

Summary Report

IPVOW

**INTIMATE
PARTNER VIOLENCE
AGAINST
OLDER WOMEN**

Intimate Partner Violence against older Women – Summary Report

**Summary of a research project carried out in
Austria, Germany, Hungary, Poland,
Portugal and United Kingdom**

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Any research on social issues depends on people who are willing to communicate and to engage in a discourse about issues and within a frame set by the researchers. In our case this was not a matter of course as we raised an issue, which was partly met with denial, scepticism and disbelief. Is intimate partner violence against older women really an issue worth paying attention to, a relevant social problem? During the whole project we encountered many people who were willing to talk about this issue, and who were ready to step into the reflection process always connected to the kind of action research that we carried out. Many of those individuals were ready and able to challenge earlier assumptions that may have been held.

Of those involved in the project first and foremost we thank all the older women, who have experienced intimate partner violence in old age and who were willing to share with us their stories and experiences. For all of us it was challenging, moving and rewarding to hold such interviews. We also want to thank all the experts and professionals who helped us with national data and statistics, who were ready to complete the survey, and who talked with us in personal interviews and contributed to discussions in national networks. We want to thank all the experts who joined our international expert workshop in November 2010 in Berlin and who contributed to the lively and fruitful discussion of our research results and who assisted us in refining our recommendations.

We know that it was sometimes a complicated task to act as advisors to our research project. We finally want to thank Tova Band Winterstein and Zvi Eisikovits sincerely and cordially for having been challenging, patient, helpful and inspiring associate partners in this project.

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Foreword

The definitional terms used within the research were agreed upon across the 6 partner countries that participated in the study. However, it is recognised that there may be a wide variety of interpretation of the specific terminology used within this study so the following points are made in order to clarify such issues for the reader from the outset.

1. We used the term 'Intimate Partner Violence' (IPV) in the study as follows. 'An intimate partnership can be any type of couple, homo- or heterosexual, married, cohabiting or just dating. It is not necessary that the relationship is still ongoing. Violence by ex-partners is included (if the violence happens, or happened after the woman became 60 years old)'.
2. For the purposes of this study, violence was understood as a non-legitimate forceful tactic, intentionally employed to cause physical and/or psychological harm. It includes the use of physical force and infliction of injuries as well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (particularly if the victim depends on care and support from the partner or former partner). (following Band-Winterstein & Eisikovits, 2009, p.165)
3. Although the use of the term 'Victim' can be offensive to some people, not all of the older women who participated in this study are survivors in the sense that they have managed to leave the violent situation, although they have survived the violent episodes thus far. As several of the women in this study remain in their abusive relationships and continue to be victims of their partner's, or former partner's behaviours, the term victim was used within the study.

In conceptualizing this project a decision was taken to investigate the specific topic of IPV against older women as fully as possible using a variety of methods through the different phases of the study. This study did not aim at providing a comprehensive review of elder abuse, nor was it conceived as a prevalence study of this type of abuse affecting older women living in the community. The study focuses quite specifically on older women rather than older people, victims rather than perpetrators, partners rather than family violence. Why should this be the case? The rationale for these decisions was a desire to undertake an in-depth consideration of the specific situation of older women who experience IPV, a situation which is at the intersection between the women's experiences of violence and the processes of aging. Further we wished to examine how age and

gender issues are dealt with, either in conjoint or separate ways. There was a also a desire to explore the fact that IPV against older women appears to get lost between the two topics of that violence which is related to age and violence which is related to gender.

This study does not claim to be able to make reliable estimates of the prevalence of IPVoW and did not set out to establish such a prevalence rate. Rather the research was concerned with reviewing the existing literature and data and conducting new research in the area in an attempt to shed some light on the *reported* incidence and prevalence of this issue through the case knowledge obtained by different agencies involved in this area of work and to shed some light on the experiences of IPV by interviewing some older women.

Executive Summary

Supported by the European Commission in the Daphne III programme and coordinated by German Police University (Deutsche Hochschule der Polizei), researchers at the universities of Białystok (Poland) and Sheffield (UK), the research institutes Cesis - Centro de Estudos para a Intervenção Social (Portugal), Zoom – Gesellschaft für prospektive Entwicklungen e.V. (Germany), the Institut für Konfliktforschung (Austria) and the Hungarian Academy of Sciences simultaneously explored the topic of violence against women 60 and over at the hands of current and former intimate partners in the six countries. Research tools were developed jointly and the methodological approach coordinated internationally.

The research programme comprised the following steps:

1. Compiling and evaluating data from (domestic) violence support services as well as existing statistics (e.g. from the police) to determine the age structure of registered cases of intimate partner violence; reviewing existing research on the issue
2. Conducting a survey amongst institutions with probable or at least possible knowledge of cases of intimate partner violence against older women
3. Interviewing experts having knowledge of cases identified by means of the institutional survey
4. Interviewing older women currently affected by intimate partner violence or having been victims of IPV in the past
5. Developing recommendations for national and international contexts involving relevant actors with the aim of improving long-term support for older female victims of intimate partner violence.

Institutional knowledge was surveyed and evaluated in research steps 1-3 and 5, while female victims themselves were interviewed in step 4. In addition to information on the problem, its dimensions as reflected in institutional statistics, characteristics of female victims of IPV, male perpetrators and the partnership, attention was especially focused on women's help-seeking behaviour, how the help system dealt with these cases and on needs and options for service improvement. This report sums up the results of the surveys in all six participating countries. In the country reports, country specific information is given relating to the domestic violence support system and the situation of older women. This

information helps to explain many differences we observed in our study. We explicitly encourage readers to make use of the national reports in this respect (see www.ipvow.org). In the national reports all relevant instruments can be found.

In the **foreword** some definitional issues are tackled. Following the executive summary in **chapter I** in **chapter II** the study and the questions posed are presented and conceptual and methodological considerations explained. The research team and the individual steps of the survey are described in detail.

In **chapter III** the results of our review of existing research and data are presented. Although only one Scottish study with an exclusive focus on IPV against older women could be identified, a considerable body of research exists on several issues closely connected to the topic of this study. Some of the studies on elder abuse and neglect as well as on violence against and abuse of older women include information on IPV; the same is true for some (prevalence) studies on domestic violence and victimization surveys. Studies clearly show an age related decline in victimization, but point out that relevant numbers are affected and victims face specific problems. This justifies a special consideration of the phenomenon. In most countries, an overall lack of data on IPV against older women can be observed. Data are usually not sufficiently disaggregated by gender, age, relationship between victim and perpetrator, and type of offence. But still some (mostly regional) data from (domestic) violence and crisis intervention services, police and public prosecutors shed some light on the institutional knowledge of cases. They show that the proportion of older women amongst all female clients is generally low, but higher in non-residential services than in shelters and refuges. Case knowledge of law enforcement agencies is overall low. Significant differences between countries can be observed and should be explored.

Chapter IV presents the results of the comparative analysis of data of the institutional survey. This survey examines institutional case knowledge and experts' perceptions of the issue. A fully standardized questionnaire was sent to a broad range of institutions and professions with possible case knowledge including medical and nursing professions, counselling services and psychosocial institutions, clergy, legal professions and institutions of law enforcement. Sample sizes and compositions differ largely between countries. The overall response rate was 28,6%. Two thirds of the 922 responding institutions reported to have had contact with older female victims of IPV in the years 2006 to 2009. Only one third of public health institutions and institutions dealing with care of older people reported about having encountered such victims, but a high rate of (domestic)

violence institutions did. In a 3-year period (2006 to 2008), 10.262 victims got into contact with the participating institutions in the six countries. For 2009 – the year in which the survey was conducted – contacts to 6.073 victims were reported. A major part of the victims have suffered multiple types of violence. According to the experts, violence was overwhelmingly frequent, unilateral, long lasting, and it had started before the age of 60. The perpetrator was the cohabiting partner in 81,2% and a former partner - partly co-habiting (especially in Hungary because of shortage in housing) and partly not co-habiting - in 18,8% of the cases. Institutions were informed about the violence most frequently by the police (47,8% of the cases) or by the victim herself (36,2% of the cases). Other institutions – e.g. health service institutions – play a minor role in case referral. More important are other persons close to the victim. More than half of the organisations with case experience provided psycho-social support, legal advice, and crisis intervention for the victims or information for other institutions in the case. The majority of experts perceive older female victims to be especially reluctant to separation and to face peculiar difficulties when trying to leave the abusive relationship.

In **chapter V**, findings of the interviews with older female victims and with experts are provided. As regards victim interviews, most research teams experienced big difficulties accessing interviewees and thus used multiple and different ways to gain access. A total of 195 interviews with specialists and 58 interviews with older female victims of IPV were carried out. According to experts' and victims' reports, women and men involved in violent intimate relationships come from all social and educational backgrounds and violence is predominantly performed by cohabiting partners within long-standing relationship. Often reported is a traditional gender role distribution with high degrees of economic dependency of the women. All interviewed women disclosed some form of partner abuse within their relationship though many were reluctant to use terms such as 'domestic violence' or 'partner violence' and often appeared to minimise the severity and significance of the abuse they had been subjected to. Most of the women experienced violence already in the beginning of their relationship and throughout the complete course of the marriage. Unequal power relations, gender specific roles and patriarchal societal structures are mentioned as causes of IPV against older women. Alcohol consumption/ alcoholism, abuse of medication and jealousy are seen as triggers. Nevertheless, in a couple of cases violence starts or worsens in older age and the following factors may lead to a late onset or aggravation of violence: increasing dependency (care, household matters), matters relating to property, mental disorders such as dementia and substance abuse, retirement of partner (loss of self-esteem and increase in time spent together), alcohol abuse and sexual disturbances. Older women usually experi-

ence a combination of several forms of violence like psychological and physical violence as well as (social) control and financial exploitation and dependency, sexual violence as well as (in fewer cases) intentional neglect. In most cases, unidirectional violence by the male partner against the older women is reported. The cases are marked by pronounced shame of the women, social isolation, psychological disorders, low self esteem and reduced options for change. Health problems play a major role in cases of IPV against older women, they increase vulnerability, reduce coping opportunities and options for help seeking. In our study, it became apparent that often also other persons in the social proximity of older women have to be considered as perpetrators such as sons (in high numbers), neighbours, acquaintances, children of new partners, tenants, staff members of care services were mentioned as perpetrators. For many older women victims of IPV, experiences of (male) violence appear to be a biographical constant. Many of them experienced rigid upbringing by their parents and had experiences of violence in their childhood and as young adults. They were brought up to accept traditional gender roles and were taught to perceive marriage as a life-time commitment. There are many reasons for them for not leaving their violent partners, but the wish to change the situation and live free from violence is very strong. The study shows that age on the intersection with gender and generation specific factors plays a role on different levels. Among the after-effects of long-term abuse are severe health and psychological problems as well as low self-esteem and financial dependency in higher age. This may make it more difficult for older women to end the relationship than for younger women who have been in the relationship only for a shorter time. The historical and current societal contexts in the participating countries shape women's experiences of IPV. Examples for country specific differences are the different importance of religion, of alcohol abuse, specific experiences of dictatorship and war, specific values and gender roles, the current economic situation and country specific urban – rural gaps. For all countries it became clear that in most cases IPV against older women is deeply rooted in inequality and power issues in the relation of men and women. In addition age related vulnerability, marginality and dependency worsen the situation for many women. But it also became apparent that IPV against older women may also be caused in mental illness of the partner. It is highly important to differentiate cases.

For experts, working with older women victims of IPV often means facing bigger challenges than working with younger women in a similar situation. Older women victims of IPV, when they seek support, foremost seek information about their rights and someone with whom they can build a trustworthy relationship and share their feelings. Older women less often separate from their violent partners or press charges against them and they less often know about and

make use of services. Specialists often see a special demand for support of older women which, according to them, is not yet met appropriately. Nevertheless, older women seek help - with relatives, neighbours, institutions against domestic violence, the police and other law enforcement agencies, doctors, and social services. Older women's greatest needs if they are exposed to violence by their partners are health, finance and housing-related. Housing stands as one of the main problems older women have to deal with and as one of the strongest limitations to the intervention that support institutions can engage in. Most institutions deplore a lack of resources for being able to give appropriate support to older women as well as in some cases a lack of close cooperation with other institutions.

In **chapter VI** we present recommendations in an overview and refer to the European dimension. Recommendations were derived from national recommendations and discussed at an international expert workshop. We first make explicit the objectives of our recommendations and the basic assumptions underlying them and then present the recommendations broken down into fields of action. Some recommendations are very specific for older women experiencing IPV. However, many recommendations not only contribute to a better support of older victims of IPV, but also are suitable for improving the overall quality of the services – for younger victims of IPV, for victims of other forms of DV and for male and female victims as well. The following fields of action are tackled: 1. data collection and research, 2. service provision (networking and cooperation in services, medical and care sector, refuge and housing, domestic violence organisations and violence protection centres, social work and other services, police, law and judicial support), 3. awareness-raising and information about services, and 4. policy. Important issues raised in this chapter are low threshold approaches to victims, increased interagency cooperation, training of professionals on the issue, general awareness-raising on IPV and related service development in countries where IPV still is an underestimated problem and awareness-raising on IPV against older women in all countries, the consideration of care-related problems in IPV and of financial / housing dependencies and the modification of services (case/care-management). The final section addresses European policies on the issue, the United Nations Convention on the Rights of Disabled Persons and the United Nation Convention on the Elimination of all Forms of Discrimination against Women.

II

IPVoW – a European study on intimate partner violence against older women

2.1

Starting points and conceptual background

So far only little is known about older women as victims of intimate partner violence (IPV) in Europe. The issue often gets lost between the topics of intimate partner violence, domestic violence and elder abuse – both in research and in the provision of service. Domestic violence services and research on the one hand generally do not focus in any special way on older women and age-related issues, and elder (abuse) services and research with their focus on vulnerability and care issues on the other hand usually are not sensitive to gender-specific dimensions of violence in partnerships. An age-specific approach and a gender-specific approach to family violence seem to be for the most part mutually exclusive. The Intimate Partner Violence against older Women study (IPVoW) – a European research project conducted by 7 partners in 6 countries - started its research activities with the aim of bridging this gap and arriving at a comprehensive age- and gender-sensitive view on the issue. This report explains the goals and methods of IPVoW, presenting and discussing the findings of this multi-method study and gives directions for future research and support for older female victims of intimate partner violence. In this report the situation in Austria, Germany, Hungary, Poland, Portugal and United Kingdom is highlighted and the results of the national reports are summarized. Like the reports from all countries in English and in the country languages this report is available on the project-website www.ipvow.org.

An initial glance at older female victims of intimate partner violence produces a blurred picture of a rarely reported phenomenon. For most of the European countries national victimization and crime surveys provide no information on prevalence rates for this specific target group and phenomenon. The few victimization surveys bearing relevance to this question clearly show that IPV is a problem for older women far less often than for younger women (see e.g.

Schröttle, 2008, for the US see Zink, Fisher, Regan & Pabst, 2005, Zink, Jacobson, Regan, Fisher & Pabst 2006, Bonomi, Anderson, Reid, Carrell, Fishman, Rivara & Thompson, 2007). Prevalence studies on the abuse of older men and women by family and household members arrive at similar conclusions (Mouton et al. 2004, Görden, Herbst & Rabold, 2010). Thus, service providers for domestic violence issues report very small numbers of older victims using their services. On the other hand, professionals report about severe cases of IPV against older women and stress that intimate partner violence probably does not stop at age 60, but, that barriers to help seeking and reporting violence are for older victims especially high and thus the majority of cases remain undetected.

Research projects specifically addressing the issue of IPV against older women¹ and reports related to service provision for older victims² have been published mainly in the USA, Canada and Australia, with important contributions also coming from Israel (Band-Winterstein & Eisikovits, 2005, 2009). For countries of the European Union first steps to describing the phenomenon and identifying service and research gaps have also been taken in the Daphne program. The Daphne research project "Recognition, prevention and treatment of abuse of older women"³ provided initial insights, although sampling methods and size and the standardized approach limited exploration of this in depth. This project as well as the Daphne project "Violence against older women" noted a striking absence of data on the issue as well as a lack of services (Ockleford et al, 2003)⁴. The Daphne projects "Breaking the taboo"⁵ and "Care for Carers"⁶ focus on violence against older women mainly in care-giving relationships and thus stress the relevance of care-giving to the development of violence. Aside from this only a few studies have been conducted, mostly small scale ones based on a small number of interviews with victims (Pritchard, 2000) or/and on expert knowledge (Scott, McKie, Morton, Seddon & Wasoff, 2004).

On the basis of the existing body of research the project team developed a design for a research project on IPV against older women in the named European

¹ See for example Aronson, Thornewell & Williams, 1995, Bergeron, 2001, Brandl, 2002, Chrichton, Bond, Harvey & Ristock, 1999, Dunlop, Beaulier, Seff, Newman, Malik & Fuster, 2005, Fisher & Regan, 2006, Gravel, Beaulieu & Lithwick, 1997, Grunfeld, Larsson, Mac Kay & Hotch, 1996, Hightower, 2006, Lundy & Grossman, 2004, Lupri 1993, Mears, 2003, Montminy, 2005, Morgan Disney Associates, 2000a, 2000b, Mouton et al. 2004, Rennison & Rand 2003, Teaster, Roberto & Dugar, 2006, Wolf & Pillemer, 1997, Zink, Regan, Jacobson & Pabst, 2003

² Important contributions to research on service provision have also been made by Rosalie S. Wolf (1998, 1999), Linda Vinton (1992, 1999, 2003, Vinton, Altholz & Lobell-Boesch, 1997), Carol Seaver (1996) and Brandl (Brandl, Hebert, Rozwadowski & Spangler, 2003). For more publications see Brownell, 2006, Chan, 2004, Grossman & Lundy, 2003, Maxwell & O'Rourke, 1999, Paranjape, Tucker, McKenzie-Mack, Thompson & Kaslow, 2007, Paranjape, Rodriguez, Gaughan & Kaslow, 2009, Smith & Hightower, 2004, Straka & Montminy, 2006, Teitelman, 2006

³ See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2000_125_w_en.html

⁴ See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2001_215_w_en.html

⁵ See <http://www.roteskreuz.at/pflege-betreuung/weitere-projekte/>

⁶ See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2005_2_068_w_de.html

countries with the intention of filling in existing knowledge gaps on the issue and providing useful information for service providers and policy-makers. The two-year project (2009 – 2010) was financially supported by the Daphne III programme of the European Commission. The project involved partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal and was coordinated by the Department of Criminology and Crime Prevention at German Police University, Muenster.

The project had a number of specific objectives. First, project partners intended to gather, compile and analyze existing national data on the issue from different sources in order to provide the partner countries an overview of the number of female older victims of IPV who somehow have access to service systems or come into contact with law enforcement agencies. An additional objective was to find out to what extent national data sources provide information on older victims of IPV (police statistics, statistics from services) in order to give recommendations concerning future data collection including at the European level.

The study was secondly aimed at closing significant gaps in existing knowledge on IPV against older women in Europe by carrying out original empirical research (a survey of institutions, interviews with professionals and interviews with victims). This research aimed at finding out how many older female victims of IPV use services for domestic violence victims (women's shelters/refuges, hotlines, counselling services) and other services, analyzing characteristics of older female victims and their perpetrators, relationship characteristics and dynamics, risk and protective factors, causes of abuse, characteristics of violent acts (dynamics, situational factors), its contexts, and exploring help-seeking behaviour of older victims and barriers to help-seeking. Additionally problems of currently provided services, inadequate service provision and inadequate outreach for the target group, and good intervention approaches were to be identified.

The third objective was to develop recommendations for future action at a national and European level. These recommendations are to be developed on the basis of the research results and discussions in expert networks. The idea was to identify current responses to IPV against older women on a national level, detect gaps in legislation and support systems and find out about needs for future action on the topic in the partner countries by discussing these issues with national experts. At an international level these recommendations were discussed within the frame of an international expert workshop in Berlin in November 2010.

There are several important principles guiding the project and its fieldwork. The project was intended to give victims a voice, which means to give them the possibility to describe their own perspective on the issue and not just rely on experts' knowledge. A crucial aspect was also to be very sensitive on ethical issues as regards the interviews with victims. Finally project partners also intended to use the survey and interviews with staff in the tradition of action research methods as instruments for raising awareness so that older women may have a better chance of becoming a target group for institutions and to strengthen interest in the issue.

2.2

The transnational cooperation Partners and countries involved

IPVoW was carried out by 7 research institutions from Austria, Hungary, the UK, Poland, Germany and Portugal – 3 universities, 3 research institutes and one academy of sciences. Given the fact that the type of welfare regime is strongly connected to the way gender hierarchies are organised in the countries, participants were included from liberal welfare regimes (United Kingdom), corporate welfare regimes (Austria, Germany), Eastern European welfare regimes (Hungary, Poland), and Southern European welfare regimes (Portugal). As regards transition states, countries were selected exhibiting a different impact of religion on the way gender relations are organized within families (Poland and Hungary). The UK was also selected because it is the only European country where some services address the special needs of older victims of intimate partner violence (Scott et al., 2004). Austria was selected because of its exemplary domestic violence legislation and intervention system. Important criteria in the selection of partners were also previous experience in cooperation, the expertise of partners in the field and the willingness of partners to bridge the gap between domestic violence and elder abuse research.

