



**ABUSED ELDER OR ABUSED OLDER WOMAN: THE SOCIAL SUPPORT
NEEDS OF THE OLDER WOMAN LEAVING A VIOLENT RELATIONSHIP**

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ABSTRACT

The identification of abuse of older women by their partners is a comparatively recent development that occurred in the context of research into the phenomenon of elder abuse, the most recent addition to the family violence rubric. Essentially the elder abuse approach has a generational focus that presumes abuse of older people consequent to age, disability, and dependency. Congruous with the family violence perspective it is dominated by positivist studies of incidence and prevalence and lacks an analysis of gender. The field of elder abuse has not yet been conceptualised in an integrated manner with consistent definitions of abuse on which to base research and intervention. The recognition of long standing domestic violence as a significant form of abuse in the elderly population initiated the proposal of adoption of the domestic violence model as an additional intervention to the prevalent response of elder protection. However despite the feminist axiom of domestic violence widespread amongst women regardless of age, race, religious or socio-economic background the older abused woman barely figures in the domestic violence literature; the little evidence available suggests incompatibility between her needs and the predominant responses of the domestic violence model.

The purpose of this qualitative-interpretive study was to record the experiences of older women who chose to leave their partners after many years of abuse. Semi-structured interviewing was used from a feminist standpoint to compile the stories of five older women. Further to this representatives from the domestic violence service providers were similarly interviewed to discuss their experience of working with older abused women.

The themes that emerge from the older women's stories clearly reveal how they were trapped in abusive relationships when they were younger by the perception of domestic violence as a private matter and lack of support for their attempts to leave. The women describe creative strategies whereby they survived the violence until they encountered a final crisis or reached a point of understanding about their future that caused them to finally leave their partners. They highlighted incidents on this occasion that demonstrate that despite less societal tolerance of domestic violence there is a failure to recognise older women as potential victims and to meet their needs

sensitively. Although positive about their new lives and encouraging of the same action by other older abused women they are realistic about the ongoing negative impact of the situation they have endured on their physical and psychological wellbeing and family relationships.

The workers accounts of their experience with older abused women are consistent with the women's stories and confirm the empathy with which they have listened to them. However similarly to overseas research they report that older abused women under utilise domestic violence services. The workers stories indicate that there is some disjunction between the apparent needs of older women and shelter practice that has evolved to meet the requirements of the majority client group of younger women and children. This situation indicates a need for an older woman centred discourse within that of domestic violence and policy supportive of tailoring of services to her needs to prevent her ongoing anomalous position and failure to receive adequate assistance from either the elder abuse approach or the domestic violence sector.

DECLARATION

This thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma at any university, and to the best of my knowledge and belief it does not contain any material previously published or written by any other person except where reference is made.

Signed...

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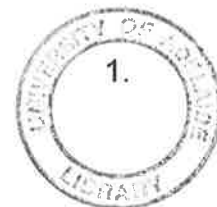
Many people have supported me in completing this thesis. I would like to acknowledge them here.

The women who participated in this study and welcomed me into their homes and lives. Without them the voices of older survivors of abuse would not be heard in this thesis. They are the source of my commitment to completing this work. For reasons of confidentiality, I cannot name the many domestic violence service providers who made time to talk with me and to share their experience of working with abused older women. However I would like to express my thanks and appreciation to them, without their contribution the perspective this thesis offers would not have emerged.

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CHAPTER 1

INTRODUCTION

An awareness of abuse of the elderly and concern to intervene to assist its victims is a comparatively recent phenomenon. The topic was originally framed as 'Granny Battering' in England in the late 1970s (Burston, 1977). Academic and professional interest in elder abuse developed rapidly in the United States and Canada throughout the nineteen eighties but did not emerge in Australia until the nineteen nineties. Elder abuse as it is now described became recognised as the final manifestation of family violence. My personal interest derived from my work as a psycho-geriatric social worker and involvement in the Elder Abuse Project in South Australia. This involvement led to responsibility for the preparation of the education manual of the South Australian Elder Protection Program.

I became aware of a dilemma about the appropriateness of conceptualising the abuse of older women by their partners as elder abuse or domestic violence through working with a number of women. The circumstances of these women are exemplified in the situation of Laura, a woman in her seventies, who lived with her eighty-year-old husband Charlie who was physically fit, but rapidly developing symptoms of dementia. The couple had been married for sixteen years; each had been previously married and widowed. Charlie had abused Laura physically, psychologically and financially during that time. In the past she had sought assistance from psychiatric services and spent brief periods with friends, but always returned to Charlie. The escalation of Charlie's violence due to the progression of his dementia, and deterioration of her own health problems caused the couple's joint referral and my involvement with them. Laura's ambivalence regarding Charlie's past behaviour and feelings of responsibility for his ongoing care led to discussion of two potential interventions: 1. supporting Laura to leave the marriage; 2. supporting Laura's ongoing care of Charlie with appropriate resources, including medication that might decrease his aggressive behaviour. The combination of Laura's age, health problems of atypical Huntington's Chorea and depression made her acceptance by a shelter

equivocal and rejected both by herself and the assessing community psychiatric team as an inappropriate option to assist her in the process of leaving Charlie. Laura eventually achieved her goal via a route of admission to a rest home for shelter, followed by a return to Charlie and then a further psychiatric hospital admission. During the admission Laura made her final preparations to leave Charlie and is now living very happily with some good friends in a country town.

Although briefly stated Laura's story typifies a number of issues pertinent to the definition of the older woman abused by her partner as an abused older woman or the victim of elder abuse and the interventions consequent to the choice of definition. The story also highlights what I perceived as deficiencies in responding to her needs by both the domestic violence model and the elder protection response to elder abuse.

Recent research in the elder abuse field (Pillemer and Finkelhor, 1988) has indicated that 58% of the victims of 'elder abuse' in a large random sample survey in Boston were mistreated by their spouse and would therefore be more accurately described as the victims of domestic violence. In the light of this and other comparable findings (Hageboeck and Brandt, 1981, Giordano, 1982, Wolf, 1984, cited Pillemer and Finkelhor 1988; Sadler, 1992) there is an increasing tendency to suggest the 'domestic violence model' (Biggs, Phillipson and Kingston, 1995), comprising crisis intervention services, shelters, support groups and legal assistance, as the appropriate intervention for this problem

Domestic violence has been a major focus of feminist politics since the early nineteen seventies; it is largely as a result of this that the impact of domestic violence on the physical and emotional wellbeing of the victims has become acknowledged both internationally and within Australia as a significant public health issue. However while this has resulted in the increasing development of intervention services, a copious body of literature, and recognition in South Australia that the next step involves wide-ranging and innovative preventative strategies (Brand, 1996), the majority of this activity remains directed towards younger women. The specific needs of older women, many of whom have experienced violence for much of their lives, have received minimal attention

from feminists and non-feminists alike. There has been little research to assess the compatibility of domestic violence model, essentially developed to assist abused younger women with children, with the needs of older women. To ignore ageism and the situation of older abused women is inconsistent with a preventative approach to domestic violence. Moreover with human life expectancy increasing, domestic violence among older women is likely to become an issue of growing significance.

This thesis was initiated by my concern regarding this apparent misfit of the older abused woman's needs within both the elder abuse approach and the domestic violence model. My purpose is to describe a study I undertook with older abused women and domestic violence service workers to attend to the position, experiences and needs of these previously ignored women. From difficulties experienced in practice, as in Laura's story, accommodation, particularly transition accommodation, is of major importance if leaving the relationship is chosen as the means to end the violence. Similarly social support in its widest sense is another predominant issue, whether the decision is to leave the relationship or to remain in it and to work to change the violence. It was therefore on these issues that I focused in my investigation of the older women's and workers experience.

The following chapter constitutes a critical review of the elder abuse literature. Using the question 'Is elder abuse a gender blind concept?' I examine the virtual absence of the gendered understanding of older woman survivor of domestic violence and hence the extent to which in this approach her accommodation/support needs are also unexplored. In Chapter 3 I take up the recent suggestion made in the elder abuse field that the needs of the older survivor of domestic violence might be more appropriately met by the domestic violence model of intervention. An overview is presented of the historical development of the model and the literature pertaining to accommodation and social support as it is understood within a feminist framework. These reviews are followed in Chapter 4 by a description of the methodology employed in this study and its epistemological foundations. Chapter 5 introduces the older women who participated in the study and presents the themes that emerged from their stories. Chapter 6 presents the themes of the experiences of domestic violence service providers with older

abused women. In Chapter 7 the interpretation of the findings from the older abused women and domestic violence workers are discussed in relation to the literature on both domestic violence and elder abuse. Implications for practice and theory are explicated in the context of policy directions originating from a recent review of service provision to women and children escaping domestic violence.

CHAPTER 2

ELDER ABUSE: THE LITERATURE

A search of the literature about both domestic violence and the more recently discovered 'elder abuse' reveals little to guide my intention to explore the options available to the older abused woman should she wish to leave the abusive relationship. The older abused woman is not present in the majority of the literature of either area. The focus of this initial chapter is therefore to use the question 'Is elder abuse a gender blind concept?' to examine the reasons for this absence and hence to question the utility of the concept of elder abuse in understanding the accommodation/support needs of the older abused woman. I will therefore be examining the literature for evidence of consideration of the interaction of age, gender and the distribution of power, resources and wellbeing in society.

I concur with Sprey and Matthews (1989: 59) in asserting that attempts to conceptualise the realm of elder abuse as an integrated field of study are unrealistic. They state 'it is a classificatory catch all that brings together the concerns of clinicians, researchers, and others about a set of behaviours that touch the lives of a number of older persons in tragic and destructive ways'. Appendix I contains a topography to facilitate navigation of the terrain.

The elder abuse literature can be categorised into four types each of which addresses a different dimension of the problem: 1. Construction of elder abuse as a social problem; 2. Definition of elder abuse; 3. Elder abuse research; 4. Intervention strategies. Each of these dimensions will be outlined in turn.

1. Construction of Elder Abuse as a Social Problem

Blumer (1971: 301) discusses social problems in the following terms:

Social problems are not the result of an intrinsic malfunctioning of a society but are the result of a process of definition in which a given condition is picked out and defined as a social problem. A social problem does not exist unless it is recognised by that society to exist.

Blumer presents a natural history model to conceptualise the process of achieving fully-fledged social problem status. His five stages are labelled:

emergence; legitimation; mobilisation of action; formulation of an official plan; implementation of the plan (Blumer, 1971).

In the literature the most frequent accounts of the means by which elder abuse achieved social problem status are of the process and events that occurred in America. In an article entitled 'The "Getting" of Elder Abuse on the Agenda' Dunn (1993: 1), an Australian sociologist, describes his research conducted by interviewing key people involved in the early labelling and construction of the problem. Dunn characterises the process of getting an issue on the political agenda as competitive, because it signifies control of the agenda and continuing power to define the issue. The objective facts of the issue are of secondary importance. Dunn disputes the popular view (Wolf and Pillemer, 1989), which credits Dr Suzanne Steinmetz, high profile family violence researcher, with initiating interest in elder abuse through her prediction to a Congressional sub-committee:

If we were to label the 60's as the decade of interest in child abuse, and the seventies as the decade of wife abuse studies, then I predict ... that the 80's will be the decade of the Battered Parent (US House of Representatives 1978, cited Dunn, 1993: 2)

Dunn demonstrates the inaccuracy of Steinmetz's statement due to evidence of some earlier interest in the issue of elder protection in the United States, and furthermore finds scant evidence of media reporting of her testimony. He finds greater credibility in the 'discovery' of elder abuse and subsequent promotion by Bergman, a lawyer, acting in the capacity of what Becker refers to as a 'moral entrepreneur' (Becker, 1963, cited Tallman, 1976: 125). Bergman's orchestration of the reporting of an elder abuse study by the legal service of which he was director resulted in a briefing of the House Select Committee on Aging, with comprehensive media coverage. Well timed from the perspective of a committee actively pursuing new issues, elder abuse achieved its backing and went on to attain Federal and public recognition. The issue of elder abuse as a social problem of the elderly is congruent with the construction of ageing itself as problematic, and the solution of burgeoning service provision that emerges in Estes (1979) in-depth analysis of US policies such as Medicare and the Older Americans Act. Elder abuse was a further justification for market expansion to 'the congeries of programs, organisations, bureaucracies, interest groups, trade associations, providers,

industries, and professionals that serve the aged in one capacity or another' Estes (1979: 2), entitled 'The Aging Enterprise'. Dunn follows this analysis of the initial American events with an overview of attempts to raise elder abuse as an issue of concern within the aged care sector in Australia. He concludes by warning of the hazards of transplanting in its entirety the understanding of a an environment that is so different in terms of social welfare provision, since to do so may inhibit the development of an original, more relevant approach in Australia.

2. Definition of Elder Abuse

In order to intervene in situations detrimental to old people it is necessary to be able to identify what constitutes abuse and what does not. The early literature on elder abuse focussed on describing characteristics of the older person and their situation; thus Burston (1975) and Baker (1977) wrote of 'Granny Battering'. Clark et al (1975) identified cases of gross self neglect by the elderly as a 'Diogenes' syndrome, after the Greek philosopher who reputedly lived in a barrel and owned only a cloak, a stick, and a bread bag, and Steinmetz (1978) identified the 'battered parent'.

The project of achieving definitional agreement has involved ongoing debate in America, and remains unresolved, a flaw consistently pointed out in critical reviews of elder abuse literature (O'Malley et al, 1983; Callahan, 1988; Pedrick-Cornell and Gelles, 1982; Johnson, 1986). A review of the definitions used in nine studies published between 1981 and 1986 found descriptions of ten different categories of abuse with broad agreement on only three, namely: physical (including sexual) abuse; psychological abuse; and financial and/or material abuse (Council on Scientific Affairs, 1987). The main definitional problems centre around the issue of whether or not the abusive act is intentional, the relationship between abuse and neglect, the question of whether self neglect because not perpetrated by another person constitutes abuse (Hudson, 1989; McCreadie, 1991), and the relationship between elder abuse and other forms of family violence.

3. Elder Abuse Research

The research literature demonstrates the primary concerns of elder abuse researchers to date to be those of: measurement of the incidence and

prevalence of the phenomenon; attempts to explain the causes of elder abuse. A third major issue concerns the inadequacy of the research methodology and consequent amount of inaccuracies and misconceptions that characterise the field.

Incidence and prevalence studies

The magnitude of a potential social problem is a significant factor in its career path towards legitimisation; hence an early trend in a new field of research is towards demonstrating the incidence and prevalence of the phenomenon. Incidence refers to the number of cases identified in the population during a defined period of time and prevalence to the number of cases identified in a population at a particular time (Benenson, 1975). The following table summarises the American, Canadian, British and Australian data on the incidence and prevalence of elder abuse.

Findings on the Prevalence and incidence of Elder Abuse

Year	Location	Researchers	Rate %	Comments
1979	Maryland,US	Block and Sinnott	4.1	Prevalence study. Small sample.
1979	Cleveland,US	Lau and Kosberg	9.6	Survey of incidence of abuse of community health service clients. Physical abuse most commonly reported.
1982	Manitoba,Canada	Shell	2.2	Incidence study. Sample of health care professionals.
1983	New Jersey,US	Gioglio and Blakemore	1.5	Prevalence study. Random sample of 342 elderly people.
1986	Illinois,US	Poertner	5.1	Incidence study. Sample of service providers. Neglect most commonly reported.
1988	Boston,US	Pillemer and Finkelhor	3.2	Prevalence study. Random sample of 2020 elderly people. Physical abuse most commonly reported.
1988	Bexley,Kent	Bexley Social Services	5.0	Survey of incidence of abuse of social services department clients.
1989	Canada	Podnieks	4.0	National telephone survey of incidence. Financial abuse most commonly reported.
1992.	NSW Australia	Sadler	4.7	Prevalence study of 1265 case files of a community geriatric service. Dependency or domestic violence patterns most common.
1992	Britain	Ogg and Bennett	Physical 2.0 Verbal 5.0 Financial 2.0	National prevalence study. Omnibus survey of 2130 people 60 and over in 1991 census.

Sources 1979-1989 Sadler, 1992; Kurrle and Sadler, 1992; Ogg and Bennett, 1992

Immediately obvious is a wide variation in the percentage rate of abuse found by different researchers ranging from 1.5-9.6% of the population. A second observation is the different perceptions of the most common form of abuse. This is attributable partly to the definitional disarray previously discussed with its consequent lack of consensus on operational definitions for research purposes, and it is due partly to the nature of the samples investigated. The samples were mostly small, and unrepresentative of the general population because they were drawn from social service agencies. However despite these problems if the finding of 9.6% of victims of abuse (Lau and Kosberg,

1979) is removed, a general estimate across the studies of between two and five per cent of older people as victims of abuse becomes apparent.

Causes of elder abuse

Reviewing 29 research studies conducted in America between 1979 and 1985 Hudson (1986: 128) identified them as primarily exploratory, descriptive studies, with a typical objective of examining the extent and nature of elder abuse and neglect of adults sixty years of age and above, living either alone, or with others in the community. Respondents included elders and their caretakers, professionals and paraprofessionals. Samples varied from those obtained from a nation-wide state-by-state survey to a single agency. The studies were mostly retrospective and utilised convenience samples, relying on voluntary responses; response rates were relatively low and the information unrepresentative. Data was obtained using a number of techniques including, mailed questionnaires, telephone interviews, personal interviews and retrospective case analyses. Hudson (1986: 151) concluded that:

In general, existing studies have not been able to determine the causes of elder neglect and abuse. Thus, the findings document the existence and forms of mistreatment, but they do not provide clear or consistent information on the antecedents, causes, or consequences of such mistreatment or on the characteristics of the abuser or abused.

