

## **The help system provided by social services in Germany: Barriers from the perspective of older women**

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### **Problem.**

Social services institutions in Germany have developed a differentiated structure for protection that provides preventive support, short-term support in emergency situations, and long-term support in coping with the experiences of violence. Nevertheless, women's shelters and specialized counseling centers are used by only about one third of women who are affected (European Union Agency for Fundamental Rights, 2014). The composition of users also shows that not all women who are affected by violence are reached to the same extent by these services: Older women use these services significantly less often in Germany (Frauenhauskoordinierung e.V., 2019; German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2014).

### **The project.**

A qualitative research project that I conducted in the western part of Germany in 2022 addressed this discrepancy by interviewing ten affected women and ten social workers and by analyzing websites of ten facilities (Höppner, 2022). The question was why older women so far used social services comparatively rarely and less often than younger women, even though these services can help women cope with the experience of violence. This is in line with the findings of Helfferich and colleagues who conducted a study on the situation of professional services and criticized the fact that access thresholds can inhibit the use of these services (German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2012).

### **Findings.**

The intersectional analysis of this project reveals the various barriers that can keep women who are affected by violence from using social services. Some of these barriers can affect

women independent of their age, for example the ambivalence toward leaving a violent partner and not knowing exactly what support social assistance can provide. Some barriers are linked to categories, such as class and disability.<sup>1</sup> When it comes to the intersection of age(ing) and gender the analysis shows that barriers are constituted by

(1) age(ing) and gender power relations, e.g., *structural dependencies* of women on the violent partner (e.g. fear of slipping into poverty in old age) or other family members (e.g., in care settings),

(2) age(ing) and gender constructs, e.g., the linkage of sexual violence with *age images*: “[T]he image is actually always that it is the young woman who is raped. But older women are just as affected.” (quote of professional),

(3) age and gender effects of discourses, e.g., affected women point to a *discrepancy* in the fit of their own experiences with the schematic concept of violence. Furthermore, social-service targeting practices do not *address* all women equally, because women are more likely to be addressed as pupils, students, employees and mothers of young children and thus as young women and middle-aged women. Diverse ages or woman using a walker or a wheelchair are hardly shown on website photos. Thus, forms of violence that tend to occur in later life (e.g., neglect in care settings) are hardly addressed, with the effect that age-specific forms of violence are made rather invisible.

(4) age(ing) and gender as dimensions of conflict, e.g., the *attitude* of women towards the use of social services (e.g., idea of keeping private matters private) and thus strategies for *coping* with violence.

The analysis further illustrates that women go through four assessment processes in the course of experiencing violence, during which they evaluate whether or not their partners’ actions are violent, reflect on whether to classify their own experiences under the term of violence, consider whether they would like to make use of professional help, and finally decide to use social services.

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<sup>1</sup> Class is made relevant when it comes to a woman whose spouse is a doctor or a judge and her fear is that she will not be believed if she claims that she has been raped by her husband. Disability is made relevant when it comes to the lack of provision of physical guidance, which make it difficult for blind women to move within a facility.

### **Phase-specific solutions for reducing barriers.**

*Evaluation of partner's actions:* The literature points to a lack of awareness that violence in social relationships can intensify in later life or occur for the first time as a result of changes in health (Görge, 2010). Raising awareness of older women's risk of experiencing violence is important for protection. This can be realized by training knowledge disseminators in care settings (e.g., the medical services of health insurance companies) and by sensitizing potentially affected women to the problem. Additionally women should be aware of stereotypical images of old age and reflect their own evaluation standards and their own attitudes. With this knowledge, they can bring a charge of violence. This is important in order to minimize the presumed high number of unreported cases of violence against women in crime statistics that could be multiplied by the number of unreported cases of violence in later life (Gröning & Yardley, 2020). As regard representative studies on violence it is important to include women of all ages as a sample in order to minimize the number of unreported cases.

*Classify own experiences under the term of violence:* An age-inclusive expansion of the concept of violence offers the potential to consider forms of violence that correspond less with images of old age (e.g. sexual violence) and age-coded forms of violent behavior (e.g. neglect) that are often not included in definitions of violence.

*Consideration of professional help:* An age-sensitive restructuring of protection for women can minimize barriers through access to (age-neutral) information on protection services or in the form of a gender equality officer in retirement homes. Protection services should continuously network with services from the field of social work for older persons in order to overcome the age coding of services (Crockett et al., 2018).

*Use of professional help:* To counteract facilities-based barriers, protection services could be expanded to include the concept of proactive counseling and should overcome constructional barriers, e.g. a lack of an elevator.

### **Discussion.**

The analysis illustrates that age and gender power relations are particularly effective in all assessment processes that determine whether or not an older woman will use social services. This finding underlines the relevance highlighted in gender studies of not individualizing

violence, but rather taking into account its embeddedness in the structure of power relations (Hagemann-White, 2016). It can be concluded for protective services against violence that it is not a private decision to accept help from social work; rather, this decision is embedded in the relevant structures and standardized by parenting styles, care and dependency relationships, images of age, evaluation standards and attitudes, as well as by the nature of the social-services assistance programs. The professionals that I interviewed are aware of the problem that older women are less likely to use social services than younger women who are affected by violence and thus had considered new ways of contacting older women in a timelier and more responsive way. Some of the professionals have already developed creative concepts, e.g. renting an accessible room for the counseling of women for whom walking is difficult or impossible. Nevertheless, the burden of comprehensive and age-sensitive protection against violence should not be left to professionals, rather it requires structural changes to the social-assistance system, such as an increase in financial and human resources. The fact that older women have only begun to be considered as a target group for protection is in part grounded in an overload of the social-services system. Clear political signals are needed to promote protection against violence.

However, the fact that social services have not yet been able to remedy the unequal position of older women through assistance against violence but in fact have reproduced those barriers in their own practice, points to the normalizing function of social work as part of welfare-state regulations (Kessl & Plöber, 2009). The question of which women are primarily addressed as recipients of protection can be answered through the category of age(ing). The effect of standard practices in the social services when it comes to addressing women in need and of constructs of difference used by social workers with regard to age(ing) is a two-age class system in social services; that is, the opportunities to access the system seem to be easier for young and middle-aged women and more difficult for older women. Age-sensitive protective services that refuse to reinforce the vulnerable social position of older women and that instead promote a change of perspective from the question “Which women can we help?” to the question “How can we give all women affected by violence a place where they feel protected and supported?” can constitute progress toward a sustainable reduction of these barriers.