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WHOSEFVA
Working with Healthcare Organizations to
Support Elderly Female Victims of Abuse



Co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union under Grant Agreement no JUST/2015/RDAP/AG/VICT/9320

Country Specific Policy Recommendations for Northern Ireland¹

Whilst extensive work is carried out in the area of domestic violence the full scope of domestic violence and abuse amongst older women is unknown, this is due to significant under reporting and confusion around terminology. It is deeply rooted in societies inequalities between men and women.

A recent report from Womens Aid (2017) found that women over 60 appear to be underrepresented in their sample of service users but it cannot mean that women in these age groups are not experiences domestic violence; ultimately awareness raising campaigns also consistently focus on younger victims and perpetrators.

To an extent domestic violence has been included in policy since the mid 1970s in the UK and as a result provisions can be seen across housing, health, education, security and social services as well as civil and criminal law however, older people/ older women do not benefit from generic policy provision as they require more tailored responses to fit their needs and experiences.

There is still a deficit in the protection of older people against violence particularly women. Over the past few years there has been a number of issues surrounding elder abuse in care home and residential settings which has been widely documented and reported thus making it more visible. However, like many other issues older people face, it still remains a taboo subject.

Whilst this is the case, there is ongoing work that is moving in the right direction. Regards training within the South-Eastern Health & Social Care Trust (SEH&SCT) area training on elder abuse is given as part of Domestic Violence and Abuse Awareness Raising/training organised by the South Eastern Domestic & Sexual Violence Partnership (SED&SVP) and take place 3 times per year and are co-facilitated by Women's Aid and a member of the South-Eastern Trust's Learning & Development Team. MARAC Training also takes place within the SEH&SCT approximately 3 times per year. The SEH&SCT Adult Safeguarding Team also undertakes Adult Safeguarding Training which would also incorporate abuse of elderly women. There are also other Ad Hoc and bespoke training sessions organised by the SED&SVP. The main obstacle faced is that whilst the issue is becoming more open within organisations there is probably still reluctance within the wider public to recognise the incidence of elder abuse.

The provision of information also continues to increase to a certain extent. The SED&SVP have developed a poster depicting an elderly woman as a victim of Domestic/sexual violence and we encourage this to be displayed as widely as possible. Women's Aid also have a service specifically for older women.

The Older Persons Commissioner (OPC) continues to work to reduce and to raise awareness of emotional/psychological abuse, neglect, physical abuse, sexual abuse, financial abuse, discriminatory behaviour and practices and institutional abuse. The OPC is making recommendations to NI Assembly (Health and Justice) as still no adequate legislative protection; it is disparate and disjointed and clarification on definitions is required.

¹ *These policy recommendations have been produced with the financial support of the Rights, Equality and Citizenship Programme (2014-2020) of the European Union. The contents of these recommendations are the sole responsibility of Women's Support and Information Center NPO and can in no way be taken to reflect the views of the European Commission.*



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The Regulation and Quality Improvement Authority (RQIA) monitor and inspect availability and quality of health and social care services in Northern Ireland ensuring that services provided are accessible, well managed and meet the required standards.

However as mentioned limitations still exist. Whilst training in basic gerontology and geriatrics to include recognising signs and symptoms of abuse is highlighted briefly during training, it is insufficient. Alongside, additional support and protection is needed which may help to increase the number of reports made.

Whilst measures are in place for investigating claims of elder abuse namely in the form of Adult protection/ Safeguarding coordinators in local health and social care trust, Police and RQIA. There are gaps in protection compared to other parts of UK due to constraints on health service. Legislation is interpreted differently by local authorities and/ or depending where you live leading to vulnerable adults being put at risk.

As a result, the following recommendations have been put forward

1. Research and data collection

Increase the number of research projects and working groups working in the area of elder abuse, more effective and efficient means of collecting data to enable trends to be tracked.

2. Raising Public Awareness

Investment is needed in the resources available to raise awareness of the issue amongst the public, to promote the incidence of elder abuse including the incidence amongst men, dispelling any myths and reducing the stigma that surrounds the issue. (supported in The Istanbul Convention 2011)

3. Protection and Support services for victims of elder abuse

Development of a more comprehensive system allowing elder abuse victims to receive adequate and proportional compensation and also the creation of support services and helpline that specialises in helping the elderly population as this is currently lacking, (supported in CM/Rec (2014) 2 of the Council of Ministers – Protection from violence and abuse).

4. Legislation, specialised bodies and funding

Public spending used to prevent elder abuse is inadequate. There is no adequate legislation in place protecting the rights of the older person. Inclusion of elder abuse in relevant frameworks and strategies by different government departments to ensure issues are addressed comprehensively (supported in The Istanbul Convention 2011)

5. Training, support and working conditions for professional and informal caregivers

There is lack of thorough training in gender specific issues, basic gerontology and geriatrics for those working in health and social care settings. (supported in the Local Plan on Ageing 2002 (MIPAA) (Madrid International Plan of Action on Ageing).