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Working with Abused Older Women from a Feminist Perspective

Linda Vinton, PhD

SUMMARY. Domestic violence in older families is often referred to not as family violence but as elder abuse. This chapter will begin by discussing how perceptions of this type of violence impact informal and formal interventions. The prevalence and etiology of domestic violence are described, along with how the joint forces of ageism and sexism affect older female victims. National, state, and local efforts to prevent and remediate the abuse of older women are also covered. In conclusion, the author presents implications for working with groups and individual abused older women from a feminist perspective. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com]

KEYWORDS. Elder abuse, domestic violence, older women, feminist practice

Although violence within families has long been documented, remarkably, it was not until recent times that such behavior was viewed as warranting the general public's attention. During the 1950s and 1960s in the U.S., the prevalence and harmful consequences of child abuse and neglect were publicized, and during the 1970s, the widespread abuse of women became a focus. Responses to these forms of domestic violence included legal remedies and safeguards, protective and social services, educational campaigns, and temporary housing for

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victims. While we cannot agree as a society on how to prevent and remediate abusive behavior, nor on the extent that public institutions should be involved, there is wide scale acknowledgment that family violence is a social problem.

One of the last types of maltreatment between intimates to gain our attention has been elder abuse. The term “granny bashing” was coined by the British press during the 1970s, and in 1979 and 1980, the House Select Committee on Aging heard testimony about the phenomena of elder abuse and neglect in the U.S. Legislation surrounding reporting and investigating elder maltreatment has been primarily modeled after child protective statutes; however, not all states mandate the reporting of elder abuse (Ono, 1997).

This chapter will begin by discussing how the public, professional helpers, and women themselves view older abuse victims and how labels impact how victims’ situations are assessed and treated. Next, the prevalence of domestic violence in later life will be presented, along with its etiology. How the joint forces of ageism and sexism affect older women who are victimized will be highlighted. National, state, and local efforts to prevent and remediate the abuse of older women will be covered. In conclusion, the author will discuss implications for working with groups and individual abused older women from a feminist perspective.

IS SHE AN ABUSED WOMAN OR ELDER?

Perhaps an appropriate subtitle would be—And why can’t she be both? Although a false dichotomy, whether an older woman who has been maltreated by a family member or intimate is seen as an abused woman or an abused elder matters (Vinton, 1991). I will relate a story from my own work to illustrate how labeling a situation can make a difference in how one goes about intervening with victims of abuse. In 1980 I worked as the coordinator of a battered women’s shelter. My next job was in an Adult Services unit at a public welfare agency following the passage of adult protective services/elder abuse legislation. While working at this job, I also volunteered at a domestic violence shelter. Despite seeing older women that had been abused by their partners and other family members while doing adult protective services, I never viewed these clients as “battered women” who could possibly benefit from the same approach and types of services that the

shelter clients were offered. Rather, I viewed my older female clients that had been maltreated by family members as elderly persons in need of “aging services.” Most often this meant periodic home visits and homemaking services.

Linda Osmundson (1997), in her article, “Watching Our Words,” states that by categorizing individuals we can seriously risk the safety of victims of abuse. She writes that, “As women (and a few men) age, they become more sympathetic in the eyes of friends, neighbors, medical systems, and places of worship if they appear vulnerable. When those who appear vulnerable are abused, it is called “elder abuse”—a term more palatable than domestic violence, because it presumes the same “innocence” the system accords to children who are abused” (p. 10). Osmundson further points out that in some states, unless the older woman is “frail,” apart from law enforcement, she may not be eligible to receive services from state agencies.

This is a catch-22 situation for the older woman—on the one hand, she may be eligible for adult protective and supportive services if she is of a certain age and frail; on the other, as a victim of elder abuse, she may be served in a manner quite different from younger women who experience domestic violence. For instance, she may not be told about or given access to interventions that have been found to work well with battered women (e.g., group support). In addition, because of our dichotomous thinking (a woman can be a battered woman or an abused elder but not both), many elderly women do not perceive themselves to be battered women, and thus, do not seek services for victims of domestic violence. Seaver (1996) has concluded that, “older abused women need to be seen for who they are, not who we imagine or need them to be, if they are to be adequately served by any system” (p. 3).

