Age Scotland is grateful to the Justice Committee for corresponding with the Charity as a result of issues around elder abuse being raised in responses to its call for written evidence on the Domestic Abuse (Scotland) Bill. In light of this the Charity through its Information and Advice Team would like to provide this written evidence which focusses on particular issues for older women in Scotland who are affected by domestic abuse, based on learning from training, research and the experience of the Age Scotland helpline.

The aim of the bill is to improve how the justice system responds to domestic abuse. Of the key issues raised in the call for evidence we would seek to answer:

Question 1: Do you agree with the proposal in the Bill to create a new offence of abusive behaviour towards a person’s partner or ex-partner covering both physical violence and non-physical abuse? – Yes

Question 2: Do you consider that the proposed offence is needed to address a gap in the existing law which currently makes it difficult to prosecute some forms of domestic abuse? – Yes

Question 5: Do you have any views on factors which might impact on the reporting, investigation and prosecution of the offence? – there are complicating factors for older victims of domestic abuse, see information below.

Question 6: The Bill makes a number of reforms to criminal procedure, evidence and sentencing. For example, it would prohibit the accused in a domestic abuse case from personally conducting the defence. Do you agree with this prohibition? – Yes

Question 7: The Bill would also require the court in a domestic abuse case to consider making a non-harassment order. What are your views on this approach? – Yes, but there are complicating factors for older people.

Evidence of need and issues

Existing research identifies particular issues for older women who are experiencing domestic abuse. All research we have reviewed identifies that there is a lack of research in this area, but there are common themes of

- Confusion between Elder abuse and Domestic abuse
- There may have been decades of abuse
- Disability related issues
- What will people think?
- Why doesn’t she just leave?
- Coercive control
- Support and hope
Confusion between Elder abuse and Domestic abuse

Evidence consistently identifies that professionals working with older women may not identify domestic abuse as they may lack specific training and wrongly perceive any abuse of an older person to be elder abuse rather than “domestic abuse grown old”. The different types of abuse are:

*Domestic Abuse* as gendered based violence, can be perpetrated by partners or ex partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends. (Scottish Government).

Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect. (World Health Organisation).

Professionals who are supporting older people need to be trained to be aware of the causes and consequences of both domestic and elder abuse in order to be able to offer older women appropriate support and options.

Many older women who are experiencing domestic abuse will not be “vulnerable adults” (unable to safeguard themselves, their property and their rights) but could become safer with appropriate support. Professionals also need to be aware that under the new legislation psychological abuse or coercive and controlling behaviours that could not currently be prosecuted will become crimes and support the older women they work with to be aware of this too.

Evidence suggests that this confusion among professionals is likely to be contributing to significant under-reporting of the domestic abuse of older women.

When older people are isolated from social contact, professionals carrying out care needs assessments and carers delivering day-to-day care need to be trained to be alert to the possibility of domestic abuse within older peoples’ intimate relationships.

**There may have been decades of abuse**

The Scottish Women’s Aid report *Older women and Domestic violence in Scotland* (2008) begins “and for 39 years I got on with it…”

Domestic abuse in later life may be domestic abuse grown old, recent abuse from new partners in later life or late onset domestic abuse – we look here at the issues for older women who have experienced many years of abuse which may have included violence and coercive control.
This situation can create barriers to the reporting of domestic abuse crime including:

- Traditional attitudes to family and gender roles – when older people were younger, they had “childhoods spent in worlds untouched by feminist activism” (Scottish Women’s Aid report 2008). They may accept their abuse as the cultural norm of their generation.
- Early in their lives there was no specific legislative protection, and Domestic abuse was frequently regarded as “just a domestic” by police.
- Services which supported abused women were scarce and stigmatised and women were widely regarded as to blame for their abuse.
- Women may have experienced decades of trauma, criticism, hostility and may have been deeply damaged and des-skilled by their abusers.
- Women may be ashamed of not having taken action sooner.
- Recall of decades of abuse can be more distressing for older women.
- They may have disclosed abuse many times before, and had negative responses or not been believed. The Safelives report (2016) notes a study where all the victims “had tried to access help from numerous sources (doctors, psychiatrists, marriage counsellors, police), numerous times. All the interviewees talked about frustrating encounters with health care workers and fruitless attempts to get help from their GPs”.

Professionals, friends and families need to understand these factors and must not assume that abuse is not serious because it has been experienced for a long time.

**Disability related issues**

The disability related issues which can accrue in later life can present barriers to seeking and receiving help and reporting crime as:

- They are less likely to report abuse if anyone else is present; the abuser may be their carer or they may be their abuser’s carer.
- Abuse may be perceived by professionals as an older carer reaching the end of their tether.
- Mobility problems may make it difficult to access privacy, services or support.
- Service providers may not be alert to the possibility of longstanding domestic abuse, and may assess that a care package to meet the presenting problems will make the household safe.
- Older women may be experiencing addiction to medication or alcohol, anxiety or depression as a consequence of long term trauma.
- Conditions such as dementia, where older people may be frustrated and anxious and feel that they are losing control, whilst possibly losing inhibitions, pose an additional risk factor.
- The abuser may prevent their victim accessing healthcare, or interfere with their medication.
- Physical impacts of long term Domestic abuse include anxiety, depression, digestive problems, chronic pain, low self-esteem and poor judgement.
- Older men are not normally perceived as dangerous, but as older women become frail physical abuse can cause more serious injury.
Professionals, friends and families need to be alert to the possibility of domestic abuse, including in situations where the victim is confused or no longer has full mental capacity.

