 women a year improve their health and confidence through engagement with the project.
Outcome 3	100 practitioners a year increase their understanding of domestic/sexual violence and the impact on older women through engagement with the project.

Number of cases supported by Silver Project Adviser:

- Year One – 50 cases
- Year Two – 50 cases
- Year Three – 23 cases (up to Jan 2016)

Number of service users referred: 123 over the past 2 years and 4 months.

The target was to support 50 women per year who engaged with the project to reduce their isolation, increase their understanding of domestic and sexual violence, increase their safety and confidence and their control of their own lives. The Silver Project provided these women with support, advice and information and referrals made for transport assistance to access, for example, domestic violence awareness programmes, confidence building workshops, support groups, day centres, Age UK activities and peer befriending to increase their understanding of domestic violence and better address their isolation.

Risk levels were mostly unidentified prior to accessing the Silver Project. To date 80% reported a reduction of their risk levels due to receiving adequate risk assessments and tailored safety plans. This is evidenced through reported changes to risk levels, improved health and self-confidence and a reduction in isolation. Women also reported an improvement in their safety through a range of options such as seeking alternative housing, obtaining a Non-Molestation order and collaborative work with the police to place security measures in the home and in courts. The project was able to advise and/or implement Support Plans for 50 women each year according to their assessments and needs and include referrals or notifications of risks to other agencies including: MARAC (Multi Agency Risk Assessment Conference), police, safeguarding adults and housing.

The information provided is useful and in being able to talk to someone who understands and believes me I feel more relaxed and very reassured.

Quote from Silver Project service user 2014

It is really comforting to know people care...I just want to know I am safe and whether I can take precautionary steps and know what to do if I am stalked or threatened by my ex-husband.

Quote from Silver Project service user 2015

Positive feedback from clients also expressed an improvement in their physical health once removed from the danger:

I was able to use the information you gave me, and when I was ready I moved out and went for counselling. My physical health has improved dramatically.

Quote from Silver Project service user 2015

Solace held a focus group in 2014/15 (in Dec 2014) with 8 service users, where they gave their feedback on their experiences of accessing the service and how useful they found it; and also explored links with other services and asked how they were beneficial. The 2015/16 focus group took place in Oct 2015 (involving 6 service users) and our 2016/17 focus group will take place in July/Aug 2016.

Many service users who have agreed to take part in focus groups have not attended due to a range of reasons, but especially physical ill-health. As a result further promotions have taken place in hospitals, to reach out to prospective service users in ill-health.

An analysis of the focus group results showed that domestic violence amongst older women is more complex and deep-rooted than in younger generations. Feedback was also secured through regular processes at the end of the intervention and women repeatedly confirmed that their cases were often complex and needed special attention. Generally the feedback showed very positive results with the majority of cases identifying that the service was easy to access and had appropriately supported them. Women had identified an increase in their

confidence and safety with a better understanding of the options available to them and a better understanding of abuse and how to minimise the risks facing them.

The project has had a lasting impact on service users, as a significant number of service users were, with Solace's support, able to move onto safe accommodation and were able to rebuild their lives free from abuse. This was felt to be a particularly important achievement considering that this service user group had often experienced prolonged trauma making it more difficult to resettle and move on.



A big thank you to all the support you have given me – it has really helped me get back on my feet.

Quote from Silver Project service user 2016

Case studies

These case studies have been used specifically to illustrate the complex needs of clients who have suffered from domestic and/or sexual abuse. Client names have been changed to ensure confidentiality.

Case 1: Shauna

Background

Shauna was a 56 year old woman who was referred to the Silver project by her local hospital. She had experienced physical, sexual and emotional abuse for over 6 years from her partner. She lived with her daughter, who had severe mental ill health including psychoses who also physically abused Shauna. She also had a brother (who was close friends with her partner) who financially abused his sister to pay for his drug addiction and often made threats of violence towards her.

She was suffering from depression, anxiety, Post-Traumatic Stress Disorder, suicidal thoughts and often accessed the Crisis Team in her local borough. She also suffered from other long-term physical health problems, partly as a result of the abuse. Shauna became alcohol dependent to help manage her symptoms.

Shauna lived in her own flat. A common assault charge had recently been made against her ex-partner when he broke in. With support from Solace, Shauna obtained an injunction order against her ex-partner, additional specialist support for her daughter and a warning served against her brother.

