



Spotlight: Episode 2

Podcast transcript

Rachel Ozanne: Welcome to Spotlight, the podcast for the domestic abuse sector. I'm Rachel Ozanne, from the SafeLives Knowledge Hub and this is the second podcast in our Spotlights series on older victims of domestic abuse. Over the next 5 weeks, we'll be publishing blogs, hosting webinars and having a live Twitter Q&A. To stay up to date, visit the SafeLives website follow us on Twitter @SafeLives_ or on Facebook.

This week I'm talking to Margaret Smith, an Idva with Safer Wales who specialises in domestic abuse services for older people. I asked Margaret about the emotional reality for many who suffer abuse at the hands of carers and family on whom they may depend on for their finances, their care and their medication. We also spoke briefly about what Margaret calls the 'double struggle' of older, BME people and, crucially, what tips she has for validating their experiences and helping services to support and engage an older demographic.

RO: So thank you Margaret for agreeing to speak to me. Can you tell us a little bit about your experience of working with older victims and the project that you have set up?

Margaret Smith: Okay, so maybe if I just tell you how it came about, how it started?

RO: Yeah fantastic.

MS: In 2011 we were involved in the Access to Justice pilot, so that was a working group with representatives from Age Cymru, the Crown Prosecution Service, Disability Wales, the Legal Services Commission, and the Older People's Commissioner. So Steve Bartley, who is now the assistant to the Commissioner, he organised seminars and conferences around Wales and asked me to come along and I facilitated a workshop and I also gave a presentation. So when I came away from there, I came back and I thought, well, what can we do as an organisation to improve the way that we work with older victims of domestic abuse?

RO: Had that been an issue, had you looked at that before they'd set up the Access to Justice had that been something that you'd been looking at?

MS: Oh yeah, we've always worked with older victims from the inception, from when we set up in 2001, but looking more specifically at how we could improve the services and maybe create a specialist project. So that's how the Butterfly Project came about. I thought of a name – and how the name came about is – I've got a picture in my office and it says on there, it's pictures of butterflies and it says, "Just when the caterpillar thought the world was over, it changed into a butterfly," so it's a sort of metaphor, it metamorphoses into –

RO: Ah, that's fantastic

MS: And I thought – yes, that's what I'm going to call it, because it's so significant isn't it?

RO: That change can happen at any time?

MS: Yeah, so I'll show you the picture in there. Referrals have slowly come trickling in, we are getting them from other Women's Aid groups, from housing, from GP's surgeries, and we are getting most of the PNNs now from the police – when they get an incident with a person whose over sixty, they tend to send them over to us and see us as the specialist service now for working with older people.

RO: So why do you think with a specialist service you get more referrals coming through than just a normal, generic Idva service? What's the difference do you think?

MS: Well I think that when people hear that there are specialists out there who can work with older victims, and they've got the knowledge and the experience and the skills, I think it does make a difference because it is a different client group. I mean, when women come in here in general, we usually give them, say, an hour – I mean we don't stopwatch and say "Your hour's up, you've got to go," but in general it's about an hour or so, depending on the situation of course. But when an older person comes in I usually give them more time. I might put out an afternoon in the diary or a morning in the diary, because they've got a longer story to tell for starters – I mean some of the women coming in here have had fifty years of abuse.

RO: Right.

MS: So, you know we give them extra time and we listen to them.

RO: And the way they might tell their story I guess isn't it, because you don't want to kind of curb, if someone's needing to tell it in their own way?

MS: Exactly.

RO: So what are the main differences with older victims in terms of what's going on for them like the abuse, and their support needs compared to younger people?

MS: Well usually what I find is the first thing they say when they come through that door is "Oh, I'm not sure if I should be here really. Maybe you would be better off seeing the younger ladies with the kiddies." That's what they say.

RO: Right, ok.

MS: They don't think they even deserve to be here, and I quickly validate their experiences, say "No – look, you've had years of abuse. You've been in this abusive relationship for so long, and you're just as entitled to come here as a younger person. Just because you haven't got young children, it doesn't mean that you're not justified in coming here or entitled." And they're fine then. But that's quite common, they do say that. And as well they might say "Well, you know I haven't got a black eye or bruises or a broken arm, it's mainly financial control, and coercive control and mental cruelty." But we still recognise that as being abuse and it's bad; sometimes that can be as bad as physical abuse, or even worse in some cases. So, you know we recognise that and we let them know as well.

RO: I suppose the impact if they've been living in those situations for such a long time, then the sort of build-up of the impact of that must be quite severe in some cases I guess.