**What will people think?**

Older women in small rural communities may find it hard to seek help because they are scared of the neighbours finding out that they are victims and are ashamed and embarrassed about their situation. The perpetrator may be well liked and well respected locally which could make it harder for the victim to be believed. There may be a lack of services and it may be difficult to access support.

Traditional gender roles in BME communities may make it difficult for older women to seek support (language issues, knowing where to seek help, how to provide support, what is illegal). Age Scotland is aware that Shakti Women’s Aid provide specialist services and advice in this area.

For LGBT older people, support and advice is available from LGBT Health who specify domestic abuse as one of the issues where they can provide support.

Family can be a vital source of support but can also be a barrier to seeking support and justice. Children of the relationship be relieved that their mother is finally safe, or may side with and sympathise with the abuser, particularly where they have been persuaded by decades of exposure to the abuse that their mother is weak and not capable of making good decisions.

The stereotype of older people is that they are not generally perceived as having any sexuality or intimate relationships (Help the Aged 2004) so domestic abuse may not appear to be a relevant issue, but there is no reason why longstanding domestic abuse would stop at any particular age.

There is a potential barrier to both reporting and investigation if police perceive the perpetrator to be a person who is frail and elderly who has care and support needs and that the case would be difficult for the judicial system to address.

**Why doesn’t she just leave?**

Older women are less likely than younger women to leave an abusive relationship, which could make it harder to report crime as she may think there is no point or that this would make her situation worse.

Barriers to taking action include

- Not wanting to leave the family home which is often jointly owned and contains a lifetime of possessions
- Being dependant on the abuser for care
- Fear of being institutionalised if she leaves.
- Loneliness and the fear of loneliness and isolation: lack of access to social support, may be unaware of support and opportunities which can be available
- Financial dependence on the perpetrator and no access to financial, legal or benefits advice
Not wanting to lose contact with friends and the community where she feels she belongs.

Coercive control

We very much welcome that the bill extends protection to include psychological abuse or coercive and controlling behaviours that could not currently be prosecuted. We do, however, see an issue in raising public and professional awareness of this: if older women are reluctant to report domestic violence despite physical injuries how can they be supported to access the protection offered by the new legislation?

We are aware from research, and from calls to the Age Scotland helpline that some older women who are living in abusive relationships do not identify themselves as such. A skilled adviser can listen to a caller’s description of her life and where appropriate can support the caller to understand that abuse is occurring, that it is not normal or acceptable and that the caller may have options for becoming safer.

If older women find it difficult to report even physical violence, professionals need to be trained, and society needs to be aware, how to identify coercive control and to view it as a crime.

This is further complicated by more traditional gender roles, where in a longstanding relationship with an imbalance of power the coercive control may appear almost normal and almost acceptable.

The behaviours of an older couple may be very different from what would be perceived to be acceptable for a younger couple. For a younger couple, it would be of immediate concern if one partner was isolated from friends and family, monitored, controlled and deprived of money. In an older couple abuse may not be easy to identify if they, for example, go everywhere together, do not socialise separately, have apparently strict and ingrained habits about food, housekeeping, and where one partner has no access to money, cannot choose their own clothes and has no unsupervised access to a phone. Are they happy and settled in their ways, or is there abuse? Who is best placed to ask the question?

Support and hope

For older women to benefit from the new legislation they need to have:

- Information and advice which is accessible to them - through specialist helplines, generalist advice agencies as gateways to support, health services via information on buses, health services and in the publications they would normally read.
- Interactions with well trained professionals
- The knowledge that domestic abuse and that coercive control are crimes
- Confidence that they will be believed and that skilled help and support with be available to them whatever decisions they choose to make.

In other policy areas differences have been identified between the “baby boomers” and older-older people:
Younger-older women are more likely to have access to mobile phones, IT and online support. They and their friends have lived their lives in more of a rights-based culture, and may have more awareness of issues and support services.

Older-older women are less likely to have access to mobile phones and IT, to have more traditional attitudes and are more dependent on third parties (health services, carers, family) to identify that they are victims of abuse, and to let them know that this is unacceptable, that they have options, and is a crime.

Scottish Women’s Aid advises people to “assume the problem is power and control until proven otherwise”, to identify the victims’ skills and strengths and build upon them and to support women to be safer whether they choose to stay or leave.

Research reviewed

Help the Aged report *Older Women and Domestic Violence*  

Scottish Women’s Aid in *What is coercive control*  

Scottish Women’s Aid publication *Older women and Domestic violence in Scotland* (2008)  
https://www.era.lib.ed.ac.uk/bitstream/handle/1842/2776/owdvupdate.pdf?sequence=1

Community Care article *Domestic Abuse doesn’t stop at 60* (2015)  
www.communitycare.co.uk/2015/03/26/domestic-abuse-doesnt-stop-at-60/

Safe Lives UK report *Older people and Domestic Abuse* (2016)  