How the Silver Project has helped Shauna

The Silver Project Advice Worker discussed safety strategies with Shauna, and achieved the following:-

- Accompanied her to legal meetings to re-new her non-molestation order against her ex-partner; and got the non-molestation order renewed against her brother.
- Explained how reporting to the police can help build a case for charges in the future, after which Shauna expressed that she would like to start making reports to the police.
- Explored health issues and liaised with a range of health and social care professionals to get her care package (including cooking, cleaning and shopping); home adjustments and a new walking frame after a fall.
- Liaised with the Housing Officer for a Flat Swap to a ground floor property; helped with the sign up of tenancy; ensured repairs were reported and followed up; and ensured her property was made secure. Home shelter went through safety strategies around her home, identifying a 'panic room' so she can remain safe whilst the police arrive.
- Applied for and secured donated goods and other help from a Resident Support Scheme and other charities; this included financing of a short break.

Outcome for Shauna

Shauna expressed that she has become confident knowing that she has support from external agencies. She feels that she can now progress her life free from abuse, and is maintaining her relationship with her daughter with regular visits. She is developing her independence through attending women's support groups and volunteering at her local centre where she attends appointments with the Community Mental Health team.

Case 2: Hasina

Background

Hasina was a 79 year old woman who was referred to the Silver project as she had been experiencing severe emotional and financial abuse from her 45 year old son. He phoned her continuously throughout the day and in the early hours of the morning. If Hasina did not answer, he would arrive at her flat shouting and demanding money. She was afraid of him in case he became physically violent as he had a history of drug abuse and was often aggressive. She lived in sheltered accommodation with an onsite manager, so losing the possibility of her residency created additional anxieties for Hasina.

Hasina had a range of age related health issues and stress from the abuse was exacerbating her angina. The abuse had been happening for 5 years, and a Safeguarding Alert was made to social services. Following previous alerts, she was advised to call the police when her son came to her flat. She was concerned about reporting to the police fearing her son may lose his tenancy. Hasina's housing officer stated that she was 'highly anxious' and not always able to remember the advice given about accessing help via the community alarm and police.

Hasina expressed that she wanted her son out of her life, but also wanted help for him as she felt he was ill.

How the Silver Project has helped Hasina

The Silver Project Advice Worker supported Hasina in the following ways:-

- Discussed safety strategies with her and encouraging her to use her community alarm when the perpetrator appeared.
- Informed her housing manager to call the police when Hasina was not be able to do it herself.
- Liaised with the perpetrator's housing officer and a local problematic substance use worker about support options for him (he decided not to engage with the services).
- Explained how to obtaining an injunction order against her son, which Hasina pursued.
- Arranged for Hasina to see a solicitor and attended the appointment with her (nb: Hasina was not eligible for Legal Aid, but was helped to apply for a DIY Injunction Order).

Outcome for Hasina

Hasina successfully obtained a Non Molestation Order and since obtaining the Injunction, her son has stayed away and adhered to the court order. Hasina feels her health has improved considerably and she is not as stressed or anxious.

Case 3: Aileen

Background

Aileen was a 58 year old woman who had been married to her partner for over 30 years. She suffered from a series of health problems including progressive chronic conditions and was a wheelchair user. The abuse experienced from her husband included physical, sexual, psychological and financial. Aileen was house bound and isolated at her home. She had tried to leave her partner and put legal orders in place but had found this extremely difficult. She eventually moved to new accommodation in London away from her abusive husband and was referred to the Silver project.

How the Silver Project has helped Aileen

Aileen asked the Silver Project Advice Worker for help with access to social care, including personal care needs and home adaptations; and she was able to:-

- Arrange a care package and refer her to an Occupational Therapist for Home Adaptations, which helped make her kitchen accessible and she was provided with a new wheelchair.
- Refer her to the local mental health team, giving her access to counselling for emotional support to help her deal with the trauma she'd experienced.
- Liaise with local and out of London police with regards to prosecution, and arrange amendments for a restraining order against her ex-partner to cover Greater London.
- Develop a home safety plan which included security and alarm features, including a Care Link alarm around her neck in case of a fall or police emergency; as well as a mobile phone so she could use it if she felt unsafe when she went out.

Outcome for Aileen

Aileen said that she finally felt believed and understood when she joined Solace's Silver Project; and was overwhelmed by the services willing to help. Her confidence has increased

since she left the perpetrator and she has maintained her distance and safety. She is becoming more independent.

iii. Practitioner Training

New training material was developed for external services to raise awareness on issues pertaining to disclosure and the barriers faced by women over 55 experiencing domestic and/or sexual abuse.