MS: Yes, and you sometimes will find that families are not always supportive. Their grown-up children may be supporting their father or they may be saying to the mum, "Why are you doing this? You've been with Dad for x amount of years, why are you doing this all of a sudden? And poor dad." Or it could be the other way around because we work with female victims of domestic abuse, we also work with male victims, and we are finding we are getting quite a lot of referrals from males as well.

RO: Yeah.

MS: And looking at the stats; it seems to increase after the age of forty.

RO: Oh right ok, that's interesting.

MS: I mean there's lots of triggers as well, you get people who've maybe, I mean retirement is a trigger, so people who've worked all their lives then all of a sudden their retired, and at first it's ok. But then some resentment starts to set in and unfortunately some people take that out on their partners. And then of course you get what I call 'domestic abuse grown old', where there may have been a bit of tension over the years but that's gotten slowly worse and it's escalated into violence.

RO: Yes, so quite different situations that people are coming in and talking about. One of the things from the data as well was around carers' issues –

MS: Oh disability is another trigger.

RO: Yeah.

MS: I mean, we don't know what affect disability would have on our partners. I mean, you might have a wonderful partner but say you develop sever arthritis and you end up in a wheelchair. You may be fortunate and have a wonderful partner who's happy to look after you and care for your every need, but you may find yourself with a partner who doesn't want to do that; who's resentful and unhappy about that and just sees you as in the way. And then they start getting nasty, so yeah medical conditions, disabilities, that's another trigger.

RO: And I guess that can be another barrier then to seeking help if somebody's concerned about what's going to happen and maybe feels as though they should just put up with the situation because that person is their carer, or maybe they're the carer of their perpetrator, but also fearful of what their life would be like without that person in terms of what support might be out there.

MS: Yeah.

RO: Because I guess it must be, in terms of when you're working with someone with those additional support needs like a disability or carers issues or stuff like that, is that quite a challenge when you're looking at the interventions that you can provide?

MS: It is, yeah, it is. I'm currently working with someone now who has got impaired sight, and she is very anxious about what would she do if she did decide to leave her partner. So I'm trying to work with her in explaining that there are services and support that she can access, so just trying to get it home to her that she's not on her own, she doesn't have to go through this on her own.

RO: Yeah, so I suppose having that extra time to spend with people when they're working with you so you can explore all the different things that might be going on for them, and then having to tailor your safety planning to what those needs are.

MS: Yeah and it does involve working with a lot of other agencies as well because, no one can do this on their own. Anyone who thinks that they can do it on their own is quite a dangerous thing because you have to work with agencies like Pova (Protection Of Vulnerable Adults), you have to work with adult services and of course then there's Marac, because we know from experience that older people didn't get referred to Marac, its only recently that they're starting to get Marac referrals. When we look back over our records we could see that once people hit 50 and 60, there are hardly any Marac referrals. But now there's at least two or three on each Marac.

RO: Why do you think that is, do you think it's because they weren't coming in to domestic abuse services particularly anyway or that people think it's a safeguarding issue so I'm going to refer to adult services and don't see the Marac as relevant?

MS: Yes, and this is not a criticism of adult services or Pova, but sometimes professional social workers, doctors even, they will see only medical conditions with older people and they don't sometimes always see, they're not trained or experienced enough to see the domestic abuse, but they are now because they're getting the training so this is why I think numbers have increased. Prior to that people I think were missing out on thinking sort of outside the box and, is this just medical conditions or is there something else going on deeper?

RO: I thought that was really interesting, so Margaret's, there's a recording of her doing a presentation on YouTube and we will put a link to that so people can have a watch, and I think that's one of the points that you made in your presentation, I thought that was really interesting that you can have someone that's developed health issues that are actually connected to either injuries from previous domestic abuse or potentially that stress or accumulation of the psychological damage that they've experienced, but like you say people might not think is related to domestic abuse.

MS: Yeah I've had women in here, who've developed severe arthritis, but it's not always just a medical condition, it wasn't the case that, oh, they're old so that's why they've got arthritis. That woman that has been beaten so badly over the years that she's developed the arthritis in the sites where the injuries were.

RO: Right, okay.

MS: And I don't think people realise that. And then we've had other women where they've developed diabetes, and people think that diabetes only comes if you've had an unhealthy diet and unhealthy living; you don't exercise. But diabetes can be brought on by trauma –

RO: Right, okay.

MS: And we've had women who have come in here, and they've had diabetes, and then because of their depression they maybe haven't managed their diabetes well and they've ended up losing their sight or losing limbs – they've been amputated. So it's just a vicious circle.

RO: Yeah it's a really severe impact isn't it, of all that they've experienced.