HOW FREQUENT IS DOMESTIC VIOLENCE IN LATER LIFE?

First the good news: although many nationwide studies of family violence have been limited by the lack of survey respondents over the age of 65 or 70, researchers have consistently found that spouse abuse and age are negatively correlated—as age increases, the rate of marital violence decreases (Stark, Flitcraft, Zuckerman, Gray, Robinson, & Frazier, 1981; Straus, Gelles, & Steinmetz, 1980). National Family

Violence Survey data were examined by Suito, Pillemer, and Straus (1990) in order to examine marital violence across the life course. These authors found that the direction and strength of the relationship between marital violence and age were similar for the 1975 and 1985 National Family Violence Surveys. Both indicated a statistically significant decrease in the rate of marital violence reported by husbands and wives across age groups (18-29, 30-39, 40-49, 50-65).

The results also indicated that age continued to be related to marital violence even when the effects of three factors—marital conflict, verbal aggression, and the husband's drinking behavior—were taken into consideration. Interestingly, although some have suggested that older persons succumb more to societal pressure to conform to norms (in this case, to accept marital violence as normative or be reluctant to label it as spouse abuse), when respondents were asked in the National Family Violence Surveys about their attitudes toward marital violence, no relationship was found between age and attitudes for either men or women.

Now the bad news: in the first large-scale random sample survey of elder abuse, Pillemer and Finkelhor (1988) determined the rate of abuse for persons aged 65 and over who were living only with a spouse to be 41 per 1,000 couples. In terms of abuse, 58% of the perpetrators were spouses, as compared to adult children who constituted 24% of the abusers. The authors point out that people are most likely to be abused by persons with whom they live, and substantially more older persons, especially men, live with their spouses. Among reported cases of elder abuse, however, adult children are more likely to be named as the perpetrators. In a study of reported cases in 18 states, Tatara (1993) found that more than twice as many adult children (32.5%) were suspected of abuse than spouses (14.4%). This may be a function of the types of situations that are likely to come to the attention of health and social services professionals, as well as other reporters. Spouse abuse may be more likely to remain hidden.

DYNAMICS OF DOMESTIC VIOLENCE ACROSS THE LIFESPAN

Schechter (1987) defines domestic violence as “a pattern of coercive control that one family member exercises over another. Abusers use physical and sexual violence, threats, emotional insults, and economic deprivation as a way to dominate their victims and get their

way.” In a chapter on family violence theories, Yllö (1997) describes microtheories that attempt to explain domestic violence by focusing on the behaviors of specific individuals and macrotheories that take a sociocultural view of family abuse. Feminist theories blend these perspectives by treating interpersonal behaviors—in this case, abusive and manipulative behaviors, as manifestations of a social context that includes gender inequality of power and cultural acceptance of the control and domination of women by men. Throughout the life course, we see incest perpetrated primarily on young girls and female adolescents by their fathers and stepfathers, the battering of girlfriends and wives in disproportionate numbers, and a particularly high rate of physical abuse of older women by sons in light of the fact that daughters are far more likely to spend more time interacting with their mothers (Pillemer, 1985). While there is some debate over whether to view older women who are frail and have been maltreated by a caregiver as victims of family violence, in a significant number of such cases, the key components are power and control (Brandl & Wisconsin Coalition Against Domestic Violence, 1997; Brandl & Raymond, 1997).