Pillemer and Finkelhor's (1988) survey made another form of abuse occurring amongst the elderly visible; their random sample survey indicated that three fifths of the perpetrators were spouses, twenty-three wives and fourteen husbands. The reasons for this will be considered in greater detail later in the chapter. The observation that abuse was predominantly perpetrated by spouses had already been raised by Hudson (1986) and has since been supported by a number of other studies (Hageboeck and Brandt, 1981, Giordano, 1982, Wolf, 1984, all cited Pillemer and Finkelhor, 1988; Sadler, 1992)

A review of the American literature (Giordano and Giordano, 1984: 234-5) identified seven different explanations of the factors that lead to elder abuse:

1. family dynamics where violence is a normative behavioural pattern of the

family; 2. dependence of the elder because of impairments; 3. personality traits of the abuser; 4. the failure of adult children to resolve the 'filial crisis' i.e. fail to adjust to the role reversal of caring for their parent; 5. internal stress within the family consequent to caring for a dependent elder; 6. external stress such as life crises or economic stress; and 7. negative stereotypes of the elderly.

Phillips (1986) notes two further theories suggested to explain elder abuse, namely social exchange theory and symbolic interactionism. Social exchange theory characterises personal relationships in terms of an exchange of rewards and punishments, with individuals seeking to maximise rewards and minimise punishments. In the context of elder abuse 'the aggressor and the victim are viewed as having few alternatives to continuing the exchange and the aggressor is seen as having a monopoly on rewards and thus little to lose from being unjust' (Phillips, 1986: 204). Phillips identifies symbolic interactionism in terms of a focus on individuals' cognitive interpretations of interpersonal interactions, citing evidence from her own research of the negative images that abusive carers have of the elder in their care (Phillips, 1983, cited Phillips, 1986)). She suggests that the abusive interaction is the result of the interaction of the carer's and elder's perception of themselves and others.

Apart from the consideration of ageism all the hypotheses attribute the causes of elder abuse to the internal workings of families or the personal characteristics of individuals and therefore fall within the family violence rubric. Sadler (1992) points out that this approach fails to consider sufficiently the socio-structural factors that lead to elder abuse. He presents a 'socio-structural' theory of elder abuse wherein account is taken of 'the context of an understanding of ideologies of ageing, dependency, caring and family violence, and the social, political, and economic structures of Australian society' (Sadler, 1992: 36). Nevertheless, like the earlier theories, although the role of 'partners' is recognised the theory is gender neutral since gender is not a specific category of analysis.

4. Interventions

With twenty years of intervention literature to comment upon Biggs et al (1995: 106) are able synthesise from the confusing array of elder abuse

interventions extant in the social policy and practice literature a number of complementary models: 1. the social network model which focuses on identifying and strengthening the network of informal relationships which most people actively keep up and turn to for assistance during crises in order to prevent abuse; 2. the advocacy model which entails intervention by an individual or group on behalf of a vulnerable person with limited ability to exercise their rights to ensure that their rights receive the same consideration as other citizens; 3. the domestic violence model which derives from the comparison of elder abuse and spouse abuse and the suggestion that comparable types of intervention are therefore possible; 4. the social work intervention model integral to which is case management, the co-ordination of a package of support services individualised according to the assessed needs of the older person and their carer; 5. the legal intervention model which proposes more substantial legislation to protect older vulnerable people.

In America the most rapid response to elder abuse was a legislative one which arose from the family violence paradigm and the analogy between abused elderly persons and children as both dependent on others for care and protection. By 1988 all fifty states of the USA had legislation that addressed elder abuse and neglect (Bennett and Kingston, 1993); forty-three states operate mandatory reporting systems and the remainder administer reporting systems which are not mandatory or state-wide (American Public Welfare Association/NASUA, 1986, cited Bennett and Kingston, 1993) The value of mandatory reporting has been hotly debated on philosophical and practical grounds. Some argue that it promotes further abuse by infantilising older people (Salend 1984; Faulkner, 1982). Others (Crystal, 1986; Callahan, 1988) question the utility of mandatory reporting if agencies lack the resources to follow up identified cases. Adult Protective Services were a parallel development in many states, reflective of the stressed carer /dependency theories. Core elements in protective services include social services, health services, mental health services, guardianship services, legal services, and emergency housing services (Breckman and Adelman, 1988; Quinn and Tomita, 1986).

The domestic violence mode of intervention arose as a result of Pillemer and Finkelhor's identification (1988) that much elder abuse was a continuation of continuing spouse abuse. They recommend the possibility of similar

intervention including crisis intervention and emergency refuges (Pillemer and Finkelhor, 1988; Breckman and Adelman, 1988; Sadler, 1992). Currently there are only a few reports of individual and group counselling for elder abuse victims (Hornick, McDonald and Robertson, 1992; Ghent, Da Silva and Farren, 1985, cited Hornick et al, 1992), group counselling for older abused women in an elder abuse context (Christie, 1992), and shelters for elder abuse victims (Cabness, 1989; Gomez, 1991, cited Bennett and Kingston, 1993). They are representative of 'sporadic' and uncoordinated attempts at service delivery utilising the domestic violence model (Hornick et al, 1992: 322).

In Britain 'awareness of elder abuse as a social problem has been long in gestation' (Biggs, 1995: 54) with initial early interest failing to produce a policy response. Biggs notes with reference to Blumer's model of developmental stages for social problems a failure in Britain of the engagement of elder abuse with the key processes, resulting in a lack of funding for a concerted response, and only legislation designed for other purposes to draw on. Consequently implementation of elder protection work has been piecemeal at best (Biggs et al, 1995: 56 and 57).

In Australia each state has developed its own intervention strategies complementary to existing local aged care service provision (Working Party, Aged and Community Care Development, 1994). The response to elder abuse has been by no means of the scale of that achieved in America; mandatory reporting has been emphatically rejected by all states. In South Australia the initiative consisted of establishment in 1994 of an elder protection programme. The programme was intended to provide a clearly identifiable referral point for suspected cases of abuse. The programme was to supplement existing service provision to elderly people by co-ordinating agencies in a network that promptly responded to allegations of elder abuse. Co-ordinators were located in the four metropolitan Domiciliary Care Services, who acted as auspicing agents; an additional role of the programme was to provide training to other agencies about elder abuse (Office of the Commissioner for the Ageing, 1992).

Research Review

The major categories of the literature are apparent to a greater or lesser degree in all of the following pieces of work that I now propose to examine in greater detail in order to pursue the question posed, 'Is elder abuse: a gender blind concept?' The material has been selected to demonstrate the historical development of the field of elder abuse by focusing on some landmark works and a variety of epistemological frameworks and research methodologies.

In 1982 in an article entitled 'Elder Abuse: The Status of Current Knowledge' Claire Pedrick-Cornell and Richard Gelles, at the time both researchers within the University of Rhode Island Family Research Programme, announced the realisation of Suzanne Steinmetz's prophecy that elder abuse had become the social problem of the 80's (US House of Representatives, 1978, cited Dunn, 1993), although they fail to attribute this to her. Their statement 'The discovery of a significant number of elderly victims of family violence was a natural outgrowth of intensive research on the extent and patterns of family violence' can be construed as an unequivocal bid for the new territory (Pedrick-Cornell and Gelles, 1982: 457). It appears to have attained axiomatic status in subsequent literature, due, perhaps, in no small amount to the extent of reinforcement of the conceptualisation 'family violence' throughout the article.

The author's approach to elder abuse is unmistakably positivist. They pose questions: 'What is it? How much? Who are the most likely victims and perpetrators? Why do they do it?' The authors seek to best understand the phenomena by searching for 'precise, measurable and scientifically useful definitions of elder abuse,' documentation that the problem affects a large number of people', 'statistical significance', 'identification of patterns' and empirical testing of the theories proposed to explain the phenomenon. Utilising these precepts to summarise the research available to them for evaluation they conclude, 'We do not really know'. Furthermore the 'lack of quality data has led to the widespread dissemination of myth, conventional wisdom, and in some cases, falsehood' (Pedrick-Cornell and Gelles, 1982: 464). Whilst at one level the extent to which legislation and other forms of intervention were already underway in America was justification for an examination of its basis, at another level it is possible to argue that Pedrick-Cornell and Gelles critique of the research methodology itself was based on

very few studies of elder abuse, a total of five. Despite criticising the prevalence of propositions borrowed from research on spouse and child abuse the article is heavily loaded with comparisons between elder abuse, child abuse and spouse abuse. Pedrick-Cornell and Gelles comments could well be interpreted as a further example of annexation of territory and agenda setting with respect to the ongoing study of elder abuse.

The family violence paradigm has been criticised for its sexism (Bleier, 1979, Wardell, Gillespie, and Leffler, 1983, cited Saunders, 1988) which I will refer to as being gender blind. Although they make the observation that 'reports on elder abuse consistently identify females of very advanced age as the most likely victims' (Pedrick-Cornell and Gelles, 1982: 461) it is only to scientifically note the biological sex. The authors fail to comment further on this identification of sex difference nor do they initiate its further examination by recommending gender analysis as an orientation for future research.

Working from within the same family violence and positivist paradigms, and cognisant of previous reviews of the conceptual and methodological weaknesses of the existing research, Karl Pillemer and David Finkelhor designed a study, reported in 1988, that aimed to overcome these methodological problems and obtain a more accurate estimation of prevalence than had hitherto been the case. Their study utilised a large stratified random sample of community dwelling elderly people in metropolitan Boston and involved a two-stage interview process of 2020 respondents.

The study found an overall prevalence of 32 abused elderly per 1000 population. The discovery of high rates of spouse abuse and of men as equally likely victims were the most surprising findings, attributable to the employment of the Conflict Tactics Scale which will be described in more detail later. Evidence of an earlier *deliberate* disregard of gender dynamics within elder abuse becomes apparent in the author's rationale for the rejection of similar findings of spouse abuse in previous unpublished manuscripts (Hageboeck and Brandt, 1981, Giordano, 1982, Wolf, 1984, cited Pillemer and Finkelhor, 1988). Pillemer and Finkelhor suggest that the dynamics of social problem formulation necessitate casting the problem in its most compelling light (Spector and Kitsuse, 1977). Thus the more accurate

image of an elderly wife beaten by her husband was outclassed by the pathos invoked by the notion of an elderly parent abused by an adult child.

A strength of the Pillemer and Finkelhor study is that it finally establishes that there are elderly 'battered' women in the community, and that 'a fundamental reformulation of the problem of elder maltreatment is necessary' (Pillemer and Finkelhor, 1988: 55). Amongst their consideration of implications for policy and practice were the 'tailoring' of accommodation to include the requirements of the victims of elderly spouse abuse and of the need to educate the community about abused elderly women. However the study is not as methodologically exemplary as it purports to be, especially from a feminist perspective; the use of the controversial Conflict Tactics Scale (CTS) to operationally define and measure physical violence has been extensively criticised (Pleck et al, 1979; Saunders, 1988; Berk et al, 1983; Yllo, 1988). The CTS equates all acts of physical violence equally and invariably produces equal rates of violence by females and males. In doing so it obscures both severity and context, including self-defence. In the light of the criticisms of the CTS results of studies which rely upon it must be treated with extreme caution. The instrument used by Pillemer and Finkelhor to operationalise neglect, which they defined as 'a caretaker's intentional or unintentional failure to assist the elder' is a modified form of an instrument concerned with activities of daily living. The authors provide no details as to how, if indeed at all, the instrument was re-standardised before use in this study.

Pillemer and Finkelhor conclude their report by stating that they have clearly established the possibility of studying elder abuse by means of general population surveys 'Samples can be obtained that are free from some of the biases of clinical samples and reported cases' (Pillemer and Finkelhor, 1988: 57). From a feminist perspective what is of great concern is the lack of discussion in the report of the ethical issues pertaining to so sensitive an issue as elder abuse particularly the identification of elder abuse, address of abuse identified, and issues of mandatory reporting.

Paul Sadler's thesis *A Cul-de-sac Situation? Abuse of Older People* investigates the extent to which the American literature is relevant to the very different social environment of Australia. Following an extremely thorough and detailed examination of the American theories of causation and

associated interventions he concludes these to be inadequate when analysed within the wider context of 'an understanding of ideologies of ageing, dependency, caring and family violence and the social, political and economic structures of Australian society' (Sadler, 1992: 36). He therefore proposes a socio-structural theory of elder abuse arguing that there are multiple causes for any social problem and that intervention must address the impact of ideology, economics and power relationships, a framework that appears inclusive of elements of both interpretive and emancipatory thinking.

Sadler comments on the virtual absence of feminist theory regarding ageing, noting that all that was available at the time of writing pertained to the gendered nature of caring and critiques of policy which assume caring to be women's 'natural' role (Ungerson, 1987, McDaniel, 1989, both cited Sadler, 1992). From my reading Sadler is the first to even consider the possibility of a feminist position on elder abuse. Sadler's recognition that consideration of elder abuse is meaningless if separated from its gendered social context is a position described by Whittaker (1995) as the first step towards a feminist analysis. This struck an empathic note when first read, as did the interpretive approach Sadler consequently adopted as one mode of investigation of the socio-structural theory of causation he proposes. However, disappointingly, Sadler's research methodology is not similarly innovative, except for his use of biography he relies on more orthodox case review and questionnaire techniques to elicit data that addresses traditional concern with prevalence and interventions.

Sadler considered that the biographies he obtained supported his socio-structural conceptualisation of the causes of elder abuse; he recommends biography as a significant individual intervention. He also identifies the need for policy development that fosters interdependence between elders and their community, not inappropriate legal intervention. Sadler's sample of 1,265 community dwelling clients, obtained from the geriatric and rehabilitation service that employed him, was a larger sample than most, but nevertheless demonstrates the selection bias of a non random sample. Consequently his finding of a prevalence rate of 4.7% should not be extrapolated Australia-wide. An important aspect of his study was confirmation of recent overseas findings regarding the need to differentiate between cases of elder abuse with a history of domestic violence and those with other patterns, and the need to intervene accordingly.

Terri Whittaker (1995), a British social worker, has reviewed the elder abuse field from a feminist perspective; she notes, as has the preceding discussion, the predominance of a positivist perspective of the problem of elder abuse and the marked absence of studies which focus on the intersection of age, gender and power as fundamental social divisions and dynamics. Questioning the methodological and theoretical controversies to date she concludes the statistics are not, as claimed, objective, but highly politically focussed. She demonstrates that each element of data collection, theory, definition, and conceptualisation of elder abuse, agency policy and procedure is already gendered. Pinpointing as an example Pillemer and Finkelhor's claim (1988) that men and women abuse elderly people in almost equal numbers, Whittaker recommends the results of such studies be treated cautiously and the methodologies, such as the CTS, that produce them subjected to rigorous scrutiny. Whittaker is particularly concerned that questions should be asked as to why men and women abuse in different ways, since the prevailing lack of clarity concerning the need to separately conceptualise violence, neglect, and abuse permits interpretation of findings which neutralise the debate and discourage a gender analysis. In this respect she finds pernicious the current tendency to focus on caregiver stress or alternatively, psychopathology of the abuser.

Whittaker moves to a consideration of the need to develop an adequate feminist theory of elder abuse, acknowledging somewhat belatedly, after expressing considerable censure of family violence researchers, the tardiness of feminist theorists to engage in consideration of gender, ageing and elder abuse. Her overview of the means whereby this could be achieved includes an analysis of power, analysed from a Foucauldian perspective, which does not discount women's capacity for violence. She also recommends feminist research methodology that empowers by documenting and validating the experiences of older abused women and relates them to wider social structures.

The strength of Whittaker's work for my own purpose lies in its feminist perspective and treatment of gender relations as paramount when considering elder abuse. However Whittaker's focus on American research and her apparent lack of awareness of the socio-structural approach previously discussed are limitations.

Conclusion

The current state of conceptualisation of 'elder abuse' and its effective amelioration remains highly problematic. The answer to the question 'Is elder abuse: a gender blind concept?' is clearly yes! Although the literature demonstrates, for example, sightings of the elderly female victim of domestic violence what is also apparent is wilful blindness to the implications in favour of political expediency. The recommendation that traditional domestic violence services be utilised to assist the older victim of abuse is designated by Biggs (1995) a 'pragmatic response'. This suggestion does not necessarily fully attend to whether this constitutes an appropriate match of service and the recipient's needs. Nevertheless, despite the potential for feminist analysis (Whittaker, 1995), this examination of elder abuse has failed to convince me of the utility of the concept for improved outcomes if the older victim of domestic violence is considered to be a victim of elder abuse rather than a woman abused by her partner.

CHAPTER 3

DOMESTIC VIOLENCE: THE LITERATURE

In contrast to the professionally motivated and developed approach of elder abuse described in the previous chapter the domestic violence intervention model is the outcome of the battered women's movement. Essentially a grass roots movement, that was anti-professional (Schechter, 1988), the battered woman's movement, or shelter/refuge movement as it is variously known, was the product of the feminist activism emerging to prominence in the late 1960s and early 70s.

Emergence of Domestic Violence as a Social Problem

Woman battering was a term that did not exist prior to that time; the prevailing attitude was that only a small unique group of women experienced domestic violence. The inaccuracy of this belief was demonstrated in 1971 by a community group of London women. Recognising the violence to which some of the group members were subjected by their partners they formed Chiswick Women's Aid and founded the first refuge in order to physically shelter these members of the group (Pizzey, 1974; Dobash and Dobash, 1992). The women's charismatic leader, Erin Pizzey, was responsible for a media launch of the issue of domestic violence that defined it as a major social problem and a nation-wide network of shelters rapidly emerged in Britain.

In America the emerging women's liberation and anti-rape movements paved the way for the British experience to inform a similar response to abused women in that country, commencing in 1973 and 1974 with the opening of Women's Advocates in Minnesota and Transition House in Boston (Dobash and Dobash, 1992; Schechter, 1982). By 1977 there were refuges or well developed plans for refuges in Canada, Norway, Switzerland, West Germany, the Netherlands, France and New Zealand (Hancock, 1979). In early 1977 research by the Melbourne Collective (cited Hancock, 1979: 19) reported 25 women's shelters in Australia accommodating a minimum of 3,750 women and their 7,500 children each year. Although constantly under threat due to inadequate and insecure funding the shelter movement has since expanded and become established in many countries throughout the world.

Causes of Domestic Violence

The theoretical explanation for male violence recognised by the refuge movement is the socio-historical conceptualisation of 'patriarchy'. Patriarchy consists of a complex and ubiquitous system of beliefs and practices supportive of male-female domination. Its ramifications extend to the legal, religious, economic, political and personal domains and perpetration of individual male violence towards a female partner as an expression of power (Dobash and Dobash, 1980: 7 and 10). From this perspective successful address of male violence lies in social action that challenges the structural support of male power and provides education to foster gender equality in public and family life (Dobash and Dobash, 1992).