MS: And women who've developed mental health issues because of all the domestic abuse. They didn't start out – it's very rare that people start out, people are not born with mental health, you know, it's developed because of all the abuse, years and years of abuse.

RO: And I suppose if those people, because if the data's showing us that older people aren't tending to, certainly self-refer into domestic abuse services, that, like you say, a different agency might need to pick that up and recognise the signs and maybe refer in – so health or adult social care or I guess the police – that the raising awareness with those agencies is really important. So you've seen that with here?

MS: I mean another typical example is a woman who presented with profound hearing loss and the GP will probably say, oh well you know she is in her eighties, but it's where her husband was beating her constantly, punching her in the side of the head, in her ear – she had perforated ear drums, and ended up with profound hearing loss. So it's about thinking well, is this just elderly medical conditions brought on by age, or is it something else?

RO: Yeah and asking those questions, and I'd imagine that how you'd ask those questions with an older person might be different as well in terms of their understanding around domestic abuse.

MS: And you have to build up a relationship, that takes time with someone. And I always say to them, "Thank you for coming in here and sharing your story with me, a stranger," and I validate their situation and say to them "It must have been very hard, you're very courageous, coming in here and talking to a stranger about your personal, private business. It must be so hard."

RO: Yeah and it's not usual is it I guess. With a lot of people but particularly in an older generation where that's probably not the done thing, that must be a big step to share something that's sort of seen as private.

MS: Yeah – back in the day they didn't have any refuges, certainly no women's safety units, and police weren't that helpful years ago, they're much better now. No legal services, very few counselling services, so there was no help, so people did just have to put up with it.

RO: And I suppose even now, I mean some areas you see campaigns trying to promote domestic abuse services, but it's still not a common thing to see is it in terms of how services are advertised, so again it might be that someone either it's difficult for someone to recognise the situation that they're in or certainly where they might get help from. On your YouTube it's really interesting when you're talking about BME [black and minority ethnic] victims and some of the barriers that they might have faced would be different or kind of bigger, I guess. Could you tell us a little bit about that?

MS: Well the BME clients, I always call it the 'double struggle', because they're confronted not only with the issues that western women would be experiencing, but on top of that there may be language barriers, as we've discussed you know. Older victims, they may be less likely to speak English than younger people because they may not have had the opportunity to learn English, or maybe not encouraged, they've not been encouraged to learn English. Not that they didn't want to learn English, they weren't allowed to or encouraged to. So there's a language barrier and some people, they've been so cocooned away from life that they've got no concept of what it's like to be involved with let's say solicitors, or police, the legal system or the criminal prosecution service, so for them it is absolutely huge coming out. If BME women come forward, you know it's serious, so this is fraught with problems

when you're working with people who've got no recourse to public funds or to public housing. Some women feel that there is no escape for them because if they try to leave, they fear being deported, because they came over here as a spouse with their husbands. So, for them, they think that they have to stay with that person forever.

RO: So it's quite a lot of work then to do around what the options are and I suppose quite a slow process potentially for them to make decisions around what they want to do.

MS: Yeah and some very traditional Muslim women, you don't leave; you stay with that person to the death, you know, divorce unheard of. And if you decide you want to leave your husband you will not only be isolated from the family, but you'll be isolated from the whole community, and you will have brought dishonour and shame on, not just the family, but the whole community. So it is a biggie, and not only that I mean if you or I were in a relationship and it broke down, we always know that our families and our friends are going to support us whatever, but that's not always the case for BME women. They're not going to get that support, so it is doubly difficult for them I think.

RO: Yeah, absolutely. So in terms of the types of support and safety planning that you do with your older clients, what kind of things are the most common things that you do, or things that other services could think about putting in place?

MS: Well we would offer those clients exactly the same we offer younger clients – we would offer them the emotional support, we would offer them the housing support – and again we've had some really positive outcomes with housing as well because whilst, in Cardiff, the housing situation is dire and general housing is in short supply, the housing for older people in sheltered housing let's say, is not in such – there's not such a huge waiting list. So we've managed to secure housing for older victims liaising with the council and that's been really good.

RO: Yeah, so similar sort of safety options –

MS: Legal advice, so they can come here and have a free hour's legal advice from the solicitor about anything they want to discuss – divorce and maybe property issues, because that's sometimes a problem.

RO: Yeah I guess that could be one of those barriers if you've –

MS: Yeah – joint ownerships with properties.

RO: Yep, and how the financial separation would be. One of the things in the data was that older clients tended to be more likely to remain in relationships, and that might be if they are family relationships which are going to be very very difficult to ever, sort of, separate from aren't they or intimate partner relationships. Is that, and I guess for a lot of Idva services that might be a challenge in terms of having a lot of the options if someone wants to leave, and kind of the different sort of safety options there. But if someone wants to remain in the relationship is that more of a challenge in terms of safety?