The following organisations and individuals took part in the study:

- Germany - German Police University (DHPol), Münster: Thomas Görgen and Birgit Winkelsett (coordination)
- Austria – IKF (Institute of Conflict Research), Vienna: Birgitt Haller and Helga Amesberger
- Germany - Zoom - Society for Prospective Developments e.V., Göttingen: Barbara Nägele, Urte Boehm and Nils Pagels⁷

⁷ Sandra Kotlenga and Fanny Petermann supported the team by contributing to the final national report.

- Hungary - Academy of Science, Budapest: Olga Toth and Katalin Robert
- Poland - University of Białystok: Jerzy Halicki, Małgorzata Halicka, Emilia Kramkowska and Cesary Zuk
- Portugal – CESIS – Centre for Studies for Social Intervention, Lisbon: Heloisa Perista, Alexandra Silva and Vanda Neves
- UK - University of Sheffield: Bridget Penhale and Jenny Porritt

Associate partners were Zvi Eisikovits and Tova Band Winterstein from the University of Haifa (Institute for the Study of Society), who acted in a consultative and advisory capacity in the project.

2.3

Multi-method approach to intimate partner violence against older women – an overview

The decision on the methodological approach was guided by research interest on the one hand and known research limitations as regards this specific topic on the other. Prevalence data on the issue would have been highly interesting to the research team, but no empirical approach which could produce sound data was feasible or reasonable. Given the fact that only rather small numbers of older female victims of IPV have been identified in victimization surveys down to the present, any attempt to measure the extent would inevitably lead to a need for very large sample sizes and might still not result in sufficient case numbers to allow in-depth analysis. An additional problem which was identified was that victimization surveys aiming at prevalence data are of very limited value as regards victimization in the “fourth age” because the most vulnerable older women (e.g. women with dementia) are also the least accessible to research. With these limitations in mind the research team decided to put a special focus on help-seeking and service usage by older victims of intimate partner violence and on qualitative data on cases of IPV against older women. Experience gained in a small regionally focussed German study on sexual violence against older people (Görge, Newig, Nägele & Herbst, 2005, Görge, Nägele, Herbst & Newig, 2006, Görge & Nägele, 2006) confirmed that research on rarely reported events affecting people who are difficult to access needs to combine different methods and perspectives, integrating third-hand case knowledge from professionals. The research design of IPVoW was developed on the basis of this research project and adopts some of its components.

Research aims were first of all to gain insight into cases of intimate partner violence against older women in general and secondly to gather information on institutional knowledge of cases and ways of dealing with the phenomenon.

Based on these aims, IPVoW opted for a multi-method and multi-perspective approach combining the use of existing data and own empirical work and bringing together the view of professionals and first-hand experience - the views of older women affected by IPV. Methods used for this study include reviews of existing institutional data, a standardized postal survey, interviews and focus groups. All partners completed the same research program, while sample sizes varied across countries according to the size of the country and the service system.

The project design included the following components:

(1) Review of existing institutional data on intimate partner violence against older women: In the first step, partners gathered and compiled research and data from umbrella organizations of different victim's services institutions and other sources (like police statistics) at the national level. Partners analyzed available data in order to obtain an overview of the number of registered older female victims of intimate partner violence, the number of victims who somehow have access to service systems or who come into contact with law enforcement agencies and to find out to what extent national data resources provide information on older women.

(2) Institutional survey: Partners conducted a postal survey of institutions serving the needs of victims of intimate partner violence and of other institutions who might have contact with older victims. Questionnaires were sent out to a wide range of services with possible case knowledge, including for example women's shelters/refuges, hotlines, counselling services and law enforcement agencies. The survey served as an instrument to explore how many older female victims of IPV make use of services and as a basis for an initial explorative analysis of the phenomenon. It was also used as a screening device for institutions and staff with case knowledge.

(3) Staff interviews: Face-to-face interviews were conducted with professionals who had case knowledge and appeared to be of interest to the study. The sample of interviewees was mostly drawn from the institutions involved in the institutional survey, usually adding some other institutions the research team had been in contact with.

(4) Victim interviews: Partners used different ways to access older female victims of intimate partner violence as interview partners. Mostly access was made possible via professionals from organizations involved in the questionnaire study, the interviews, or national expert networks (see 5). In some cases partners searched for possible interview partners via newspaper articles.

(5) National expert networks: In all countries, partners set up or collaborated with already existing national expert networks with representatives from national organizations (e.g. from the field of violence against women, from sen-

ior's organizations, law enforcement agencies, legislation, and policy-makers). These networks first of all supported data collection and the empirical work, and secondly helped to identify current responses and gaps in legislation and support at the national level. They were used as a forum for discussing needs for national action and contributed significantly to the recommendations contained in this report.

Additionally, at an international workshop in November 2010, other European experts added expertise as regards current and future action on this issue in their countries and contributed to developing recommendations for prospective national and EU activities.

III

Review of existing research and data

In all countries a lack of available statistical data and of empirical research on the issue of IPV against older women is stated. This is especially evident in Hungary where only little and relatively old relevant research data exist. The lack of current research in Hungary might have to do with a tendency in research and policy to trivialize the importance of IPV in general and to stress that men and women are equally affected by domestic violence.

Only one Scottish study explicitly addresses the issue of older women victims of IPV (Scott, McKie, Morton, Seddon & Wasoff, 2004). A few studies were carried out that focus on violence and abuse against older women. In terms of partner countries they cover the UK (Pritchard 2000, Ockleford et al. 2003), Austria (Kuss & Schopf 2007), and Poland (Tobiasz-Adamczyk 2009). These studies focus on older women as victims but include different victim-perpetrator relationships. There is research on victimization in old age and elder abuse (e.g. O’Keeffe et al. 2007, Halicka & Halicki 2010, Hörl 2002, Orzechowska 2000, Görgen et al. 2009, Pires 2009) showing that abuse in old age is committed by close family members, that women are affected to a higher degree than men and that violence from spouses and partners against women is one important case group connected to a higher potential of physical violence compared to other victim perpetrator relationships. In Poland, a higher risk of elder abuse was found in rural areas. (Halicka & Halicki 2009) In Germany, a study on sexual violence against older people gave hints to the relevance of power and control issues for violence in partnerships of older women involving sexual violence. (Görge, Newig, Nägele & Herbst 2006) Studies about professional and public perceptions of elder abuse in Poland show that the problem is regarded as important and that older women are identified as the main victims. (Tobiasz-Adamczyk 2009, Aktualności/MIPS: Połowa Polaków et al. 2010, Rudnicka-Drożak & Latański 2006a/b) For cases of elder abuse within care-giving relationships, Hörl and Schimany (2004) emphasise that the potential for violence tends to increase with the degree of financial and emotional dependence of the aggressor on the victim. They identify three constellations of relationships which increase the risk of violence: a relationship between couples characterised by long years of violence; financially dependent and often psychologically ill or adult children with addictions; the need for nursing care and in particular de-

mentia. (see also Nägele, Kotlenga, Görge & Leykum, 2010) The main reasons for violence taking place in the context of domestic care by family members is that the care givers are stressed and overwhelmed, excessively high expectations towards care givers, a lack of social networks and insufficient outside support in the provision of care. (see also Hörl, 2005)

The most comprehensive study investigating abuse and mistreatment of older people in the UK (O’Keeffe et al., 2007) asked for mistreatment in the previous 12 months. Women were more than twice as likely to report having experienced abuse than their male counterparts (3,8% and 1,1%, respectively). In approximately half of the cases victims identified their cohabiting partner as the perpetrator. The British Crime Survey also inquired about victimization in the previous 12 months and revealed that 0,3% of women aged 55 to 64 and 0,1% of women aged 65 to 74 experienced domestic violence, although there are some methodological limitations⁸. (Walker et al. 2009) In Germany, valuable information as regards experiences of violence of older women can be drawn from the victimization survey by Schröttle (2008). This cross-sectional study shows a clear age-related decline for 12-months prevalence of physical/sexual violence. As regards psychological violence, age-related differences are much smaller and limited to women older than 75.⁹ Approximately one in every ten women aged 60 to 74 living in an intimate partnership experienced violence at some point during this partnership. The study also showed that older women are less aware of existing support possibilities than younger ones and they also make use of these less often.

While pointing at specific problems connected to abuse of older women, studies widely agree that victimization rates for physical and sexual violence in domestic settings decrease with the age of the victim. But still research shows, that there are a considerable number of cases of IPV against older women and that violent events in old age concentrate on the domestic setting.

In Portugal, research on sexual violence (Lisboa et al, 2009) showed, that 17% of all women who were victims of recently committed sexual violence were 65 years or over, and that for 34% of the affected women age 50 and older the perpetrator was their partner (compared to 4,5% for women aged below 50 years old).¹⁰ Intimate partner violence against older women may also be lethal

⁸ The self completion module which is able to reveal much higher reports was not used for the older respondents

⁹ Although a clear time reference was not given here, the items were descriptions of the current behavior of the partner.

¹⁰ The sample of the Violence and Gender - National Survey on Violence against Women and Men was composed of 1000 randomly selected women and the same number of men (older than 18 years) from all Portuguese continental regions.

violence. A Portuguese observatory on women murdered by relatives (victims of domestic violence) is based on media news coverage. According to this observatory¹¹, between 2004 and (May 11) 2009, 188 women were murdered by their family members, mainly by current or former partners (80,5%); in the same period, 27 women aged 60 years and over were murdered by their partners or ex-partners.

The special field of homicide-suicide exhibits for some European countries a greater-than-average proportion of older victims and perpetrators. It can be assumed that the predominant share of these cases is accounted for by homicides committed by men against their partners followed by suicide by the man. (Oberwittler, Kivivuori & Nieuwbeerta, 2008)

In most countries data from law enforcement agencies usually do not provide useful information as regards older victims of IPV, because most of the data are not sufficiently differentiated according to kind of criminal offence, age, gender and relationship between victim and perpetrator. However, some regional data are available for Germany, the UK, Portugal and Poland. Statistics from Criminal Police Offices (*Landeskriminalämter*) of three German federal states (*Länder*) show that older women are affected by intimate partner violence registered with the police on a much lower scale than younger females. The number of victims per 100,000 in the group of women 60 and over is usually in the area of 15 to 20 per annum, while the number of victims for the ages 18 to 59 is around 200 to 500. Data provided by the London Metropolitan Police Service (population=7.2 million) shows that in 2009 a total of 297 violent crimes which were committed against women over the age of 60 years by their partners (or ex-partners) came to their attention. Data from Bradford Metropolitan District police force revealed that in 2008/09 domestic violence in the age groups over 55 accounted for 8% of all domestic violence incidents that year. The Department of Prevention of the Voivodeship Police Command in Białystok conducted observations from 1 January 2006 to 30 June 2009 which indicate that IPV against older people is more frequently perpetrated by the husband (124 cases) than by the wife (8 cases) and that the typical victim of domestic violence is a woman, who is abused by her partner or one of her children, usually a male member of the family. The most common occurrence is that of a husband abusing his wife (31% of reports), or a son abusing his mother (25%).

As regards data from domestic violence support services a limiting factor is that these in most cases are not differentiated as regards the type of relationship

¹¹ Source: Online data regarding murdered female victims of IPV in 2009: <http://www.umarfeminismos.org/observatorioviol/listagem2009.asp>

between abuser and victim and age. But in general the overall share of victims of partners and ex-partners is very high, so data can be used as an approximation. In Austria, Germany, Portugal, Poland and the UK data from facilities for protection against violence and shelters for women give a picture of service usage of older victims of IPV. Numbers cannot be compared directly because statistics work with different age categories and services differ a lot. In Austria between five and ten percent of female clients at centres for protection against violence in the years 2006-2009 were 60 and over, in Germany this figure was 3-4% for (the quite similar working) intervention centres. As regards shelters the share of older women is in both countries between 1 and 2%. For the UK, the tendency of non-residential services having a higher share of older women among their clients than shelters can be clearly confirmed; however figures exist only for women age 50 plus. Whilst only 3,5% of refuge users were women over the age of 50, 6,4% of women who had used non-refuge services were over 50 years old. From a Portuguese helpline for victims of domestic violence it is known that in 2009 326 women aged 55 and above sought help (regions Lisbon and Porto). Another Portuguese Association for victim support which runs counselling services, refuges for women and child victims of domestic violence, and a national helpline gave support to 6.682 victims of domestic violence in 2009; the majority of them were women (88%), and 7,9% were over the age of 65. In Poland, the percentage of women among older victims of violence seeking help in the Bialystok Crisis Intervention centre in 1998-2009 was no less than 80%. Perpetrators were usually children (119 cases) and husbands (93). Lisboa, Barroso and Marteleira (2005) took a service approach in examining violence against women. They found that 13% of all female victims of domestic violence who were examined by the Legal Medicine Institutes of Coimbra and Porto willing to pursue a law process against their offender were aged 55 years and over.

The number of older female victims of IPV making use of services is lower than the number of younger victims of IPV. But percentages differ between countries and kinds of services. These differences should be explored in detail, they may give some hints on factors facilitating or hindering the access to help. Conclusions are difficult to draw in the light of different categories, different help systems and a lot of open questions. Additionally, it needs to be recognised that the information which is obtained directly from services can reflect only information on women who have been able to effectively engage with these different services, rather than those women who may need the service.

IV

Comparative analysis of data of the institutional survey

4.1. Method

4.1.1 Survey aims and design

Institutional knowledge about cases of intimate partner violence against older women was a crucial component of the research in this study. Professionals working with older victims can provide information about the phenomena of IPV in old age as well as on help-seeking behavior of older women, services offered, service usage, and case outcome. Since the study did not aim at obtaining representative data on prevalence and incidence but had its focus on older female victims' needs, help-seeking and service usage, older women were our primary source of information and institutions and professionals within these institutions were additional key sources of information. It is crucial to bare in mind that any numbers presented here only refer to the number of cases known to institutions.

Following (and at the same time modifying) a strategy used by Görgen, Newig, Nägele & Herbst (2005; see also Görgen, Herbst, Nägele, Newig, Kimmelmeier, Kotlenga, Mild, Pigors & Rabold, 2005; Görgen, Nägele, Herbst & Newig, 2006; Görgen & Nägele, 2006) in a study on sexual victimization in older age, a survey questionnaire was developed. This instrument was directed at a broad range of institutions and professions with possible knowledge of cases of IPV against women in later life.

The survey approach in the participating countries can be characterized as follows: A fully standardized questionnaire was sent to a wide range of institutions and professions which might have relevant case knowledge. This survey asked for information on the numbers and characteristics of cases of IPV against older women as well as on services offered to the victims. It then turned to perceptions of the problem of intimate partner violence against older women. Questions in this part of the survey could also be answered by respondents without any case knowledge. It also included data on the organization providing the

information and the person completing the survey. At the end of the questionnaire, respondents were asked whether they would be willing to take part in an interview on IPV in old age (and to provide their contact details in case they were interested). Since contacts to victims of IPV were largely made via these interviews with professionals, the institutional survey had a secondary, more indirect screening function.

In each country, the survey was executed at a national level with regard to institutions that were regarded as possible key informants, e.g. adult protection services, domestic violence services. However, the range of institutions, organizations, and professions that may be in touch with older female victims of IPV is much broader. The range includes medical and nursing professions, multiple counselling services and psychosocial institutions, clergy, legal professions and institutions of law enforcement. In order to take this breadth into account, additional local or regional surveys were conducted in each country.

Finally, a long and an abridged version of the questionnaire were used. The idea behind the creation of the short version was that professionals and institutions with no or very limited case knowledge might regard the long version as not relevant to complete, although they would be able to provide valuable information particularly regarding perceptions of the problem.

4.1.2. Content and structure of the instruments

An English version of the long form of the questionnaire was developed and agreed upon by the partner countries. It was translated into the relevant national languages (i.e. German, Hungarian, Polish, and Portuguese) and these national versions were back-translated into English to ensure equivalence of the national versions.

The resulting instrument (titled "Intimate partner violence against older women" and characterized as an "expert survey" on the front page) is basically divided into four parts and ends with an open section for comments and a request for further support and cooperation for further phases of the study (specifically the interview module) of IPVoW.

The first part is titled "Institutional / professional experience with older female victims of intimate partner violence". This section asked for information about institutional and professional contact with cases of older women (i.e. aged 60 years and above) affected by violence committed by current or former intimate partners. The core reference period was the 3-year term 2006 to 2008. In order to minimize telescoping and to be able to include recent cases, two opening

questions also referred to the time period between January 1st 2009 and the survey date (autumn 2009). With regard to the years 2006 to 2008, the survey instrument asked for information about the numbers of cases, forms and characteristics of IPV, and also victim and perpetrator characteristics.

Other questions in this section refer to the type of relationships in which violence occurred, the circumstances and pathways of obtaining case knowledge and getting into contact with victims, and the services provided. Two further questions referred to older male victims of IPV and to victimization of older women by other perpetrators with whom there was an established relationship (like children, children-in-law, or friends). This section of the questionnaire collects core data on institutionally handled cases of IPV against older women. Due to the nature of the survey, data had to be collected across cases (e.g. how many cohabiting partners as perpetrators in cases handled in years 2006 – 2008; how many victims suffering from dementia) and not case wise. This limits the possibilities of data analysis. The intention was that case wise data could be collected in the interviews conducted with professionals and victims.

The second part of the survey is called "Perceptions of the problem of intimate partner violence against older women". It presented a number of statements on the topic of intimate partner violence against older women (e.g. "Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do") and on professional activities with older female victims of intimate partner violence (e.g. "Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.") and requested respondents to judge these statements. Further, respondents were asked for their estimates regarding percentages of younger and older female victims of IPV pressing criminal charges, seeking medical help, psycho-social assistance, help by the clergy, or other kinds of assistance. Whereas the probing questions in section 1 were relevant only for organizations with case knowledge, anybody could respond to the statements presented in section 2 and to the requests for their estimates about help-seeking behavior.

The third part of the survey ("Your organization") asks for information on the type of organization and some structural data, the topics the organization typically deals with and then turns more specifically to the relevance of intimate partner violence against older women on the organization's agenda and specific services offered and recommended in this field. A very short section on "Personal data" (gender, age, professional background, position, experience) followed. As previously mentioned, the questionnaire concluded with offering respondents different options for further involvement in the study, especially via participation in the interview study.

The abridged version of the questionnaire basically followed the structure of the long version. It reduced the number of questions on cases of IPV handled by the institution and in the second section the statements on professional activities with older female victims of intimate partner violence were omitted. In the last part of the short version, respondents were also offered the opportunity to receive (and fill in) the full version.

All in all, this survey and the instruments conceived to conduct it, aimed at collecting systematic data on institutional knowledge and institutional handling of cases of IPV against older women. Regarding the institutions involved, the survey followed a broad approach and went well beyond law enforcement's perspective on the one hand (which is the usual source of information on institutionally registered incidents of violence), and those of shelters and domestic violence institutions on the other.

4.1.3 Data preparation and analysis

In order to allow for a cross-national analysis of the quantitative data, a common data mask for all countries was created. After the data were added to the data set, this was adjusted and tested for consistency. As a result of the type of questionnaire and data quality the research team decided to primarily perform a descriptive analysis. Cross-tabulations were also carried out. In this summarising chapter free text answers that were obtained are not reported. In the comparison we point out country specific profiles as relevant, but we certainly cannot reach the depth of analysis to be found in the individual country reports. In the course of the analysis the actual sample size is always indicated in connection with each table or chart. As a result of incomplete questionnaires that were returned, calculations have been made with different sample sizes for virtually every question.

In the whole analysis we focus mainly on institutions, however we also have to consider that there is not only an institution behind each and every returned questionnaire, but an expert as well. The person completing the questionnaire partly shared their institution related experiences with us, but also his/her own personal and professional experiences. The latter is of central importance particularly in connection with the analysis of the attitude related questions, as here it is not the opinion of the institution, but that of the specific individual that is put into words.

Through the questionnaire, respondents were supposed to describe the characteristics of their cases in more detail. They were given the opportunity to state

1. whether a relevant feature in the overall volume of cases played a role in the reference period and
2. how many cases the respective characteristic applied to.

Characteristics of cases were reported in aggregate form and do not allow for analyses based on individual cases.

Very limited information is available for those institutions which only completed the short version of the questionnaire. Generally speaking the number of institutions which answered the questions on the characteristics of cases declined the more specific case-knowledge and further documentation was needed.

Pursuant hereto, some interviewees stated that the characteristics of cases they were asked about in the work of their organisation were not necessarily asked for in a systematic way and / or possibly do not become known at all (which is especially relevant with telephone counselling). Additionally, some characteristics of cases may possibly have been known when the case was processed, but were not recorded in the files and for this reason cannot be reconstructed, and / or the interviewees cannot recall details, with this especially being the case at intervention centres and counselling offices, which have a larger volume of short contacts (frequently by telephone). For this reason one can only draw conclusions about the percentages relating to the total number of all reported cases based on the case numbers presented with reservation.