Interventions

Social support

Shelters are a concrete and very powerful symbol of the need of victims of domestic violence for recognition and social support. The concept of social support originated at the end of the nineteenth century with the publication of Emil Durkheim's work on suicide (Durkheim, 1951). The study indicated that in general people with a support system seem better able to withstand stress than those to whom that support is not available. Lenore Walker (1979) has argued that the outcome of the stressor of extreme, unpredictable violence can be that women show signs of 'learned helplessness', manifest in a decreased sense of mastery and self-esteem and a reduced ability to take active steps to change their situation. Severe psychological distress, including depression, may ensue. In his paper 'Social Support as a Moderator of Life Stress' Cobb (1976: 302) states that social support is important because it 'facilitates coping with crisis and adaptation to change'. He defines it as purely informational and divided into the following classes:

- 1 Information leading the subject to believe that he is cared for and loved.
- 2 Information leading the subject to believe that he is esteemed and valued.
- 3 Information leading the subject to believe that he belongs to a network of communication and mutual obligation (Cobb, 1976: 300).

Reviewing the previous ten years of the literature of the field of social support Lin (1986: 18) dissects the concept into the two components of social and support. She argues that the social component mirrors the individual's linkages to three levels of the social environment namely: 1. the community, 2. the social network, and 3. intimate and confiding relationships. She also separates the support component into instrumental and expressive activities, which may be actual or perceived. Lin offers a definition synthesised from those of the preceding ten years, including that of Cobb, which defines social support as 'the perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and confiding partners' (Lin, 1986: 19). Between them these two definitions encapsulate much of the crisis-oriented approach and activities of direct service provision of shelter workers to their residents.

A significant amount of the early knowledge regarding abused women, of their needs, and attempts to get these met, was experiential, built up from information collected by shelters or researchers working closely with shelters (Pahl, 1978; Schechter, 1982; Binney, Harkell, and Nixon, 1985; Dobash et al, 1985; Pahl, 1985). This knowledge was practically focused rather than of theory building application. Between 75-85% of women in two studies of 42 women (Pahl, 1985) and 109 women (Dobash et al, 1985) were found to have initially sought assistance from relatives. As the violence continued help seeking behaviour was liable to be extended to formal contacts such as social agencies, the police and doctors (Dobash et al, 1985). Interviews of 656 women in 128 shelters indicated that the women had previously contacted on average five separate agencies for help before accessing the shelter as the last resort. Half the contacts were rated as unhelpful, with the police and housing departments rating as the least helpful (Binney, Harkell and Nixon, 1985). The needs of women at shelter entry were seen to be those of protection, accommodation, advice, and support (Pahl, 1978) and at exit adequate housing (Binney, Harkell and Nixon, 1985; Pahl, 1985) a reasonable income, and childcare assistance. Protection continued to be an issue for approximately a third of the women where there was an ongoing relationship with the abuser (Pahl, 1985). It was this vicarious experience and intimate understanding of the social conditions that created and maintained the abuse of women that placed the shelter movement in a unique position to undertake the promotion of social change. Social change whereby the

abused women would receive the support they required from the community and work would begin towards eliminating men's violence.

Social action

In Britain and the United States of America one of the earliest targets of the shelter movement's social action campaign was the criminal justice system. Commencing with evidence and proposals for reform presented at major national forums in each country in the seventies, the most far-reaching development to date has been that of the generation and strengthening of civil law remedies such as orders of protection, injunctions and interdicts (Dobash and Dobash, 1992). Australia has made similar reforms (Seddon, 1993) following state government task force reports on domestic violence throughout the eighties (Hopkins and McGregor, 1991).

In conjunction with action aimed at purely legislative reform the shelter movement in the United States was also involved in the inauguration of inter-organisational programmes involving the criminal justice system and other community services. One of the most successful (Dobash and Dobash, 1992) of this collaboration was the Duluth Domestic Abuse Project (DAIP). Police and court services, human services and advocacy services for the abused woman were co-ordinated in an innovative and comprehensive package of community intervention that conclusively demonstrated that responsibility for the violence lay with the perpetrator and the state and thus incurred significant consequences. keystones of the programme relating to the perpetrator's responsibility were development of a pro-arrest policy, monitoring of the extent to which police complied with this, and court ordered group counselling/ education participation by the perpetrator (Pence and Shepherd, 1988). The programme has been frequently replicated in the United States (Pence and Shepherd, 1988) and more recently has served as a model for a similar response in Hamilton, New Zealand and Australia.

One of shelter movement's earliest and most accepted practices is the provision of groups for abused women as a means of consciousness raising, provision of support and empowerment (NiCarthy et al, 1984). By contrast the involvement of the shelter movement in the development of pro-feminist men's programmes, starting with EMERGE in Boston in 1977, was and remains a controversial issue seen by some to pose a threat to the identity

and purpose of the woman centred movement. Men's programmes both pro-feminist, directly challenging of men's violence, and those that take a therapeutic stance have since proliferated in America, Canada, and Australia, less so in Britain (Dobash and Dobash, 1992). Their efficacy remains under review and the debate regarding the involvement of the shelter movement contentious and ongoing.

The domestic violence model of intervention

Stemming from the women's movement of the late 1960s and 1970s in Britain and America the shelter movement has thus participated in and achieved social change to the extent of facilitating a distinctive mode of response to domestic violence. Included in this model of intervention are crisis intervention services, emergency refuges, support groups, counselling facilities for abused women and perpetrators, and a range of legal services and responses. Since this acknowledgement in the public domain domestic violence against women has been found to be widespread, occurring in all age groups, racial backgrounds, religious backgrounds, and socio-economic levels (Stets, 1988).

The Invisibility of the Older Abused Woman

Despite this understanding of the ubiquitous nature of domestic violence there is a dearth of information within the literature of the 1960s to 1980s period regarding the older battered woman. One survey (Roy, 1982), a trend analysis of 4,000 battered women referred over a four year period to the Abused Women's Aid In Crisis Inc. New York revealed only 2.8% of victims in the over sixty years grouping. Regarding her total findings Roy comments that the high population density predicts findings of a correspondingly high confidence level. However she admits her methodology is somewhat biased by a population representative only of women seeking to change their situation. Similar findings are apparent in a slightly later study of 52 domestic abuse programmes in Wisconsin (McKibben, 1988, cited Vinton, 1991); the majority of programmes had served less than ten battered women aged sixty and over since inauguration of the programme.

Recognition of the Older Abused Woman

The identification of older abused women through the elder abuse approach has stimulated some interest and involvement in their situation in the domestic violence sector. Following on from suggestions by Pillemer and Finkelhor (1988) that older victims of 'spouse abuse' could benefit from domestic violence interventions Vinton (1991) extended their overview of the similarities between the older victim of 'spouse abuse' and the victims of domestic violence. Vinton supported a perspective of battered older woman rather than abused elder to enable access to intervention that encouraged development of problem-solving tools necessary for a violence-free life. However her study (Vinton, 1992) of 25 shelters in Florida, the state with the highest proportion of elderly residents in the United States, revealed that only 2% of residents were aged sixty years and over and only .3% accessed other associated programmes. She accounted for this in terms of a reported perception of the older woman as disabled and requiring services and a physical environment that it is beyond the scope of shelters to provide (Vinton, 1992).

A further step towards recognition of the older abused woman and the need to ensure her future access to services came in the form of federal funding to set up six demonstration projects across America from 1994-1996 to address domestic abuse later in life. Reporting on progress by one of these projects, the Wisconsin Coalition Against Domestic Violence, Brandl (1997) demonstrates that when services are tailored for the needs of older victim and outreach is conducted, substantially increased numbers of older abused women access services

In South Australia a National Women's Health Program project aimed at increasing the health, wellbeing and independence of isolated women over fifty years of age, identified domestic violence as one of four priority areas for investigation. The predominant approach of the project was to solicit the voices of older women with respect to their lived experience and recommendations for strategic action to deal with the issues raised (National Women's Health Program, 1997). The older abused women identified three project outcomes that would accomplish this, namely: a domestic violence information handbook for older women; practical guidelines on domestic violence for service providers; a peer education programme developed with

and conducted by older women amongst their social networks (National Women's Health Program, 1997: 26). This approach and resource development is consistent with the suggestions and work of the Wisconsin project (Brandl and Raymond, 1996 and 1997; Brandl, 1997; Wisconsin Coalition Against Domestic Violence, 1996; Wisconsin Coalition Against Domestic Violence et al, 1996) previously described. Funding for the necessary activities to produce these resources was not available at the end of the project. The failure to fund at least some of the recommendations is disappointing, defeating the apparent purpose of the project of benefiting a wider audience of women in similar circumstances.

During the process of a review of the provision of services by the Supported Accommodation Assistance Program (SAAP) in South Australia for women and children escaping domestic violence (Thomson et al, 1997) older women were identified not to be accessing these services. Future provision of outreach is a key recommendation of the subsequent implementation plan for reform of the services (Ministerial Implementation Advisory Committee, 1997), a strategy that Brandl (1997) describes as facilitative of increasing access of older women to services. The further implications of the review and the position of older abused women will be taken up in greater detail in the final chapter of this thesis.

Conclusion

The beginning of the shelter movement and subsequent action undertaken to enable women to lead violence-free lives is incontrovertibly woman-centred, arising as a direct response to abused women's needs in a context of change inspired by the women's movement. Although historically the older woman has not figured significantly as a recipient of domestic violence services there are no signs of her deliberate exclusion. Furthermore there is evident willingness since identification of continuing abuse of women as they age to explore with older abused women the type of assistance that they wish to receive and to collaborate with other services in its provision. Consequently recommendations favouring transplantation of the interventions to the gender blind context constituted by the elder abuse approach appear insufficiently justified.

CHAPTER 4

HOW THIS STUDY WAS CONDUCTED

As my review of the literature demonstrates the older abused woman is virtually absent from the literature on elder abuse as well as that of the domestic violence field. Recent identification of the older abused woman has conceptualised her needs as problematic, suited neither to the interventions of the elder abuse approach nor in all likelihood to those of the domestic violence model.

The design of this study was to enable a record of the experiences, thoughts, feelings and understanding of abuse from the perspective of older women who had chosen to leave an abusive partner. It also records the experiences of workers involved in facilitating this change. In particular my aim is to gain an understanding of the process and identify which aspects facilitated change. A qualitative approach was necessary in order to access the depth of information required to convey the complexity of the women's situations.

I accept the position that there is no specific feminist method per se; instead, a variety of methods, theories and epistemologies deriving from feminist critiques of traditional research methodologies are available (Harding, 1987; Stanley 1990). From an analysis of feminist methodologies in the sociology field Cook and Fonow (1990: 72) identify five basic epistemological principles of feminist methodology including: a reflexive concern with gender as a feature of social life and research; the centrality of consciousness raising as a 'way of seeing' and a 'methodological tool'; challenging an 'objectivity' that separates researcher and researched and considers 'experience' 'unscientific'; a concern with ethics, in particular the treatment of women as research objects; and the acceptance that research is a political activity. My utilisation of the qualitative paradigm was also guided by my commitment to these axioms and additionally to a feminist standpoint that places the women's perspectives at the centre of inquiry and reveals not only the similarities but also the diversity of their experience. Given the comparative invisibility in society of the older woman and older survivor of domestic violence in particular the feminist purpose of this study was to change this situation by bringing to attention the position, experiences and needs of these

previously ignored women. To that extent this is a 'recovery' project in which the experience of a previously absent/silenced group is voiced and theorised.

Semi-structured interviewing was chosen as the specific method of inquiry due to its inherent capacity to increase the subject's visibility. My aim was to allow the women/the workers to tell their stories but I did have some prepared questions to ensure that all areas I was interested in were covered. Telling stories is one of women's characteristic modes of communication. According to Hilary Graham (1984: 118) adoption of this approach avoids the fragmentation of experience which can ensue from positivist research. In telling their story there is a greater opportunity for women to participate in the interview as subjects, building up a dynamic appreciation of the relationships between themselves, events and their social context. Furthermore the process can be empowering, especially in the case of domestic violence where older women in particular have been silenced by traditional sanctions against speaking of their experiences. The method of inquiry thus fulfils not only its data collecting function but facilitates consciousness raising.

Graham (1984: 119) also considers the way in which the self structured format of the narrative method provides the storyteller with further opportunities for agency, through the control she is able to exert over the information flow. Thus the potential for harmful outcomes to the participant through the depth of revelation which may be engendered by proficient interviewing (Finch, 1984) is minimised. The characteristic feminist focus on the micro-political processes inherent between researcher and researched is practised (Bhavnani, 1993: 98).

Traditionally women's stories have been excluded from incumbent definitions of social, economic and political importance, an omission which feminist historians are now remedying (Sangster, 1994). The abuse of older women has only recently become evident and is currently a contested site of social definition from which gendered considerations are essentially absent. There is consequently a hiatus in the theory building about the phenomenon, which calls for a grounding in the personal accounts of older women of the impact of violence on their lives (Wittner, 1990: 106).

The Participants

I recruited two groups of participants for the study as follows:

- a. A small group of five women aged between fifty-five and eighty years who had left or were in the process of leaving a situation of domestic violence that had been ongoing for fifteen years or more. Excluded were women receiving treatment for the psychiatric sequelae of domestic violence to avoid further trauma.
- b. Key workers from each of the thirteen shelters in South Australia dedicated to assisting women and children to escape domestic violence. A small number of personnel from other agencies providing services to women fleeing domestic violence.

Recruiting the Participants

Due to the sensitive and hidden nature of domestic violence I located potential interviewees through colleagues whom I contact during the course of my work in a psycho-geriatric health service and through domestic violence intervention services. Following approval of the study by the Research Ethics Committee of Adelaide University I discussed the aims and research protocols with these colleagues and with shelter workers as I met with them. I negotiated the requisite procedure for obtaining the various agencies' consent for participation in this process. Copies of a letter (see Appendix II) and a participant consent form (see Appendix III) were supplied to them to inform likely participants of the research. In no case did I have access to identifying information about the women until they contacted me or authorised the intermediary to do so on their behalf.

Five women were interviewed over a period eight months. Three women were contacted through the shelter system. Two of the women were former shelter residents to whom I was formally introduced by workers, one in her home and one in the shelter. The third woman was a relative of one of the workers. The worker approached her relative, relayed her interest to me, and provided me with her telephone number. A fourth participant was previously known to me through our work as reference group members of a project concerning older women and domestic violence. She was also of assistance

in the recruitment of the final participant in the study. A sixth woman contacted through the Office of the Public Advocate changed her mind about the process of recording her story but was nevertheless eager to discuss her situation with me and also to enlist my assistance in a particular issue which she needed to resolve. We remained briefly in touch while I responded to her request.

Interviews with the shelter workers were carried out during the same time frame, as were interviews with workers from the Migrant Women's Emergency Service, workers from The Domestic Violence Outreach Service, a worker from the Women's Shelter Housing Association, a South Australian Housing consultant and a woman's community health centre worker. A total of thirty-four workers participated in the interviews.

Ethics and Etiquette in Listening to the Stories of Abused Older Women

All the older women chose to be interviewed in their homes; all were willing to allow the interview to be audiotaped. Each woman offered refreshments before and after the interview process. Accepting the refreshments at each point was a purposeful strategy. At the beginning it broke the ice and offered the opportunity to reiterate and expand the information about the study that I had provided in my introductory letter and consent form and for the women to complete the consent form. I was able to clarify my motives and intention with respect to the research and to reassure the women of confidentiality and their right to withdraw from the study should they wish to do so. Consistent with the feminist principle of greater egalitarianism between interviewer and subject (Oakley, 1981) I also answered personal questions about my marital status and whether I have children, my work, and the path that had led me to this particular study.

My letter to prospective interviewees requested a meeting of about an hour in length. However anticipating that this might well prove to be an insufficient time in which to discuss such sensitive issues I was ready to allow the interviewee to set the pace of the interview in order to tell her story in her own way. In the event the interviews lasted between one and three hours.

The way in which I began the interview was to ask the woman to tell me about herself, for example, how she currently spent her day. Almost

inevitably this resulted in the woman contrasting this with the way things had been for her in the past and the story of how she had arrived at her present situation. I found that it was rarely necessary to refer to the list of topics (see Appendix IV) that I hoped to cover during the interview or to pose these as direct questions. On most occasions it was sufficient to seek clarification or elaboration of a point already made. Thus the interview took the form of a conversation that was purposive, with an agreed objective. At the end of the interview a further cup of coffee provided the occasion to jointly lower the emotional level after a very intimate discussion and for me to ensure that I was not leaving the woman in a distressed state.

The majority of interviews with workers were conducted face to face in the shelter or the work site concerned; three workers from country shelters that were a considerable distance from Adelaide were interviewed on the telephone. All interviews but one, which was noted at the interviewees' request, were audiotaped. Workers were interviewed both individually and in groups. The latter was at their suggestion and occurred both informally, where during the interview other workers were asked to join the interview to help recall stories of particular older women, and, formally, by deliberate scheduling of a group interview. The interviews typically lasted an hour.

The service providers were asked two major questions:

1. What were their experiences of working with older women?
2. What other services or resources currently unavailable or in short supply did they see as useful for older women considering leaving an abusive relationship?

Anticipating a wide range of responses I planned to add to these further questions to clarify details of the support presently provided and their suggestions of additional resources needed by older women to leave an abusive relationship.

Coding and Analysing the Stories and Information

Identifying the predominant themes of the women's narratives and the worker's experience involved a number of steps. First I read the transcribed

text whilst listening to the audiotape of the interview to connect the written text with the nuances of the oral narrative which were inaccessible to the transcriptionist who had not been present at the interview. Each narrative was then read and annotated, line by line, with notes regarding apparent themes and meanings, links to other narratives, research and theory, and other information. Margin notes pertaining to general themes were used to name and open computer files into which the statement/sentence/phrase generative of that theme was transferred from the narrative file. The file contents were collectively reviewed for consistency/need for re-ordering/creation of further thematic groupings. The files were similarly reviewed and organised into groups that summarised the content of the women's narratives or the information provided by the domestic violence service providers.