In 2014 and 2015, marketing materials were extensively developed and sent to teams in every London borough. In the first two years of the Big Lottery grant the project was promoted to over 200 external services in a range of sectors including statutory and voluntary. The project recognises that marketing and promotional work is vital to raise awareness of all voluntary sector services. Presentations were delivered and training provided for VAWG Forums; Domestic Violence Forums, and Safeguarding Boards.

To reach a wider external audience in raising awareness about older women and domestic/sexual violence the project was active in a number of ways including the following:

- Delivered two events as part of the White Ribbon campaign (a national campaign to help end violence against women).
- Gave an interview to Community Care Magazine who invited Solace to publish a feature titled “What’s the best way to tackle domestic violence through social work?” The magazine has a readership of over 40,000 social care professionals.
- Were involved in supporting the London borough of Camden’s launch of the ‘Not Too Late Campaign’ which highlighted domestic abuse towards older women.

The project aimed to reach 100 practitioners each year to participate in training, increasing their understanding of domestic violence and sexual violence and its impact on older women. 28 sessions were arranged Oct 2013-Jan 2016, with a total of 328 practitioners, increasing their understanding of the impact of domestic and sexual violence on older women.

In the last year of the project training has been delivered to 100 practitioners to date (Oct 15- Jan 16) from local authorities, health and older people services, domestic violence agencies, and other voluntary organisations.

The Silver Project Advice Worker raised awareness of issues around barriers to disclosure such as isolation, ill health or disability/mobility issues, fear of financial insecurity and that they will not be believed. Despite the Silver Project holding training sessions for the police in a number of boroughs, there has been a lack of attendance: it was felt that this was mainly due to lack of resources for training in domestic violence within the police service.

At each training session, participants were asked to complete and return questionnaires; and feedback in 2015 from Year 3 training participants included:

Built my confidence in referring clients & who to contact initially

Contact information and role of different agencies. Also awareness of local resources.

Increased my knowledge to pass onto clients or concerned relatives.

I was naive to this area of work with older women

I will share the information with my team and feel more confident identifying domestic violence and knowing what to do next.

The project collected data and handed out evaluation forms to practitioners with regards to the service and the training. Subsequently, the project worker was able to use the evaluation forms from these professionals to enhance and develop the training pack to cater for individual service requirements.

Provided knowledge and statistics around domestic violence experienced by over 55's.

I plan to keep the topic in mind when assessing people

Comments were primarily in relation to the barriers faced by older women in trying to access relevant services, and the interactive discussions on the case study provided. Suggestions for improvements centred mainly on more discussion on possible solutions to the problems raised, and a greater number of case studies for this purpose.

Analysis of training evaluation forms indicate a resoundingly positive response.

- **100%** rated the trainer as very good when asked if the trainer was knowledgeable and well prepared.
- **100%** said the training was very engaging and well delivered.

- **100%** stated that the training experience will be useful to their work, rating its usefulness as ‘good’/ ‘very good’.

The content of the training has been described as ‘informative’, ‘very helpful’, ‘relevant’ and ‘interesting’. The training contains useful information ranging from housing options to the differences in working with older women and the difficulties they face that are specific to their age group.



It will make me more aware of possible domestic violence when visiting clients and looking at relationships in the family. I will listen more carefully to clients and be more mindful of possible domestic violence.

7. STAKEHOLDER FEEDBACK

a) Silver Project service users

Analysis of the feedback from women survivors given throughout the project mainly concerned suggestions for an increased number of external agency practitioners to be trained to recognise the needs of older women, greater promotion of the issue and continued funding to increase the number of women the service could support. All the women felt positively about the areas of work delivered by the project but felt there was not enough awareness of the issue of abuse against older women and this should be addressed more widely.

The project held focus groups in years one and two (with plans to hold a focus group on year three); which offered specific insights from service users. The group, consisting of older women who had accessed the Silver Project stressed that they thought older women needed more support than younger women due to their increasing fragility as they got older. They also emphasised the complex emotional needs, as in their experience, older women feel more guilt about not ‘achieving their main goals in life’ and are more likely to feel depressed about ‘not achieving their milestones’.