In their handbook on developing services for older abused women, the Wisconsin Coalition Against Domestic Violence (1997) gives common scenarios of domestic violence in later life. First, victims tend to have internalized messages that they are to blame for the abuser’s violence. Second, victims may fear retaliation and the consequences of making their situations known to others. Isolation may further stymie such disclosure. Finkelhor (1983) states that oftentimes abusers manipulate the psyches of their victims by using psychological abuse, exploitation, and verbal threats in addition to physical abuse. Third, the potential loss of income and assets may be a barrier to living violence free. Fourth, the woman’s emotional and/or physical health may affect her decision making. And fifth, the social context may be influential in encouraging older women to maintain the status quo. Friends and relatives who may share generational values that suggest women are responsible for relationships and should self-sacrifice, that stigmatize assertive behaviors and separation and divorce, might not support older women in taking action to stop family violence. And although some adult children do encourage their mothers to take steps to improve their lives, others may create obstacles by making their mothers feel guilty or ineffectual.

THE OPPRESSION OF OLDER WOMEN

Pauline Bart (1975) has said, "This is not a good society in which to grow old or to be a woman, and the combination of the two makes for a poignant situation." Perhaps the word poignant makes this an understatement. While there are cultures that revere older women, in general, as American women age, they face ageist and sexist constructions about women past midlife that limit their social, economic, legal, and political opportunities (Aitken & Griffin, 1996; Rosenthal, 1990). Put bluntly, Markson (1992) states, "Once past menopause, females are more likely to be both denigrated and feared than their male counterparts" (p. 1). She goes on to point to numerous popular images of older women as ugly, absurd, menacing, or dependent.

In her essay, "The Double Standard of Aging," Susan Sontag (1975) suggests that while the prestige of youth affects women and men alike, getting old is more profoundly wounding for women. The special severity derives from another form of oppression—beautyism. While the perception that aged people are not physically attractive underlies ageist attitudes, our society defines physical attractiveness for women in terms of particularly youthful ideals, and the value of women is more intertwined with their looks than men's. Status or rewards for women are also more often dependent on affiliations with men than vice versa. Itzin (1984) suggests that ageist and sexist forces give out the message that women have two functions—one domestic and the other sexual, each involving availability and services to men. According to this view, older women may face sexual disqualification and redundancy because they are past their childbearing/rearing years.

Other common age related stereotypes are that old people are dependent and incompetent. Dependence can be viewed from different perspectives, including economic and social dependence. In a feminist critique of how Americans have traditionally defined "productive aging," Holstein (1992) posits that the narrow, work-oriented meaning of the term "productive" runs counter to the humanistic view that the worth of older people should be grounded on the principles of dignity and respect for all people. An economic versus social definition of a productive aging society has particularly negative consequences for older women since they face disproportional economic impoverishment. Nearly three-fourths of the elderly poor are women. According to Harrington Meyer (1996), retirement income is ". . . significantly

gendered in that it reflects the influence of the waged labor force; a gendered conception of work; and a view of marriage and family life as permanent” (p. 465).

In an article titled, “The Competent Older Woman,” Boellhoff Giesen and Datan (1980) propose that society tends to take the opposite view and stereotypes older women as dependent, passive, and lacking in competence. These authors state that such thinking is based on a misconception that older women have not acquired the same levels of competence as older men (again, as may be related economic definitions of productive aging) and that with increasing age comes a decrease in everyday problem-solving ability (an ageist assumption).

Some of the consequences of ageist and sexist attitudes for older women are invisibility and lack of credibility. In our society, older women as a group and as individuals can be safely ignored because their voice cannot be heard. Recent efforts to join gerontological and feminist theory (Reinharz, 1986) and to conduct gender-specific research in gerontology (Markson, 1992), however, are helping to give a voice to middle-aged and older women’s issues. The expansion of the battered women’s movement to include the cause of abused older women is also making a difference in this regard.

NATIONAL, STATE, AND LOCAL EFFORTS TO PREVENT AND REMEDIATE THE ABUSE OF OLDER WOMEN

Among the states, Wisconsin was one of the earliest to bring attention to the abuse of older women and since the 1980s, has been a leader in the development of educational materials and specially targeted services. Importantly, the Wisconsin Bureau on Aging and Wisconsin Coalition Against Domestic Violence have worked closely together for more than a decade. It was, no doubt, helpful that during the 1980s, Wisconsin’s Director of the Bureau on Aging, Donna McDowell, had a raised consciousness and talked about the abuse of older women and the need for statewide advocacy (McDowell, 1988). Moreover, an early study of domestic violence shelter programming took place under her leadership (McKibben, 1988) and positions were created within the Bureau on Aging (and jointly with the Wisconsin Coalition Against Domestic Violence) to address the concerns of older battered women.