4.2

Sample characteristics and response rates

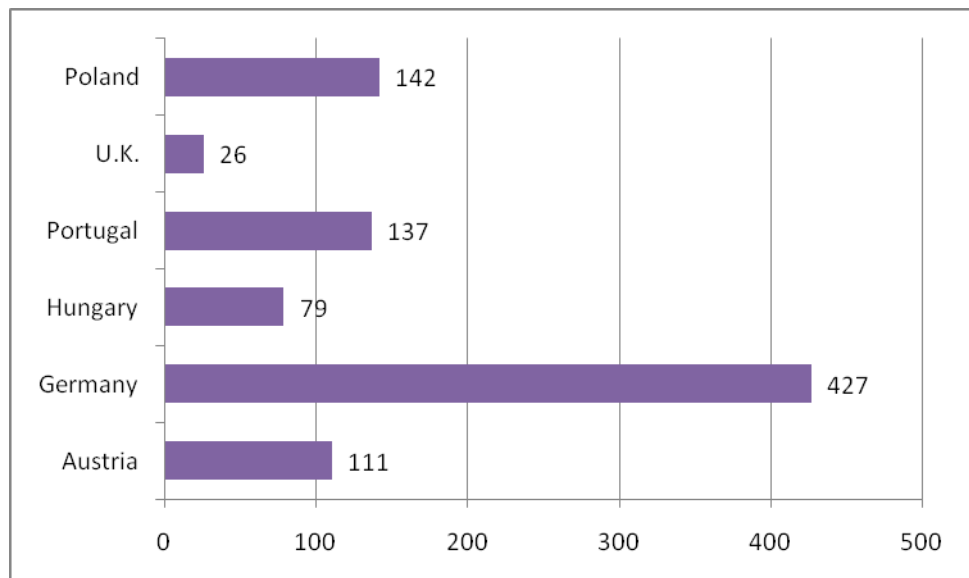
4.2.1 Composition of the Sample

Any comparative analysis of the institutional survey is severely limited by the fact that the different countries have significantly different numbers of questionnaires completed by experts. Regarding the high number of returned questionnaires in Germany, this has to do with the size of the country, with a well developed system of services for victims of domestic violence and also, partly with the fact, that it was possible to gain access to those institutions. Too in Germany the sample size could be expanded due to synergy effects with another study on the issue. In the UK, where also an extended service system for the issue exists, a national umbrella organization blocked access to relevant institutions, and the number of survey responses was limited. In Hungary, Poland and Portugal population numbers and the state of development of services for domestic violence

issues limited the number of institutions that were possibly relevant to undertake the survey. The sample has become additionally distorted by the fact, that the German sample could be extended by using synergy effects with a an action program called "Secure Life in Old Age", that was simultaneously carried out, which was funded by the German Federal Ministry of Family, Seniors, Women and Youth (www.silia.info) and addressed related issues.

Across the different countries, the total number of returned questionnaires was 922. 75% of the returned questionnaires were the long version, 25% were short versions of the questionnaire. Chart 1 gives an overview on the number of returned questionnaires for each country and shows the national differences.

Chart 1: Institutional Survey: Number of returned questionnaires

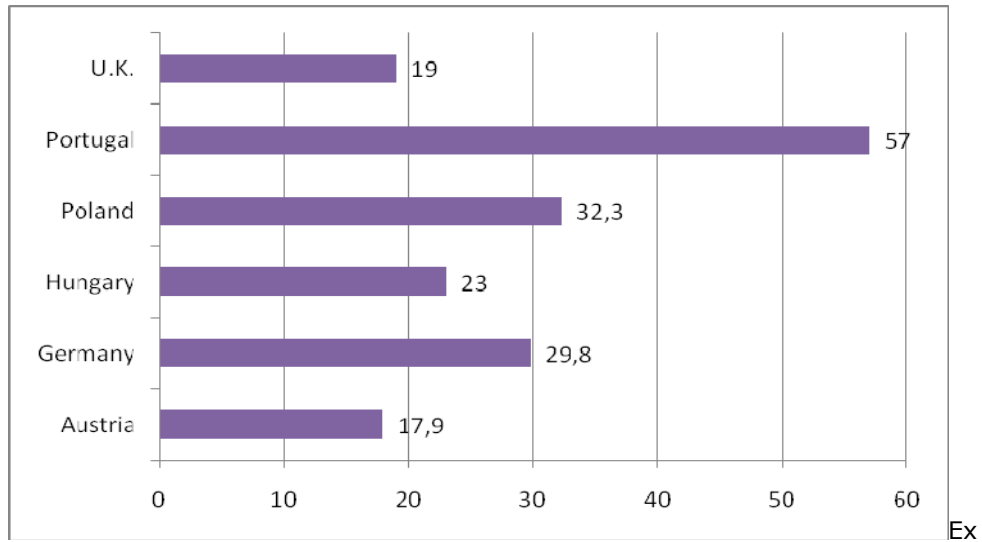


This means that almost 50% of all questionnaires are from Germany. This has to be considered in the course of the analysis and severely limits generalizing findings and presenting an overview of the data.

4.2.2 Response rates

The overall response rate was 28,6 %. It turned out that the response rates of the short versions were in every country much lower than those of the long questionnaire versions. We also found national differences between response rates (see Chart 2).

Chart 2: Institutional Survey: Overall response rates by country



cept for Portugal, less than one third of the questionnaires were returned; response rates varied from 17,9 to 32,3%. The relatively low response rates may be due to the fact that we inquired about a very distinct issue, and that we also included a wide array of institutions in the sample with smaller potential of having case knowledge. In Portugal, response rates were initially very low, but were significantly increased by frequent and persistent written and telephone reminders, whereas this approach did not work in some other countries such as the UK. In Portugal the support of one member of the national expert group also helped increasing the response rate.

4.2.3 The participating institutions

The research group classified institutions into 7 basic types which seemed compatible with the very diverse institutional structures in partner countries. Table 1 shows the high number of domestic violence services in the overall sample, which mainly has to do with the high number of those institutions in the German sample. Actually the comparison of the sample composition in the different countries shows major differences.

Table 1: Institutional Survey: Participating institutions in the countries, number of institutions (N= 922)

	Austria	Germany	Hungary	Portugal	United Kingdom	Poland	
(Domestic) violence services	24	315	12	36	9	33	429
Law enforce-	26	39	23	4	1	6	99

ment/ legal system							
Health service	13	20	7	0	3	0	43
General social service	6	5	19	34	12	94	170
Service for older people	9	17	14	14	0	0	54
Other social service	30	18	0	31	0	0	79
Others	3	13	4	18	1	9	48
	111	427	79	137	26	142	922

Different service systems in the participating countries lead to differences in the institutions which work with victims of IPV in general and with older victims of IPV and / or victims of elder abuse. This feature, together with the specific nature of data collection led to very different national samples. Further, our ambition that the employees of institutions dealing with victims of violence and especially IPV reported on whether they get into contact with older female victims could be achieved mainly in Germany. Greater success in managing to include law enforcement institutions occurred in Hungary and Austria, where 11% of the sample belong to this group. A relatively large share of the questionnaires filled in in Portugal (24%), Poland and in the UK (each 18%) came from general social service institutions, thus reflecting the responsibility of social service institutions for adult protection issues in the UK and for intervention procedures following police operations related to domestic violence (Blue Card Procedure) in Poland. In Portugal played a major role that by including a representative of the organization responsible for public social services in the national network the response rates of these institutions were especially high. Although the results of victim and staff interviews led to the conclusion that health care institutions are amongst the most important organizations dealing with older victims of IPV, it can be generally observed that only a few of these institutions participated in the survey. We also found that the number of completed questionnaires from institutions dealing with care and age related issues as low. From this finding, partners inferred that these institutions do not regard it as one of their key tasks to deal with older female victims of IPV.

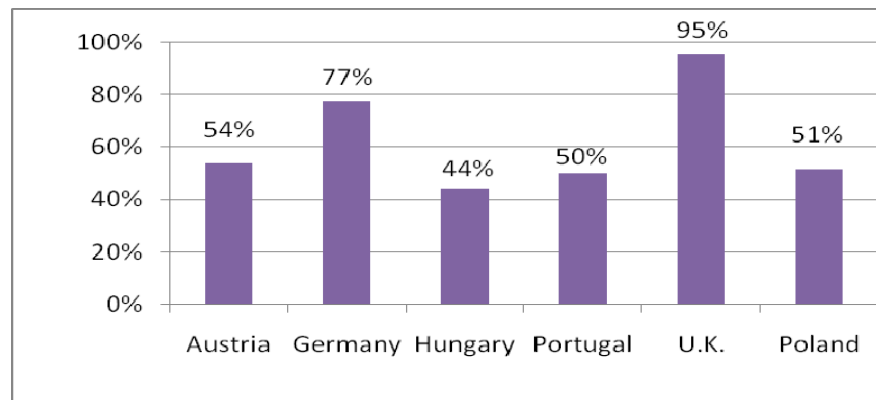
4.3 Results

4.3.1 Institutional/ professional experience with older female victims of IPV

4.3.1.1 Institutions with case knowledge

Overall 62,6% of all institutions reported case knowledge for the years 2006 to 2009. In the period between 2006-2008 55% of the institutions (N=507), and in 2009 (which included for most countries the months January to September) 45,1% of the institutions (N=416) encountered at least one female IPV victim. The overview on institutions with case knowledge per country in Chart 3 shows major differences. In the German and UK survey the share of institutions with case knowledge is much higher than in the other countries, which obviously has to do with different sample compositions.

Chart 3: Institutional Survey: Institutions with case knowledge in 2006 to 2009



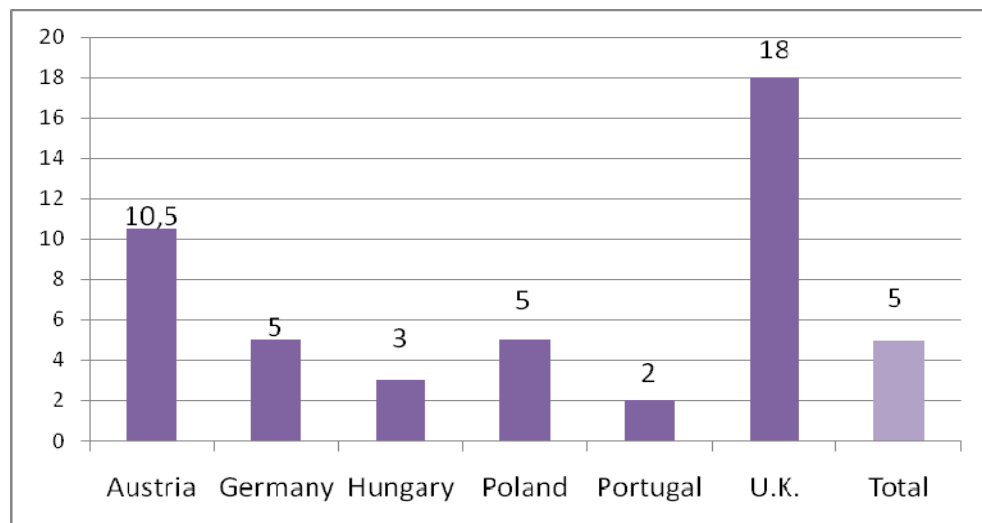
The highest proportion of institutions with case knowledge of the respondent institutions can be found in (domestic) violence services (85,4%) and law enforcement / legal system (63,6%), while a much smaller proportion of institutions have case knowledge in health services (with 36,6%) and in services for older people (with 30,8%). Less than half of social services appeared to have case knowledge – 44,5% of all general social services and 46,2% of all other social services. Reasons for the low proportion of institutions with case knowledge in health services and services for older people can only be estimated. We do not know whether they do not recognize signs of violence, whether they refuse to accept the problem as part of their remit, or whether they really have had no contact with cases of IPV against older women.

4.3.1.2 Case knowledge of institutions: number of victims and development of case numbers

We also asked the experts, how many female victims of 60 and older their organization had had contact with during 2009 (January to September – when the questionnaire was filled in) and / or in the period between 2006 and 2008. The number of cases ranged between 1 and 3340. This latter figure, from the UK,

was provided by an NGO, which provides support to victims (in this instance figures relate to victims of IPV in later life); these numbers were obtained from all their offices across the UK. Between 2006 and 2008 altogether 10262 and in 2009 6073 victims of IPV in old age got into contact with the institutions that were involved in the institutional survey across the six countries. The figure for 2009 is significantly higher than the annual average of the preceding period. This finding can equally refer to the more frequent occurrence of the phenomenon, improved documentation, the better recognition of the situation by experts – and also due to the fact that recent events are likely to be better remembered by respondents. The mean number of cases is 20,24, (SD = 112,96), the Median is 5 and thus much lower– and this is probably a much more meaningful indicator. This means that 50% of all institutions with case knowledge from 2006 to 2008 have knowledge of 1 to 5 cases maximum in the reference period. Chart 4 makes clear that institutions in UK and Austria have a much higher median case knowledge. The 26 institutions included in the institutional survey in the UK were obviously to a high degree appropriate for dealing with the problem.

Chart 4: Institutional survey: Known cases in 2006 to 2008 in countries, Median (N= 507)



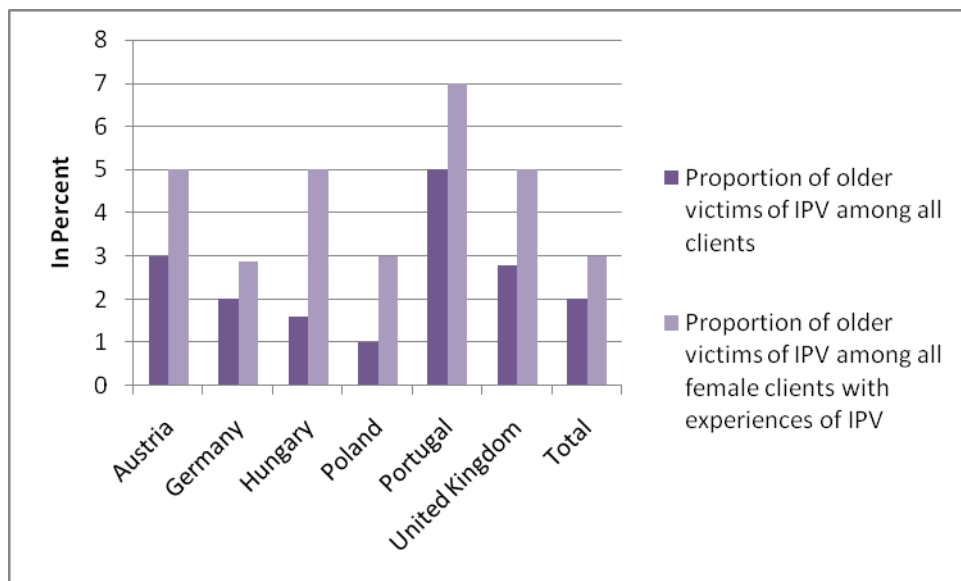
In the period between 2006 and 2008 there were differences between the institution types with respect to the number of victims they came in contact with. As can be seen in Table 2, for all institutions with case knowledge the median for the number of known cases is in general rather low, but higher for (domestic) violence services, law enforcement institutions and other social services. These institutions have the greatest level of case experience. It is much lower for health service institutions, services for older people and general social services.

Table 2: Institutional Survey: Number of cases per Type of institution

Type of institution	Mean	Median	Maximum	Standard deviation	N
(Domestic) violence services	16,47	6,00	600	41,96	333
Law enforcement/ legal system	20,83	5,00	331	55,14	47
Health services	6,71	3,00	35	8,89	14
General social services	15,20	3,00	450	58,61	60
Services for older people	3,33	2,50	10	2,57	12
Other social services	8,64	6,00	39	9,78	28

The following Chart 5 shows the proportion of older female victims of IPV amongst all clients and amongst all female clients with experiences of IPV.¹² Both figures are rather low for all countries– between 3% and 7% for the first and between 1% and 5% for the latter. This makes clear – together with the information on case numbers – , that the issue under consideration is not one of high quantitative significance for participating institutions, but more one subordinate issue amongst others. One important result is that there are no institutions, in which older victims of IPV constitute a large share of their total case-load. This is important for further improvement of intervention strategies.

Chart 5: Institutional Survey. Mean proportion of older female victims of IPV among all clients / all female clients with experiences of IPV



¹² The number of institutions who gave here numbers is quite low. This limits the informational value.

Out of the 922 institutions completing the questionnaires, two thirds had not seen any change with regard to the number of female older victims of IPV over the past ten years, whereas one third considered that the number of older women victims had increased during that period.

4.3.1.3 The age distribution of victims in the practice of the institutions

More female older victims of IPV of the 60-74 age-group were recognized by the institutions than those belonging to the 75+ age group. Half of the 922 institutions encountered victims between 60-74 years old, and a quarter of them dealt with 75+ year old women. The total number of 60-74 year old victims was 6182, whereas that of those above 75 years was 2926. In a number of cases the age of the women was not known to the institutions. The difference between the age groups can be explained partly by demographic reasons, the total number of women in the general population decreases with age and the total number of women living in a partnership decreases even faster. It may also relate to the fact, that the tendency (and ability) to act violently also decreases with age. Another reason might be that it is more difficult for older women to ask for help, and also the number of women who actually report their situations may be even fewer/less.

4.3.1.4 Types of violence experienced

In our project we wanted to know which types of violence institutions most frequently deal with in cases of IPV against older women. It is well-known from the literature that different kinds of violence can jointly appear within the same relationship. Additionally, it is rare that a victim only suffers from a single type of violence. Whilst looking at the reported numbers in relation to types of violence it has to be taken into account that experts do not necessarily become familiar with all the different facets of violence encountered by a victim. Victims feel even more ashamed of certain types of violence than others (e.g. sexual violence), and they may tend to speak about these even less frequently. Moreover, experts confirmed that they do not extensively and routinely inquire for all kinds of violent experiences.

The highest number of institutions dealt with cases, where psychological/verbal and physical aggression (N=406 and N=404 institutions) happened, followed by cases of financial exploitation and sexual violence (N=257 and N=211), stalking (N=120), and to a lesser extent intentional neglect (N=109) and other forms of violence (N=44).

Consideration of levels of knowledge of different forms of violence related to the type of institution shows some differences. All forms of violence have been encountered most often by (domestic) violence services. This is not unexpected, because the number of institutions with case knowledge is especially high here and the institutions are specialized in domestic violence issues. Additionally, experts in these institutions are well prepared to recognize different forms of violence. In some countries (e.g. in Hungary and Poland) the institutional system for dealing with victims of violence is less developed. In such countries it is primarily general social services that encounter the different forms of violence against older women. Interestingly, in relation to the overall number of social services institutions with case knowledge, a comparably high percentage of these institutions encounter cases of intentional neglect. This might relate to the fact that in general, social services are also responsible for the provision of social care for care-dependent older people, which then facilitates the recognition of neglect. Law enforcement agencies and the legal system most often encounter cases of physical violence compared to other forms of violence, which probably has to do with the fact that police are often asked to intervene in cases of severe physical violence.

Different forms of violence characteristically occur together in cases of older female victims – as in other cases of IPV. Intentional neglect as violence differs from other forms of violence. These cases are usually not accompanied by other types of violence and within the figures we obtained there is no correlation between the occurrence of this and other kinds of violence.

4.3.1.5 Victim characteristics

In our questionnaire we also asked how the experts characterized the older female IPV victims by giving them the option to mark specific features. In the following table we summarize what percentage of the institutions had encountered cases that could be described with the features listed. The last column of the table indicates the number of victims the given feature is characteristic for. Of course these features do not exclude one another, thus a victim could be characterized by one or more such features.

Table 3: Institutional Survey: Characteristics of victims of violence (number of institutions with respective case knowledge and number of reported victims) (number of organizations= 507; number of victims= 10262), 2006-2008

	N of institutions	% of all institutions with case know-	N of victims	% of all victims between

		ledge be- tween 2006- 2008		2006-2008
mentally ill	158	31,2	497	4,8
with a physical disability	153	30,2	424	4,1
ethnic minority / migration background	146	28,8	535	5,2
in need of nursing care	136	26,8	312	3
substance misuse	117	23,1	306	3
live more than 50 km away	90	17,8	801	7,8
with a mental / learning disability	57	11,2	101	1
stressed in other ways	56	11	334	3,2
suffer from dementia	49	9,7	193	1,9
Homeless	47	9,2	112	1,1

The figures of this table confirm that a major proportion of the institutions with case knowledge encounter victims who are struggling with several other problems besides violence. These are, namely, mental illness, being physically handicapped, belonging to an ethnic minority / having a background of migration, being in need of nursing care or misusing substances. In these cases not only IPV constitutes a need for help, but also some other difficulties for which solutions have to be developed. However the total number of victims, to whom institutions ascribe these characteristics is not very high, which might also be due to the fact that not all characteristics become obvious (e.g. in telephone contacts). In any case experts should also be prepared to deal with the various additional problems listed here. High total numbers of cases as regards the named characteristics of victims were counted in Germany and Austria, but related to the overall case number the numbers of victims characterized by mental illness, a mental or physical disability, substance misuse and dementia are especially high in Poland (with e.g. 1 in 10 victims being mentally ill), where the sample composition is characterized by a high proportion of general social services which usually deal with situations marked by multiple problems.