Eleven themes were identified within the women's narratives. The interviews with the workers yielded themes that were further refined into three predominant conceptual themes. A further category of information was added to the themes that collates the answers given by the workers to the question regarding additional resources to aid older women contemplating leaving a violent relationship.

Performance of the analysis necessarily involved a degree of fragmentation of the stories and form in which the information was provided in order to reform them as the conceptual content was developed and interpreted. In order to overcome this to the greatest extent possible and to allow the women's voices to be heard I have included some quite lengthy quotations from the transcripts in my analysis. On occasion this has entailed combining parts of the dialogue pertaining to the same issue or event that was separated by the normal pattern of speech. The women and workers words are italicised throughout to distinguish from my own words presented in plain text.

The following chapter introduces the older women participants of the study by means of their narrative summary before presenting the analysis of their experience by theme.

CHAPTER 5

A DIFFERENT LIFE: THE OLDER WOMEN'S STORIES

The Older Women Who Told Their Stories

Prudence

Aged seventy-seven Prudence is the oldest of the group of women who related their stories to me. Separated and divorced from her husband for a period of seventeen years she now lives in a Housing Trust unit in Adelaide. Currently her grand daughter lives with her while she attends university in South Australia.

Prudence's speech retains her characteristic regional English accent. She met and married her Australian air force officer husband shortly after the Second World War. Marrying an Australian had seemed a very glamorous thing to do and she had eagerly anticipated living a new life in a warm land, after the rigors of childhood in the Depression and service life in wartime Europe.

Twelve thousand miles away from her own family, constantly on the move due to her husband's desire to set up new projects that never fulfilled expectations, Prudence gradually came to a realisation that he was abusive. Despite his efforts to confine her to the home she attended a Women's Studies course locally and commenced a reading of feminist literature that enabled her to *understand her oppression*. At that time she resolved to leave however there appeared to be no practical options to enable her to act on her decision to do so. Her responsibility for three small children ruled out the only apparent possibility, that of a live in housekeeper's position.

Prudence planned her eventual departure from her husband meticulously, maintaining secrecy from everyone including her daughters. An Eastern state resident she chose Adelaide as her destination due to cheaper rents and her lack of previous contact with South Australia. Shortly before Christmas, within a few days of her sixtieth birthday and receipt of her first aged pension payment, she left. Prudence vividly remembers the *bittersweet* mix of relief

and loneliness associated with that time, her Christmas dinner of tinned salmon and salad in her new home, a flat by the sea. She resisted her husband's pursuit of her, albeit less assertively than she says would now be the case, and purposefully set out to establish membership of the network of feminist older women to which she still belongs.

Lin

Lin lives in a country town in a Housing Trust unit that has been adapted to facilitate her management of the disability resulting from a virus contracted shortly after leaving her husband six years ago. Now aged seventy-five Lin achieves mobility by a wheelchair; she experiences some difficulty in speaking due to muscle weakness. She receives a range of community services to enable her to continue living independently, including Domiciliary Care and Meals on Wheels. Lin described a stream of visitors and telephone callers some of whom are old friends and others friends made since she settled in the town. One of the most cherished new friends is the shelter worker who assisted Lin to leave her husband and has continued to visit her weekly since she left the shelter.

Lin was married for forty- seven years and has four children. Born after her Welsh parents migrated to Australia she had an extremely happy childhood that created expectations of similar experiences when she married. The abuse that she and particularly her youngest child suffered as her husband's violence escalated throughout the marriage was a situation with which she felt ill equipped to cope. Lin's husband worked on the railways in a number of country towns. Although she tried to leave on three or four occasions her husband persistently tracked her down through family members in Adelaide and lack of money always forced her return.

An almost homicidal attack, rape, and a firm conviction that another attempt on her life was imminent precipitated Lin's final departure. She was fortunate to have a good friend visiting the town who assisted her to contact a shelter. Lin stayed at the shelter for a month before moving to her present accommodation.

Alice

Alice left her husband five years ago shortly before she was sixty. After over forty years of a marriage that had included every kind of abuse of herself and physical abuse of her eight children she was informed that her husband had recently sexually abused a grand daughter.

Married at eighteen, a survivor of child sexual abuse herself, and emotionally excluded by her mother from her family for this reason, Alice initially regarded her husband as *a knight in shining armour* because he was the first person who had shown her any kindness. Re-location from Adelaide to a number of country towns due to her husband's employment on the railways isolated Alice from other members of her family as a source of assistance when the violence began during her first pregnancy. Housing with minimal amenities and an ever-growing family with which her husband gave no support did not permit the development of friendships. At twenty-eight solely responsible for the care of seven children, barely subsisting on her meagre housekeeping allowance, and in fear for her own life and the children's safety she saw no escape from her situation.

The family returned to Adelaide where the opportunity for she and the children to gain work enabled the family to survive. However proximity to a police station failed to provide the intervention that Alice sought over the next ten years when the violence was at its worst.

Alice stayed with one of her sons when she first left her husband. She now lives in a brand new Housing Trust unit near Adelaide. Alice has a full life. Labeled *stupid* by her husband she undertook a TAFE Women's Studies course to challenge this and re-establish her self-esteem. She is now in constant demand as a speaker about domestic violence in police and health professional education programmes.

Patricia

Fifty-seven years old Patricia is Italian born. She and her family migrated to Australia from an area south of Naples when Patricia was eighteen. A year later, still barely able to speak any English, she was married to a young Italian man and subjected to constant denigration from him and his family,

with whom they lived, for her lack of housekeeping skills. Nevertheless she found employment as a domestic in a hospital, the first of many jobs, that enabled the couple to rent their own accommodation and later to start purchasing their own home.

Her 'New Australian status' made Patricia vulnerable to exploitation at work also. At twenty an accident resulted in a back injury responsible for the first of five miscarriages and the disability that is a salient feature of her life today. Taunts regarding her childlessness became an especially painful feature of the ongoing abusive verbal barrage. Patricia described her husband behaving throughout their marriage as though he were a single man. His affairs became progressively more humiliating including the flagrant display of photographs and a movie of his sexual exploits in the local pub. He took no responsibility for creating their home and when he became involved in gambling ceased contributing financially as well.

Approximately ten years ago, Patricia gave her husband an ultimatum, that unless he ceased the latest affair she would leave him. Through chance he located her outside the shelter where she went and within a week persuaded her to return. His behaviour got worse. Patricia left for good between two and three years ago.

Now Patricia lives with her dog in a house purchased from settlement of the proceeds of the cherished home that she laboured so hard to obtain. Her new house is well secured with locks and an alarm system. Patricia has changed her name to an English name to hide her identity, her choice of my own name to disguise her identity for this study was deliberate, to make the point that domestic violence can happen to any woman. Her childlessness is an abiding loss and she expresses feeling lonely without male *companionship* despite feeling unable to trust a man again.

Leena

Leena is sixty-one, she has been married for forty-four years. She continues to live in the Housing Trust unit purchased in her name as part of the strategy used by her husband to persuade her to give their marriage another chance seven years ago after his violence and his sexual relationship with her sister-in-law caused Leena to leave him. A year ago, after a further six years of

abuse, Leena decided that she could take no more, obtained a Restraining Order, and the police evicted her husband from the unit.

On reflection Leena acknowledged that her husband had been extremely *egotistical* and controlling since the beginning of their marriage. Because he was a good father in that he spent time with his children and ensured that she received domestic support when she was working Leena kept the peace until, when they were both in their mid forties, her husband began the affair with her brother's wife. From that time he was constantly verbally and physically abusive to Leena, accused her of infidelity and was successful in convincing their children that this was the case.

Since their final separation Leena says that her situation has changed completely. Her time is filled with friends calling in and taking up pastimes such as dancing again. However although she enjoys this part of her life the lies told by her husband to their children continue to affect her. Despite their desire to make amends now that they are aware of the truth about their father, Leena feels unable to reciprocate and to regain a trusting relationship with them.

The Themes Within These Stories

A different life

All of the women interviewed felt that they had taken the right course of action by leaving their husbands and they would advise other older women in their position to do the same. They described varying degrees of satisfaction with the difference achieved in their lifestyle and their wish to make further changes in the future.

Leena... Well I'm living now a reasonably different life. I can do what I want to without being told what to do ...

So in that respect yes, I'm leading a more peaceful life. I haven't got the stress, and that was a big thing. I haven't got the stress. I'm no longer on something [medication] to put me to sleep of nighttime. I can sleep all night and wake up in the morning and know that he's not around. It's just so peaceful.

I spend my days mostly in the home here. I go out a lot. I've got a lot of friends coming. The phone's always ringing. So all in all it's great. I mean I mightn't live until I'm sixty-five, but I'm going to start living that few years I've got. This is it, I am living my life now. I'm not just a portion of him.

Alice... *My situation's very good. I'm on my own. I like where I live now, I feel safe, and I'm happy. For the first time in my life I'm really happy and I'm enjoying life.*

Patricia... *Now well it's all over - I've got a dog so that's it. Like I say through the day it's alright but bad when shut inside, no light. Nothing you can do. It's the life.*

Patricia received only three years schooling in Italy and explained that this was a problem to her in terms of coping independently -

Like to go in a school - still like to go - embarrass when you no educate lot of things a big difference ... when billsa come in English I can understand I read but to write - no. Always I gotta go to my sister-in-law you know - that's no good.

Enduring psychological effects

However the psychological impact of their experiences continues to have a profound and persistent influence on the women's lives.

Leena feels she has been made somewhat cold and unfeeling by her experience.

Sometimes I think, "Is this the way to survive, by getting harder?" I think I've got a bit too hard but they say that that'll go away, but how long I don't know, because I don't like being real hard.

Prudence describes unresolved aspects of her experience apparent in the difficulty she has encountered in writing her memoirs, even after seventeen years of independence. She describes her difficulty in revisiting a time in her marriage when she was considering suicide -

... and I'll re-read it to a certain extent and then ... - One part - I don't seem to be able - I don't know whether it's because I'm bored with it or whether it's this particular part - I say "I can't read this". So I shut it up - it's just a part that gives me the horrors - I say to myself "You're imagining this - you can read it". And then I think "Why are you always doing that?" because I am getting messed up trying to analyse it, even to read about it. I was contemplating suicide. When I go to read it, it brings back this most horrible part. In a way it's good that I have written it because I can say now [if considering suicide] "don't do it - because it [depression] lifts" even though you think it can't possibly lift. But I must get past this - it's almost like a stumbling block - I've got to sort it out.

Alice, whose story is well rehearsed for educational presentations, describes the pain she experienced when she first began speaking publicly about her experience.

The first two I went to, I was very emotional because I was re-living it. I didn't know how to separate myself from the story and that was the hardest thing, and I had to learn. Also it was the panic attacks I'd have, and I had a lot of them ... even now, now and again it still hits me, some of the things that I have to open up about and have to tell people, that it's not only the women that suffer, it's the children and the cruelty some of them suffer and put up with.

Ongoing damage to family relationships

Each of the women who are mothers experienced not only abuse of themselves but also emotional, physical or sexual abuse of some or all of their children. The recent and traumatic exposure of these past secret and deceitful actions has impacted destructively on already precariously balanced family relationships. Three women have consequently been estranged from at least one of their children, resulting in feelings of self-recrimination and guilt as a further issue with which they have had to contend.

Both Lin and Alice refer to the ongoing recrimination about whether they are to blame for not recognising their daughter's sexual abuse.

Lin... He abused her sexually. I found that out four years ago, she's forty-seven now and when I found that out I went into shock. They took me down to Glenside and the chap there he said that, the head, the psychiatrist, he said that "they'd no right to send you down there". He said "you're in shock". I wasn't mental at all, and he said "you can go home" and so I went home on the Monday, came here [home] and went to the shelter for a fortnight after I'd come back and they were real good to me there ... I had counselling but I feel now – my daughter – she's not right. She's just gone home and she's still going through it, sad isn't it ... she come up, said she'd come for a rest and she picked [on] me and she made me so I dunno. I give up. I never knew, never had any idea.

Alice... It's mainly my daughters I haven't got contact with ... And I realise, looking back, that I was always belted in front of these girls - it was always the girls - to keep them quiet from what's going on in the house.

But with molesting and that, Mum doesn't know unless you tell her, and they automatically think that Mum knows because she knows every other little thing that children do wrong and can pick up on that. But with molesting that's a different situation altogether and you don't believe, even though we were belted and badly treated and that, and he [Alice's husband] was a very violent man, I would never have thought he was capable of doing that.

Gloria has gone and had a lot of counselling - the middle girl, the one that was hurt more than the others. Because when he [Alice's husband] molested her eldest girl, her middle girl was terribly ill and she was up the hospital waiting for her to die when her father got stuck into her eldest girl. And of course that was a lot of guilt thrown on to me.

Leena, discussing the effect of her husband's lies to her children -

I don't know when I'll ever bring the wall down. I mean they come and all that sort of thing, but I can't feel the same way. It's just keep your

distance, and I know it's because I'm afraid that they might hurt me in some way like Gordon [her husband] did.

Physical health problems

Most of the women have suffered or continue to experience physical health problems considered by the medical literature to be stress related. Cancer, hypertension, coronary artery disease and diabetes were named in this respect.

Leena... And my diabetes, they believe that's caused through the shock because I only just got it just after he left.

An apparent low resistance to infection, as evidenced by recurrent bouts of pneumonia, was a problem encountered by Lin throughout the time with her husband. Patricia's quality of life is reduced as a result of poor work conditions endured in the context of violence that included financial abuse.

Women coming to terms with their experience of violence

The women's stories demonstrated a lengthy process of seeking to understand their experience of violence. The process is ongoing as they continue to write of their experience, talk of it to others and to seek counselling to deal with the issues that arise.

Patricia, married at nineteen, attributed her initial difficulties in making sense of what was happening to her naivete and lack of formal education -

... if I gonna to school my brains was more open

Due to her lack of English she was initially only able to comprehend her husband's indifference to her urgent need for support at an emotional level -

... when I lost the first baby then no car no nothing. I was sick so we caught the bus - on the bus come one of his girlfriend. Yehr he talked to her, talked in English. I don't know whatsa going on 'coz I was sick and he said to me "this is my girl friend" and they talk.-I don't know what it about - maybe he explain it to me later, you know, and they was laughing and I was reelly reelly hurt.

Patricia felt she was unable to think clearly or to understand her husband because of the effects of the violence -

... because when you had too much, too much, your brains just go weak.

She sought clarification from an elderly male neighbour by asking -

My old man you see what he done yestday, the rubbish tin, he tipped it up, all over my flowers, pulled everything up. You talk with my old man all the time, you pliz tell me what going on.

Leena initially questioned her husband about his unprovoked attacks on her. He told her it was -

Because I feel like I ... I get in a temper over something and I can't control it.

Leena's husband persuaded her to see a doctor about the suspicions she raised of him having an affair. The doctor in his turn referred her to a psychiatrist. Leena was assessed to be in need of -

... some medication so that it'd get my thoughts back in the right place.

She did not get the prescription filled but instead searched for further evidence for her suspicions about her husband's infidelity.

It took a private detective only two days. Well the first day he said, "Yes, he's definitely doing something wrong". So that was a peace of mind anyhow because at least I knew.

Prudence sought to understand through reading -

And it [my understanding] gradually built up until I got on to read feminist books - The Female Eunuch. I read that with a dictionary alongside because she did use big words you see. But I enjoyed it. It was only through reading that I realised what was going on and that men are bastards

Alice's grasp of her situation was influenced at first by childhood messages.

Well at times I couldn't understand it, and I also felt that it was my own fault. I must be doing something dreadfully wrong in the way I was bringing up the children because they seemed to be in just as much trouble as I was. I had the problem that the harder I tried, the harder I worked, it never satisfied him. So I just felt that there was something dreadfully wrong with me and that I was stupid in the way he said and the way my mother had told me that I'd never be any good.

The escalation of the violence left Alice in no doubt as to its potentially lethal consequences and the apparent impossibility of escape.

And he was cleaning the gun and as long as I live I'll never forget it. He picked the gun up after he supposedly had cleaned it and held it up to his eye and if Timothy [baby] hadn't have dropped his dummy then, I wouldn't be alive now. Because I bent down to pick up the dummy and I could hear this bullet, "whoosh" behind me, and lodged in the door behind me. So that's why I stayed. I knew if he was capable of killing me, he was capable of killing the children. So you hang in there to try and protect them.

What is interesting in this account is that contrary to popular notions about safety Alice saw that leaving was no guarantee of safety, on the contrary the best protection was afforded by staying in the situation.

Early attempts to leave

Increasing comprehension of the violence caused most of the women to actively seek assistance to change or leave the violence, in some cases they tried a number of times. They found only a limited number of people and organisations were willing to help.

Lin... He punched me when I was expecting her [child] - I was black and blue I couldn't walk. My mother took me to the doctor and I had to lie down and had to go to bed for a whole week ... oh he [doctor] knew, sent a letter to my husband and said he wanted to see him but he wouldn't go ... Yes, friend he [doctor] was. He said if I died or if the baby died he was going to charge him with murder.

Leena's family doctor referred her to a counsellor, James, who saw her regularly and also interviewed Gordon, her husband. James assisted Leena in informing her husband of the outcome of the private detective's investigations thereby protecting her from his anger.

So he sat down and said to Gordon, "Look, we know exactly what you're doing. You'll not fool" - you know, myself [Leena] "any more". And then he asked me for the last letter from the investigation mob ... So I went and got it. Gordon went to take it and he said, "No you're not". He said, "I'll read it to you". So he read it to Gordon ... So James said [to Gordon], "Now you know, so get your stuff and get out of here as quick as possible".

The Housing Trust were also helpful –

We had another house - we were renting it off the Housing Trust - and then when he ... Well, when I found out about the affair... they put me into the unit because the house was too big, plus the fact that it was very difficult there, you know, for myself ... The unit was a brand new one. I should have stayed there. I watched it being built, I picked out which one I wanted. They were very good to me.

Barriers to leaving

More frequently the response by other people to the women's attempts to elicit support to change or leave their situation merely served to reinforce their sense of personal inadequacy and responsibility for the violence and acted as a barrier to leaving.