Another woman in a position to bring attention to how domestic violence affects older women was Maxine Forman, Manager of the Women's Initiative section of the American Association of Retired Persons (AARP). Having been involved in the work of a domestic violence shelter earlier in her career and having read an article on abused older women, she became interested in bringing people to Washington, D.C., for a discourse on the subject. The result was the 1992 AARP sponsored forum titled "Abused Elders or Older Battered Women?" that brought together aging service providers and the domestic violence community. Alarming, when the AARP publicized the meeting in their newsletter, more than 500 older women wrote the Women's Initiative about their own situations, often detailing long years of emotional and physical abuse at the hands of family members.

A report from the forum (AARP, 1993) listed numerous recommendations with respect to community based services for abused older women. Some of these included: (1) ensuring that appropriate, accessible, safe shelters and other services were available that take into account the needs of older women; (2) sensitizing and educating all service providers, including the medical and legal professions, counselors, and religious leaders about sexism, racism, and ageism; (3) instituting cross-training, coordination, and coalition-building between the elder abuse and domestic violence communities; (4) providing support and social services by creating a comprehensive, integrated support and intervention system; (5) reaching out to older women by disseminating information about domestic violence through senior centers and home services, health clinics and physicians, civic association, and public benefits officers; and (6) providing victim advocates and creating sister-to-sister "buddy" programs between recently battered and formerly battered women (pp. 23-24).

With support from the AARP's Women Initiative, a survey was conducted in 1993 of 53 statewide domestic abuse coalitions, 50 state offices on domestic violence, 54 state offices on aging, 56 offices of attorneys general, and 27 participants of the "Abused Elders or Older Battered Women" forum (AARP, 1994). The purpose of the survey was to ascertain if statewide statistics were being kept on the number of older battered women receiving services and if specialized programming was available through these offices. Primarily, state offices on domestic violence (12 of the 27 agencies that responded) kept statistics, followed by domestic violence coalitions and state offices on

aging. Although the response rate was low for the survey, it was tentatively concluded that older battered women were an undeserved population after finding only 15 specialized programs in four states.

Research on the use of domestic violence shelters to meet the needs of older battered women since that time has been only somewhat more hopeful. In a look at Florida's shelters, Vinton (1992) reported that less than one percent of the women served were age 60 and over, despite the fact that the percentage of older persons in the counties where shelters were located ranged from 11 to 45 percent. In a follow-up study of Florida's shelters (Vinton, Altholz, & Lobell, 1997), it was found that the number of shelters with special programming had increased from two or 8% to five or 22% over a five-year period, and that the percentage of older staff members, volunteers, and board members of domestic violence shelters had also increased.

Most recently in a nationwide study, Vinton (1998) reported that 61 of 428 respondent shelters offered some type of special programming for older women. This programming primarily consisted of outreach or individual interventions. Many of the shelters reported the lack of funds as an obstacle to providing specially targeted services or outreach. With the exception of six demonstration projects funded by the Administration on Aging in 1994-1996 and some limited state funding, there have been scant funds available to specially target older female victims of domestic violence.

A FEMINIST APPROACH TO HELPING OLDER ABUSED WOMEN

Countering Sexist and Ageist Beliefs Among Helpers

Perceiving the abuse of older women as a women's issue is a starting point for feminist practice with older women victims. Although many of us like to believe helping professionals have a heightened sense of awareness when it comes to the dynamics and effects of sexism and ageism, such individuals are not immune to stereotypes. We must be able to see older women as women, with the common connections that women have. We must be able to hear what older women tell us and understand how the forces of oppression not only affect victims of domestic abuse, but helpers as well.