The high number of victims living relatively far from the specific institution primarily seems to be due to the high case number reported by national telephone counseling systems and help-lines. This characteristic was also reported to some extent by shelters and domestic violence services that sometimes cover larger areas and provide refuge to women who are in need of staying far from her home because of safety reasons. Only 5,2% of the victims recorded by the insti-

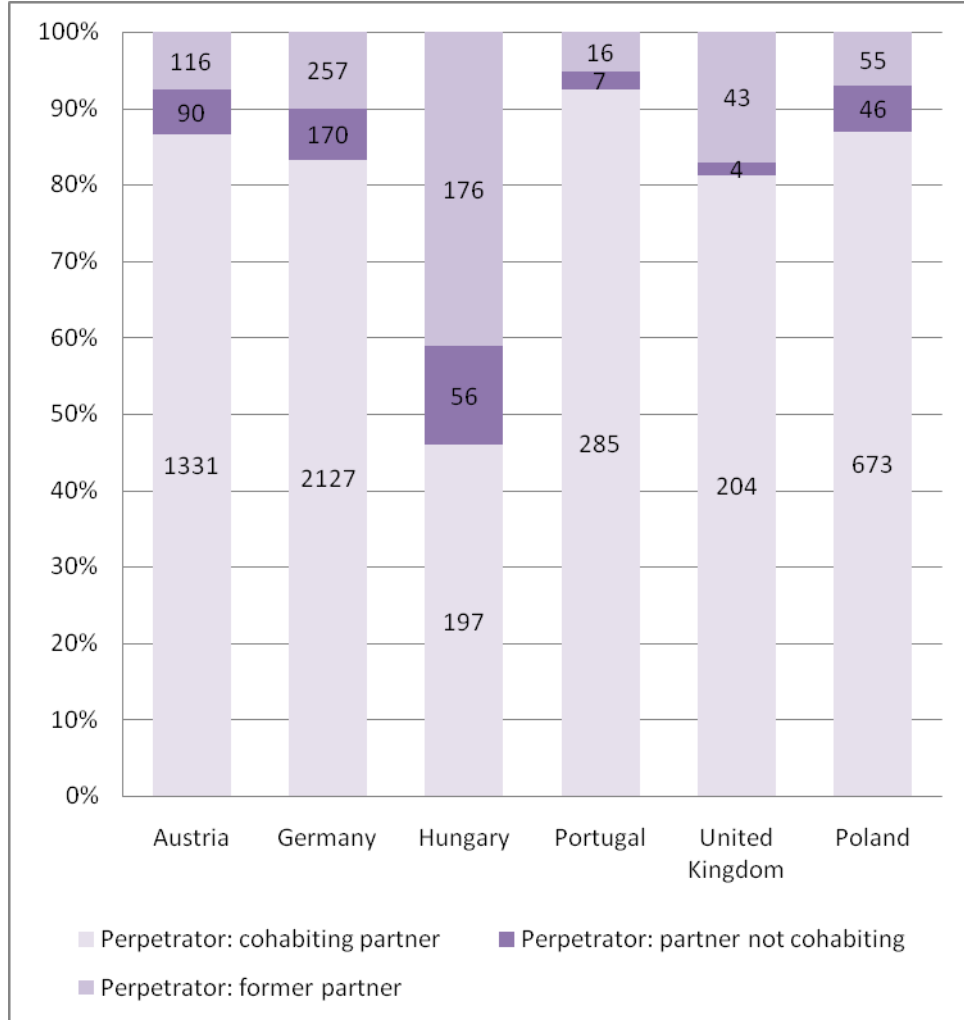
tutions belonged to ethnic minorities or had a migration background. Here (domestic) violence services at least state a big difference to younger victims of IPV. Possible reasons for this are lower proportion of women with migration backgrounds in this age group within some countries, possibly special outreach problems and even greater barriers for help seeking which may be caused or exacerbated by language problems, less knowledge of the support system and other specificities.

4.3.1.6 Type of relationship

Information about Intimate Partner Violence in homosexual partnerships occurred rarely within our sample. On the whole, 15 institutions which responded to this question, reported 114 cases of violence in homosexual partnerships from 2006 to 2008.

By far most of the reported cases of IPV in heterosexual partnerships, for which details about the type of relationship are known were cases in which both partners had an ongoing intimate partnership and lived in a common household (4745). Cases of violence involving a former partner (in separate or joint households) (564 cases) and through a current partner in separate households (256 cases) were significantly less frequent. (Chart 6) However, it is worth highlighting the relevance of previous partners as abusers, because about 11% of all cases qualified in this respect were cases with former partners as perpetrators. This percentage was significantly higher in Hungary, with 41%. In many cases within Hungary, former partners cannot move to separate apartments even after separation / divorce because of a dramatic shortage in housing. In about 6% of these cases partners are not cohabiting. Thus the occurrence of intimate partner violence appears to be directly influenced by housing opportunities, even after separation.

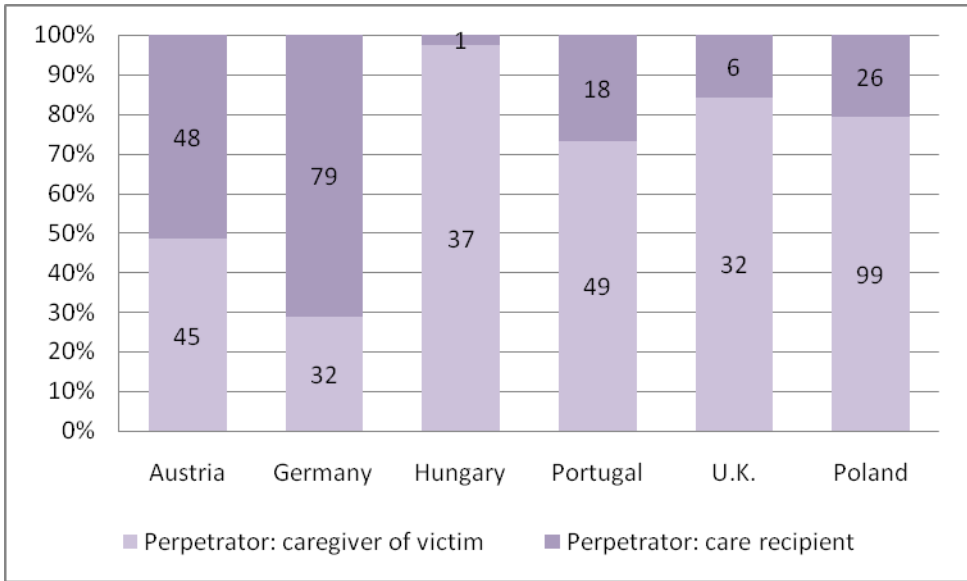
Chart 6: Survey of institutions: Distribution of cases in country samples characterized in terms of features of relationships and living situations, total number of victims 2006-2008 (N= 498 institutions)



In 472 cases the institutions knew about a care giving relationship between the partners involved in IPV. Overall in 5% percent of all cases known to institutions the dependency of at least one partner is described, although there were some differences between the countries. In the UK, Germany, Austria and Hungary this proportion was quite low with up to 8%, but Poland (14%) and Portugal (11%) had higher proportions of care-related cases. In total in more of these cases (294) the perpetrator was the caregiver rather than the care recipient (178 cases). In Chart 7 large differences in the distribution of such cases between countries can be seen. Whilst in Germany in about 70% of the cases, which qualified in this aspect the care recipient was the perpetrator, this percentage was 52% in Austria and 27% in Portugal. It was even lower in the UK with 16%, in Poland with 13% and in Hungary with 3%. The specific situation in Germany probably relates to the high proportion of institutions from (domestic)

violence services that responded to the survey. These institutions are very difficult to access for female victims dependent on care. In other countries a higher proportion of institutions / professions answered the questionnaire and these institutions might well have more contact with this particular group of victims.

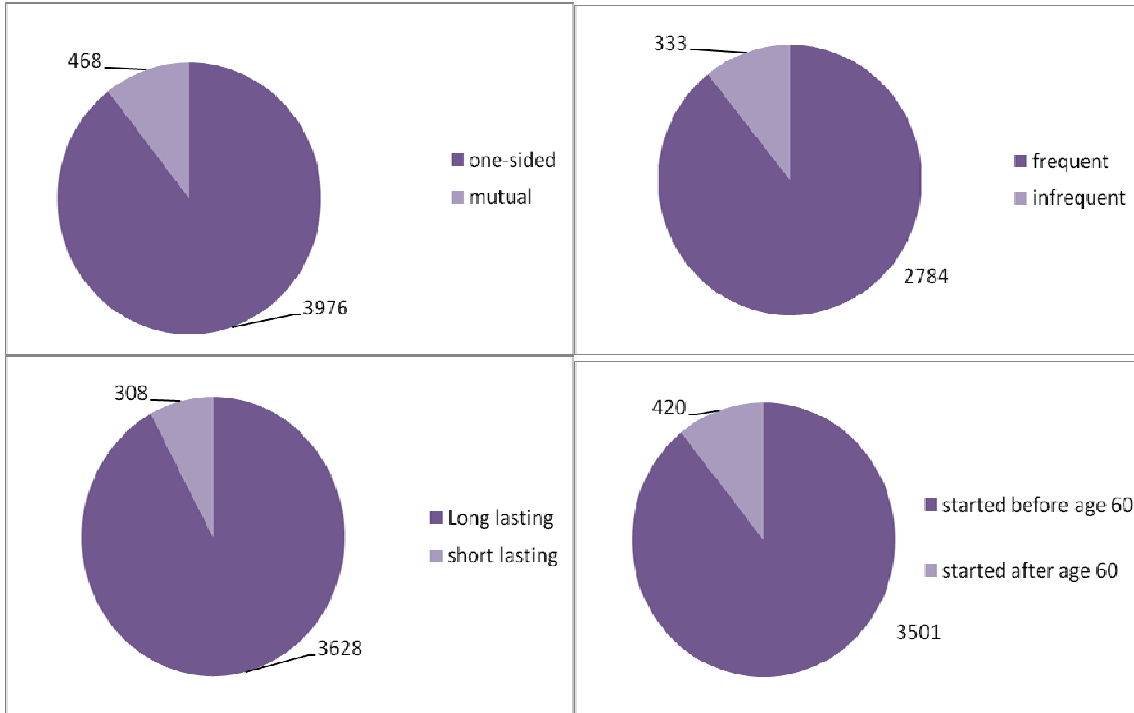
Chart 7: Survey of institutions: Distribution of cases in country samples characterized in terms of the care related status of perpetrator and victim, total numbers of victims in 2006-2008



4.3.1.7 Characteristics of the violence

In connection with the circumstances of the perpetration of IPV it is often a controversial question to what extent this is mutual or unidirectional, and to what extent we can talk about only incidental or permanent violence. This question is particularly raised in some countries of the project where even proposing the research topic itself was regarded as a somewhat taboo subject.

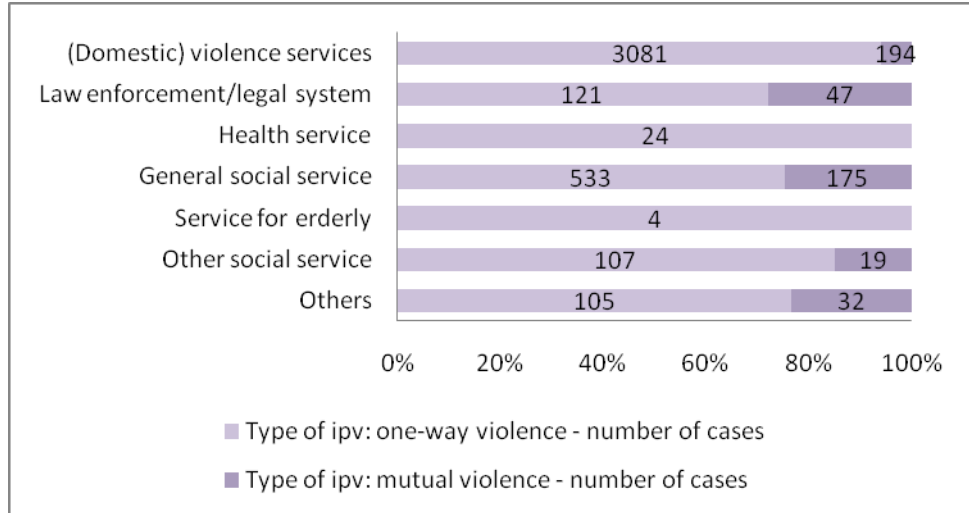
Chart 8: Institutional survey: Distribution of cases characterized in terms of the direction, frequency, duration and onset of violence, total numbers of victims in 2006-2008 (N= 322-382 institutions)



The figures in Chart 8 show convincingly that experts meeting older female victims encounter a significantly higher number of severe cases of violence, cases where one-sided, frequent and long lasting violence occurred, starting before the age of 60. In about 90% of all cases qualified in this respect respondent institutions encountered these characteristics. It appeared especially characteristic of domestic violence services that they encountered a high number of such cases. National differences with regard to the composition of cases characterized by these different features are mostly based on different samples in relation to the institutional composition of the samples.

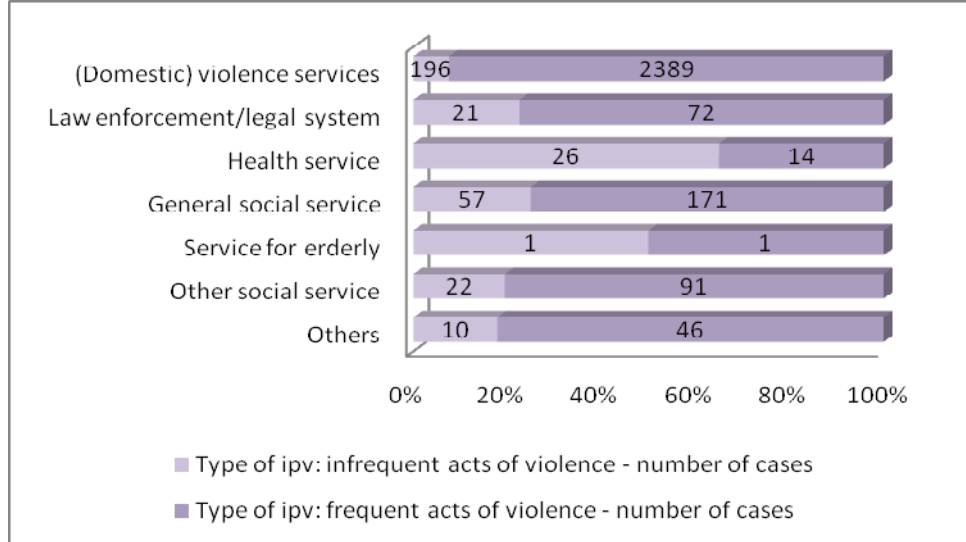
There were significantly fewer institutions that encountered cases where violence was mutual. Institutions providing general social services – for which it is typical that they are not specialized for the problems of IPV victims and where a proportion of them meet victims and perpetrators in their own home surroundings - encountered mutual violence to a greater extent than other institutions (24,7%). This was also the case for law enforcement agencies and the legal system (27,9%). (Domestic) violence services characterized only 5,9% of the cases they qualified in this respect as mutual violence. (see Chart 9)

Chart 9: Institutional survey: Distribution of cases characterized in terms of the direction of violence by kind of institution, total numbers of victims in 2006-2008 (N= 322 institutions)



Looking closely at the distribution of cases by frequency of violence and by institutions (see Chart 10) (domestic) violence services overwhelmingly reported that violence occurs frequently. The proportion of cases characterized by infrequent acts of violence is much higher within health services, which might have to do with the fact that professionals in health care tend to look at injuries and health problems as isolated events and occurrences; but case numbers are much smaller here. Also within law enforcement and the legal system, general and other social services the percentage of infrequent acts is higher, but this probably also relates to the comparison with other types of work undertaken, whilst domestic violence services do not undertake other types of work (that do not relate to violence).

Chart 10: Institutional survey: Distribution of cases characterized in terms of the frequency of violence by kind of institution, total numbers of victims in 2006-2008 (N= 332 institutions)



Violent cases starting above the age of 60 years and those that have lasted for a short period of time deserve specific interest. They may relate to dating relationships or recently initiated relationships. But in cases involving long lasting relationships intellectual impairment of the victim or the perpetrator and / or care relationships often appear to play a crucial role in the development of violence. Public health and care institutions need to take account of such cases. However, from this study we have not found that public health institutions or institutions dealing with older people and care encounter such cases in a proportion higher than the other institutions.

4.3.1.8 Obtaining case knowledge and dealing with cases

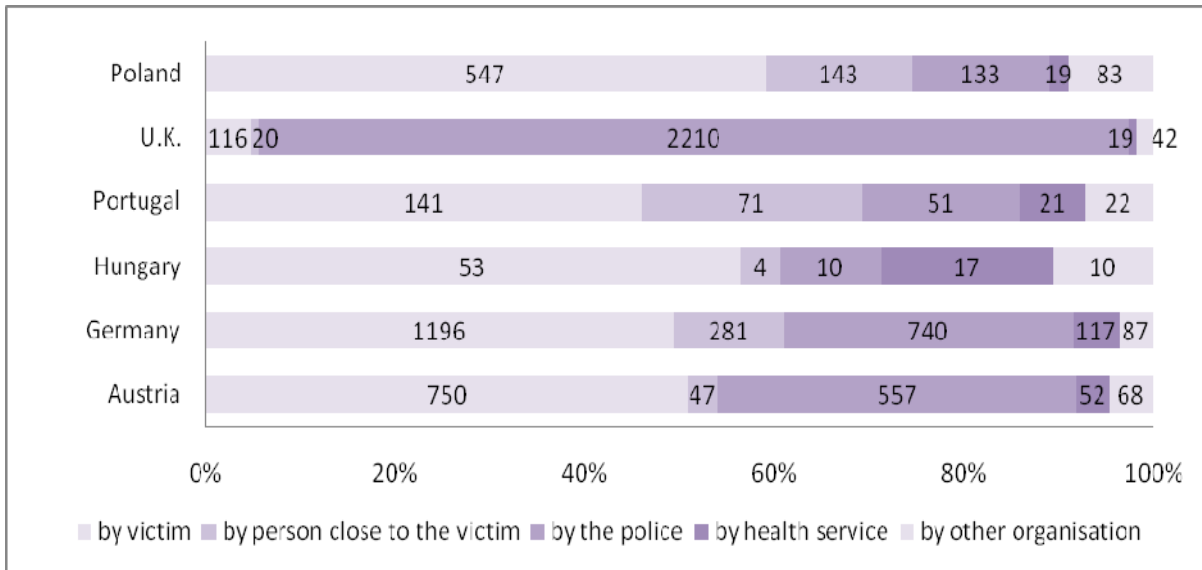
The first step towards the victims receiving the necessary help is that the experts identify and become familiar with the case. The following figure shows where the institutions obtained case-knowledge from.

Chart 11: Institutional survey: Ways of obtaining case knowledge, number of cases 2006-2008 (N= 232-457 institutions)



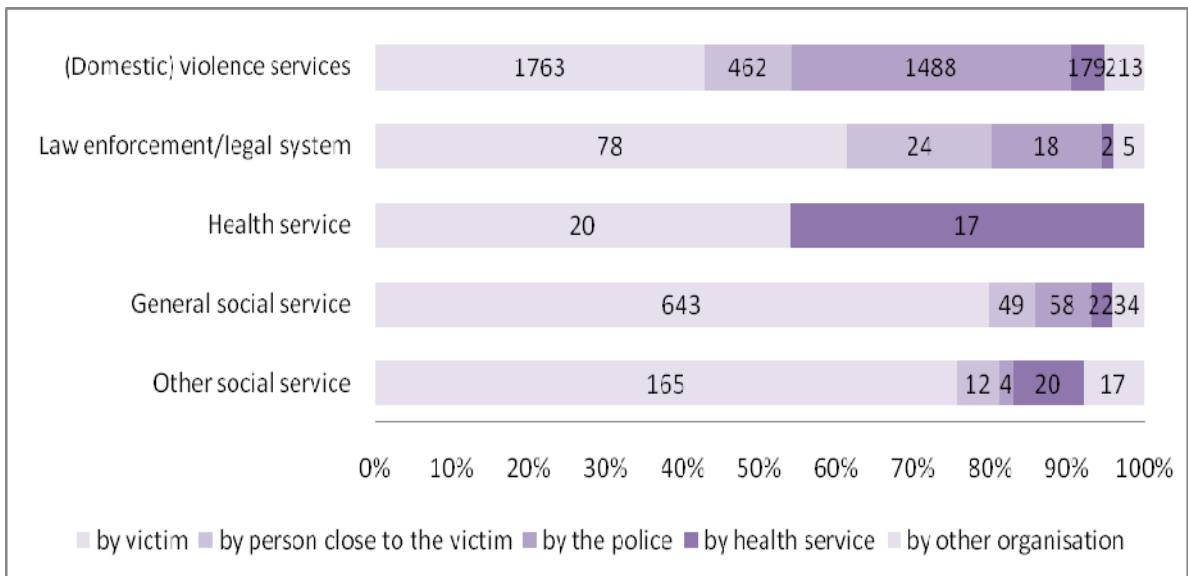
From this chart it appears that there are really two outstanding data sources to be mentioned here: the police (47.8% of the cases) and the victim herself (36.2% of the cases). We regard it as a positive sign that there are a high number of victims who were able to report their situations and to ask for help. However, this number should be raised even more by encouraging victims to seek help by themselves. Chart 12 shows major differences between the countries in relation to different ways of obtaining case knowledge. Especially The numbers of cases transferred or referred by the police to the respective institutions appear to be particularly high; in the U.K; this is caused by one organization (an NGO providing support for victims) with knowledge of a high number of cases. In Austria and Germany this proportion is also quite high due to well developed procedures of case referral following police operations and/or investigations. It is much lower in Hungary, Poland and Portugal. In Hungary and Poland we find the highest proportion of cases, where the victim referred herself to the institution. In all countries the number of cases referred to the different institutions by medical services is very low; the highest percentage can be found in Hungary with 10,6%. Other institutions also appear to play a minor role in case referral. In Portugal the proportion of cases known to institutions by people close to the victims is at 23,2% the highest, in Poland the respective number is 15,5% and in Germany 11,6%. In the other countries this proportion is much lower.

Chart 12: Institutional survey: Ways of obtaining case knowledge per country, number of cases 2006-2008 (N= 232-457 institutions)



Looking at the different ways in which institutions obtain case knowledge indicates that the highest proportion of cases where victims refer themselves to the institutions can be observed within general and other social services; this is also high, at 61,4%, in law enforcement / the legal system. As mentioned above, for (domestic) violence services the police were a major source for case information, as well as – to a lower extent – people close to the victim.