When asked how they found accessing the service, they expressed that they all found it easy to access the project once they knew about it. An area they felt could be improved was the direct awareness of the Silver Project amongst older women. All the focus group participants stated they were unaware of the service until they were referred by another practitioner (we will be promoting the service more widely as a result). One woman said that she had read an article in a magazine about domestic violence, however at the time she

did not recognise that what she was experiencing was abuse: this was typical for many of the women. Participants expressed that they had never tried a helpline or calling a service, and none of them could recall actually seeing a number advertised that they could telephone. Similarly none of the participants' families or friends were able to provide them with any details of domestic violence agencies or other support and although participants said they rarely used the internet and found the use of technology/computers intimidating at times, their family/friends were more likely to use computers and could pick up information online.

The service users stated that although they see posters regarding domestic abuse, they did not feel they spoke to them as a group. They felt that the pictures of older women should definitely be used and they suggested that a wider distribution of these materials would be more beneficial, namely GP surgeries, clinics, council offices and solicitors.

When asked if their experience of the service was useful, they said that they found one-to-one meetings particularly useful, especially in the home if it was safe and that this was the best setting. During the focus group they were asked what other services in particular they had found most useful.

Responses were inconsistent, reinforcing the view that many services are often a 'post-code lottery'. One woman expressed that she was impressed by her GP and the police response: they had supported her with emergency accommodation, put her in touch with Solace Women's Aid and with the local housing office, and helped with security. The Solace Women's Aid group she attended helped her talk through some of her experiences with other women which was an activity she enjoyed. However in contrast, another service user explained that she found it very difficult discussing the domestic violence she experienced with her GP, whom she described as 'rude and abrupt'. She had also been diagnosed with depression over six years ago and found her GPs attitude towards her mental illness dismissive: 'The GP was not willing to listen to me, all she wanted to do was give me more tablets and shoo me away, they didn't even ask why I was feeling this way'. Another stated she had a 'terrible experience' with the police who at the time didn't believe her and favoured her ex-husband's story over hers. She found it difficult to express herself as she spoke little English at the time. The police were very unhelpful and unapproachable, which consequently led to her having difficulty trying to access housing services for herself.

As a result of these experiences, the women felt that more support was needed from all services, including the police and there should be consistency. They stated clearly that other services should believe older women when they are reporting domestic violence and this was a frequent problem.

A targeted consultation in 2015 also highlighted that older women feel they are often not believed and struggled with a range of services including health services and housing. Being prompted by a professional directly was an area women thought most effective when asked if anything could have helped women seek support earlier, for example being asked directly by the police made it easier to disclose the abuse. They suggested that GPs could ask questions surrounding mental health, such as: 'are there any problems at home?' 'Why do you think you need the medication?' It was generally felt that women would have been able to disclose the abuse sooner if the professionals had spoken to them face-to-face and more

sensitively even though they stated they were often scared about the consequences as their abusers had made threats about talking to other people. In contrast the consultation showed a very positive response to the work undertaken by Solace's Silver Project Advice Worker and that her approach was very helpful and her help with other services was invaluable.

b) Practitioners and referral agencies

A targeted consultation with referrers and training participants mid-way through the 3 year grant received 10 respondents who were asked about case work and training with many sharing joint case management of clients with the Silver project. Of these respondents 9 stated they were satisfied with the project's level of pro-activity and community engagement with regards to older women and domestic violence concerns and 8 stated the training element of the project was good, and that there was a need to roll the training out to further colleagues and partner agencies.



"The project has been very effective in addressing the often overlooked additional needs and barriers which older women face when trying to access domestic violence support. Without this vital community project, this woman would have fallen through the net of other less specialised support services."

As part of the evaluation we also consulted further with Steering Group members and referrers and we discovered the following. The referring agencies all felt that the Silver Project had very effectively helped older women affected by domestic and sexual violence, stating that the project workers knowledge of the subject, her understanding of the complexity of these cases, the length of the intervention offered and the networks she was able to tap into were a real strength of the service. It was noted by one that the service had been particularly effective when working across borough boundaries: a London specific problem which can seriously disrupt support. They all felt there was a real need for a specialist service for older women as they had nowhere else to refer cases like this. Contributions from Steering Group members felt that the main impact of the service was the support for older women but that the training element of the project also had a real impact in improving the practice of other professionals. They felt there was a real need to challenge the assumptions of practitioners who didn't always recognise that older women were in abusive relationships. An enhanced focus on health and the health sector was suggested as well as targeting activities for pensioners and local authority run services.

8. CHALLENGES

Through analysis of information collated for the evaluation it is clear that there are differences working with older women compared to younger generations.