Alice... I went and said to my mother one day about it and she just said, "You made your bed, you lie in it and you work it out yourself", and that's what they used to do in those days. You married somebody, you're stuck for life and that was put into your head.

Lin... I didn't have any good treatment from them [the police] before ... I've rung the police but he's laughed at them ... I've called them about twice I think, but they were more interested with him than me. So I didn't bother any more.

Alice... I walked over to the police station ... I had all the children with me because I wasn't game enough to leave them home and it was twelve o'clock at night and been pouring with rain. He told me to take the children for a walk. By the time I got home, he'd be cooled down. But we never ever went home. We slept on the rotunda out the front of the police station till the next morning and then we'd go home and I'd get the kiddies off to school and pay the consequences after. But I must have went over to that officer several times during the next ten years, begging for some help, but I never got it, so I sort of struggled on my own.

An institutionalised indifference to the women and their children's welfare manifest in terms of a lack of provision for their particular financial and accommodation needs was the major reason for three of the women remaining with or returning to their husbands.

Lin... Those days where'd you go? At that time there was no shelter or help of any kind ... [when I did leave] ... I nearly starved to death, we'd nothing to eat and we'd no pension then so ... so I'd best go back.

Alice... I did make enquiries, after I had about four or five children, about leaving, but I found out that there was a pension for deserted wives but there was nothing whatsoever for a person like myself. If I wanted to leave him, that was my problem, so the government wouldn't give you a pension so you were caught in that catch 22 sort of thing. I had seven children in less than eight years so who'd take me in with seven children? So I had to try and survive the best way I could.

Surviving

The women described a wide range of creative strategies they used to cope with the violence. Four of the women were employed and therefore benefited both from their earnings, however limited and also from the time they gained out of the house.

Lin... *I worked all my life ... Odd jobs, refreshment rooms ... the house that we lived in I bought the block of land and we put that towards a house.*

Alice... *So the little deli wanted me to work for them one morning - I evidently proved I could do it - but then they also found out I was on a pension so they offered me twenty dollars a week for every morning to go round there, so that's how I kept my kids. I got my milk and the bread. Anything that was over from the deli from that day I took home. If there was nothing over that day, I didn't get it. But it was good for me because I got out of the house.*

Scarce financial resources were augmented by utilising skills dismissed by their husband's as only women's work.

Alice... *I learnt some wonderful recipes on how to fill children up when they were really hungry ... and as far as clothing goes, I lived in the op. shops and I felt very embarrassed at times. I'd go to the churches and that and get clothes, but I wouldn't leave them like they were ... So I'd come home and I'd pull them all to pieces and wash them all and iron them and then re-cut them into a different style so nobody could say to the kids, "Oh that was my dress last week".*

Despite the tactics used by their husbands to socially isolate them and the way in which the women's time was circumscribed by the basics of survival they nevertheless succeeded in including activities that sustained and fulfilled themselves and their children.

Prudence focused on planning how she would leave –

I set that target for myself - it was the only thing that kept me going - they were such terrible times - and I used to think "what am I going to do?" And I used to go into the library and look in all the newspapers for all the capital cities to see what were the prices for rents.

Alice... *But when it came to money later on - and I had five at high school at once - they all got paper jobs, working in a deli after school and packing bottles and things like that. Friday night, when I got my wages and they got theirs, we used to have a family conference. We*

put all the money in the centre of the table, because there was excursions to pay for, sports things to pay for. And it wasn't my decision, it was their decision, who went on the excursion and who stayed home, who would get the most out of it and who wouldn't ... They made it ... It was just like a community piggy bank and that's how we survived. They thought themselves important - I made it that way ... For birthdays, that was the only day they were allowed to pick what they wanted for tea, because I couldn't afford presents.

For Lin and Patricia their religion was the mainstay of their life.

Lin... You see I've got this religion Jehovah's Witness ... and that was the thing that kept me going.

Patricia... ... go to church every Sunday ... beautiful ... make me feel good listening to the singing ... those thoughts outa my head.

The final straw

Two of the women experienced a final violent event so traumatic and dangerous that they felt they had no option but to leave their husband immediately.

Lin... I was in really deep, I had broken ribs and back damage and anyway he was going to cut my throat - over the soup. He'd put a big pot of soup on and I'd just walked down and said "don't put all of it on", and with that he said "don't you tell me how to cook" and he come at me with this knife - I don't know where the knife went, I never found it. And he punched me and I hit this ladder at the back - and he ... made a lump at my side, broke this rib and anyway I was three days I had nothing to eat nor drink only when he wasn't there. And anyway I rang this friend of mine at [a country town], she said there's a shelter at [another country town], so I rang the shelter and she, that was Claire, and she said "we'll come to get you" and I said "when?" and she said "now" and I said "oh I'm doing the washing".

Alice... but I found out that he'd molested my daughters and he just molested my granddaughter a couple of days before this. The

Children's Hospital rang me and told me that I had to know, if I didn't already know ... They wanted me to stay there for four days and act normal so that the police could get the case put together so they could arrest him.

Alice was devastated by self-reproach and the implication –

I should not have felt anything, and that I more or less knew what was going on, so therefore I was participating. That's how I felt. So I went in the kitchen and I did pick up the carving knife and I was going to do something stupid, and my conscience just said no, I was not good at that. So I put the knife down and walked out, walked out with the clothes I was standing up in and seven dollars - and my knitting, and I still can't work out why I took my knitting. I'm still trying to work that out.

For the other three women there was a less dramatic final realisation that nothing was worth what they endured every day and that their life would not change unless they took action themselves. Rather they described having reached a point lower than they'd imagined possible.

Patricia... *You just stay home sometime because you got a beautiful home - see - just because you got a beautiful home. But if you're sick - then things - what's a brick? When you die you leave the home huh? It's only brick, if you keep it going for a man like that you get sick. I was right the way down, cry and cry and cry. What's happening, just to live and just to wake up?*

Prudence... *But we had nothing, it was the pits we'd come down to, his creditors were banging on the door. And that's another thing he always got me to answer the door because there'd always be someone wanting to see him and I'd have to tell them that he wasn't home - and he'd be hiding behind the door. And I thought "Silly me - I'll be going on like this till I'm eighty-one and in a box". So I thought, "I'm not doing that".*

Leena... *... and I just said to him " I've had enough Gordon. I'm not going to take any more from you – you take as much as I give", you know that sort of thing, and I said " No, no more. You've had it" ... So I*

tried to work it out. "What will I do?" So I thought, "Well I'll go up and see one of the solicitors at the Community Centre to see what avenues I've got".

Older Woman's Perspective on Leaving

All the women except Prudence finally left their husbands during the last five years a period when domestic violence services were relatively well developed. They all utilised at least some of the services that constitute the domestic violence model. Their discussion of the experience raised issues of the extent to which these services are accessible to and appropriate for older women.

Leena was hampered by her lack of knowledge about domestic violence and felt ashamed of her situation –

I wasn't going to the shelter. Oh, because of the way I was feeling. I was feeling ashamed. But I'd been feeling like that for a fair while, I was before. Feeling ashamed and not worthy.

She was also unaware of what other services were available-

I never once thought of the Domestic Violence Unit - never ever thought of that because I'd never heard anything about it.

Once she had been assisted to obtain a Restraining Order Leena felt reluctant to ask for further help because such was her sense of being undeserving that she perceived other women who had not yet achieved that much to be in greater need than herself.

I mean I can ring up James [her counsellor] now and say "Come and see me". You know he's real good. I probably do need him sometimes but I don't need him like a lot of other women do so I wouldn't take up that time.

The women met with varied responses and levels of knowledge of age specific and appropriate entitlements and sensitivity towards older women's situation. Her son accompanied Alice to the police station to explain her situation, including sightings of her husband driving the streets where she

was staying, and to request a Restraining Order. Alice describes the police officer's response –

His exact words were that if I went back and got belted and then come back to the station, show the bruises, they'd do something about it.

Not yet quite sixty Alice had previously received a Carers Pension for taking care of her physically incapacitated husband. After leaving the police without the Restraining Order to which she was entitled she went on to Social Security to attend to her needs for financial support.

From there we went straight round the Social Security ... Evidently the social worker was called out on an emergency and I ended up with another woman, middle-aged woman ... She said to me that, oh, this was great because everything was working for him. His pension went up by fifty dollars, his rent was cut in half. She did all this and made arrangements for Meals on Wheels for him and then I said, "What am I allowed?" Her exact words were, "You're living with your son. He'll look after you". And I said, "Who made me my son's responsibility?" "Oh well you did when you left your husband."

Fortunately a week later, at an appointment arranged by Crisis Care, Alice's needs were met in a professional manner by a Family and Community Services social worker.

I had everything done for me. I couldn't believe that in those hour and a half, two hours, when I'd gone through all that hell, that it was so easy to do and I thought it was too good to be true

Leena said of the Domestic Violence Unit and court personnel -

So all the way through I had people that were great. You know, there wasn't one person that you could say, "Oh God, they're not doing much for you", because they did their utmost for me. It was such a relief.

Lin and Patricia both expressed how caring and of what benefit the shelter staff had been and continued to be by extending outreach to them. In Lin's case as previously described this included a return to the shelter for intensive support and referrals for independent living assistance.

Helping Other Women

The women were willing to tell their stories in the hope of helping other women still in similar circumstances.

Prudence... And it's a funny thing, I'd been here about two years thinking "Isn't this wonderful" and I thought "You know - I should write this story - just telling all this. And somebody" - the Woman's Weekly, the reader's story; they used to have reader's stories - "and maybe it might help some other woman, who's been through the same as I did, think, 'if she could do it - I could'".

Alice says of her educational work-

I've got control of my life. This is what I want to do, to make things easier for others in this position. And to help educate people in the profession of dealing with these women that don't understand.

She recalls with humour and understanding the negotiations she had to undergo with her sons to convince them that her desire to speak out was growth and of the need for them to be less protective of her.

I got really - like very activist, sort of thing. I had a pushbike and I had stickers on it, "Domestic violence is a criminal offence" all over the bike ... They [her sons] used to let the tyres down so I wouldn't ride my bike because of all these things on it. So that in the end I told them that I had to have my freedom so they stripped the brakes. And came to a compromise and I had to take all those off the bike, so they fixed my bike up very quickly.

The women appeared to benefit from sharing their stories.

Lina... We've gone through just about everything haven't we? (laughs) Jesus, once I started talking I couldn't stop. Oh, funny isn't it? You get a lot off your chest, don't you?

The stories of these women reveal the particular experience of older women abused by their partners over many years, a subject about which little has been written to date. In the stories it is evident that leaving their husband in

order to end their violence occurred as the result of a lengthy process of achieving an understanding of the meaning of the woman's personal experience of violence. The women's stories are consistent with accounts in the domestic violence literature of the persistent help-seeking behaviour of abused women and the way in which women develop strategies to cope with domestic violence. The losses the women have suffered are very evident, homes, dreams of children, companionship from a partner and, most deeply felt, their children's love and support. Yet despite this the women demonstrate amazing fortitude and a positive attitude towards creating a new life for themselves. Thus the stories clearly illustrate the reasons for reformulating the conceptualisation of abused women from one of victims of domestic violence to survivors of domestic violence (Gondolf, 1988), an understanding wholly consistent with the courage of these older women in resisting domestic violence for so long and of voicing their experience for the benefit of other women in similar circumstances.

In the next chapter domestic violence service providers give their account of what they perceive to be the circumstances and particular needs of older abused women and how they respond to the challenge of supporting her striving to overcome the effects of prolonged abuse in order to achieve independence.

CHAPTER 6

THE DOMESTIC VIOLENCE SERVICE WORKERS EXPERIENCE OF OLDER ABUSED WOMEN

Shelter workers and providers of programmes/support for domestic violence survivors were asked to describe their experiences of working with older women to gain a sense of demand for services, the particular needs of older women and the workers views and assumptions about them. Secondly they were requested to enumerate a 'wish list' of resources and services that they believed would facilitate the process of leaving an abusive relationship for those older women wishing to do so. Almost without exception the worker's initial response was that few older women use shelters as a means of escaping domestic violence, that they had had hardly any older residents in that year (1997). Very shortly however, with obvious affection and a wealth of detail, they began to remember the older women who had come to the shelter over a period of years.

Their responses fell into four major areas as follows:

1. The worker's definition of domestic violence and elder abuse;
2. Working with older abused women;
3. The worker's perspective of outcomes for older abused women;
4. The worker's wish list of services and resources for older abused women.

1. The Worker's Definition of Domestic Violence and Elder Abuse

The older women whose stories shelter workers related included the survivors of abuse by their male partners and their children, particularly, but not only, sons or sons-in-law. Thus older women presented to shelters in a number of ways: alone as the result of abuse from a partner, relative or carer; together with a daughter or daughter-in-law, each the target of male violence; as a member of the family of an abused younger woman; with children for whom they had legal guardianship or, in the case of aboriginal women, kinship responsibility. Discussion indicated that the workers tend to broaden the definition of domestic violence beyond behaviour directed towards a partner (Brand, 1996). They include in their conceptualisation the abusive

relationships between mother and son/daughter/carer that the elder abuse exponents since development of that approach have defined as elder abuse.

Most workers justified this expansion of the definition of domestic violence in their practice by identifying the key features of 'power and control' in each situation of the older women with whom they worked regardless of their relationship with the perpetrator.

We are very keen, at least at this shelter, to interpret the abuse of older women as domestic violence if it can possibly fit. We have taken people before now who have been abused by their care giver because it was in the home setting, this person was partially disabled ... we also will take them when their sons hurt them because again they're trapped in a situation that fits. For us the broadest definition of domestic violence is when someone you're supposed to be able to trust to be able to be caring in your life and there is a dependency on that person to take care of you and vice versa, and it becomes such a power imbalance that you need to leave it, now that can be with your son or a daughter, or a daughter in-law, or whatever.

One worker went so far as to consider that this would also necessitate defining as domestic violence an abusive situation within an institution if the perpetrator was a long-term carer. The majority of workers rejected the idea that a woman's older age as a valid reason for the creation of an alternative system of service provision to that already provided by the shelter movement. One worker added to this a comment on the failure of the elder protection system to provide shelters for abused elderly, thus the ongoing need for older women to be considered potential women's shelter clients.

Workers from one of the country shelters attributed the broadening of the definition of domestic violence to necessity, created by the isolated rural environment, and hence their moral and professional obligation to fill service gaps.

We've really in some ways broadened the definitions of domestic violence through the necessity of being in an isolated rural area. So we have to do that because of the lack of resources in this whole region. So we've become much more holistic in terms of the service provision

... I think we would probably in some ways have split, or two levels of definition, because it is domestic violence in relation to partner abuse, which is the national perspective, but then we've had circumstances where older women and cultural issues [Aboriginal women with kinship responsibilities for children] where we've taken into consideration the broader impact of domestic violence on the family. So where we've a mum who is dependent on a son or a daughter and they are therefore in - in some senses they're co partners - and they are in fact abusive to the mother, we see that as domestic violence whether or not its written in the book.

2. Working with Older Women

The worker's stories of their older female clients provided a rich source of information about the outstanding issues for these women and consequently their approach to working with them. Highlighting the most frequently described issues and strategies is not intended to imply that they applied to every older woman nor to challenge their pertinence to some younger women. However the majority of workers indicated more or less explicitly in the stories or in ensuing discussion that there were some qualitative differences between the issues of older and younger women and that they modified their working practice accordingly.

a. Older women's issues

Shame

The workers accounted for the older women's shame and initial difficulty in talking of their experiences in terms of the mores of their generation. The generational experience of many older women was described by the workers as being one that offered few life-style options other than marriage for most women, sanctioned male domination and held women responsible for the success or failure of the relationship and any treatment meted out by their partner. Older women were seen as a generation where the conspiracy of silence regarding the issue of domestic violence was maintained by a prevailing attitude that marriage was a private relationship, expressed in the adage to refrain from 'airing one's dirty linen in public'.

The workers observed that for some of the older women exposure to more modern views of women's rights and role in society enabled them to finally escape a relationship that had become intolerable. However for many of the women this led to further shame that they had not left much earlier, especially at a point where they might have 'prevented' their children from experiencing the violence directly or indirectly. For others, more knowledge remained insufficient to overcome the shame ingrained by a prior value system until they reached absolute desperation point and/or were severely injured.

They feel ashamed, that they've let it go on so long. They think that there's no hope for them and that's the sad part about it ... [for example] a lot of women don't ring because of those feelings until they're just desperate to get out - and this woman was just black and blue.

The workers described how even when the older women came to trust them and other shelter residents sufficiently to talk about their experiences to some extent, their ongoing shame is often a deterrent to their establishment of a new network, so fearful are they of exposure in a social setting.

One story that effectively illustrates the meaning of shame for this generation was of one woman who had lived with her husband for fifty years in the same street. When she finally decided to leave him, by this time he was wheel chair-bound and no longer able to prevent her comings and goings, she was so anxious to avoid the inevitable 'twitching curtains' and neighbours censure of her behaviour that she returned to her home on several occasions, each time taking only the possessions that would fit into her knitting bag so as not to make it obvious that she was moving out. Despite creating a new life for herself, when her husband eventually suffered a massive stroke, that same concern as to how neighbours would regard her neglect of her marital duties brought her back to nurse him until his death.

Loss and grief

The workers presented a variety of perspectives on loss and grief which depended partially on whether they were dealing mostly with older women

who were seeking assistance with domestic violence issues, maybe contemplating leaving, or those who had already done so.

Well I think that there are some big issues for women over fifty when if they can be with their own age group whether it be fifty and up, sixty, seventy and even eighty, that there are issues that are specific to them around death and dying and around grief and loss that are not there for younger women

For the majority of older women that workers referred to the potential losses were an insurmountable barrier to leaving the relationship; for a significant number of those who left it was their difficulties in coping with the loss and grief which prompted a return to their relationships. There was consistency in the workers' accounts in designating the loss of their home as a critical area of loss for the older women-

So her home was her life and when she had to leave that because of the violence, she left everything behind and that was a huge grieving, a huge loss.