Chart 13: Institutional survey: Ways of obtaining case knowledge by type of institution, number of cases 2006-2008 (N= 232-457 institutions)



As this was a question answered only by a low number of experts with the exception of domestic violence services, we are unable to outline typical victim paths from the data. The expert interviews undertaken in the specific countries enable a deeper analysis. Results are presented in the next chapter.

After institutions obtain knowledge about cases and make contact with victims, different institutions provide differing services and forms of support. In the question reported in Table 4 below, we asked if, and if yes, in how many cases the institutions provided the different types of services.

Table 4: Institutional survey: Service provision by institutions for victims, number of institutions and cases (multiple response)

	N of institutions	% of institutions with case knowledge (N= 507)	N of cases
psycho-social support	378	74,6	4242
legal advice	340	67	3356
crisis intervention	323	63,7	2715
information to other organization	278	54,8	2563
support in daily living	231	45,6	1145
provision of bed in shelter	210	41,4	835
referring case to other organization	121	23,9	435
psychotherapeutic support	113	22,3	736
financial aid	99	19,5	426
moving to a care home	74	14,6	118

As shown in Table 4, institutions usually provided several kinds of services for victims. More than half of the institutions with case experience provided psycho-social support, legal advice, and crisis intervention for the victims, or information on the case was referred to other institutions. As a result of the combined data, it cannot be determined which measures came together, and what kind of measures were characteristic for certain institutions. Such deeper analyses can be derived from the data obtained from the interviews with professionals (undertaken in the next phase of the study). Here we re-iterate that a high proportion of the sample comes from German figures, and that within German figures domestic violence services are dominant. Thus at such a level the data mainly provides information about what these institutions do with those older female

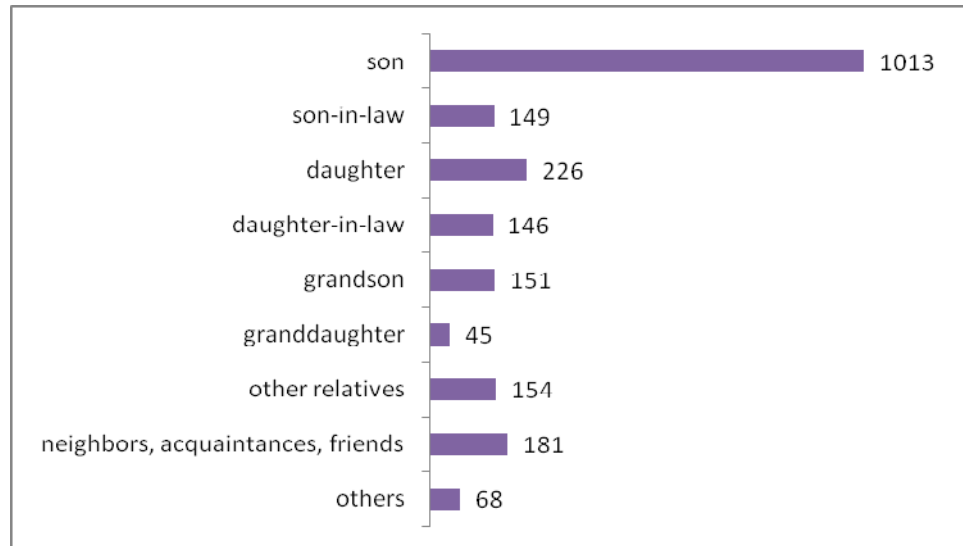
IPV victims who are referred to them. In any case the small number of referrals to care homes should be noted.

4.3.1.9 Other abusers of older women and other victims of IPV in old age

We were also interested in how many cases of violence by persons close to the older woman (other than the (ex) partner) became known to the respondent institutions. Compared to the number of cases of IPV against older women known to the institutions (10262) a much smaller number of cases with other perpetrators were known to the institutions (2133). In the course of our research some experts indicated that violence committed by other family members might be a more important topic than IPV in later life, particularly for their institution. Our survey data do not support this – which is almost certainly related to the fact that our issue was principally IPV in old age.

The following Chart 14 shows the respective number of such other cases that came to the attention of institutions. Institutions reported many cases of violence against older women by sons. This is the predominant case group within the overall sample, but we find here some differences between our countries. For most of the countries, cases of violence by sons and sons in law constituted about 50% to 62% of all cases with perpetrators other than the partner. In Portugal this figure is much lower, at 40%. Some experts stressed that it is even more difficult for older women to talk about violence committed by sons than by partners. While the percentage of cases with daughters and daughters-in-law as perpetrators is below 6% in Hungary and the U.K., this number is slightly higher in Germany and Austria (12,2%, 13,9%) and even higher in Poland (21,2%) and Portugal (32,0%). These results highlight the need to have a closer examination of violence experienced by older women by other persons closed to them, perhaps with a special emphasis on sons and daughters, and possibly also in connection with issues relating to care. It would also be beneficial to track the occurrence of multiple perpetrators in the lives of older women.

Chart 14: Institutional survey: Cases of violence by other perpetrators than the partner, number of cases 2006-2008



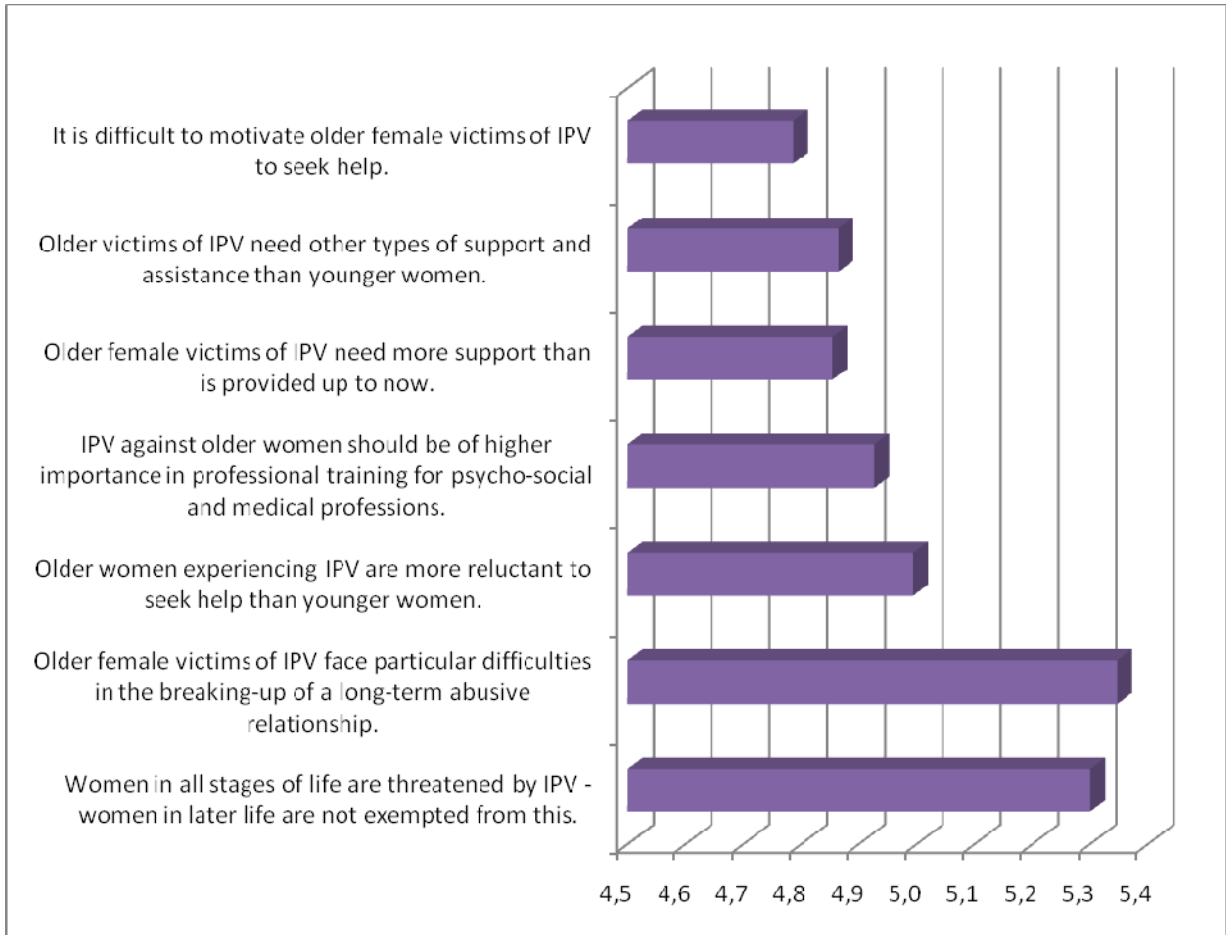
Out of the 922 experts there were only 77 (8.3% of the sample) who encountered an older male victim of IPV; characteristically this was 1-3 male victims, altogether 294 cases during the period under survey. The majority of the male victims reported in the survey lived in heterosexual relationships. It is worth noting that law enforcement institutions had encountered a higher than average proportion of older male victims.

4.3.2 Perception of the problem of IPV against older women

As indicated in the outline of the survey, we raised a series of perception related questions in connection with the situation of older female IPV victims. Respondents evaluated these questions on a 6-grade scale; the higher value always referred to higher acceptance. A number of these questions referred to whether the experts perceived that there were certain features that differentiate older and younger victims. Further questions referred to the professionals' opinions about cases of IPV against older women.

The following Chart 15 shows the mean of the answers to items with high rates of agreement among the institutions.

Chart 15: Institutional survey: Professional perceptions of IPV against older women, means of selected items with high rates of agreement (6-point scale from 1 = strongly disagree to 6 = strongly agree) (N= 860-885)



The item stating that older women are also affected by IPV received very broad agreement (between 5,0 and 5,4 in the participating countries), and most of the institutional respondents did not share the view that only a few older women are affected (mean=2,5) and that older women are less affected than younger women (mean=3). Respondent experts also did not think that in older couples women are perpetrators to a higher degree than in younger couples. For most experts, violence in older couples is also not connected with care related issues.

In Poland and Hungary institutional respondents also agreed that older women are also affected by IPV but they perceived the problem very clearly as of lower quantitative relevance (mean: "only few older women affected" =3,3; mean: "older women less affected than younger women"=3,6 for both countries) than in the other countries. In general (except for U.K. institutional respondents) most of the institutions did not expect an increasing number of cases in the future. On average, experts slightly agreed that the problem is underestimated

until now and that the topic is one that no one really wants to deal with. Portuguese respondent experts agreed less with these statements.

Respondents strongly agreed that for older women it is especially difficult to break up a long term abusive relationship (mean=5,3) and that younger women more often separate permanently from their abusers (mean=4,4). Respondents from Hungary and Poland agreed more strongly to this latter item (mean=4,9) thus possibly reflecting a specific lack of support for older women victims of IPV willing to separate in these countries.

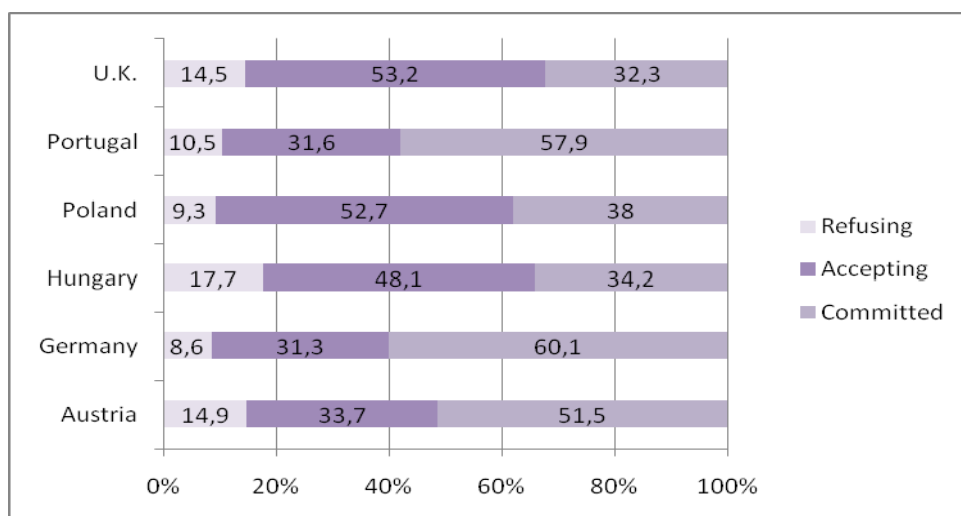
Experts also agreed that older women are more reluctant to seek help than younger women, that it is especially difficult to motivate them to make use of services and – possibly corresponding to this – that they are even more ashamed than younger women about what happens to them. Here further country specific differences appear. Polish experts in particular reported an increased level of shame in older victims of IPV (mean=5,2). High levels of reluctance in help seeking were described in the German, Austrian and Polish answers; a particularly strong difficulty in motivating older victims of IPV to make use of services was stated by Hungarian and Polish experts.

On the basis of this, respondent experts strongly agreed that older victims of IPV need more, proactive and other support than currently provided in the countries and than younger women (see Chart 15). The need for more proactive support was only seen as smaller in the U.K. (mean=3,8). Existing support services were for the most part seen as inadequate, especially in Hungary and the U.K. Agreement was also strong about the requirement that training for medical and psychosocial professions should take this issue more into account and that working with older abused women needs specialist training. The Portuguese experts most strongly emphasized this (mean=5,2); in the U.K. and in Germany the need for specialized training for working with older women was seen as less important – possibly corresponding to the perception of many professionals in (domestic) violence services that their approach in principle fits the target group of older women. In Poland and Hungary – where specialized services are still largely not yet developed – this issue was seen as particularly important (mean=5,0 and 4,9 respectively). A view that experts working with older women should be at least middle aged was not considered to be really important across the different countries (mean=3,4), and in Portugal it was even rejected. The preparedness of service providers appeared to be more important than the age of professionals within the services. Respondents from Poland and Hungary regarded this as especially important.

For many of the questions, differences between the countries were small. This was also true for the different institutions involved, although clearly (domestic) violence institutions perceived the issue as a more severe problem, and saw a stronger need for specialized support and training. They also perceived a higher quantitative relevance of the phenomenon. Representatives of law enforcement agencies and the legal system perceived fewer older women to be affected by IPV than younger ones.

The recognition or denial of the existence of IPV against older women differed in every country. It is an important task to get to know what perception the experts who are potentially in contact with the victims have. Within the survey, we raised many perception related questions in connection with older female victims and conducted cluster analyses with the results. On the basis of this cluster analysis we can separate three characteristic groups within the experts. The members of the group called 'committed' expressed their strong agreement with the fact that older female IPV victims are in a peculiar situation compared to the younger ones, that their number will increase in the future, and that this issue should be given greater emphasis within the professional training of the experts. The members of the 'accepting' group had somewhat lower average scores than those of the committed, but they also tended to accept these opinions. The members of the 'refusing' group expressed their skepticism about the importance of the topic and the specific problems of older female IPV victims in each of the attitude related questions. The following chart shows the distribution of the three groups within each country.

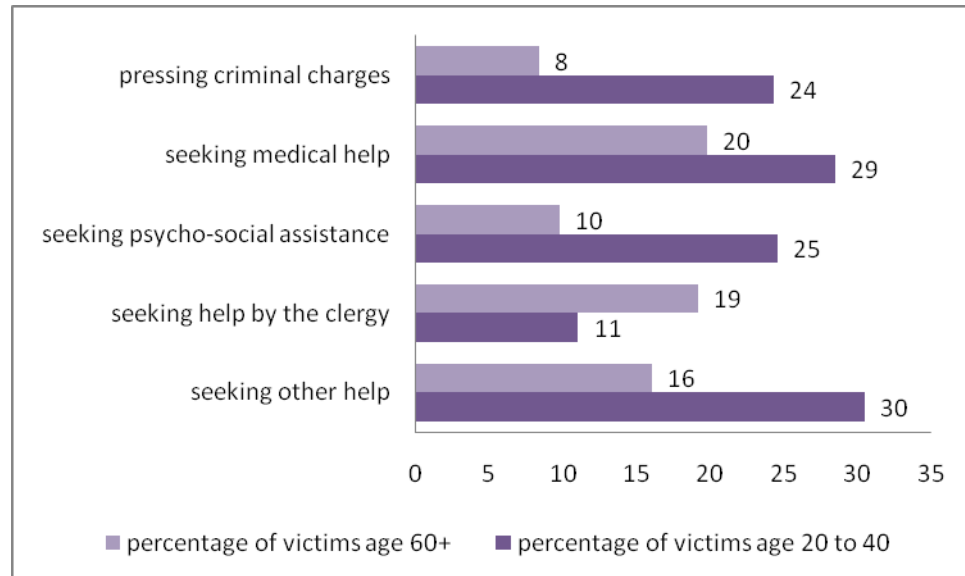
Chart 16: Three perception groups concerning IPV against older women by countries



The coverage of the three opinion groups was significantly different in the specific countries although the different institutional composition of samples must to be taken into account. It seems obvious that specialized domestic violence units, on the basis of their training and experiences, are much more aware of the problem of IPV in general than for example medical professions or staff from general social services. In the whole sample almost half of the 813 responding experts were committed to the topic, 40% were accepting, whereas 11% were refusing. The number of committed experts was higher than average in Germany and Portugal, and accordingly these are the countries with the lowest proportion of experts denying the importance of the topic. In Hungary, the UK and Poland, the proportion of committed respondents significantly lagged behind Germany and Portugal, and with the exception of Poland the proportion of the refusing ones was also higher. Austria was the closest to the average on the basis of its data. These figures have to be considered in close connection with the different composition of samples in participating countries. However, it can still be suggested that wherever the acceptance of the importance of the issue was comparatively negligible even amongst the experts, they have to be emphasized in the target group. However, where the experts were committed to the issue, or at least accepted its existence, the other potential actors also have to be highlighted and targeted in awareness-raising campaigns.

In our survey we also wanted to determine experts' perceptions concerning the question of the extent to which older female victims of IPV press charges and ask for medical, psychosocial and clerical help. We asked experts for their estimations of help seeking as regards female IPV victims aged 20-40 and female IPV victims aged 60+ in the form of a comparison. It is important to note that the answers can only be considered as *estimations* by the experts.

Chart 17: Institutional survey: Estimated percentage of victims of IPV seeking help, age groups 20-40 and 60+ (N= 462-793)



Altogether experts thought that more younger than older female victims of IPV look for support and help – be it professional or informal help. Following the experts' perceptions, younger victims of IPV make use of all listed service forms to a significantly higher extent than older women - with the sole exception of church services. Here they suggested that fewer younger victims turn to the clergy than older victims would. Experts expected that a higher proportion of older victims ask for medical help (every fifth victim), followed by help from the clergy and other forms of help (e.g. from family or friends) and that these are utilized by 16-17% of the victims. Experts estimated that less than 10% of older victims seek psycho-social assistance and even fewer (7,8%) press criminal charges.

Law enforcement agents and people working in the legal system tended to estimate the proportion of younger and older victims of IPV pressing charges higher than the other experts (12% for older victims, 32% for younger victims) and simultaneously expected smaller percentages of victims seeking other forms of help. Although their estimations of percentages of victims seeking all other forms of help was higher than the average, experts from (domestic) violence services expected much lower percentages of victims pressing criminal charges (6% for older victims and 22% for younger victims). This appears to be especially relevant as their estimation is probably based on their case experience – they know the extent to which their clients press charges. Health services shared the estimation of low rates of victims pressing criminal charges. Somewhat surprisingly, organizations dealing with older people estimated higher rates

for pressing criminal charges for older women than for younger ones. In relation to medical help social services, services for older people and medical professions themselves estimated a lower than average percentage of victims seeking help. On the other hand, (domestic) violence services gave a higher proportion. Here again this result is important, as (domestic) violence services obtain information from their clients about the extent to which they make use of medical services. They estimated that one in every three younger and one in every four older women seeks medical help. Whilst (domestic) violence services expected that 29% of younger and 11% of older victims seek psycho-social assistance, it was law enforcement agencies / legal system, health services and services for older people that expected a lower than average percentage of victims making use of this kind of help. In relation to help from the clergy it was especially the experts from law enforcement agencies / legal system who expected lower than average rates. (Domestic) violence services again expected the highest percentage of women making use of any other forms of help (36% the younger and 18% the older ones) than the other institutional respondents.

A comparison of the experts' estimations across countries shows some major differences. Hungarian experts estimated to a significantly smaller proportion than other countries that victims of IPV seek help from the different options. This is not only true for all forms of institutionalized help, but also for the "other" help that – according to respondents – is utilized in Hungary only by 12% of the victims within the 20-40 age-group and 9% of the 60+ victims. This might indicate that Hungarian experts perceived that IPV in general is considered as a taboo topic and a fact to be hidden and that women affected do not know who they might turn to. Experts from Hungary and UK estimated a particularly small proportion of victims pressing criminal charges whilst Polish experts expected higher rates for older (12%) and together with Portuguese experts for younger women (32%). With regard to psycho-social assistance, Portuguese and Polish respondent experts expected a significantly higher proportion of younger victims and a slightly higher proportion than average making use of this support. Support by the clergy was perceived most important in the two traditionally Catholic countries of Poland and Portugal. In both countries the Catholic Church is still an important institution. Polish experts thought that 30%, and Portuguese respondents thought that 28% of the older victims of IPV turned to the clergy for help. This rate was perceived as much lower for the younger victims. In Poland this was estimated as 14%, and - still quite high - 21% in Portugal. Generally low rates were given by UK experts (5% for younger and 10% for older women), where secular traditions are higher. Especially high percentages of younger victims seeking other forms of help were estimated by the UK (39%) and Austria (39%) compared to only 12% in Hungary. In relation to older victims, Portu-

guese experts expected that 23% of them seek other forms of help – which is higher than average and much higher than the lowest estimation (9%), which was obtained from Hungary.