MS: Yes, they may be the carer for that person and even though they hate how the person is behaving, they still care about them and they worry about how that person is going to be looked after if they leave. They think that they're the only people who can look after that person, so that would be a barrier. Another barrier might be that they look after children, grandchildren whilst the children – the grown-up children – go out to work. And then they think, well if I leave who's going to look after these children for my daughter or my son whilst they go out to work? So they might still, you know although they're older, have caring responsibilities and they take those responsibilities very seriously and, usually, put those people before themselves. They put everyone else before themselves.

RO: Yeah, how do you work with those kinds of cases where someone's kind of in those situations where leaving is not an option for those various reasons? Like, how do you support those clients?

MS: It's just trying to get them to realise that enough is enough and we need to do something before it gets really bad, you know before something bad happens. And it's how to manage that and how to let them know that there are services available where they can get a different kind of help from someone else, from another agency. Or they can just make other arrangements but not to stay to the death.

RO: So trying to work out, I guess, if you're then exploring what those different barriers are then trying to think if there are different solutions, like you say, to those that –

MS: Yeah because we do work in a solution-focused way, so, our motto is 'There's no such thing as problems, only solutions.' But yeah I mean there are different definitions as well of older victims.

RO: Yeah it's really tricky isn't it?

MS: The Welsh Assembly Government defines someone as being old when they're fifty.

RO: Yeah

MS: The Older Persons Commissioners Office defines someone being older when they're sixty. Whereas you and I might define somebody as being old as, like, in their seventies or eighties. So there are lots of definitions being handed.

RO: I was discussing this with my mum who's sixty-one I think, and she was quite horrified to think that she was in the category of 'older person'.

MS: Well you qualify for sheltered housing as soon as you hit fifty now, and I don't think some people realise that.

RO: Yeah so I guess trying to appeal to different clients then when that's going to be a real range of situations and life experience, and there's different generations within that category isn't there – if you're sixty or if you're eighty – that's quite a challenge then as well isn't it that you're a service that appeals to people across those different ages. So if you were giving, kind of like, tips to an Idva service about how to, who can see that there's loads of older people that could be accessing their service and they're not, what things do you think a service could do to make a difference to get older people engaging with them?

MS: I've got about a dozen slides on this, recommendations for agencies –

RO: Excellent well if we can steal those from you we will put them on the website.

MS: Yes, I would say ensure the services are flexible and available for diverse needs. You've got to make sure you're accessible, there's accessibility. I'm sure you've seen that as we've gone round in here.

RO: Yes

MS: Open access, community outreach services and programmes. So, like for example, people don't always want to come in here as nice as it is, so I do go out quite a bit and see people in their own homes with maybe a social worker or a police officer – because we're not allowed to go on our own, we've got a lone-working policy. Or I can see them in a hub, which there's lots of hubs all around Cardiff now, we've got them on every estate – there's one just round the corner from us. So at whatever hub is nearest to them I can see them. Or if they identify somewhere, I like doing that, I like them to say themselves "I feel safe in this café round the corner, it's quite quiet. Can you come and meet me in there?" That's great, that's fine, wherever they feel comfortable. I go out to them so I think you've got to do a bit more of that with older people, you've got to meet them where they're comfortable. So provision of appropriate housing, ensure publicity material uses images of women of all ages – I've got some posters I can show you and you can take with you. Develop strong links with other agencies and –

RO: Do you think there are any particular agencies that are key, that you'd be like these are the agencies that you must try and make these links with?

MS: Well like Women Connect [Women Connect First, a charity which supports BME women and communities in South Wales], they've got their own older group so I made links with them and that's turned out to be really positive. I go to the hubs and sometimes, when they find out what I do, they'll say to me, "Will you come and speak to our over 50s group?"

RO: So community groups, I guess you because people think you've got adult social care or health but there are going to be other potential places like you say where people are going to.

MS: Churches, wherever older people hang out. And yeah, recognising that domestic abuse doesn't end at fifty or sixty and listen to older women. Have older women visible. Provide more training. Develop clear policies and guidelines. When I'm talking about making a difference I usually end it by trying to sum it up, I say to them, "If you don't remember anything I've just told you, just try to remember this: can you ask the right question, the right way, at the right time, and give the right response?"

RO: Margaret thank you very much, we appreciate your time.

RO: Thank you for listening to this podcast. All the Spotlights content can be found on the SafeLives website at www.safelives.org.uk/older-people.