In a literature review on the subject of counselor bias, Eisenberg

(1979) discusses the many studies that show that the attitudes of counselors, social workers, psychologists, medical professionals, and other helpers, reflect those of society at large when it comes to stereotyping. As a social work educator, I have used one particular study in the classroom that I feel is provocative and helps students to see their own vulnerability to ageism and sexism. Kurtz, Johnson, and Rice (1989) designed an experiment that had students view a series of videotaped vignettes depicting doctor-patient interactions. As many conditions were held constant as possible (physician's manner and behavior, setting, patient complaint, dialogue) while the sex, age, race, social class/occupation, income, and physical attractiveness (as agreed on by a panel) of the patient varied across the vignettes.

Patient I was a young, attractive African American woman who was attending college and struggling with money. She was articulate in describing her symptoms. Patient II was also young, attractive, and a college student, but she was white and had poor verbal skills. Patient III was a middle-aged white man who was a judge. Although he had trouble articulating, he appeared confident when discussing his symptoms. Patient IV was a middle-aged, white woman. Her appearance was described as ordinary. Unlike Patient's II and III, she was very articulate and an explicit source of information about her symptoms. Patient V was an elderly, white man who was assertive with the physician and had a grasp on his condition, but who turned to his wife for clarification during the interview. After watching all of the vignettes, the master's level social work students in the sample were asked to check which characteristics from a list of 10 positive and 10 negative characteristics applied to each patient. They were also asked to indicate the probability of successfully helping each patient in the resolution of his/her complaint, and to rank order the patients in terms of liking to work with them, and the degree to which they felt the patients would cooperate with treatment.

As you may have already surmised, the middle-aged woman and man were assigned the "most favored" status by the lowest percentage of students, followed by the elderly man. The elderly man had the distinction of being the "least favored" patient by the highest proportion of students (35%). Stereotypic thinking was shown by assigning characteristics such as "is dependent," "is a complainer," and "probably needs psychological help" most frequently to the middle-aged woman and "is rigid" to the older man. Despite the fact that the

young, white woman (Patient II) was inarticulate and the middle-aged woman was an explicit source of information, three-fourths of the sample viewed the younger woman as “a reliable source of information” and “intelligent”; whereas less than half assigned these same characteristics to the middle-aged woman.

These results may be explained to some extent by the students’ own demographics (primarily under age 30, female, and white). If individuals tend to idealize people most like themselves and to stereotype others, as the students did in this experiment, this leaves older women in a precarious position. Women aged 50 and over are not well-represented among law enforcement officers, medical doctors, and domestic violence shelter staff. And while they are better represented among private counselors, social service, and mental health agency staff, the percentage is probably still not proportionate to their numbers. Furthermore, if we consider representation by minority women among these professionals, a greater disproportion will be seen.

For more than two decades, there have been repeated calls to integrate content on women’s issues, and specifically, older women’s issues, from a feminist perspective, into educational and training curricula for helping professionals (Abramovitz, Hopkins, Olds, & Waring, 1982; Cavallaro, 1991; Kravetz, 1982; Thompson, 1988). Underlying such recommendations is the belief that the integration of feminist principles and commitments will promote humanistic practice (Bricker-Jenkins, 1991). While there is no unified feminist perspective, Kravetz and Jones (1991) suggest that a basic tenet of feminist thinking is that the forces of oppression such as sexism, are institutionalized, thus inextricably linking personal and sociopolitical transformations. According to this view, a woman’s situation exists within a social context that fosters the inequality of women, powerlessness, and dependency, and these factors relate to individual problems and the victimization of women.

It would be glib to simply end here with the recommendation that helping professionals be educated or trained about older women’s issues from a feminist perspective. Bedard and Hartung (1991) state that when students are required to learn about women’s issues, the classroom may be transformed into one in which the balance of attention shifts from those students who are interested and sympathetic to studying women to those who are reluctant or even hostile. Some educators believe resistance is positive because it means those that

need to hear about views different than their own have listened and reacted (Rothenberg, 1989), but others have found that with certain groups, consciousness-raising can be an emotionally draining and intellectually disappointing experience. It is not only difficult to promote self-reflection among passive students but those who believe they are egalitarian humanists as well.

