

*Mind the Gap!* is a project supported by the European Commission within the Daphne III programme. Its aims are capacity building of law enforcement and social support organisations in dealing with older women victims of intimate partner violence, improving outreach to such victims and increasing public awareness.



**IMPROVING  
INTERVENTION IN  
INTIMATE PARTNER VIOLENCE  
AGAINST OLDER WOMEN**

## **Recommendations**

### **Introduction**

The following recommendations which support the primary aims of *Mind the Gap!* are intended to increase the capacity of law enforcement and social support organisations to intervene in intimate partner violence against older women, raise public awareness and reach out to victims.

Although each of the participating countries has produced material which includes recommendations aimed at 'national audiences', the project team identified a number of issues which were replicated across the entire project and resulted in the development of shared recommendations. These are presented below, under the following headings:

- Recommendations for organisations
- Recommendations for generalist staff
- Recommendations for specialist staff

### **1. Recommendations for organisations**

All social support and law enforcement organisations should consider the following strategic recommendations aimed at providing a co-ordinated and structured service for victims of IPVOW:

- 1.1. Undertake joint training with partner organisations, agencies and other groups likely to have contact with older women who are victims of IPV
- 1.2. Develop shared working protocols with partner organisations, agencies and other groups likely to have contact with older women who are victims of IPV
- 1.3. Develop communication and information sharing networks with partner organisations, agencies and other groups likely to have contact with older women who are victims of IPV

- 1.4. Develop shared assessment procedures (including identifying risk) with partner organisations, agencies and other groups likely to have contact with older women who are victims of IPV
- 1.5. Undertake publicity campaigns with partner organisations, agencies and other groups aimed at increasing public awareness of IPVOW and also to provide victims with information

## **2. Recommendations for generalist staff**

The following recommendations are intended for the many individuals (throughout the law enforcement and social support arenas) who have regular contact with older women. This includes receptionists, switchboard operators, community workers, social support workers and neighbourhood police officers. All play a vital role, as the first contact most older women have, in identifying and recognising IPVOW and are often the only people to whom older women will disclose that they are victims of IPV. It is therefore recommended that all such general staff and practitioners:

- 2.1. maintain an open mind when communicating with older women who may be victims of IPV. Do not be influenced by any preconceptions or stereotypes regarding age, physical ability, memory or decision-making capacity
- 2.2. maintain an open mind regarding older men (or women) who may be perpetrators of IPV. Do not be influenced by any preconceptions or stereotypes, remember that some old and frail men and women are capable of physical violence, psychological/emotional violence, coercive control and harassment
- 2.3. be aware of 'justification strategies' used by perpetrators, such as blaming victims, denying or playing down violent acts, manipulating victims and/or the social environment. Perpetrators might also try to mitigate their behaviour on the grounds of financial problems and/or the burden of caring for victims who have poor health (mental or physical)
- 2.4. understand the likely barriers which may prevent an older woman from disclosing IPVOW, such as financial reliance, societal values, care issues, impact on other family members (including adult children), concerns about where to live or fear of future violence
- 2.5. know and identify the types of behaviour which are IPV, ranging from physical to psychological violence, and in particular coercion, financial abuse and neglect (as these appear to be under-reported and/or under-recorded)
- 2.6. be aware of potential signs of IPV, such as injuries which are not fully explained, lack of financial independence, little choice in everyday matters (diet, clothes, lifestyle), victims' withdrawn and/or submissive behaviour and/or not given the opportunity to speak with others alone

- 2.7. acknowledge the significance of any contact with an older woman as being possibly her only opportunity to be identified (or to identify herself) as a victim of IPV and to be provided with information about support - whether for immediate intervention or leaving the door open for her to seek help or support of any kind in the future
- 2.8. use words, conduct and behaviour which are appropriate for each victim. Do not assume that there is a single approach which is suitable for all older women
- 2.9. be aware of and fully understand local and national protocols (including laws), relevant to individual roles, organisations and agencies aimed at safeguarding victims of IPVOW

### **3. Recommendations for specialist staff**

The following recommendations are intended for staff (throughout the law enforcement and social support arenas) who intervene in cases of IPVOW. The research established that such individuals should reflect upon their practices in order to improve their capacity to respond effectively to IPVOW; it is therefore advised that they consider the following recommendations:

- 3.1. maintain an open mind when communicating with older women who are victims of IPV. Do not be influenced by any preconceptions or stereotypes about such factors as age, physical ability, memory or decision-making capacity
- 3.2. maintain an open mind regarding older men (or women) who are perpetrators of IPV. Do not be influenced by any preconceptions or stereotypes, remember that some old and frail men and women are capable of physical violence, psychological/emotional violence, coercive control and harassment
- 3.3. be aware of 'justification strategies' used by perpetrators, such as blaming victims, denying or playing down violent acts, manipulating victims and/or the social environment. Perpetrators might also try to mitigate their behaviour on the grounds of financial problems and/or the burden of caring for victims who have poor health (mental or physical)
- 3.4. be aware of potential age-related challenges to successful intervention, such as: reduced resilience to the impact of violence, reduced capacity to recover from incidents of violence and the failure by some victims to identify mistreatment as abuse
- 3.5. be aware of potential gender-related challenges to successful intervention, such as; lack of or low financial resources, unequal power relationships, women who have been socialised to act as family care givers and/or perceptions that marriage is always for life

- 3.6. be aware of the complex barriers which might prevent older women victims of IPV from fully engaging with any intervention, such as - lack of awareness or mistrust that domestic violence support services exist and can provide help, lack of awareness or mistrust of legal procedures or social support services or even influence of adult children (encouraging or discouraging intervention)
- 3.7. use words, conduct and behaviour which are appropriate for each victim, particularly when addressing issues concerning control, coercion, sexual abuse, financial abuse or neglect. Do not assume that there is a single approach which is suitable for all older women
- 3.8. ascertain the full circumstances of an incident in order to identify any violence and associated risks. Do not always rely, solely, on victims to articulate the full extent of their experiences of IPVOW
- 3.9. risk assessments should be specific to each victim and adapted to include aspects such as longevity of IPV, dependencies of victim and/or perpetrator, health issues, financial issues and special needs. Use checklists (tick boxes) as a guide for the information required, rather than something requiring just 'yes' or 'no' answers
- 3.10. be prepared to question explanations (made by colleagues and/or other key workers) regarding the mental or physical health of victims and perpetrators. It is easy for an assumption to be regarded as a fact without the appropriate evidence to support it
- 3.11. be prepared to 'fast track' legal procedures (where possible), as any lengthy delays might deny an elderly victim access to justice. Such positive action can be an indicator of the status of older women and the regard in which they are held by society