4.4 Summary

The survey phase of the project brought a lot of information to the surface. It is important here to re-iterate that this institutional survey was *not* a prevalence study and that it followed a different approach by researching institutional case knowledge and experts' perceptions about the issue. A second limiting factor is that sample sizes differ a great deal. This has to do firstly with the country sizes, second with possibilities within countries to access possible respondents and finally with their willingness to respond. The majority of the sample consists of data from German experts also because other resources could be used there in order to extend the sample. As seen, response rates were different across the countries, low rates possibly resulting from lack of time and resources for experts to respond, lack of case knowledge and / or low awareness of the significance of the problem. Finally the composition of respondent institutions varied a lot between countries. However, this difference mainly derives from the different structure of the social systems and the nature of institutions potentially dealing with victims of IPV, but also from decisions of the partners about which institutions to include in the survey. In Germany, for example the number of institutions dealing with victims of violence is significantly higher than in other countries, thus experts of such institutions completed the majority of the German questionnaires. In contrast to this, in Poland and Hungary the proportion of institutions dealing with general social care which responded is relatively high, as in these countries these are the institutions that meet the needs of victims at a local level. The proportion of public health institutions and institutions specifically dealing with older people that responded was low in all countries.

Two thirds of all of the institutions encountered older female IPV victims during the period of 2006-2008 and/or in 2009. Only one third of public health institutions and institutions dealing with elder care encountered such victims, but a high rate of (domestic) violence institutions did so. During the period of 2006 to 2008, 10262 victims, and in the first 9 months of 2009, 6073 victims got in contact with respondent institutions across the six countries. The median of known cases amongst institutions with case knowledge during this time period was 5 and is thus quite low. The inclusion of some institutions with a very large case loads indicates that the median is a much more meaningful indicator than the mean. A major number of the victims have suffered several types of violence.

According to our expert respondents the vast majority of the violence was frequent, one-sided, long lasting, and it started before the age of 60 years. The perpetrator was the cohabiting partner in 81.2% of the cases and a former partner in 9.7% of the cases. The proportion of former partners as perpetrators was especially high in Hungary, where moving to separate apartments after divorce and separation is often not possible.

The institutions were informed about the violence most frequently by the police (47.8% of the cases) or by the victim herself (36.2% of the cases). Other institutions – e.g. health service institutions – played a minor role in case referral. More important were other persons close to the victim. More than half of the organizations with case experience provided psycho-social support, legal advice, crisis intervention for the victims, or information and referral to other institutions in the case. As a result of the combined survey data was not possible to determine what measurements came together and what measures were characteristic of the specific institutions.

In the questionnaire we raised many perception related questions in connection with the situation of older female IPV victims. One objective was to find out whether from the perspectives of our respondent experts there are specific features that differentiate older victims from younger ones. The majority of experts perceived that older female victims are especially reluctant to separate and have to face specific difficulties when they try to leave an abusive relationship. In connection with this institutions should be specifically prepared to meet the particular needs of older women who experience IPV.

The respondent experts can be classified into three characteristic groups on the basis of the perception-questions. In the whole sample almost half of the 813 experts answering the questions were committed to the issue, 40% of respondents can be characterized as accepting, whereas 11% of them had a refusing (or rejecting) attitude. The number of experts committed to the topic was higher than average in Germany and Portugal. A higher than average proportion of the experts rejected the importance of the issue in Hungary and Poland. It is a key developmental issue to persuade and convert the experts who are less committed towards the topic.

The respondents in the partner countries provided different estimations about the proportion of the victims aged 20-40 years and 60+ who would look for professional or other help. However, for every country it can be mentioned that respondent experts estimated that a significantly lower proportion of older female IPV victims look for any kind of help than victims belonging to the 20-40

age-group – except for help from the clergy. National differences are strong in relation to the perceived relevance of help by the clergy. In Hungary experts generally estimated very low rates of victims seeking help – for both age groups, which may relate to the fact that there are less well-developed systems of support and assistance for victims of IPV and domestic violence.

V

Interviews with older women victims of IPV and specialists working with older women victims of IPV

5.1

Research aims, method and execution of interviews

One important goal of this project was to gather knowledge on specific features of cases of IPV against older women from different perspectives. After the survey of institutions produced insight relating to the quantitative dimensions of the problem of Intimate Partner Violence against older women in the work of various institutions, the interviews with women who experienced IPV in old age are aimed at providing insight views and the interviews with specialists are aimed at providing qualitative information on cases of IPV known to institutions. It was extremely important for us to talk with victims themselves, listen to their accounts and learn about their perspectives - thus following the general trend in criminal justice procedures as well as criminological and victimological research to give victims an immediate voice and let them speak on their own behalf (cf. Hotaling & Buzawa, 2003; Morris, Maxwell & Robertson, 1993; Shalhoub-Kervorkian & Erez, 2002)

The interviews with victims and specialist aimed at exploring characteristics and traits of older female victims and perpetrators, aspects of violent relationships in old age, risk and protective factors, causes of abuse, aspects of violent acts (dynamics, situational factors) and contexts of abuse. Of special interest was the help-seeking behaviour of older victims, perceived barriers to help-seeking and perceptions of professional help. One important aspect was also the way older victims speak about their experiences, the terminology and accounting structures they use and their interpretations of their experiences in the context of their generational and biographical background. The interviews with specialists aimed at exploring the way, the institutions deal with cases of IPV against older women.

In the interviews with victims, ethical issues were highly relevant. In line with international standards the partners discussed and laid down internal principles for ethical issues related to victim interviews and applied them (for detailed information please refer to the national reports).

The interview method used in interviewing older women adopts features of so-called "problem-centred interviewing" (Witzel, 2000) and "episodic interviewing" (Flick, 2000), the interviews with specialists followed a slightly more structured approach. The interview guide for specialists was developed on the basis of a tried-and-proven instrument (see Görge, Newig, Nägele & Herbst, 2004), the interview guide for older women was modelled on the basis of experiences of our associate partners Tova Band Winterstein and Zvi Eisikovits (Band-Winterstein & Eisikovits 2005, 2009). Drafts were discussed with the partners and modified considerably. The interview guide for victims covered four main fields of interest: (a) life history, (b) experiences of violence during lifetime, (c) changes in violence in old age and (d) help, needs and rights. The knowledge possessed by specialists was to be surveyed in the interview in specific terms based on individual cases as well as in general terms. Both the specific and the general levels involved characteristics of cases and how the cases were dealt with.

The personal oral interviews took place over a period from September 2009 to September 2010 and were performed by the research team itself. Interview analysis was based on detailed minutes of the interviews with specialists and on verbatim transcripts of the interviews with victims. Our perspective in the analysis of victim interviews was multi-fold and our approach included an intersectional perspective focusing on the overlap of various lines of differentiation that may play a role for older victims of IPV. Gender, age, generation as well as other factors play an important role as regards characteristics of IPV in old age as well as help seeking behaviour. In this summary report we can only give a short summary of results compiled in the country reports.

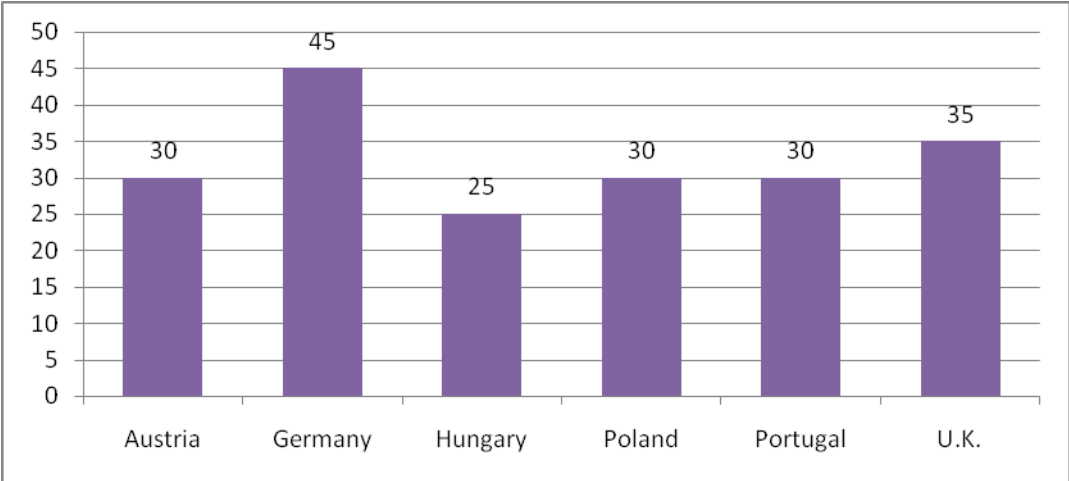
5.2 Access to interviewees and number of interviews

The sample of interviewees for the specialist's interviews was mostly drawn from the institutions involved in the institutional survey, usually adding some other institutions the research team had been in contact with. As regards victims interviews most partners experienced big difficulties. Partners were forced to use different and multiple ways to access older female victims of intimate partner

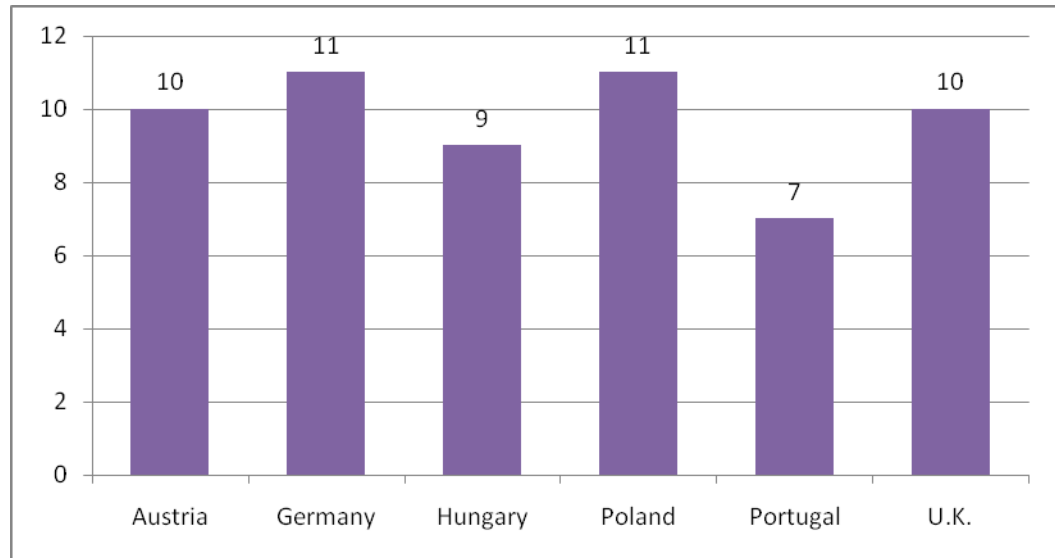
violence as interview partners. Mostly access was made possible via professionals from organizations involved in the questionnaire study, the interviews, or national expert networks. In some cases partners searched for possible interview partners via posters or newspaper articles or via colleagues working in further education of social workers, in a helpline. In general the response to public calls was very limited.

Originally planned were 30 interviews per country. A total of 195 interviews with specialists were carried out. The higher number of interviews carried out in Germany has to do with synergy effects by coordinating the interviews with the action programme "Sicher leben im Alter" (SiliA - "Living Safely and Securely in Old Age"), carried out at the same time by the same research institutions. The lower number of interviews in Hungary had to do with the reluctance and scepticism of specialists.

Chart 18: Number of interviews with specialists



58 Interviews with older female victims of IPV were carried out. It was originally planned to conduct 10 interviews per country.

Chart 19: Number of Interviews with older women victims of IPV

5.3 Results

5.3.1 Characteristics of cases of IPVoW

On the whole, the specialists surveyed reported that they had only worked on a few cases of IPV against older women at their facility, with almost all of them assessing the number of cases as low. Most of the facilities deal with significantly fewer older women than younger ones.

One of the main objectives of the international study was to close significant gaps in existing knowledge about IPV against older women in Europe by carrying out original empirical research. This was aimed at gathering information concerning the characteristics of cases of intimate partner violence against older women. Information on this issue was mainly derived from older women victims and staff interviews that were carried out in each country respectively (as described in chapter II). From these interviews, information was generated on the following aspects: characteristics of older female victims and their perpetrators, relationship characteristics and dynamics, risk and protective factors, causes of abuse, characteristics of violent acts (dynamics and situational factors), its contexts, and exploring help-seeking behaviour of older women victims and barriers to help-seeking. Additionally problems of currently provided services, adequacy of services and outreach provision for the target group, and good intervention approaches were to be identified.

From a comparative perspective, some of the findings are very similar across countries while others differ according to country specific aspects as will become apparent in the section/chapters that follow.

5.3.1.1 Understanding of violence and development of abuse in the partnership

In our study, it was important to find out how the women themselves understand and describe their experiences. All interviewed women disclosed some form of partner abuse within their interviews with the research teams. However, the way in which women defined these experiences was very interesting in so far as many of the interviewed women were reluctant to use terms such as 'domestic violence' or 'partner violence'. At the same time, they often minimised the severity/significance of the abuse they had been subjected to.

It was evident that our small sample of victims frequently had an understanding of violence referring mainly to physical forms of violence when asked about experiences of violence. Verbal or psychological abuse was very often considered not worth mentioning within the frame of violence by their partners. At the same time, the interviewed women often appeared rather insecure and uncertain about how to label their experiences, especially with regard to psychological abuse and violence which they frequently also spoke about. This might have to do with the fact that the boundaries between conflict and violence often are fluid and violence often, but not always, arises from conflicts. It may also be the case that the older women did not associate the use of the word 'violence' with their experiences in relation to psychological and emotional aspects (for instance, in the UK, if the term psychological or emotional abuse was used, some older women appeared more ready to discuss these issues). Many of the women interviewed had not recognised that their experiences had been abusive until they had left their violent relationships and/or had received support for the partner violence, which had enabled them to make sense of their relationship and start to identify abusive behaviours. At the same time, it has to be stated that those victims who have a more regular contact to supporting services for victims of domestic violence appear to have developed a broader understanding of violence. One reason might be that with time and professional support they do understand it as being part of their violence experiences. The understanding of violence of the professionals usually included all forms of violence although it has to be stated that the definitions tended to be broader in domestic violence protection institutions and more narrow and focussed on physical violence in others.

Women experience violence by their partner for the first time at different points in time. A number of the women in our sample(s) reported that they already experienced violence before or shortly after their marriage, whilst for some women this occurred during their first pregnancy. However, most of the women experienced violence in the early stages of their relationships and reported that they were exposed to violence by their partners throughout the entire course of the marriage. However, some women reported that their partners became violent only later in the relationship and that the situation accumulated within the course of their marriage. Other women reported that their husbands or partners changed after a rather good relationship and then became violent. Several women had difficulties to determine the exact moment when violence occurred for the first time. This might be due to the fact that older women recognised their experience as violence in retrospect – and that a few women remained somewhat doubtful as regards the question whether what they experienced should be considered violence or not.

On the other hand, the professionals who were interviewed usually had an understanding of IPV that was rather broad. Their understanding included other forms of violence such as psychological, financial, sexual and economic violence although the definitions varied from institution to institution.

5.3.1.2 Types of abuse

One result of our study is that the older women usually experienced virtually all and certainly more than one type of violence. In most of the reported cases, older women experienced more forms of violence in combination. Psychological forms of violence (including severe threats) and abuse against older women were often reported and appeared to be the most common forms older women experience. Typical forms of psychological violence are degradation, humiliation, insult and offence as well as exploitation, domination and controlling behaviour. Nevertheless, physical violence was also often reported by victims themselves as well as by institutions. Older women were exposed to various forms of physical violence such as pushing, slapping and hitting (with fists, objects, crutches), kicking (in the stomach, the legs, in the back), pulling the women's hair or dragging them through the living accommodation, attempting to strangle them, threatening them with knives or pistols or attacking them, throwing them against doors, pushing them downstairs. However, older women also frequently experienced (social) control and financial exploitation and dependency, sexual violence as well as (in fewer cases within this study) intentional neglect. Money and possession as well as property were often used as means of pressure, of checking up on and humiliating women and financial forms of violence very often ap-

peared to be the starting point for a violent relationship and connected with other types of violence. In comparison with other forms of violence, sexual violence was less frequently reported, this might be due to the taboo nature of this issue as well as the situation that some women, of this generation, due to a lack of knowledge of the legal situation, might perceive sexual violence not as violence but rather as part of their marital duties - and not so much with a less frequent occurrence of this type of violence. In the Hungarian case, all of the institutions reported about physical abuse which in most cases also involved verbal abuse and financial exploitation. There was also evidence of stalking in some cases of divorced couples (particularly in Hungary and Germany). In Hungary, divorced women were faced with a special situation (the "Hungaricum"): quite often divorced partners remained living in the same apartment due to lack of money and suitable housing alternatives and violence therefore often continues or increases after divorce or separation. This situation can be often found in Poland as well.

In most cases, unidirectional violence by the male partner against the female partner was reported although for example in the Austrian study some evidence was found of a few cases of mutual violence, some occurring throughout the whole relationship, some apparently happening as a form of revenge in old age. In summary, it can be said that in most cases, partners created an encompassing system of control and oppression with the goal to govern the women and their behaviour and to limit their freedom. The cases appear to be marked by pronounced shame of the women, social isolation, psychological disorders, low self esteem and reduced options for change.

5.3.1.3 Characteristics of women and men involved

Most of the cases of IPV against older women known about are of women aged between 60 and 74; fewer cases are reported of women age 75 years and older. Women and men involved in a violent intimate relationship generally come from all social and educational backgrounds and violence frequently occurs by cohabiting partners but in some cases also by former partners or those in a relationship but not cohabiting. Exceptionally, in the Hungarian study, it became apparent that it is former partners that committed IPV against older women to the greatest extent; in Hungary violence often continued after divorce or break-up and in specific cases violence became more serious when the woman wanted to discontinue cohabitation which had been maintained until then (see above concerning the Hungaricum situation).

A traditional gender role distribution was often reported within couples, with the men as the sole wage earner or the women earning no or only small amounts of money in addition to periods when raising any children. This often appeared to be connected with high degrees of economic dependency of the women. Additionally, many of the women were socially isolated due to the controlling nature of the relationships.

In the case reports obtained from professionals a number of cases were reported of women with migration backgrounds (fewer IPV cases than in younger age groups appear to be recognized), psychological or mental health disorders, substance misuse problems or women with physical disabilities. Only small numbers of cases of women who were dependent on care were reported whereas more often violent constellations were reported when men were dependent on care. Very few cases of homeless women, women with learning disabilities or women without residence permits were reported in the national studies. Some of the women had other major problems such as chronic illnesses, depression, post-traumatic stress disorders, suicide risks, financial problems, care-giving responsibilities for other family members, and exposure to multiple perpetrators or experiences of violence in the (post) war period.

The male partners were often characterized as controlling, striving for power and (pathologically) jealous. Sometimes the violent partners were described as men with two faces, or with a virtual Jekyll/Hyde personality. In a considerable number of cases, the (ab)use of alcohol by the partners played a major role in the violent relationships of older women.

From elder abuse research it is known that older women don't only become victims of violence by current or former partners but that also other persons in their social proximity may also be considered as perpetrators (Greenberg, McKibben & Raymond, 1990, Schiamberg & Gans, 2000). The dominance of sons as perpetrators becomes obvious in interviews with the women as well as with staff members of institutions that participated in our study. This may possibly be linked to learned behaviour (following the father's behaviour towards the woman) on the part of the son. However, neighbours, acquaintances, children of new partners, tenants and staff of care services were also mentioned as perpetrators during the interviews.

5.3.1.4 Causes and triggers

Intimate partner violence is triggered by many factors – this appears to hold for older as well as for younger women. As pointed out earlier, most of the older

women experienced violence from the very early stages of their relationships. Unequal power relations, gender specific roles and patriarchal societal structures are mentioned as causes of IPV primarily by facilities of protection against violence and women's counselling offices. Casual factors such as alcohol consumption / alcoholism, abuse of medication and jealousy were also seen as triggers. IPV rarely seemed to appear for the first time when the offender or the victim is ill and in need of care (with the possible exception of dementia). Nevertheless, in some cases violence starts in older age and may also be triggered by the (societal) devaluation of the male partner due to retirement. However, victims themselves were generally rarely able to clearly identify what triggered violence and often said that the violence came "out of nowhere". This corresponds with the assumption that violence is caused by underlying unequal power relations and gender specific roles.

5.3.1.5 Alterations / Violence in old age

In our study we were interested in finding out whether IPV in older age is a phenomenon which had been established earlier in the relationship or if it is a phenomenon that was new to the women in later life. From our research, it became clear that violent acts against older women were usually frequent and as seen above, most of the women reported a long history of intimate partner violence. In fact, violence very often started at the beginning within the first year of the spousal relationship. In Austria, for example, in most cases physical violence often happened for the first time during pregnancy. In Portugal and in the UK most interviewed women reported abuse throughout the lifespan of their relationships. There were quite a number of cases that reported violence developing later in the relationship or where alterations in long term violent relationships relating to the types of abuse or levels of violence (and options for help seeking) used happened during the course of the relationships or in old age/later life. Some of the women who re-married following divorce from a previous violent relationship also reported violence in their second marriages (particularly in Germany, Austria and Hungary).

