

## RESEARCH PROPOSAL

### **Living with the Impact of Intimate Partner Violence: A Cross-Case Analysis of the Experiences and Support Needs of Older Women.**

#### **Overview.**

A growing group of older women are living in the context of current or previous domestic violence. Latest figures available from the CSEW find lifetime prevalence for women of domestic abuse by a partner is 24.9% for 16-59 year olds and **15.9% for 60-74 year olds**.<sup>1</sup> This is the first year that data has been collected on women over 60 and no data is available for those aged over 74, who remain an unresearched group.

There is a stark absence of research on how older women in abusive relationships manage living with and/or caring for a dependent partner. Yet, older women, described as “invisible victims” of domestic violence are one of the largest groups of people experiencing violence not accessing domestic abuse services<sup>2,3</sup>. Those aged 60 and above are significantly more likely to have a disability and/or co-morbidities and are more likely to be living with the perpetrator after getting support<sup>4</sup>. Prolonged exposure to abuse related trauma is a feature of many older women’s experience of “growing old” with domestic violence. Pragmatism, the need for retribution, lack of options are all further considerations and suggests that both victim and perpetrator can be living precarious lives, hidden behind closed doors, in a carer/cared for dynamic.

There are now 11.8 million people aged 65 or over in the UK, 1.6 million are aged 85 or over and approximately 70% of these are women<sup>5</sup>. Projected demographics, the impetus to expand care into the community and cuts in social care funding, means the expectation of caring falls increasingly at the feet of an ageing population. Currently, over 2 million older women are providing unpaid care, and more than half have a health condition or disability themselves<sup>6</sup>. A lack of gender analysis in the elder abuse field, particularly of DV, means that older women may not receive the specialist support that they are entitled to<sup>7</sup>. The current project will therefore inform policy and practice by deepening understanding of the way in which gender and age, as key inter-related factors, might be shaping support services for older DV victims. This will make a unique contribution to domestic violence literature.

This project aligns strongly with the ESRC’s challenge to address the individual’s perspective of their care and support needs and the challenges faced by health and social care service delivery which is also one of the key aims of the Health and Social Care Act (2012).

**Aim:**

To better understand the experiences of older women, who are living with the impact of intimate partner violence (IPV), with a view to improving support services. Intimate Partner Violence (IPV) is a particular form of abuse perpetrated by an intimate partner as opposed to another family member.

**Objectives:**

- To identify and report on the lived experiences of women, 65 and over, who have been exposed to intimate partner violence (IPV)
- To establish the extent and impact of health and social care inter-disciplinary understanding and collaboration in relation to domestic violence in this specific context.
- To identify and promote the support needs of older women living with IPV in relation to class, health/disability status, ethnicity.

**Research Questions:**

1. What are the lived experiences of older women living in the context of IPV.
2. What are older women's experiences of support services?
3. How has the Covid-19 pandemic impacted upon these experiences?
4. To what extent is there a shared understanding of older women's support needs amongst the range of service providers and older female victims/survivors of IPV?
5. How does the age, gender and health of these women figure in the identification and support of IPV by service providers.
6. How can the identification of IPV in older women and their on-going support be improved?

**Methodology.**

A mixed-methods, multiple case study design will be used with up to 10 case studies being carefully selected. Each case will reflect diversity of class, culture, health and carer status, with a view to drawing the cases together for subsequent cross-case analysis.

A case study design has been selected as the most appropriate empirical way of examining the complexities related to abuse of older women in this very specific real life context<sup>8</sup>. Multiple data sources (see below), will be collected in order to triangulate the data.

**Phase 1 - Primary Data Collection (#1, #2, #5)**

- 1) In-depth narrative interviews with up to 10 women, 65 years and older. Transcripts will be transcribed verbatim and coded utilising Atlasti software.
- 2) Case notes of the victims/survivors will be retrieved, with consent. Information on referral details, intervention offered, whether this was taken up or not, and outcomes, will be documented.

- 3) Non-participant observation at the health and social care meetings (safe-guarding, Multi-Agency Risk Assessment (MARAC) for those participants that might have these pending and who consent to this upfront. This is to enable the observation of frontline safeguarding policies and procedures in practice. Written field notes will be made and anonymised. Narrative analysis from these meetings will aid insight into the way in which practitioners' approach, construct and negotiate a support plan and how factors such as gender, age and health of victim and perpetrator might influence decision-making.

## **Phase 2 - Secondary Contextual Data Collection (#3, #4 and #5)**

### 1) 5 Focus Groups:

FG1 Primary Health Care Professionals

FG2 Adult Social Care and Safeguarding Professionals

FG3 Specialist Domestic Abuse Services.

FG4 Older people support organisations.

FG5 Community Nurses

The focus group guides and vignettes will be created based around the data collected in Phase 1. The design will probe knowledge and attitudes that specific groups may have in relation to IPV in older couples.

2) Narrative analysis of Adult Protection Policy and Procedures, local Safeguarding Adult Boards (SAB) and Safeguarding Adult Reviews. Operational Guidelines, adult protection monitoring data, annual reports.

### **Ethics:**

Applications will be submitted to Lancaster University's Faculty of Arts and Social Science ethics committee, the Health Research Authority Approval (HRA) via IRAS and the local Multi-Research Ethics Committee (MREC). A case study research data management plan will be developed.

### **Communication and Impact Activities.**

Two peer-reviewed publications will be produced (Journal of Women and Aging and the Journal of Elder Abuse and Neglect) alongside work to broaden readership and commentary to the general public, (article in The Conversation and social media work). Dissemination will also be via workshops with relevant stakeholders and conference presentations. The success of these impact activities will be evaluated at strategic timepoints.

## Bibliography:

- 1) Domestic Abuse: Findings from the Crime Survey England and Wales Year Ending March 2018
- 2) Carthy. N and Taylor.R (2018) Practitioner Perspectives of Domestic Abuse and Women over 45. *European Journal of Criminology*, 15(4): 503-519
- 3) McGarry.J, Simpson.C, Hinsliff-Smith. K (2014) An Exploration of Service Responses to Domestic Abuse Among Older People:Findings from one region of the UK. *The Journal of Adult Protection*, 16(4): 202-212.
- 4) SafeLives (2016) National Insights Dataset 2015–2016 (unpublished) findings for clients aged 61+ and under 60
- 5) ONS Report (2018) Living Longer: Why our population is changing and why it matters..
- 6) Facts About Carers. August 2015 Carers UK Policy Briefing.
- 7) Crockett. C, Brandl, B, & Dabby, F (2015) Survivors in the Margins: The Invisibility of Violence Against Older Women, *Journal of Elder Abuse & Neglect*, 27:4-5, 291-302, DOI: 10.1080/08946566.2015.1090361
- 8) Yin RK. *Case Study Research: Designs and Methods* (4th edn). Thousand Oaks, CA: Sage, 2009