The recurring challenges amongst women over 55 that the project has continued to find in the majority of cases are:

- The process can take longer as some clients don't have mobile phones, are not able to get out as easily, experience memory loss or don't have anywhere safe they can go.
- Health issues play a significant part in how older women are supported, meaning much of professionals time is spent travelling, organising appointments in suitable venues and re-arranging appointments as clients often suffer from chronic sicknesses or have a high number of hospital appointments to attend.
- This age group can find it harder to access support as the perpetrator can be their carer, isolating them further from any family or professional support; especially true when service users have depended on the perpetrator for a significant amount of their lives.
- There is a need to get services involved quicker for this client group as they may be at the end of their lives or their vulnerability is increased because of their age and the impact the abuse is having on them.
- Service User perception of abuse can be different, this may be due to generational factors such as 'putting up with it' as this has historically been the social norm. This can also mean that professionals hold views of victim blaming if the service user has lived with the abuse longer. A high number of women who accessed the Silver Project found it difficult to recognise their experiences as domestic/sexual abuse.
- The number of years of abuse is greater than their younger counterparts. This has meant that it has taken them longer to deal with the trauma or leave the abusive situation.
- There are often additional perpetrators for older women such as adult children or grandchildren. Many of the project's clients presented with major debts as a result of this type of abuse.

Housing

A very common issue for women accessing the Silver Project was access to housing. With government's current focus reducing the numbers of people seeking housing assistance, the project showed that it has proved very difficult for women to make homeless applications when approaching the local authority. For example, one service user stated she found it extremely difficult now that her property had been re-assessed and bedroom tax had been added. She explained that she suffers from mobility issues due to the abuse she suffered, so often her children stay overnight to care for her.

The reluctance of older women to leave their abuser was compounded by these very real risks to their sense of security. Feedback from service users also showed that Housing

Officers also lacked the necessary skills and knowledge to identify them as survivors of abuse and support them accordingly.

The housing problem was clearly intensified in some cases as the barriers faced by some older women meant they were not eligible for housing due to them jointly or partly owning their homes with a partner making it much more difficult for them to leave. This can also be true for Legal Aid funding as older women tend to have capital, equity, or savings which are often beyond the threshold of Legal Aid, therefore deterring them from obtaining any legal orders. This is particularly an issue when there is financial abuse present: financial dependence and abuse is a particular barrier seen in older women cases. As a result of these factors the project continues to develop strong links with housing providers, pro bono solicitors and free legal helplines to support the service users.

Health and Disability

A greater focus on disability issues needs to take place in the project as a result of the high proportion identified as suffering with a form of disability (49% of the project's service users were registered disabled). It is clear following casework analysis and staff interviews that these service users are particularly vulnerable and have additional and complex needs. Typically as a consequence of dealing with women with disabilities, the length of time they need to access the service will be longer than survivors who have no disability. Moreover, it requires working with other specialised services who can also help support their needs. Currently, the project works with older women for 3-6 months on average, but some have required ongoing support for longer than a year. Working with a high number of disabled survivors also requires further training for the staff team and additions to the budget for transport costs.

Dementia and Alzheimer's affects almost 10 % of Silver project cases creating disruptions to service delivery. Memory loss is a frequent occurrence amongst this age group, as it is a common consequence of old age and in abuse cases could be a consequence of, or aggravated by trauma. Memory loss clearly impacts access to the Silver project as women experiencing memory loss often forget key information and appointments, or remembering to contact the police. This leads to repetition thus slowing down the process. It can also affect risk assessments as timelines can get confused, with historical and current events becoming muddled, making it difficult to accurately assess risks. As a consequence the project has had to strengthen their external relationships and work closely with social services and other agencies, making sure that service users are known to GPs and adult social services.

Child to Parent Abuse

In almost a quarter of cases the service user was experiencing abuse from an adult son or daughter or from grandchildren. This may have been in addition to current spousal/partner abuse or as a result of former partner abuse where behaviours may have been passed through the generation. The dynamics of offspring abuse were found to be somewhat different from partner abuse as the bond and love between child/parent is different from

that of a partner and the complexities of shame and guilt came to the fore as the mother felt that her parenting skills were under scrutiny. When this occurred the majority of service users did not want police involvement and were clear that they did not want to end the relationship but wanted support to effect change. In the majority of these cases the women were keen to seek support for the perpetrator as well as for themselves.