For those cases in which violence did not start from the early beginning of the relationships, one noteworthy turning point can be the time when children leave home, when the women may become the only scapegoat or buffer for the men. In those cases in which violence already started in the early times of the relationships, in these moments violence may increase. In other cases, violence appears to start in old age. The following factors seemed to lead to late onset of violence and alterations in long term violent relationships with regard to the type of abuse and level of violence that occurred: increasing dependency (for

care, household matters), psychological disorders of the man, retirement of the man (loss of value and increase in amounts of time spent together), alcohol abuse. There was also some evidence that IPV might become more intense and ingrained as relationships developed and endured. Victims in the Austrian study did not mention a decrease in physical violence; in fact some women stated an increase in economic violence after retirement. In the German situation, in some cases, reports of a decline of physical violence but continuing high levels of or even escalation of psychological violence were found.

5.3.1.6 Age and generation specific aspects

The study also aimed to find out the extent to which intimate partner violence against older women is an issue with age and generation specific characteristics. In relation to these aspects the following observations appear relevant. Victims of intimate partner violence older than 60 years appeared to share common generation specific experiences across the six European countries, although a distinction between younger and older senior victims of IPV seemed to be necessary because the older senior women appear to be in another situation with regard to their own pensions/financial situations or declining physical abilities and lack of possibilities to leave their partners.

The older a woman is when experiencing IPV the more difficult it is to cope with the situation and to engage in a help-seeking behaviour; often they present economic difficulties in leaving home but most frequently this relates to the emotional attachment to the place they lived all their lives (their belongings and their social interactions – neighbours, places where they go shopping, the church, etc.).

For many older victims of intimate partner violence, violence appears to be a biographical feature in women's lives. Many of the women reported rigid upbringing by their parents including traditional gender roles, some reported violence in their childhoods against themselves or against their mothers. Some women in Germany reported difficult childhood experiences during and after WW II (including violence, poverty, forced migration, expulsion as well as loss of family members from which they learned early lessons about hardship. In Portugal, the poverty that most Portuguese families were exposed to during the dictatorship of the so-called 'Estado Novo' (which started in 1930) played an important role, pushing a significant number of children to the workforce. Further, for many women, marriage was seen as a life-time commitment which, if the relationship contained violence, is often connected with the maxim: "You've made your bed, now you must lie on it" This could become a reason or a rationale for

the women as to why they did not leave their violent partners. Another key issue for this generation appeared to be a high level of responsibility for their family as well as their violent partners. Moreover, family and violence within the family were quite often considered as private matters and the women preferred not to talk about it, even with other persons that are close to them.

Older women in Eastern Germany appear to be confronted with a unique situation connected with the re-unification process. In some cases, men who were working in high positions in the former German Democratic Republic, lost their jobs in the process of re-unification and faced difficulties finding new work after that. This kind of devaluation of professional vitae may trigger male psychological disorder and thus intimate partner violence.

Within the study we established that age connected with gender and generation specific factors played a role on different levels. For one, older women very often already experienced violence for a long period of time and in some cases the violence intensified throughout these years. Among the after-effects of long-term abuse are severe health and psychological problems as well as low-self-esteem and financial dependency in higher age. This might make it more difficult for older women to end the relationship than for younger women who had been in a relationship only for a shorter time. Another relevant age specific factor is that younger women seem to seek help earlier and more often, whereas it is more likely that older women assume that they have to cope with their situation alone and in isolation.

5.3.1.7 Other factors

Another aspect relevant for the situation of older women experiencing intimate partner violence is migration. Immigrant women often are weaker economically and may be more emotionally dependent, e.g. because of a lack of language skills of the national languages as well as greater social isolation because of family and/or children, friends and confidantes living abroad. The problem of IPV against older women is likely to become more prevalent in the future as more women with a migration background become older.

Further, despite the fact that the rural-urban divide is dissolving in many of the countries, it still plays a role in the lived realities of older women; for example in Austrian cities neighbours may be likely to call the police more often than in the rural area. One explanation for this might be that in rural areas women are often less aware of their rights and have a low level of information regarding e.g. protection measures and the public nature of the crime of domestic violence. Fur-

ther, the neighborhood environment is seen as being more critical to ‚social deviance‘. And frequently men perpetrators of IPV/DV in rural areas are friends of police officers or share the same circle of friends.

Alcohol is another strong factor related to intimate partner violence against older women in all of the partner countries, although the level of effect might differ from country to country. In Poland, abuse of alcohol by older perpetrators plays an important role. In Poland, the situation may also become even more difficult for older women due to the generally difficult situation for older women relating to their financial and housing situations and for women in rural areas.

Among professionals, different opinions concerning changes in old age could be found: In the Austrian situation, some professionals pointed out that in old age there is a shift from physical (and sexual) abuse to predominantly psychological and financial forms of violence. Others argued that there is very little or virtually no change in types of abuse – after having reached a certain level, the violence does not change any more. In the UK case study, two perspectives of professionals appear: Some argued that violence in old age appears as a continuation of long term abuse within relationships. Another perspective, discussed most often by those supporting vulnerable older women suggested that IPV develops in older age in relation to “caregiver violence”.

5.3.2 To stay or to leave: Change, continuity and help seeking in older victims’ lives

Change, continuity and help seeking behaviour in older victims’ lives are issues that were also brought into focus by our study. As mentioned above, it was a general experience of the experts that older women separate less often from their violent partners or infrequently press charges against them, despite the fact – according to the opinion of many staff members in our interviews – that older women are affected by IPV in the same way as younger women. However, in the case illustrations obtained, it appeared that it is more difficult for older women to end their violent relationships – they may be more reluctant to make use of external help, it can be more difficult to motivate them to seek help and they often appear to be more ashamed of their experience of violence than younger women. Additionally older women seemed to know about and make use of services less often¹³. At the same time, interviews with staff members revealed a particular demand for support of older women, which according to the

¹³ According to Schröttle 2008: only 8% of all affected women under 25, 11-14% of those from 26 to 55 and only 2-5% from 56 to 75 years old ask for help; those over 75 seldom if ever ask for help.

respondents is not yet met appropriately. At any rate, there are various complex, multi-layered and strong factors which appear to inhibit change:

One strong factor is economic dependency or strain, because most of the older victims of IPV do not have their own income or pensions or if they do, have only very modest ones. Another factor, often related to the above is the close connection of older women to property especially in form of flats or houses as a clear material life achievement, Additionally the social structure or environment such as neighbours, friends, community may play an important role for older women. Emotional dependency connected with gender specific role models, as well as a high level of feelings of responsibility may often be further factors which hinder change.

In Austria, many experts stated that the prospects for older women are very limited in respect to the possibility of establishing an independent life and to develop "life plans" outside marriage and family. In such situations, therefore, influenced by the economic, social and emotional dependencies – older women may see no alternatives to their present lives. Additionally, the women may become "acclimatised" to violence and develop high levels of resignation. Traumatization "makes" the offender appear even more powerful. Seeking help because of IPV may well be perceived by the women as a sort of betrayal / violation of the intimate sphere and the partnership. Another important aspect is lack of information about existing support and help systems. This issue is getting even more relevant in rural areas where the infra structure often is less developed, for example in the Austrian case it became apparent that there are less institutions dealing with domestic violence than in the cities.

There also appears to be a "culture of looking away", helplessness as well as ignorance about support systems / or people, which also gets in the way of older women seeking or getting help. Strong feelings of responsibility by the women for the care of their partners/perpetrators may also hamper this, and many women may retain strong connections with and emotional dependency on their partners due to the length of their shared life experiences.

Another factor can be the self-perception of the women, who report feelings of shame and in a few cases guilt about their experiences of violence. This often also inhibits speaking out. Furthermore, for some older women, it is inconceivable to think of themselves as separated women and to live alone which again is connected with all the other inhibiting factors mentioned above. In the light of the shorter length of their remaining life-span, and greater levels of low self-esteem and often depression, many women do not have enough energy and positive perspectives to enable them to take the necessary steps to make a new

start. This is often hampered by poor knowledge about women's rights and services and can also be connected with perceived financial dependency and social isolation by a number of the women.

Nevertheless, some older women do manage to separate from their abusive partners even after being exposed to violence by their partners for a long time and despite difficult processes for separation and divorce. The main reasons for leaving their partners that were mentioned in the interviews were life-threatening violence and a longing for finally obtaining a quiet life in old age, free of violence. In some situations, a perception of increased levels of vulnerability connected with a decrease in coping abilities appeared to play a role. In the German case study, there was evidence of one case of an older woman who decided to leave her violent husband at the time when she heard that she was dying of cancer and who wanted to live her remaining months in a peaceful situation.

In the study it became apparent that older victims of IPV develop different strategies to cope with the violent relationships they experience. As mentioned above, most of the women are facing long term violence and abuse throughout their entire relationship(s). Older women learned ways of 'coping' with the abuse over the years (e.g. avoiding confrontation, isolating themselves from others) but felt that the impacts of the abuse affected them more and were more severe as they became older (e.g. accumulation of abuse, ill health, increased isolation). Nevertheless, in the national studies, we could gather information - both from experts working with these women as well as from older women victims themselves - on the specific strategies of older women to seek help. From country to country there are differences as regards to whom older victims of IPV turn when they seek help. At the same time, experts agreed that older women seek help less often than younger women. In the Austrian study it became apparent that there is also a clear divide between older women aged 60 - 70 and those women that are older than 70 years - these women seem to seek help even less often.

In Germany, all of the interviewed women had contact with medical professions, some with psychotherapists. Only some of these women explicitly sought help from domestic violence institutions. In most of the cases, women received information about helpful institutions almost by chance and quite often via medical staff that they had been in contact with for other matters. Very often, older women contacted physicians and doctors who generally had a central role in relation to older women speaking up about their experiences of violence.

In Austria, the situation is slightly different. Here, older victims of IPV mainly turned to grown-up children for support who are very important in so far as they provide refuge and accompany their mothers to counselling services. Experts saw their role not only in a positive but also in a critical light because they often see ambivalent interests in the children. Close friendships with other women are rather rare and usually older victims of IPV don't speak with their friends about their experiences or even turn to them for help. Clergy are contacted only by a minority of explicitly religious women, mainly those living in the countryside.

Concerning the frequency of help-seeking in terms of contacting the police and/or a court, the situation is that older women do not appear in such high numbers as younger women in police or court files. Nevertheless, some older women make contact with the police, or the police are called by neighbours who witness violent situations. However, most frequently, older women do not decide to press charges against their violent partners.

In the Hungarian case study it became apparent that older victims of IPV were less informed about possibilities for asking for help as well as lacking knowledge about possibly helpful institutions, shelters and so forth. Additionally, they had less knowledge about how to use communication technology such as the internet, email, or telephones and have a rather low mobility. In this age group, traditional gender roles, which women experience still play an important role. In the Hungarian context, older women were reported to have a lower level of activity and a high level of resignation, appearing to accept their situations and waiting for their end, which often results in being stuck in the violent relationship.

In Poland older women appear to be unwilling to seek help for their situation, but if they do turn to anyone for assistance, it is, in the first instance to members of their family and to friends and only later they seek help from any institutions. In Poland, priests are often older woman's confidants. Older women in Poland also invest a great deal of confidence in doctors. A somewhat different view is taken on the police or on social workers. The social services undertake interventions, the aim of which is to solve the problems of violence. However, a number of factors seem to hamper older women from seeking help from these services in order to change their situation. These hindrances include, first and foremost, feelings of shame and embarrassment, and the belief that one should not talk about one's problems outside the realm of the family. The decision to consult outside agencies is often aided by the support of family members (adult children) or friends. It is necessary to note however, that it is rare for older victims of intimate partner violence to receive unified support from all family members.

In the Portuguese case, the situation varies, especially from the situation that appears in Hungary. In Portugal, older women are reported to be highly proactive in deciding to move out of an abusive relationship, which does not always include leaving their home. It has to be taken into account that the women interviewed in Portugal were all identified with the help of support services which may have an impact on these results. In most cases, the abused women themselves contacted some type of support organization. When given guidance, they seek all available services to find a suitable solution. The adoption of survival strategies, in old age, is mostly based on a self-assessment of their skills and capabilities by these women and on a lower tolerance for aggressive behaviour perpetrated against them. And maybe that is why, now in old age, these women decide to make the change in their lives, and to end the cycle of violence. As pointed out by women themselves, at 60, 70 and 80 years, these women are past the age of developing new life plans and simply want to live peacefully and happily; they want to look in the mirror and see the women they are (and always have been) in their uniqueness and plenitude. Family support has an important role here, especially regarding seeking refuge. When women are young they seek refuge at the homes of parents, when older they often seek refuge with descendants.

In the UK, only very few older women appear to engage with support services. The numbers of self referrals as well as referrals from professionals are very low. One reason for these low numbers referred to statutory services might be that older women find support from domestic violence services (provided by NGOs) invaluable because these services help them to identify their experiences as abusive and to understand and make more sense of their violent relationship(s).

Nevertheless, in the UK as well, there are various barriers to accessing support. Generational influences, for example being married "for better or worse" together with social expectations and norms are among those factors which hinder access, as well as a low awareness about who can help and where to go for assistance. Another hindrance is financial dependence on the partner, so that leaving would result in loss of home or leaving with nothing. Another aspect, strongly connected with the latter is a lack of accommodation and the situation that shelters might not be suitable or accessible for older women. Older women in the UK often do not access support due to their fear of what will happen to either themselves or their partners or other related individuals such as children or grandchildren.

5.3.3 How institutions deal with the problem: contact with victims, options and limitations of support

The interviews with personnel revealed that working with older women who are victims of violence means facing greater challenges than working with younger women in a similar situation. According to staff members who participated in the study from various kinds of institutions, older women may often be exhausted with the entire situation and frequently demonstrate a rather passive attitude, as opposed to younger women, who appear to seek help more quickly from the appropriate institutions. Age seems to be a factor quite often leading to passivity, as is the victim's acceptance of her own fate (as older women tend to remain in violent relationships), this is often a state of affairs frequently determined by values shaped by the victim's family background, religious persuasions, coupled with rejection and resistance of anything new and fears regarding her partner's reactions. According to the perceptions of the professionals, when they seek support, older women victims of intimate partner violence often do so without obtaining this support including finding a definitive way out of their situation. That is, principally they seek information about their rights and someone with whom they can share a trustworthy relationship and one in which they can release their feelings.

However, not all victims find themselves in this situation. Some of them decide to obtain help for their situation and contact institutions for assistance, with the objective to change their situation within the relationship or to leave their partners. In Portugal, to a significant proportion the first contact between older women victims of IPV and helping institutions was established by the women themselves. However, older women frequently also get in contact with support institutions by chance or frequently through the help of relatives, usually descendants.

In most partner countries, services for victims of domestic violence have the highest case numbers among all institutions that are in contact with older victims of IPV and at the same time it has to be pointed out that the case numbers of older women are generally rather low within specialized counselling services, medical professions (although they are a bit higher in psychiatric wards and psychiatric specialist organisations), statutory social services and care institutions.

5.3.3.1 Law enforcement agencies

The situation for older victims of IPV regarding support by law enforcement agencies is very different in the partner countries, where there are differing legal regulations. Therefore work with older victims of IPV is shaped differently within the countries of the EU and the outcome of the work with older women also varies. Nevertheless, it can be said, that in all of the partner countries there are protection laws against domestic violence that generally protect women of all ages as well as the main laws that can be referred to. An example of this is the Protection against Violence Act - which came into effect in Austria in 1997 and in Germany in 2002 and the Law that establishes the legal regime applicable to domestic violence prevention, protection and assistance of victims in Portugal (2009). In Hungary, exceptionally, there is no special legislation for domestic violence or IPV. In Hungary, cases of IPV or domestic violence are judged by the Criminal Act and no special acts are founded for protection of abused women. However, within the case studies countries, it became apparent that knowledge amongst older women about these protection laws is rather small, which is an additional obstructive factor for older women when seeking help with law enforcement agencies. This may also quite frequently lead to the fact that the files are closed because the women do not want to press charges against their violent partners. In most situations, older women get in contact with law enforcement agencies themselves or when neighbours or family members call the police or in a few cases by chance as in one case in Germany reported by the police being found injured on the street by police officers.

Most of the experts stated an improvement of cooperation with police in recent years. Women affected by IPV evaluate the behaviour of the police in a differentiated way, particularly the moment of intervention and the urban-rural cleavage appear to play an important role here. The majority of Austrian women were content with the behaviour of the police after 1997 when the Act on Protection against Violence came into effect). Austrian women from rural areas complained much more about the police (officers gave no precise information, did not forward the complaint to court, did not report the violent act to violence protection centres, did not believe them, displayed racist behaviour etc.). Both experts and abused older women in Austria report ambivalent experiences with judges and lawyers; experts are mainly critical that many judges do not understand the nature of long lasting violent relationships and the dynamics of violence. Additionally, many older women in Austria complain about long court procedures. Nevertheless, despite the length of the procedures, some of the women report about court decisions with which they are satisfied.

The main instrument available to the police in Poland is a procedure known as the „Blue Card”, which covers the range of interventions available to representatives of social services agencies, district authorities for dealing with alcohol problems, the police, educational and health service organizations, in connection with substantiated suspicions of violence taking place in the family. However, older people are often unwilling to involve the police, they are afraid of the opinions of their neighbours and the community in which they live, they refuse to cooperate with the police, protecting the perpetrator, and are unwilling to become subject to the “Blue card” procedures. Even when they do so, it is sometimes the case that they change their minds and then withdraw from the procedures, deciding to defend the perpetrator. On the other hand, the police service is an institution whose task it is to intervene at a specific moment in time, whilst situations of family violence require long-term interventions, which are more able to deal effectively with the problem with the support of other agencies. Older women victims of violence had a very positive view of the activities undertaken by the Crisis Intervention Centres in Poland, but were less positive in their assessment of the work of the police and law enforcement agencies, such as the courts and the prosecution service.

For the German situation, it can be said that the police play an important role for first contacts as well as for referral to other institutions, mainly intervention centres and battered women’s shelters. During police intervention, victims of IPV receive basic information regarding their options and support institutions that are available. Such action is mandated according to the Protection Against Violence Act (Gewaltschutzgesetz) enforced in 2002 and through which victims may be referred to intervention centres or women’s shelters. In Germany, the police are mostly called by neighbours and not very often directly by older victims of IPV themselves. Other institutions mostly report good cooperation with the police. In relation to results for the victims, how the police deal with the cases is important; this often differs from police station to police station across the country.

In Hungary, the police do not appear to have any special knowledge about elder victims of IPV although there have been special trainings for police officers in recent years. A further problematic aspect in the Hungarian police is that although they have some data about cases these do not usually contain enough detail, for example the age of the women or information regarding the relationship between victim and perpetrator are often not available.

In the UK, policies exist which outline how criminal justice services (Crown Prosecution Service) should respond to crimes relating to domestic violence and

those crimes, which involve older people. However, perpetrators of partner violence against older women are rarely prosecuted because of insufficient evidence (e.g. due to issues relating to the capacity of older women, perceptions about 'unreliable witnesses') and because this topic is not perceived to be in the public interest. This may include an apparent reluctance to prosecute older male perpetrators because of their perceived vulnerability. Nevertheless, there have been positive experiences with the police when dealing with incidents of physical violence. Further, the relationship between the police and support services has generally improved over the last decade.

In Portugal, law enforcement agencies (in particular, police and courts) were most frequently referred to as not corresponding to the expectations and needs of older women. One reason is that involving the police implies rather stressful procedures for the older women victims as the involvement of the police implicates the formalisation of a crime-report, given that the crime of domestic violence in Portugal is a crime of a public nature. This must be related to the fact that although in Portugal domestic violence is a public crime, the percentage of cases presented to judges is very low and the percentage of convicted cases is even lower. To go beyond a public prosecutor investigation on domestic violence the victim has to gather irrefutable proof of continuing acts of violence. So most cases are dismissed due to withdrawal of the complaint, waiver of the right to complain or because the victim has not applied to join as a civil party, it means the offense reported, or for which sufficient evidence has been provided, does not qualify as domestic violence under Article 152 of the Penal Code, but rather as an offense against physical integrity, threat or slander. As affirmed by a Public Prosecutor "when a case of domestic violence, which is a public crime, is dismissed due to "withdrawal of the complaint, waiver of the right to complain or on the grounds of the Public Prosecutor not having jurisdiction," it is apparently because there is sufficient evidence that the perpetrator's behaviour lacks the intensity or constancy required to qualify it as infliction of mistreatment; or because the relationship in which the abuse occurred does not qualify as a partner or family relationship, but rather as a casual encounter or a relationship of friendship, so that the offense cannot be classified as a domestic violence crime (the legal definition of which is an offense against a person's health and wellbeing that has escalated to an offense against that person's human dignity in a domestic or household setting, requiring protection) but rather as an offense against physical integrity, threat or slander, which are of a semi-public (the former two) and private (the latter) nature."

5.3.3.2 Health and care institutions

Health and care institutions generally are important institutions for older victims of IPV. In many cases, doctors are the first point of contact because many older women frequently consult physicians because of various problems such as sleeping disorders, depression, anxiety, panic attacks although not all of them told their doctors about their experiences of IPV. In all countries, professionals in the field of health and care generally only have limited knowledge and awareness of the topic of IPV and do not often consider the problem of IPV against older women as relevant. Only in a few exceptional cases do doctors appear able to provide older victims of IPV with adequate and sufficient support.