Unlike the younger women most of them had achieved home ownership with their partner, although many of them were unaware of their rights in this area. Their homes represented a major expenditure of energy and sacrifice to attain ownership, the centre of family life, focus of home-making skills, and status, and had provided the means and motivation to endure the violence in their lives. Their homes embodied a familiar environment, life-style and routines. As one worker said the inducements had to be considerable, a dangerous escalation of the violence or the very unlikely situation of accommodation of a similar standard, to overcome the woman's reluctance to leave. Often if they did leave the older women were extremely unwilling to consider suing for property division, preferring to start again from nothing rather than to destroy the symbol of their life's achievement.

Loss of family support and contact and community disapproval was identified to be further disincentive for the older women who considered leaving an abusive relationship. In addition to the inevitable loss for each woman of some of the couple's joint friendships the workers outlined several scenarios peculiar to older women that endangered the continuity of their family relationships. The issue of inheritance being threatened by potential property division was a particularly prevalent concern of the families of non-English

speaking background (NESB) and rural women. Fear by children that supporting their mother's intention to leave would also entail sharing their home with her once it became reality was another disincentive that originated in family relationships. The spectre of becoming responsible for the 'abandoned' father could also bias children away from supporting their mother to leave. Adult children previously abused by their father were described as prone to interpret their mother's choice to end the relationship at this stage of her life rather than when they were victims of abuse as her earlier failure to protect them, increasing her guilt and impacting on her ability to leave.

I've seen this a lot. The children and even the grandchildren are angry that she's left then and not many, many years back, and "Why are you going to leave now? You've put up with it this long". This woman's family, the children had had abuse and so they were really angry that she didn't leave for them as well as for herself.

Further losses and the anticipation of loneliness are involved in making the necessary arrangements to lead an independent life. Workers identified that for an older woman whose formative years have not included a system of welfare rights to which younger women are more accustomed, applying for a Medicare card, Social Security benefits and Housing Trust accommodation erodes their sense of dignity and perception of self-reliance. At times older women become overwhelmed and further stressed by the difficulties and loss of privacy entailed in the process of preparing for future independence.

Past/future

The workers agreed that there are important differences between the plans for the future of younger women and older women. Older women are not, for example, going to be involved in trying to find work and few anticipate a further relationship with a male partner. For many older women goals for the future are intimately tied to the past; they wish for accommodation in which they can feel pride and to maintain contact with children and grandchildren in the context of freedom from violence.

Allowing for individual differences the workers identified significant variation also between women in their sixties, seventies and above in their capacity to

develop goals for the future. One woman in her sixties was described as excited about her new found freedom, exhilarated at the thought of involvement in previously forbidden activities and fortunate enough to still have good health to enable her enjoyment of them. But about the seventy-year-old woman the worker said -

It dawned on me that instead of like younger woman having like goals for the future, she indeed didn't see herself as having goals for the future. She wanted to hang on to the good part of the past, because at seventy-two she figured she actually didn't have a lot of life left to make new goals.

The workers found women in their seventies and eighties to have a greater likelihood of health problems that impacted on their motivation and capacity to make substantial changes in their lives. Their eventual decision might well be to endure the last few years of an older partner's life in anticipation that he would predecease them.

Health

Several of the stories told by the workers were concerned with health issues; health matters are an area in which workers frequently offer assistance or advice to the older woman or advocate with other services on her behalf. One worker told of an Italian woman in her sixties who arrived at the shelter barely able to walk, with a list of problems requiring urgent medical intervention. The woman had been treated by her husband and family as little more than a 'work horse' responsible for heavy farm labour, domestic duties and raising a large family, and prevented by a language barrier and social isolation from accessing a doctor. However a more frequently voiced concern than such blatant neglect was with the tendency of some general practitioners to over prescribe older women not only with anti-depressants and sedatives but with medication for physical complaints, with insufficient assessment of the possibility of psycho-social causation of the health problem.

Notwithstanding their recognition of the frequency with which the older women did have physical and mental health problems attributable to the violence they had suffered, and to other factors, several workers also

commented on their apparent resilience in presenting with less severe emotional effects than they expected consequent to the extended occurrence of abuse. They ascribed this in part to the attitude of self-reliance of the older woman's generation and the possibility that as the couple aged and the male partner grew more dependent the power balance within the relationship shifted and favoured the woman more.

b. Intervention

Services

At the time when the interviews with domestic violence service providers were conducted the Domestic Violence Outreach Service (DVOS) provided telephone assessment, information and referral and the Migrant Women's Emergency Support Service (MWESS) provided specialist outreach support service to women from non- English speaking backgrounds. The model of service provision was predominantly one of crisis intervention provided by thirteen shelters, with mostly high security, communal living facilities. Consequently it is the experience of the shelter workers with older abused women that informs much of this chapter. While in the shelter women are assisted to find accommodation in either the private or public housing sectors. If such accommodation fails to become available when the women are ready to leave the shelter they may move on to half way houses associated with the shelters or to houses provided by the Women's Shelter Housing Association, a community housing programme originally established by the shelters.

Shelter environment

All but two of the shelters have communal living. Residents have separate bedrooms but share all other facilities and domestic responsibilities according to the arrangements of the particular shelter. According to the DVOS and MWESS workers this is a formidable deterrent for the majority of older women seeking assistance with domestic violence, particularly women with a non-English speaking background. Although recognising the difficulties that communal living presents in terms of facing possibly behaviourally disturbed children, different values, life-styles and ways of coping with their trauma, the shelter workers also consistently presented some positive qualities of the

environment for the older woman. The positive aspects of the shelter include validation of the women's experience by not only workers, but also other women with similar experiences. Furthermore the older women were often accorded a level of respect that they had not previously experienced.

They fit in quite well I guess because of their knowledge, because a lot of the women look up to them and really respect them. It's really good because they feel important, because someone's listening to them - after years of abuse someone's listening to them. They've got something to say - it builds up their esteem.

The shelter also provided an opportunity to form relationships with other women and with younger women and their children that in some cases extended beyond their shelter residency to become the basis of new social networks where family members had withdrawn support. Workers emphasised the importance of this informal support system from the perspective of their own limited working hours. One worker described a number of strategies she uses to foster this informal support including formation of a mutual aid support group, inclusive of younger and older women. The group has gone from strength to strength, with the women also addressing domestic violence and racism in dramatic community education presentations and lobbying for legislation changes. Other workers told stories of how they utilised the informal interaction to good effect to deal with the issues of shame and the causes of depression.

However the workers recognised that the shelter environment does not suit all of the older women and that depending on individuals' problems or conflict between other residents a few found coping extremely hard or impossible. Some older women made an early return to their partners or families as a result with an understanding that they were free to return to the shelter at another time if they wished to do so, others confined themselves to their own rooms, obviously scared. In these cases the workers made every effort to move the women to a transition house or to speed up the process of finding more permanent accommodation. Exploitation of the older women by the younger women, particularly in the area of providing childcare, was acknowledged as a further potential problem that required worker intervention, but was mentioned less frequently.

Client worker relationship

Regarding their own relationships with the older women the workers presented varying perspectives on several common themes. The majority of shelter workers whom I met were over forty years of age; it appeared that most of their colleagues were of a similar age. Although being younger was described as not necessarily disadvantageous they concurred in the belief that age and life experience were factors that enhanced their credibility with the older women and facilitated development of rapport. However a significant number of the older women due to low self-esteem and shame were still reluctant to assume a claim on the workers time or to reveal the more intimate details of their abuse either to the workers or co-residents of the shelter. An empathic approach was described as necessary to build a relationship of trust and enable working together.

I think overall that there certainly is - in the way that you work with women, the older woman - it is a different style to when you're working with somebody that is a bit younger.

Can you tell me about that?

The sensitivity. I think it's critical to be really sensitive and I think also the questions that you ask and how you ask ... When they grew up, you know, thirty, forty years ago, it was a different society and I think we need to be really sensitive about that when we're actually working with them and being very careful we don't step over that line, but building a relationship that eventually they will feel comfortable enough to tell you so you can work with them. So I think that's really critical, is being sensitive and being aware of the issues for them, and also being really aware of the shame factor.

Two shelters described how this was done from the initial point of contact by permitting older women to inspect the shelter to allay apprehension about the environment, and to assess whether they felt residence to be an appropriate option for them. Gently confronting long ingrained attitudes of self-negation and always putting others first was another strategy to encourage them to stay.

They're the quiet ones, you're always saying come in and let's talk about it. They don't want to waste your time, they always feel they're

wasting your time. I think that embarrassment never leaves - no matter how hard you try - or they think that their case isn't important enough. You know "I've got to leave for the women that are coming in battered and bruised" - "no you've got to stay and work through this stuff - it's important. We need to get you support and somewhere to stay" - "no don't be troubled by it".

Further strategies related to the use of time, recognising and reassuring the older woman of the importance of allowing adequate time to effectively meet her particular needs. It is seen to be important to spend for instance the extra time necessary to convey information because of interference in comprehension from medication side effects or problems due to complexity of information and the woman's limited formal education. One worker also described the power of non-verbal communication, the extent to which her caring, expressed through a massage given out of work hours, was appreciated by a woman abused by neglect of her health needs.

Although all of the workers commented to a greater or lesser degree on differences with their approach to older women they voiced different levels of comfort with these changes and the outcomes they perceived to follow. One worker clearly articulated that although she does modify her style of working with older women she has concerns that this does not fit the model of professional care that she ascribes to, one where autonomy is a core goal. She is apprehensive that by treating older women differently within the client worker relationship she may perpetuate the dependency that was a feature of the abusive relationship. Another worker, whose practice of empowerment of older women incorporates a high level of support, confirmed a similar discomfort about creating dependency is quite widespread amongst shelter workers. She disclosed that in her own case it had led to questioning of her work practices by her administrator and a number of colleagues and had jeopardised her job. A number of workers who equate a woman's independence with making demands for input by themselves said that they had found older women easier to work with than younger more demanding women because they have more realistic expectations of resources and greater 'self-reliance'.

Linking to community supports

Provision of assistance to older women in finding resources and community support networks for the future was another area where workers report diverse activities that represented a variety of values, experience and pragmatic adjustment to inequities in resource access. Anti ageist sentiments, often expressed as the desire to treat younger and older women 'equally' to avoid victimising the older woman further, were the reasons frequently given by metropolitan shelter workers for not using or even considering the option of accessing aged care services, either accommodation or social networks. This particular anti-ageist stance was often incompatible with the widely endorsed position of individualised service provision. The strategy the worker described as 'seeing where the woman is at' could lend itself too easily to support of a denial of age related issues by the older woman induced by a desire to conform to the perceived expectations of an environment that catered mostly for younger women. Thus workers lack of knowledge about aged care services may have led them to miss an opportunity to sensitively assess possible ambivalence about ageing, and to acquaint the woman with unfamiliar resources useful in ensuring her ongoing independence. However Domiciliary Care and Meals on Wheels was utilised by some shelters to assist residents, and by providing services across the aged care and disability sectors, was viewed as an acceptable cross age intervention strategy.

The influence of particular worker's previous employment experience was apparent in discussions about the utilisation of aged care and disability services. For example, in one group of workers a former nursing home assistant was willing to consider supported accommodation as appropriate intervention for the older abused woman in some circumstances. However the perception of her colleagues who had only been employed within the shelter system was that this represented failure by not reproducing the woman's status of homeowner.

J... I hate to think of a woman coming from her family home as a victim going into a hostel ...

S... But I mean if she's chosen that and she says that to you ...

I... I don't think as a worker I would have given her that option. I don't know whether I'm right or wrong, but if a woman comes from a home, I try to get her another home ...

J... But the thing is that I think that you would actually go from where the woman's at. I guess I worked in a nursing home so I'm just trying to think, but a hostel's at the point wheret they need support.

... Well it's a little bit more independent but support's still needed.

J... Now, I mean, if that is the case and she's also ... You know, she feels that that would be OK for her, I would see that we would support her - going where she was at. But still supporting her as a worker to deal with the other stuff, the domestic violence stuff.

Another worker, from overseas, and with a social work background rejected her colleagues' anti-ageist position as representative of too narrow a conception of stereotyping and a barrier to effective matching of needs and resources. She articulated a philosophy of empowerment that includes acquainting older women with the fullest possible range of options in accommodation, health and social activities from the perspective that even if they did not require those services immediately they should be aware of them for the future. She is a firm believer in the restoration of dignity and self worth by facilitating opportunities for individuals to be contributing community members and was the originator of the mutual aid support group already described. In order to obtain the best possible match of service for clients' needs she also emphasised the necessity of giving agencies feedback regarding services provided and how they could be improved. She stressed the importance of networking, especially willingness to provide workshops and to join management/reference groups of other services. The majority of workers concurred in defining networking as an important activity but described less involvement due to time constraints.

In contrast to metropolitan domestic violence shelter workers country workers utilise the full range of traditional aged care services such as the Aged Care Assessment Team, hostels, nursing homes, rest homes, day care, and social groups as well as more traditional domestic violence support services such as Family and Community Services, legal services and the Housing Trust. They described the overall scarcity of resources in the country compared to

the metropolitan area as a primary impetus for this, with an added perception in one of the areas that due to charitable bequests the aged care sector is particularly well resourced. The greater likelihood of co-location of services in the country is another factor that encourages both cross referral and self-referral of clients. Networking was again discussed as a vital activity from the standpoint of forging and maintaining strong bonds with other services and raising and maintaining awareness of the shelter in the community to overcome negative attitudes towards it.

3. The Shelter Worker's Perspective on Outcomes for Abused Older Women

Almost all the workers commented to some extent on their experience of whether older women had returned to their previous living circumstances directly from the shelter, at a later date, or whether they had been able to leave the abusive situation. However because older women use shelters so infrequently and the worker's recollections often spanned a number of years this appeared to be the area where the subjectivity in their recall and account of their experience was most apparent.

In three of the thirteen interviews in which these outcomes were discussed it was felt by the workers that having made the break that shelter entry represented, the majority of older women followed through by setting themselves up to live independently. Another worker stated her belief that providing that the older woman receives adequate preparation for independent living it is highly unlikely that she will choose to return to abusive circumstances. Speaking specifically about older Italian women one of the MWESS workers related similar outcomes for older women who left their partner by moving directly into independent living accommodation, usually Housing Trust. She represented this as a final move, usually the culmination of six or seven prior attempts to leave a violent partner by staying with friends or family. She reported that Italian women rarely seek property settlement in order to avoid jeopardising their children's inheritance.

One metropolitan worker estimated that she has seen fifty per cent of older women return directly to their former living circumstances. Workers from one of the country shelters felt that the majority of women in that particular region return because of difficulties encountered coping away from family and

community if they leave, or in withstanding the conservatism of that area and pressures to return if they remain living locally. Another country shelter explained that in light of this they provide full assistance to older women wishing to leave and also accept use of the shelter by older women for respite from violence. Nunga Miminis a shelter for Aboriginal women is another shelter that often provides older women with respite service and furthermore, by arranging foster care, with respite also from the children for whom they are frequently caring.

In the stories told by the workers the woman's feeling of responsibility when a partner's health deteriorated was a very common reason for her return to him. A number returned to his home or allowed him to move into their new accommodation after several years of separation and in one case a subsequent relationship on his part. With specific reference to their older Greek clients one of the MWESS workers explained that the women rarely leave their relationship, perhaps only spending a little time with other family members when the violence escalates beyond their tolerance level. The primary outcome of intervention tends to be a level of empowerment of the woman. This may include her taking out a restraint order that facilitates the leading of separate lives under the same roof.

Other outcomes mentioned by workers were: referrals of the women to Drug and Alcohol Services and Mental Health Services and their involvement in achieving this; the reunion of a woman with dementia with her family; placement of a disabled woman in supported accommodation followed by her subsequent retrieval against her wishes by her husband; and the forming of new partnerships.

4. Wish List

Accommodation was a focus of over 50% of the interviews when the specific question about resources was asked. Further to this there was support for the comments and suggestions made in the preceding discussion of almost all the interviews.

The limitations of communal shelter environment was acknowledged with the addition of cluster units to shelters being seen as highly advantageous for older women both for the time of crisis and as a mid to longer-term style of

accommodation. Despite commending the Housing Trust for policy that prioritises domestic violence survivors, and the frequent almost immediate provision of pensioner bed sits or units to those older women to whom they are acceptable, the workers nevertheless expressed the need for a greater range of affordable options to suit different circumstances. Highly rated additional amenities included an extra bedroom to enable visitors to stay or pursuit of a hobby and a garden of a size that could be easily managed. Structural features such as single storied units, no steps and wider passages without sharp corners were also recommended

Peer support groups for older women who have left abusive relationships, currently non-existent, were discussed in terms of a desirable source of mutual aid in approximately half the interviews.

I'd like to see somewhere an ongoing older women's domestic violence group because they mix in with the younger women, the women in their thirties that still have babies and a lot of parenting issues and behaviour problems but it's not what they want to hear. They need to explore "what do we do with the rest of our lives?" to link in and to get a sense of camaraderie that is peculiar to their age group. That's not being ageist and saying you're too old, you're on the dump heap. We're talking about an exciting group that integrates health and fitness and nutrition and activities where the group could become a self running group eventually. You don't have to have an expert running it, the women would run it themselves and there might be some funding, a bit of funding for some social outings.

Dealing in greater depth with loss and grief, with the notion of death and dying without the support of a partner, and perhaps family, were further topics suggested as pertinent for these groups.

The workers highlighted an insufficiency of bi-lingual, bi-cultural workers throughout the system, and that there are too few counsellors whose charges are affordable or speak another language. However overall they did not ask for large increases in funding or resources but instead expressed the necessity for improved utilisation of services already at hand. The strategies suggested to achieve this included, increasing their own knowledge of unfamiliar services, and increased networking, particularly with services such

as Mental Health, whose expertise is frequently difficult to obtain when required. A more ambitious strategy mentioned by a country administrator was 're-allocation of resources', by which was meant a closer more efficient working relationship between services such as shelter workers, community nurses and community health with overlapping target groups; joint visits and co-location were suggested as potential means of effecting this

Almost all workers in the context of the 'wish list' and/or the preceding discussion mentioned the question who to target with information and education about domestic violence and how best to do this. There was a range of opinion as to whether or not older women were aware of domestic violence and the services available to assist its victims. Concern was expressed that the extreme isolation of some older women prevents information access, or that the women deny it's pertinence to themselves. However based on the number of older women who contacted the service both on their own behalf and that of other family members, DVOS workers assume a significant level of knowledge about domestic violence amongst older women. Strategies suggested to reach older women included: use of the media, television, the Messenger newspaper and radio, particularly ethnic stations; a peer education programme; access via existing networks such as church groups, social and recreational groups for older people. Opinion varied as to whether the abuse should be named as domestic violence or whether it would be more acceptable if presented in the context of elder abuse/family violence.