9. RECOMMENDATIONS

The Silver project worked with over 120 older women affected by domestic and sexual violence between Oct 2013 and Jan 2016 and the evaluation has demonstrated that they are safer, healthier, less isolated and more confident as a result of their engagement with the project. The project has trained 328 professionals and referral partners to date; successfully increasing their understanding of domestic/ sexual violence and the impact on older women.

Sustaining the project in the long term is a challenge in the current financial climate. The changes to welfare legislation and legal aid cuts have resulted in a greater demand on the service as women find it increasingly difficult to access benefits and legal advice.

The continued need for this Project has been well established and areas for development identified in consultation with stakeholders and recommendations were agreed:-

- 1. Effective and wide-reaching strategies to raise awareness of older women's experiences of gendered violence, particularly in settings frequented by older women i.e. hospitals, GP Surgeries, opticians, hearing aid centres and older people's events. This should include a review of promotional materials.**
- 2. Increased training and resources for voluntary and statutory professionals, particularly the health sector, adult Safeguarding Teams, housing departments, police and community age related projects.**
- 3. Ensure access to all communities and in particular targets BME and disabled women, to ensure access to support.**
- 4. Ensure Silver Project staff are fully trained in disability issues, including changes to welfare benefits.**
- 5. Increase awareness of the issues surrounding multiple perpetrators (adult child to parent abuse in addition to partner/spouse) and the resulting difficulties for survivors.**

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APPENDIX 1:

Focus Group Questions

1. Silver Project is directed at women over 55 who have or are experiencing DV, do you think women over 55 have differing needs from under 55 and if so can you share with us what those differences are?
2. How did you find accessing Silver Project?
3. Did you find any difficulty or did anything stop you from accessing the Silver Project?
4. How was your experience of using the Silver Project and was it useful? How?
5. What services have you found most useful, when you approached them in relation to your experience of DV?
6. What services have you found least useful, when you approached them in relation to your experience of DV?
7. From your experience of using other services, what is needed from them to make it easier for you?
8. Have the changes in services i.e. Legal Aid, impacted you in anyway in relation to the services you approached?
9. What questions do you need other services to ask you in order to disclose the DV?
10. When accessing services, how much in control were you of making your own choices?
11. What was different about the Silver Project and was there anything distinctive about it?
12. What would like to say to other services?
13. What would you like to happen after this meeting in terms of what we do and what you might want?
14. How have you found meeting with other women over 55? Would you like a forum to meet again on a regular or occasional basis?

APPENDIX 2:

Advice & Outreach Feedback Form

We are asking all our service users to complete this form. Your feedback can help us to make improvements in the way we deliver our service and it can enable us to secure future funding. This questionnaire is completely confidential. Please note that questions one to six are about the Advice and Outreach Service only.

1. How easy was it to make contact with the Advice/Outreach service?

Very difficult Difficult Easy Very easy

2. Do you feel that the Advice/Outreach service appropriately catered to your support needs?

Yes No

3. Has the Advice/Outreach service helped you:

a) Feel more confident

Yes No

b) Feel safer

Yes No

c) Gain a better understanding of options available to you

Yes No

d) Make contact with the service you needed (i.e. counselling, legal, housing)

Yes No N/A

e) Communicate what you need to other services providers (i.e. solicitors, housing and ongoing support services)

Yes No N/A

f) Increase your understanding of violence and abuse

Yes

No

g) Increase control in your life

Yes

No

h) Access services to address isolation (e.g. Support groups, DV workshops, confidence building groups, day centres, community based activities)

Yes

No

APPENDIX 3:

Practitioner Training Feedback Form

Solace Training Evaluation Form

- 1. Delegate name- _____ Date- _____
- 2. Name of training session- _____
- 3. Please rate the following on a spectrum of 1-4.
- 4. (1=poor, 2=satisfactory, 3=good, 4=very good)

	1	2	3	4
The topics covered were relevant to me				
The content was organised and easy to follow				
The materials distributed were helpful				
The trainer was knowledgeable about the training topics and well prepared				
The training was well delivered and engaging				
The time allotted for the training was sufficient				
This training experience will be useful to my work				

- 5. Which part of the course did you enjoy most and why?

- 6. Did the course meet your objectives? If not, why?

- 7. Are there additional topics you would have liked to have seen included on the programme?

8. What suggestions do you have for improving the programme for the future?

9. Name 3 ways you plan to implement today's training to your work?

10. Any other comments?