Some guidelines are to not avoid the issues when educating groups about older women's issues. Material that provokes is needed by all students—even those with heightened awareness of women's issues, to keep them interested and continually examining their own beliefs and practices. Deal openly with issues of the domination of women by using the circumstances at hand as an example if emotions and behaviors get out of control while discussing women's issues, oppression, and feminism. Finally, do not assume there is only one kind of feminist belief system or approach; rather, discuss "What is feminism?" "Am I a feminist?" "What does it mean to me? Us? Women we work with and advocate for?" (Hanmer & Statham, 1989).

Specialized training materials have been developed that focus on older women. Among them are the BIHA Women in Action's manual titled *Ageism and Battering for Women of Color* and the National Coalition Against Domestic Violence's special edition of *Voice* (Fall 1997) which is devoted to older battered women. Several state coalitions also offer training guides such as the Wisconsin Coalition Against Domestic Violence (*Developing Services for Older Abused Women: A Guide for Domestic Abuse Programs*) and Florida Coalition Against Domestic Violence (*The Florida Older Battered Project: Training and Information Packet*).

Working with Abused Older Woman at the Agency and Individual Level

Feminist practice is derived from a rights and strengths perspective. The importance of women having control over their everyday lives and bodies is stressed (Kravetz & Jones, 1991), along with their right to choose their lifestyle (Brandl & WCADV, 1997). It is assumed that most all women have skills that can help them live violence-free lives and that such capacities can be validated through support and bolstered by resources. Some general techniques of feminist practice include "finding language to describe and talk about women and their oppression which is understandable and addresses their circumstances"

and “assuming client oppression and lack of choices [but] exploring choices and challenging where there appear to be none” (Hanmer & Statham, p. 130).

Agencies and practitioners can create a welcoming atmosphere for older women by altering the physical environment in which they might typically work. By meeting with women in their homes or places close to where they live, their receptivity to using services and resources may increase. Health problems, as well as changes in hearing, vision, and mobility, can make it difficult to get to and manipulate the physical layout of offices, shelters, and meeting places. Making transportation, important parts of the environment (e.g., chair, walkway, main office, bathrooms, private area), and reading materials accessible is a start, but comfort should also be a goal.

A socially supportive environment is another aspect of programming for older women that can be empowering. The Manager of the Older Abused Women’s Program at the Milwaukee Women’s Center (Seaver, 1996) has stated that the most visible impact of her program was on the 45 women that attended their support group. Validation refers to affirming an individual’s subjective experience of reality. Since we know that the dynamics of oppression and domestic violence against women include discounting or marginalizing women’s concerns, group support plays a crucial role in letting women know that they are believed, that their lives matter, and that they are not alone. Peer or professional facilitators may also share their perceptions and assessments as part of the validation process (Bricker-Jenkins, 1991). Brandl and the Wisconsin Coalition Against Domestic Violence (1997) offer the following advice in developing support groups for older abused women: (1) consider naming the group in such a way that does not only focus on the dynamics of domestic violence but instead what the group aims to do such as promote safety, well-being, and support; (2) find a community-based sponsor that is familiar as an aging services organization; (3) have at least one facilitator that is an older woman; and (4) count on women themselves to advertise the group or local media rather than mass communication.

Many of the same strategies that have been found to be effective in working individually with younger abused women work well with older women. Brandl and Raymond (1997) list the elements of an empowerment model as:

- Empathic listening;
- Making time to properly document;
- Providing information about domestic abuse in later life;
- Offering options and choices;
- Working with domestic abuse and elder abuse specialists;
- Encouraging planning for safety and support;
- Referring to local resources. (p. 65)

While older abused women may be more likely to need a different complement of services than younger women due to physical or cognitive impairment, we cannot ignore the complexity of their needs. Victims of elder abuse are often victims of domestic violence. In turn, we need to view domestic violence services and resources as aging services and resources, thus borrowing from the domestic violence shelter movement that has long promoted feminist principles.

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