Some workers also questioned the effectiveness of targeting older women and suggested instead greater funding of the education of professionals, particularly health workers, to promote greater awareness of the potential for domestic violence towards older women and to facilitate appropriate intervention when encountered. Inappropriate and excessive use of medication for instance was felt to be a hazard to which older women were particularly vulnerable due to the medical profession's lack of knowledge about domestic violence. These workers in their turn, possibly a woman's only contact outside the home, were seen as having an important role in disseminating information to victims of abuse. Lawyers, the police and priests were also specifically mentioned with respect to the need for further educational input. One of the country shelters extended this to the whole

community in order to overcome its inherent conservatism and resistance to intervention in situations of domestic violence.

The low usage of shelters and domestic violence services by older abused women in South Australia that the workers and SAAP data reveals is consistent with the research findings in America (Roy, 1982; McKibben, 1988 cited Vinton, 1992; Vinton, 1992). Similarly it is possible to attribute some of the reasons for this to the real lack and suitability of the physical environment of the shelter to the needs of older women. Nevertheless due to the length of time for which many workers have been employed in the shelter system they have amassed a body of practical knowledge regarding the situation of older abused women not yet theorised in the literature. In their enlargement of the concept of domestic violence to include other family members as well as partners in the perpetrator category, 'driven by the need to exercise power and control over the victim' (Brandl, 1997: 8), the domestic violence service worker's perspective is consistent with the thinking that underlies the most recent American efforts to increase service accessibility to older abused women. However what is evidently lacking is a concomitant approach to increasing and tailoring the intervention options to suit the needs of older abused women.

CHAPTER 7

SERVICES FOR THE OLDER ABUSED WOMAN: CURRENT SOUTH AUSTRALIAN POLICY AND ITS THEORETICAL IMPLICATIONS

This study has been conducted in the context of the review of the Supported Accommodation Program (SAAP) of services for women and children escaping domestic violence. The major thrust of the reform is to change the focus of service provision from one that is institutionally, i.e. shelter based, to one that provides a wider range of accommodation and support options, particularly outreach services, to encourage the access of women previously bypassed by services. To clarify this change of focus the more generic term 'Domestic Violence Support Services' is proposed to replace the term 'shelter'. Although particular issues for older abused women are not detailed in either of the two documents stemming from the review, the *Review of Services for Women and Children Escaping Domestic Violence* (1997), or the resulting reform implementation plan "*It's my Choice*" (1997), older frail women are nevertheless acknowledged as previously excluded from access to domestic violence services. In this final chapter I propose to use the policy directions of these reports to draw together and to structure the outcomes and analysis of the interviews of this study and in doing so to build a case for the domestic violence model as the most appropriate source of intervention for older abused women. Correspondingly the domestic violence sector will be argued as the most appropriate setting in which to make the modifications necessary to meet the needs of older abused women.

This thesis has brought into question the usefulness of the concept of 'elder abuse' and particularly the positioning within this paradigm of older women subjected to abuse by their partners. My review of the literature demonstrated the elder abuse approach lacks an analysis of gender due to the dominance of the family violence rubric and the absence of comprehensive feminist analysis. Likewise it revealed how the focus of the early literature on age as a time of vulnerability led to an emphasis on the relationship of the elder requiring care and carer. From this has followed the identification of the carer as the victim of stress, and a positioning of the elderly person as the cause of the carer's stress and therefore partly responsible, albeit unwittingly, for their abuse. Consequently intervention that supports the abuser in continuing to provide that care tends to collude with rather than confront abuse.

The interviews I conducted with older women and with domestic violence workers strengthened my perception that violence was not the result of the woman's 'elderliness' but was plainly abuse by a male partner prolonged over a lengthy period of time. All interviewees clearly defined the problem as one of male violence towards them, which is the same paradigm on which the domestic violence/shelter movement is predicated. Furthermore all but one older woman had made some use of elements of the domestic violence model of intervention in order to leave the relationship. There was substantial agreement between what the older women said of their life circumstances leading up to and after leaving their partner, and the accounts given by the shelter workers of the older women whom they had assisted. However, what was also evident was some disparity between the worker's expressed understanding of the older women's situation and their responses to these women's needs, especially in the workers concern to avoid dependency in the older women. This disjunction impacted negatively on the effectiveness of their intervention.

The proposal that the domestic violence model of intervention be used for elder abuse victims originates from the prevalence study of Pillemer and Finkelhor (1988) in which they conclusively demonstrated that a substantial amount of the abuse that they identified was what they referred to as spouse abuse continuing into old age. The authors therefore suggested that greater commonality existed between elder abuse and spouse abuse, rather than between elder abuse and child abuse which had been the prevailing analogy until that time, because of the emphasis on generational power. Their acknowledgment of the potential for innovative policy and practice is promising at first reading. However the suggestion that: 'Services need to be provided that are tailored to the problem of **spouse abuse among the elderly**' (Pillemer and Finkelhor, 1988: 57, my emphasis) shows that this shift may not be as radical as it initially appears. Pillemer and Finkelhor express doubts as to the suitability of women's shelters for the needs of older women, and identify the presence of young women and children as a possible barrier to older women seeking assistance. They suggest 'It may be more appropriate to establish safe apartments in congregate housing units where abused elders can take refuge' (Pillemer and Finkelhor, 1988: 57). This suggestion regarding type of accommodation is congruent with the shelter worker's recommendation of the desirability of cluster units for older abused women however the neutralisation of gender encapsulated in the term

'spouse abuse' and the notion of refuge for 'abused elders' obliterates and dismisses the all too brief glimpse of the older woman abused by her male partner. The suggestion that older women abused by their male partners be housed with, or in close proximity, to abused male elders fails totally to recognise that many of these older women would be terrified by this intervention and most unlikely to consider such an option. Nevertheless the 'congregate housing' suggestion does raise the notion of directly locating and 'tailoring' the domestic violence model within the aged care/health sector. Such a move would be advantageous only if it was able to avoid the blindness to gender dynamics of the elder abuse approach. Although this positioning is not one which I directly investigated in this study it is a possibility which I will elaborate further later in the chapter in order to explore fully the extent to which the domestic violence model accommodates the needs of older abused women.

The shelter workers whom I interviewed rejected the elder abuse approach of intervention. They saw the focus on age as discriminatory and representative of further victimisation, and at odds with an 'egalitarian' approach where women are seen as having sameness, including the same 'right' to services regardless of age. The shelter workers conceptualised older women abused by their partners within the dominant framework of male power and control of women which has been central to feminist thought and practice in domestic violence. This position was one that the majority of workers also endorsed as relevant to older women by abused other relatives and carers, particularly male abusers. Conceptually shelter workers placed all women abused within their homes within the ambit of domestic violence. They did however concede practical problems regarding the suitability of the shelter environment for older women. Problems include difficulties with communal living, organisational expectation of short-term stay and the ability of shelters to cater for residents who are frail or cognitively or mobility compromised. In relation to physical needs of the older women some of the shelters offered cluster units which had been adapted to some degree to cater for disability. One shelter had accommodated the full time carer of an older woman abused by a relative. Some also utilised services such as Domiciliary Care that assisted residents with personal care, but these amenities were not available in every shelter. Consequently workers found themselves in the position of needing to refer some older women on to other services deemed more appropriate to their needs.

In relation to the emotional wellbeing of the older women when in the shelter there was some evidence of encroachment of the needs and behaviour of the younger women and their children on the needs of the older women. This appeared to influence the choice of some older women to return to the abusive situation they had left or to hasten the older woman's passage through the shelter into whatever alternative accommodation could be provided. This may have been a factor deterring older women from returning to shelters.

The overall impression I gained from the shelter workers, despite the refusal by some to acknowledge that they did, was that shelters adapted their practice with respect to older women. They recognised for example that older women often needed more time to comprehend and deliberate upon the complexities of options for change available to them. Short stays in the shelter did not meet older women's need to develop trust with workers and younger women in the shelter before revealing their situation. Thus the workers commenced with encouraging the older women to share with them, at their own pace, the circumstances of their abuse and the events that had brought them to the shelter. Through empathic listening the workers had built up a first-hand appreciation of factors such as a different generation's attitudes towards domestic violence and the lack of resources available to many older women. The workers appreciated the role that these factors played in impeding older women from seeking and receiving effective help to end the violence. They demonstrated understanding of the complexities of the older women's relationships with partner, family and their community and the meaning to them of their homes. They had developed an understanding of the barriers these factors posed to older women first in identifying and admitting to their abuse, and subsequently in attempting to change their situation by leaving the relationship. This good understanding the workers had of the particular circumstances of older abused women demonstrated to me that the workers were well along the way to achieving the necessary understanding of the needs of older women abused by their male partners to effectively provide services to them.

My interviews with the older women provided powerful and moving testimonies to the courage they have demonstrated in resisting domestic violence for so long and in breaking from it at a time of life when it is arguably

most difficult to do so. The conformity between the women's stories and those of the shelter workers confirmed the attention with which many of the workers had listened to the older women and the extent to which they had achieved sensitive comprehension of the older women's particular circumstances. In the women's stories it is apparent that separating from their husbands in order to end their abuse is the culmination of a lengthy and difficult process of understanding the meaning of their experience of violence. The domestic violence literature demonstrates that women develop strategies to cope with violence and that leaving an abusive relationship may involve a number of episodes of leaving and returning before a final break is made. However little to date has been written about older women who have been abused by their partners and gone through this process. Through these stories it is possible to gain an historical appreciation of the interactive effects of the culture of an earlier generation, the events and circumstances of individual lives, and an environment that has slowly become more supportive of the right of women to lead violence free lives. By clearly demonstrating that abused women of dissimilar age 'do not inhabit the same sociohistorical spaces' (Chow, 1991: 93, cited Ang, 1995: 72) these older women's stories provide a partial explanation, for the differences between the older abused women and the younger abused women. The interviews also support the worker's analysis that other family members of older women comprehend the meaning of 'leaving' differently from those of younger women, and that in many cases leaving is detrimental to the older woman's relationship with her children.

The shelter movement is predicated on the radical feminist view that clearly locates the problem of abuse of women by their male partners in the context of patriarchy, a system said to be both maintained by and responsible for male violence. Despite a recent development of pro-feminist programmes to enable violent men to change their behaviour offering women the chance to safely stay in the relationship, the shelter movement continues to endorse leaving the relationship as the most likely means whereby women can finally achieve violence free lives. What this study suggests is that to 'leave the relationship' is a qualitatively different decision for the older abused woman to reach and enact than her younger counterpart at a different stage of the life cycle. The difference is due to constraints of the mores of an earlier generation, social and cohort induced values and influences. For example leaving an abusive relationship today to protect young children from actual

abuse or the vicarious effects of abuse is valorised as altruistic. At an older age, without this moral category to appeal to, leaving is conceptually more self-affirming and may be seen to conflict with family/children's needs. Adult children with their own agendas may not accept such a declaration of self-regard. Fear of having to take on greater responsibility for either parent or loss of inheritance should the older woman leave her husband may lead children to discourage this course of action. Adult children may also be in the process of attempting to deal with their own abuse at the hands of their father. They may resent, or be perceived by the older woman to resent, her leaving at this stage of her life when she 'failed' to do so when they were young. Leaving becomes an action just too extraordinarily difficult for an older woman when traditional upbringing, subsequent abuse by partner, and finally opposition from adult children combine to mitigate this self-consideration. The struggle to overcome so extensive and continuous a network of family coercion is emotionally debilitating, and the impact on relationships potentially so great, that many women remain. Likewise home ownership and all that it connotes for the older abused woman is a more significant barrier to leaving than for many younger women. Younger women are more likely to act on current understanding of domestic violence and accord priority to their own safety and that of their children's than older women for whom the importance of home may be paramount even over their safety. The elder abuse literature does give some consideration to the reluctance of abused 'elders' to leave their homes and partners or relative/carers as a means of ending abuse. However the particular meaning of home (and leaving) for elderly women remains unacknowledged. In the elder abuse and aged care literatures the focus tends to be displaced from one of the loss of home and all it means to one of the victim's reluctance to accept the less desirable option of institutional care with the loss of independence that this represents. The interviews with and about older women suggest that a far more subtle factor is at work in the meaning of 'home' later in life compared with earlier.

The majority of shelter workers recognised differences between abused younger and older women and expressed this by modifying their approach to older women to varying degrees. At the same time there was also a fairly general uneasiness among the workers as to whether acknowledging special needs was appropriate and whether it was potentially harmful in terms of creating dependency on workers. This dissonance appears to be the result of the operation of a number of evidently conflicting and competing feminist

values and traditional shelter practices. The workers include the older abused woman in the conceptual category of 'survivor of domestic violence'. This is compatible with the belief that domestic violence does not respect boundaries of age, class, or culture. Therefore the older woman is 'just another victim', rather than a particular generational category of abuse as is implied in elder abuse. This conceptualisation entitles the older woman to use the shelter to assist in making changes to her life. Notwithstanding this entitlement the older woman is an anomaly compared with the usual shelter resident. Full recognition of the difference between older and younger abused women necessitates partiality and recognition of different needs among victims; this understanding is consistent with the worker's espoused position of individualised service provision. Apparently inhibiting this recognition by workers of older abused women's particular needs is their concern that in treating older women differently, specifically, by providing too high or too sustained a level of assistance, they will not achieve the level of the autonomy and independence that are primary goals of shelter practice (Dobash and Dobash, 1992). Furthermore differentiated treatment that entails more support for older women contravenes the worker's understanding of equal rights as expressed in same treatment and access to the same services and resources.

In addition to the influence of the values and practices of the shelter movement the workers are subject to the constraints and expectations of their funding body, the Supported Accommodation Assistance Program. The shelter's geographical environment, metropolitan or rural also impacts on the approach workers take to abused older women. Marked differences are evident in the culture of the communities of the metropolitan and country shelters and in the resources accessible to them. In the case of workers in country shelters extra demands are made on their time, to undertake community education about domestic violence in order to overcome conservative community attitudes, and to network in order to best utilise all available resources. Generally the low level of resources has required domestic violence workers to make links with and access aged care services for older women escaping domestic violence. From the perspective of the older abused woman the resultant inclusion of the aged care sector is highly beneficial.

Regardless of location older abused women are not best served by the expectations of brief shelter residency which permits workers little time for indirect service activities such as networking. Responses to older abused women varied between shelters as a consequence of apparent choice between a range of feminist principles, differing worker backgrounds and experience, organisational requirements and geographical constraints. As a result of these choices made by workers there were occasions of ostensible disjunction between the 'different' needs of older women that the workers identified and the assistance they provided. In its entirety the shelter system did not provide a consistent recognition and response to the difference between older and younger abused women. The adjustments that were made were achieved by minor 'rule bending' rather than a tailoring of services to the needs of the older abused woman.

In their descriptions of how they finally left their husbands two of the older women provided examples of the way in which the wider domestic violence intervention system failed to provide services that matched their needs. Both women attested to the lack of knowledge by older women about domestic violence and the domestic violence intervention system, denoting a failure of that system to reach out to older women with that information. Both were aware of shelters but not the other services available such as the police domestic violence units or Domestic Outreach Service (DVOS). For one of the women, due to her limited knowledge of domestic violence, the shame that she therefore experienced prevented her from using a shelter. The other woman did not feel it necessary to go to a shelter because her sons were willing to provide her with protection and interim accommodation. This decision and her lack of knowledge of the wider domestic violence services was responsible for her ensuing inability to access support and advocacy at the time when she most needed them. Consequently she suffered further trauma through her encounters with the police and a Social Security worker. These initial responses by police and Social Security staff demonstrated a particular insensitivity to her situation as an older woman. They highlight the need for greater professional awareness of domestic violence, of the necessity to recognise older women as potential victims of abuse also, and the obligation to train all community service agency workers to respond appropriately to domestic violence survivors.

Although currently the shelter movement cannot be credited with having significantly responded to the situation of older abused women nonetheless an impact on older women of the growing community concern to challenge domestic violence is ascertainable. What this study found is consistent with that of the domestic violence component of the project *Partnerships in Health and Wellbeing: Older Women Making the Links* (1996), which revealed that despite the barrier of shame and consequent tendency to conceal their situation it is possible for the shelter movement to access some older abused women. Moreover older women are willing to tell their stories in order to help other women in similar circumstances and to inform service providers regarding their needs. This 'speaking out', or participation in developing a discourse of older abused women, was recognised by the older women as empowering, an opportunity for them to make a difference to the lives of other women. What this study also demonstrates is that although domestic violence sector worker's contact with older abused women has been limited and constrained it has nevertheless enabled them to construct a body of experientially based knowledge of the older abused woman that the elder abuse approach and aged care services presently lack. They are thus in a privileged position vis a vis this knowledge with a concomitant responsibility to disseminate it and thus contribute to the development of an older abused woman centred discourse for intervention.

The situation to date appears therefore to have been one where potential grounding elements of a discourse of domestic violence that includes older abused women are discernable but restricted to a circumscribed field. These elements have not yet been sufficiently explicated and widely articulated as to constitute a body of knowledge and ideas in the public domain, with the power to influence social policy and practice on the older abused woman's behalf. At issue is where to most appropriately site and build on that knowledge for the benefit of the older woman abused by her partner. From the different perspectives of pragmatism and conviction the exponents of the elder abuse approach and the shelter movement both recognise the aptness of the domestic violence model to the needs of the older abused woman. Both also express more or less explicitly the necessity for modification of the model to increase compatibility conceptualisation with these needs. However neither alternative approach has yet demonstrated significant evidence of this adaptation in practice. The aged care/health sector is even further back from this position with, for instance, information about domestic violence only

comparatively recently being included as an optional unit in the local community medicine education programme. Consequently older abused women in South Australia are not highly visible in any of the sectors where they might come to the notice of workers able to assist them; not to the three elder abuse workers that provide services to the state, nor workers in either the aged care/health sector or the domestic violence sector. I therefore propose to: succinctly revisit previous exploration of the elder abuse approach as a possible context to foster adaptation of the domestic violence model of intervention on behalf of the older abused woman; briefly assess the aged care/health sector for the possibility of initiating within it a model of domestic violence modified to the needs of older abused women; and finally, explore the potential of the recommendations of the reform implementation plan of the domestic violence services for making the changes in responding to older abused women that this study indicated to be necessary.

Older Abused Women and the Elder Abuse Approach

Increasing the visibility of the 'older woman abused by her male partner' in the elder abuse field appears to be a project doomed to almost certain failure. Conceptually the notion of elder abuse is all but oppositional to a gender analysis; in the adherence to 'spouse abuse' is inherent the presumption of a commonality of older people's interest based on generation and not on gender within generations. The reform of an approach so imbued with neutrality and such determined privileging of age poses a barrier virtually impossible to surmount within a reasonable time frame. Fundamentally it offers no basis to support intervention that matches the particularities of the older woman abused by her partner. The transplantation of the domestic violence model, essentially developed to address violence due to power imbalance in a relationship, is not coherent with an approach that barely acknowledges this aspect and includes within a definition of abuse such disparate other categories as neglect due to carer stress. The assumption deriving from the stressed carer explanation of elder abuse rejects as inappropriate legal remedies that enforce abuser accountability. This assumption constitutes a further significant incompatibility between the domestic violence model and the elder protection approach and impediment to adoption of the domestic violence model by the elder abuse field.

At a practical level the opportunities offered by the elder abuse approach in South Australia to assume responsibility for assisting older women abused by their partners appear restricted by the intrinsic limitations of the available program. The Elder Protection Program (EPP) plan has not achieved its goal of creating a formally endorsed co-ordinated network of aged care agencies able to effectively respond to allegations of elder abuse (Barnett et al, 1996). The finding of a study undertaken to ascertain the understanding aged care agencies had of the program was that they were poorly informed about it and lacked clarity regarding the core agency model of the program (Drummond and Smith, 1995). A major barrier that the *Review of the Elder Protection Program* (Barnett et al, 1996: 41) found to be responsible for the failure of the network was the difficulty expressed by aged care services in answering demand. The aged care services expressed a preference for the EPP to take on cases of abuse rather than to identify the problem and make a referral to their own agencies. The case management role was not within the mandate of the EPP and unrealistic for the initial four workers with wider responsibilities to achieve. An exploratory study of 'older spouse abuse' (1996) within the program, and the review (1996) of the EPP both recommended the establishment of inter-sectorial collaboration between domestic violence sector workers and EPP co-ordinators. The purpose of this recommendation was both to more effectively meet the particular needs of the older abused woman and to alleviate the program's increasing unintended case management responsibility.

Older Abused Women and the Aged Care/Health Sector

A major constraint to raising the profile of the older abused woman in the aged care/health sector is that conceptually the function of these services is to assist frail or mentally incapacitated older people. The services have a broad mandate to 'protect' clients, in the case of Domiciliary Care extended to service recipients of all ages. Thus only older abused women with additional problems which meet these service criteria would be acceptable as clients. Few if any aged care/health services are structured to support 'healthy' older people. Breaching this barrier, particularly in the current climate of turmoil and rationalisation in the aged care sector, seems a remote possibility. Moreover the implicit medical model/ professional bias of the aged care sector is antithetical to the self-help precepts of the domestic violence

model and the shelter movement's grass roots origins and concern to diminish power inequities.

From a practical point of view the resistance encountered by the shelter movement during its initial process of establishing recognition of domestic violence survivors in the health sector does not encourage great hope that the older abused woman would fare substantially better in a similar arena. Furthermore EPP workers experienced difficulty recently due to criteria centred on disability when they attempted to refer 'healthy' elder abuse victims to the aged care/health sector. However, on a more sanguine note, one of the effects of the aged care sector's struggles to respond to referrals has been that of receptivity to innovative means to meet demands for services. The notion of synergy has been explored and taken up in collaborative aged care interagency projects to cater for increasing calls on services beyond the capacity of any one service to answer. Extending the range of collaborative undertakings appears a more realistic perspective from which to contemplate the needs of the older abused woman than an expectation of practice that accepts primary responsibility for intervention.

Older Abused Women and the Domestic Violence Sector

The current re-structuring of the Supported Accommodation Assistance Program (SAAP) funded domestic violence services in South Australia could be a timely and realistic opportunity to meet the needs of older abused women in a manner whereby conceptualisation of their position and response are congruent. As my preceding discussion has specifically established this is a condition of fundamental consequence; the strength of the domestic violence model derives from its source of the paradigm of male violence towards women. Attempts to separate the domestic violence model from its conceptual basis of the gendered nature of domestic violence, and to pragmatically refocus the interventions at the practice level, reduce their potential for effective assistance to older abused women. From a practical perspective, as previously described, assumption by domestic violence service providers of the primary responsibility for assisting older women abused by their male partners is unlikely to be opposed by the elder abuse workers or practitioners in the aged care/health services sector in South Australia.

To prevent repetition of previous exclusion from domestic violence services the SAAP implementation plan for service reform identifies older women as women with 'special needs' along with women with mental illness, women with disabilities, women with drug and alcohol related difficulties, lesbian women and teenage mothers. Currently frail older women's special need is only designated as being 'personal/attendant care requirements' (Ministerial Implementation Advisory Committee, 1997: 32). However throughout the review report and implementation plan the principles and recommendations furnish sufficient latitude to address, and moreover require the redress of many of the issues that preclude numerous abused women, amongst whom are older women, from receiving services. At a philosophical level the requirement in the report that service provision be consistent and reflect clearly articulated feminist principles (Thomson Goodall Associates Pty Ltd, 1997: 16) plainly has implications for the shelter workers equivocal responses to older abused women that I have discussed previously. The report requires that the Domestic Violence Support Services provide for 'diversity of needs', full individualised assessment, and responses that include a range of accommodation options and support. This requirement justifies the changes workers are already making to meet the particular needs of older women and mandates ongoing change to attain these goals. Finally the recommendation emphasising the consequence of co-operation and collaboration between sectors synchronises with undertakings in the areas of aged care and elder abuse and extends the potential to develop an older abused woman centred social awareness and response.

This preceding analysis of the SAAP report implementation plan constitutes only one reading, one which represents a purposeful endeavor to highlight the opportunities the SAAP policy document affords to improve the situation of the older abused woman. It is possible to read the document less optimistically and to see interpretations which would be counter productive of the interests of older abused women and the other abused women with whom they are grouped. In this respect the change of emphasis from 'diversity of needs' at the beginning of the implementation plan to 'special needs/specific needs' is potentially pernicious, and inconsistent with the document's specification of the need to base service provision on clearly articulated feminist principles. It could be argued that this is merely semantic, representing only an attempt to spell out the nature of the range of needs to be met. From the perspective of feminist theory what could be considered to

be simultaneously reinforced is dualism, enabling 'special' to signify notions of 'other', or 'extra'. This reading of 'special' potentially raises the question whether such needs are sufficient to merit consideration. To some degree, by partially basing 'particular attention' to the special needs of Aboriginal and migrant women on their over representation in domestic violence service statistics (each group accounts for over 20% of service usage), there is justification for apprehension that older abused women, a group representative of only 3% of domestic violence service users, would not be considered a sufficiently large group to warrant 'special' attention. The all too familiar competition between special needs groups is unlikely to have older women as a priority. Furthermore it could be considered an insubstantial inducement to other service sectors, with burgeoning workload pressures and expectations, to commit to collaboration around domestic violence issues.

The major challenge of the review of the domestic violence services and the reform implementation plan is 'opening up' the system to allow a philosophical change away from 'institutions for women', to 'services for women'. The concept of 'diversity' appears central and essential, to this change, both the key to, and the desired goal of the new structure of services. For shelter workers this transformation entails leaving the comfort zone of structural location in a service milieu that has hitherto been peopled by abused women aged between twenty-five and forty-five and their children. Shelters now serve young women, mostly with children, and comparatively similar needs, who are apparently well suited by a model of equal access to the same services and resources and the goal of a new independent life. The concept of diversity is congruent with another preeminent ideological belief of the shelter movement, that of the ubiquity of domestic violence, i.e. its prevalence across class, culture and age. However to act on this precept of ubiquity, since what has become obvious is that the previous high security communal accommodation model fits only a certain category of needs, compels re-evaluation of beliefs shaped by and supportive of the predominant experience of shelter workers. Reaching out to the older abused woman, for example, means challenging the perception that domestic violence is something dealt with only or primarily at an earlier stage of life, on behalf of children as well as self. To provide services 'tailored' for the older abused woman may also necessitate reframing of the depiction of

independence to one that is more appropriate to this stage of life, hence different supports and a changed role for the worker.

Engaging other services not previously involved in domestic violence service provision to collaborate towards integrated service provision is therefore essential but challenging for all services involved. Drawing on the analogy of shelters as institutions, traditionally institutions have functioned not only as refuge for their residents but have also served to relieve the community from involvement in the resolution of 'the problem' thereby contained. Country shelter workers have out of necessity led the way in establishing institutional links with the limited resources available to rural areas. The domestic violence sector works closely with aged care health and accommodation services in addition to Social Security, housing, Domiciliary Care, hospital and non government welfare agencies to meet the needs of older women in or leaving violent relationships. However what this study does clearly demonstrate, is that the woman centred focus fundamental to the shelter movement is the most essential perspective for the domestic violence service sector to bring to this collaborative effort. Thus it will become possible to argue for intervention that locates responsibility for violence where it belongs, to break through the identified gender blindness of the elder abuse and aged care nexus, in order to support the older abused woman in a violence free life.

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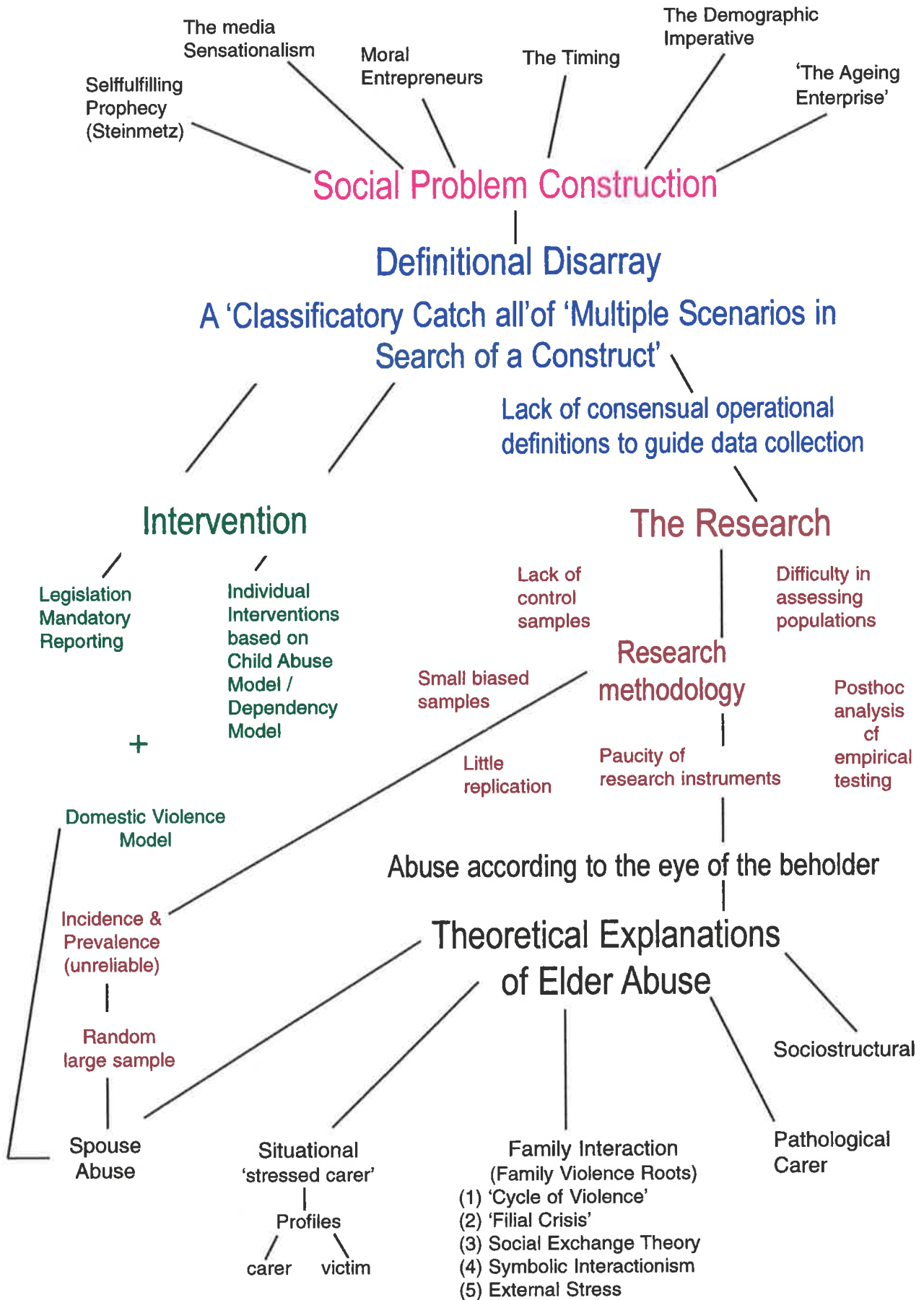
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APPENDIX 1

ELDER ABUSE: A TOPOGRAPHY



APPENDIX 2



THE UNIVERSITY OF ADELAIDE

Department of Women's Studies
The Undercroft, Ground Floor Napier Building

My name is Patricia Ninnes, I am social worker in a health care agency for older people. Currently I am undertaking a research study as part of my Masters degree thesis through the Women's Studies Department at the University of Adelaide.

My study involves looking at the means by which older women succeed in leaving a marriage that has included longstanding conflict and behaviour towards them by their partner that they become unable to continue living with. Through discussion I will seek to gain an understanding from your point of view of the people and organisations that have been useful in enabling you to leave this situation. Very few studies have been done so far which have investigated what is helpful to older women in these circumstances.

The way that I will carry out the study will be to organise a time and place that suits you to meet. The meeting would take approximately an hour and will be more like a 'conversation' than a formal interview. I would like to tape our conversation if that is agreeable to you. To preserve your confidentiality name will not be connected with the tape, and the tape would be erased as soon as I have finished using it to take notes of our conversation, unless you would like to have it. If you would prefer not to be tape-recorded I am happy to just take notes instead. If you wish to check a copy of my notes before I use them in my study then please indicate this on the consent form, you will be free to remove any information should you wish to do so. I will use an invented name to attach to your interview notes.

If you decide to participate in the study you are free to change your mind and withdraw at any time. You are free to withdraw your interview material up until the time that I have finished all the interviews. You do not have to give me any reason if you do decide to withdraw from the study. Also you are not obliged to answer any questions or to discuss any issues that you do wish to discuss.

Please don't hesitate to contact me if you want more information about the study I can be contacted on 8 265 4724. If you have concerns which you do not wish to discuss with me directly please contact Dr Marge Ripper of the Women's Studies department at the University of Adelaide, Dr Ripper is the supervisor of this research study. Her direct phone number is 8 303 5947.

I look forward to your participation and the chance to learn what you feel would help other women in the same situation.

Yours sincerely

Patricia Ninnes

APPENDIX 3



THE UNIVERSITY OF ADELAIDE

Department of Women's Studies
The Undercroft, Ground Floor Napier Building

STUDY OF OLDER WOMEN'S EXPERIENCE IN LEAVING A MARRIAGE INVOLVING LENGTHY CONFLICT AND UNACCEPTABLE BEHAVIOUR

Research undertaken by Patricia Ninnes as part of her Master of Arts degree within the Women's Studies Department of the University of Adelaide.

I (print your name).....have been provided with a description of the aims and purposes of this research.I give my permission for this interview with Patricia Ninnes of the University of Adelaide.

I understand that my name will never be connected with any information that I provide, and that Patricia Ninnes will create a pseudonym to identify me. Neither will the identity of any person or institution I name be revealed in connection with this interview (unless the information I give about the person or institution is already publicly known).

[] I agree to have the interview tape recorded

[] I do not agree to have the interview tape recorded

I am aware that my participation is entirely voluntary and that;
I am free to withdraw from the research at any time
I do not have to justify doing so
I can withdraw the information at any time during the information gathering stage of the study
I am under no obligation to divulge information or to discuss issues if I do not wish to do so.

Please indicate below whether you wish to, check a copy of my notes before they are used.

[] I do not wish to check the interview notes

[] I do wish to check the interview notes

(If you answered YES please provide a postal address)

.....Street
.....Suburb/Town.....Postcode
.....Phone Number/s

Signed (Participant).....

Signed (Interviewer).....Date.....

APPENDIX 4

Thesis Interview Topics

1. Can you tell me a bit about yourself now –how you spend your time for instance?
2. The woman's description of the relationship between herself and her partner and how it changed over time.
3. The past and current financial position of the woman.
4. How the woman describes the abusive behavior and how she coped with it.
5. Family and community awareness of the abusive behavior in the past.
6. Thoughts of or attempts to leave the relationship at an earlier stage in the relationship. Aspects to explore include barriers and facilitators.
7. The determining factor in the decision to leave later in life.
8. The people and resources that have facilitated the decision to leave.
9. The people and unavailable resources that have discouraged the woman from leaving.
10. The woman's description of the process of leaving. Aspects to explore include: events; the woman's feelings at the time; whether the woman feels the process is completed; the woman's feelings about her decision to leave.
11. What family support and social networks do you and your husband/ former husband currently have?
12. What is your family/ occupational/cultural background?
13. List children and ages-partner if alive-age.

14. Anything you would like to add?

15. Do you mind if I give you a call if there is anything to add/clarify?