In the Austrian situation, only a minority of doctors provide qualified help whereas the majority merely prescribe psychotropic drugs. This corresponds with the finding from the staff interviews that in Austria knowledge of general physicians about support systems for victims of IPV was rather low. For the German case, it can be said that there also, medical professions are frequent contact points for older women, although many are probably unaware of the problem. Despite that, in some cases doctors are helpful, often as referral points to other institutions. Care professions such as nursing homes and services mostly appear to be unaware of the problem; therefore cooperation is only partly successful, which leads to the situation that there are almost no referrals to other services. Generally, it can be said that there are relatively low numbers of referrals from health services to domestic violence services or adult safeguarding teams. These aspects also seem to be found in the UK, Poland and Portugal.

Additionally, it has to be pointed out that doctors are among the most important people with whom older women are willing to discuss their experiences of family violence. However, doctors in Poland, as much as in the other countries, do not seem to pay sufficient attention to older women who are victims of IPV. Polish health services appeared to consider their task as only providing medical treatment. The lack of sensitivity of health care workers about the problems of IPV would seem to limit a potentially important source of support for older victims of IPV.

Nevertheless, some exceptional cases of care homes as well as psychiatric wards in Germany as well as in Austria were found that do have options for case management or setting up support structures and make use of them in supporting older victims of IPV. One staff member working in an accident out-patient clinic in Austria has set up a "group for the protection of victims" – this group devel-

oped guidelines for essential actions, which are binding for the entire staff. Amongst other actions, the guidance includes provision for the documentation of effects of violence with photographs and the provision of information on different facilities for the protection of victims.

In Portugal, it can be noted that health care professionals are improving their own perceptions regarding domestic violence and, in particular, IPV. Nevertheless, interviewed older women said that in some situations they have told their doctors or the doctors perceived some violent episodes but their most frequent attitude was either to talk to their violent partners and give them a 'warn' or just to show some compassion and sympathy towards the woman.

5.3.3.3 Support systems for victims of domestic violence

Generally it can be said that support services for victims of domestic violence have relatively low numbers of older women seeking support (see above). Most interviewed staff members in all case study countries stated that working with older women is more time consuming and usually demanded more long-term as well as intensive onsite support. Nevertheless, the procedure for working with older women scarcely differs from and is essentially similar to the one used with younger women. Furthermore such services in the different partner countries are usually the same for all clients and are based on individual specific needs (individual assistance, psycho-social and legal counselling). Often, there is cooperation with other institutions as needed. However, apart from that, the situation of support systems is quite different in the various partner countries due to different legal situations.

In Austria, the support structure for victims of domestic violence consists of intervention centres and women's shelters. Intervention centres get in contact with women affected by IPV mainly via the police (issuing court orders and restraining orders), but there are regional disparities; these institutions seem to be less often contacted by the victims themselves. Quite a wide range of institutions, such as the police, intervention centres, physicians / hospitals, as well as relatives and acquaintances may refer victims of IPV to women's shelters.

Intervention centres follow a pro-active approach (low-threshold for referral acceptance) and often get contact with victims of IPV via the police. At other facilities, women affected by violence have to refer themselves to the organisation (high threshold for acceptance). These facilities face the problem of scarce resources and therefore have somewhat limited time for counselling. This is problematic because older women in particular appear to need much more per-

sistence, more understanding and more time - most experts working in the area of psycho-social assistance emphasised these aspects. Experts may also often be confronted with a "yes, but"-attitude when working with older women, which requires time to work through. Follow-up assistance is likely to be much more necessary when clients are older. On the other hand, assistance options for older women appear much less wide-ranging ("only" divorce, financial security and accommodation), but in many respects, loneliness and difficulty in separating are bigger issues. Therefore, the assistance required may be much more intensive than with younger women. Some women's shelters in Austria face the problem of inadequate building features for lodging older women who might have special needs relating to accommodation or access to the facilities. Additionally, more time is likely to be needed by older women to become accustomed with their new environment.

In Germany, similarly to that found in Austria, the support structure for victims of violence consists of intervention centres and women's shelters. Additionally, there are general counselling services for women with a low-threshold approach. Intervention centres in Germany have the highest number of cases of IPV against older women in comparison with other institutions for victims of domestic violence. They have a pro-active approach and obtain information about cases via police protocols, which might be one reason for the considerably higher case numbers. The principal tasks of intervention centres are informing women about their options and the "Law against domestic violence" as well as undertaking short term crisis intervention and referral to other organisations. Some of the intervention centres appear able to meet the women's needs, whilst others do not seem to be adequate for older women because long term support and onsite counselling cannot be provided.

Shelters and refuges for abused women are important institutions for support because they can provide intensive counselling and case management and entail many positive aspects for older women such as the possibility to obtain respite in a safe place. This even included the possibility to overcome isolation because when living under one roof with many other women and their children; some staff members of women's shelters reported a revaluation of older women when they start to become socially involved, for example by taking care of the children of other women in the shelter. One problematic aspect for women's shelters in Germany is that they have problems to offer longer-term and follow-up counselling or to find institutions to refer the women to for a follow-up service. General counselling services for women with their low-threshold approach also provide important help for many older women, especially because there is usually no need to predefine experiences as involving violence.

In Hungary, there are only a few shelters and domestic violence services available and among them, there is limited experience with older victims of IPV and therefore only very little knowledge about this particular group and which in addition may be mostly acquired by chance.

In the UK, services for victims of domestic violence generally aim at tailoring care to the individual – regardless of their age and most of these services have established multi-agency domestic violence teams. Typically, these teams are made up of a mixture of professionals from a range of service providers such as support workers, social workers, police officers and healthcare practitioners. Nevertheless, these support services generally experience only few older women accessing services, although numbers of older women using such services appeared to be increasing in recent years. If older women access these kinds of services, the services may not always have the resources to meet older women's needs, especially in relation to appropriate accommodation. However, outreach and support groups that such services offer, appear to be well received by older women. Furthermore, the establishment of Multi-Agency Risk Assessment Conferences (MARAC) provide the opportunity to deliver a community response to those 'high risk' cases of domestic violence. However, risk assessment tools developed for referrals into MARAC agencies (CAADA-DASH Risk Identification Checklist) are generally not very sensitive to assess risk and vulnerability experienced by older women, as they have been developed specifically for younger women who experience domestic violence.

In Portugal, taking into consideration the outcomes from the institutional survey¹⁴, support services for victims of (domestic) violence constitute the most significant institutions for older women to use in order to seek help and support. However, staff of these services perceived that younger women (20-40 years old) press criminal charges, seek for medical help and/or seek psycho-social assistance more frequently than older women. In Portugal support services for victims of (domestic) violence constitute the most significant institutions for older women to seek for help and support. For many older women who enter into contact with the staff and the organisations interviewed, this contact consists of a first attempt to seek help. The average number of times that older women victims of intimate partner violence attend services is between two and four. Professionals share the opinion that the work to be done with older women is different from the work with younger women victims of intimate partner violence. The difference, however, is motivated more by generational belonging than due to age. The range of services available depends, necessarily, on the

¹⁴ It should be stressed that the most prevalence type of organisation that responded to the institutional survey were support services for victims of (domestic) violence (26%).

existence of services more or less adequate for older women victims of intimate partner violence. This range is in some ways challenged by the perception, among a significant part of professionals, that 'little' can be done in relation to these cases.

That is a perception based on the inexistence or partial existence of resources – logistical, financial and human. And, faced with this reality, some professionals tend not to invest in this type of cases; or even, not to act, safe-guarding themselves in what, in their own minds, is the low number of existing solutions adequate to the needs of older women. Nevertheless, independently of the inexistence or inadequacy of the solutions to the needs of older women victims of intimate partner violence, and of the decision taken by those women not to break off the abusive relationships, to give them knowledge on their rights, to work on their capacities and to improve their competencies, whether it be on a level of prevention or protection, is to contribute, at least, to the capacity of these older women to make more informed decisions and thus, to improve their quality of life.

5.3.3.4 Other service provision

Older women who are exposed to intimate partner violence can also turn to other services such as general social or psycho-social statutory services. In Austria, psycho-social facilities become aware of cases of older women through a wide range of institutions such as general practitioners, social workers in hospitals, district social workers as well as the social network of victims (family members, neighbours), centres for protection against violence, and somewhat less often through courts and police. Older women in Austria rarely seem to approach this kind of psycho-social support agencies through their own initiative. However, the programmes offered are wide-ranging and not designed in an age-specific manner. There is a marked difference between feminist-oriented and non-feminist oriented counselling services. The latter hardly deal with the topic of violence against women and procedures appear less standardised. Service providers for older people come to know about cases of IPV from nursing staff and sometimes from neighbours. In these institutions, the primary focus of work appears to be with people suffering from dementia and who are "confused". The main problems that seem to occur with cases of IPV of older women, is that the measures that are needed often cannot be provided by the available staff members because such measures are often not within the area of their responsibility and expertise. Moreover, staff members often appear to be confronted with a lack of resources, particularly in relation to time and having the required knowledge-base. A further obstacle in work with older women who

have experienced IPV is that according to staff members who participated in the study in Austria, intervention sometimes appears tantamount to acting against the desire of a client, especially if the woman is somewhat ambivalent about her situation and taking action to change this.

In Germany, general social services or other institutions generally only have relatively small numbers of relevant cases. Statutory services may have some case knowledge, but are often rather helpless when older women approach them for support; one reason is a lack of resources generally from having to deal with high case numbers. In addition, there are a few self-help groups and alternative support organisations that exist to whom older women can turn to.

Public prosecutors and the courts usually only seem to have a few cases, largely because older women do not press charges against their violent partners due to a lack of information about their rights or due to shame and fear. Therefore, as a rule, cases of older women who have experienced IPV do not reach public prosecutors and if such cases do reach them, these cases often appear to be closed rather quickly.

In Hungary especially, the extent of cooperation between various institutions with the police was reported to be insufficient, This was stated to result in negative effects for older women victims of violence, in terms of the provision of limited and insufficient support.

In Poland, staff members from various support agencies reported that they made contact with older women victims of IPV themselves (e.g. when they are informed about a case of IPV by an anonymous source or as the result of an intervention by one of the agencies), but these contacts are usually extremely limited in terms of length of time. Older women often seem to withdraw from co-operation with these agencies. Social services agencies appear to be reasonably well prepared to work with the victims of violence, although there are insufficient numbers of trained specialists for working with older people, and among these, women who are victims of IPV. Social workers and other workers from social services agencies ought to be better prepared for working with older victims of IPV. No specialised services are currently available for older people from the social service agencies.

In Portugal, statutory local social services are also an alternative institution, which older women may approach. Almost all of the organisations that had contact with older women victims of IPV reported that local statutory social services are a way to minimise economical difficulties experienced by these women. Some also stated that services for older people (home care services in particu-

lar) allow older women to be relieved from domestic tasks; by doing so, staff believe that this might be a contribution to reduce potential situations of conflict. In the UK, there are also other services that older women affected by IPV can turn to. Adult safeguarding teams provided by Social Service Departments (SSDs) are statutory based organisations, which are publicly funded and run and have the responsibility to protect 'vulnerable adults' from any form of abuse. According to the UK case study, these institutions may often respond to cases of IPV in later life as 'caregiver violence'. This may not always respond to women's needs as victims of IPV and may in fact tailor support to 'stressed partner'. 'Target' and performance cultures may also prevent SSDs from providing support which practitioners feel would meet older women's needs. Professionals are often unable to deliver long-term support or continuity of care with named key workers due to a range of resource constraints (human and financial) In Portugal staff members in social services are not always equipped with the knowledge and tools needed to recognize and identify the situation. Responses to older victims of IPV and their existing support systems often appear to be inadequate to older women's needs and expectations.

Clergies usually report few or no cases, except for Poland and in Portugal where older women appear to seek help from religious institutions more often. Nevertheless, with regard to seeking help from the clergy, the majority of the staff acknowledged that this is a type of help to which older women resort more often in these partner countries.

If they are exposed to violence by their partners older women's greatest needs appear to be health, finance and housing-related. However, even if some support is provided in terms of health and financial needs, housing and accommodation stands as the main problem that older women have to deal with and as one of the strongest limitations to the interventions that support institutions can/could engage in. For many older women, the homes they have lived in for all their lives or at least many years are in the inner circles of their friendship and support relations. At the institutional level, there are not the housing solutions that can enable women to leave their homes and live in a more secure environment. Women's shelters and refuges can provide housing only for a limited time or do not provide adequate facilities for older women. Private housing is often very expensive and at the moment solutions relating to housing often appear improvised. In Germany, exceptionally, cases have also been reported within a housing company and in services for the homeless, but no satisfying solutions are offered for older victims of IPV. As stated earlier, in Hungary, older women often even stay in the same flats as their ex-partners after they have separated due to a lack of housing and finances.

In summary, it can be said that most of the institutions perceived work with older victims of IPV as more challenging and difficult than with younger women, due to the special needs of older women in relation to information, communication and time as well as particular demands with regard to housing, financial matters as well as other specific difficulties that older women might face. Institutions report good experiences with self-help groups and general low-threshold approaches in order to prepare the ground for older women to seek support for their experience of violence. Most institutions deplore a lack of resources that would enable them to give appropriate support to older women, as well as a lack of close cooperation with other institutions.

VI

Recommendations for future support of female victims of intimate partner violence

6.1

Introduction

One of the aims of the IPVoW project was to develop recommendations aiming at a better prevention of IPV in old age and a more effective support for older women victims of intimate partner violence both at the national and European level. Recommendations for national policies and national systems of assistance are presented in the national reports. In this summary report we present an overview of the recommendations and refer to the European dimension.

Every partner developed national recommendations on the basis of the research results and in communication with relevant national actors and stakeholders. This was partly achieved by using systematic peer-review methods, partly by discussing the issues in meetings of national expert networks and partly by carrying out workshops within conferences and meetings of relevant national umbrella organisations. Recommendations were discussed at an international expert workshop carried out in Berlin 15th to 16th November. Experts from 11 European countries¹⁵ covering professions and institutions ranging from scholars, public prosecutor services, national help lines for violence against older people, European lobby umbrella organisations such as AGE¹⁶ and EWL (European Women's League) and members of national governments and partner organisations in other Daphne III projects concerning the issue of violence against older women (Breaking the Taboo II, AVOW) gave their expertise and participated in the discussion of recommendations. Specific issues addressed in the various sessions were the needs of older women and the service system – improving services / creating new services, age and gender specificity (how to frame the problem between elder abuse and intimate partner violence), options for strengthening women's voices, awareness-raising and transfer into policy

¹⁵ Experts came from Austria, Belgium, Czech Republic, France, Spain, Finland, Germany, Poland, Portugal, Sweden and the UK.

¹⁶ Age is a European network of around 150 organisations of and for people aged 50+ in Europe.

making and dissemination of ideas – options on EU and international levels. The outcomes of these discussions are reflected in the following sections.

First we make explicit the objectives of our recommendations and the basic assumptions underlying them and we then present the recommendations broken down into specific fields of action. The final section addresses European policies on the issue and National Action Plans against violence against women, the United Nations Convention on the Rights of Disabled Persons and the United Nations Convention on the Elimination of all Forms of Discrimination against Women. It is the question in how far these national and supranational policy instruments and documents can develop options for increasing and improved levels of support for older victims of IPV.

6.2

Basic assumptions and objectives of recommendations

In the view of the experts included in our study, older women who become victims of IPV generally seek informal help and make use of existing services to a different degree in each of the countries that participated in the study. However, experts agree cross-nationally that older victims of IPV appear to be much more ashamed of what happens to them and are in general much more reluctant to seek help than younger women. Older women, like their younger counterparts, do not accept violence; rather they coexist with it in a state of 'immobility'. Their experiences are the result of gender inequality and living conditions surrounding a given period and place and / or of age related changes in physical and / or mental health states.

Our research showed that different factors contribute to the fact that many women remain alone with their experiences of IPV and in an unchanging situation. For the most part, this has to do with:

- a low general awareness about IPV and especially IPV against older women in society; this includes little knowledge about existing services
- insufficient consideration of older victims of IPV due to a low awareness and knowledge of the issue even among experts working with older abused women
- absence of adequate and appropriate services
- dependency on abusive partners with regard to finances and housing
- dependencies on care or other kinds of support of the abusive partner or of the victim.

Various objectives emanate from our research with respect to the improvement of the support / assistance system for older women victims of intimate partner violence:

1. As long as the problem of IPV against older women remains almost invisible in most countries in relation to statistical data and research, it is difficult to effectively educate the public and experts and to stimulate and develop social policy addressing the issue. This study is a first important step, but it is still necessary to arrive at a broader knowledge of the issue by including it within ongoing research (such as victimization surveys and longitudinal studies concerning old age), by funding more specific research on the issue and by providing age and gender disaggregated data in all relevant areas – e.g. criminal prosecution, domestic violence services, general social services and – if possibly - care and health related services.
2. A general awareness that IPV is a social problem is the precondition for the development of any effective responses to tackle IPV against older women. Any specialized responses for older women will be useless without the general recognition of the existence of gendered forms of violence within the family, rooted in the unequal distribution of power between men and women. We cannot describe this general awareness as comprehensive in any of the participating countries, but we found different levels of public and professional awareness. Especially for Hungary and Poland it can be stated that the problem is not regarded as a serious one and that a general attitude change is necessary. Here efforts have to be undertaken to educate both public and experts about the serious impact of IPV on society and possible answers to the problem. In Portugal supporting services and political measures on domestic violence are a relatively new achievement; the current change in attitudes has to be supported and can also be used for addressing IPV against older women.
3. Even in those countries, where high levels of awareness about IPV can be observed and where well-developed service systems for victims of IPV and other forms of domestic violence can be found, almost no/relatively little awareness exists that older women can also become victims of IPV and that old age has a major influence on experiences of IPV. We have some recognition of age-related family violence issues especially in the U.K. with the adult safeguarding system. Also within Austria and Germany some discussions take place around care related violence against older people within families. But these discussions tend to overlook gendered forms of violence in old age. So a necessary step in educating the general public is to spread the information that partner violence in old age is only to an extent related to caregiver stress and that IPV exists also in old age. So our project sees a need for general educational campaigns for the public on the issue of IPV

against older women. This should aim at older victims of IPV themselves, encouraging them to speak out and seek help; it should also aim at people in contact with older victims of IPV, encouraging them to intervene or take action by addressing the issue, offering and initiating help.

4. One major problem identified in our study is that IPV against older women is not recognized by professionals to a satisfactory extent and that on the basis of poor knowledge they do not often adequately deal with cases. So in addition to the general public, experts also have to be educated about IPV against older women. In professional fields where IPV in general is not sufficiently recognised or understood, the issue of IPV against older women should be embedded in educational and training activities about IPV in general. The aim of educational and training activities should be that experts become able to recognise IPV against older women and to deal with cases appropriately. This means that they need information about the issue, about ways of identifying cases, information about relevant legislation and support structures for referrals, and guidance about how to address the issue and how to proceed further. Gender and age dimensions of IPV in old age have to be distinguished and clarified. In our study, a whole range of professionals in (regular) contact with older women were recognised as important to include them in such educational and training efforts. Partners identified some key actors, namely experts from the health system like GPs and medical specialists, professionals working in in-home services for older people (family helpers, home care staff), general social services, services for older people and experts in the criminal justice system (police, judges, public prosecutors).
5. Insufficient and inadequate interagency cooperation was identified as a problem in cases of IPV against older women. It should be endeavoured to ensure that case-related cooperation and multi-agency collaboration takes place between relevant institutions. Such organisations would be law enforcement agencies and the legal system, institutions helping older people and vulnerable adults (U.K.) and providing nursing care, support services for victims of (domestic) violence, general and specialized social services, like adult safeguarding teams, and health professionals. In the first place cooperation should occur and it should take place in line with the needs of the female victim. This is not a matter of course, especially as up to now in many places the domestic violence support system and services for older people persons have almost no intersection. Building up cooperation between health and social services professionals and domestic violence services and integrating these services in existing DV networks is a challenge – with some countries making initial efforts to improve the situation. Cooperation should include effective communication, agreements about confidential-

ity, definition of roles, responsibilities and interfaces, coordination of measures and possibly interagency training.

6. Although large differences can be observed between our countries, the service system in all these countries (and also likely to be the case elsewhere) is far from being adequate in dealing with cases of IPV against older women. Given the small number of identified cases and the potentially severe impact of IPV on older women, we suggest that in every case of intimate partner violence involving older women which becomes known, the women victims of violence (and if necessary their partners) should be offered professional, well-networked, outreach, reliable and long-term support by a qualified (preferably female) social worker (or psychologist) who assumes case-management functions. So, initially a sufficient provision of adequate support services for older victims of IPV is necessary. This includes a sufficient number of adequately funded temporary shelters for IPV victims which are also prepared to receive older victims of IPV. It also has to include a sufficient capacity of institutions providing individual support with adequate financial options for extensive and long term counselling relationships. This may often be provided by existing units and services; in other cases new institutional solutions have to be found for this issue. Counselling and support for (domestic) violence in general should take the special help and support needs of older women victims of IPV into account. This includes a need to make services accessible in actual practice and for such services to be designed in an appropriate manner for older people; facilities must be low-threshold at several levels (outreach, physical access, language, organizational matters, labels and terminology used).
7. The co-occurrence of dependency on care and IPV increases vulnerabilities and isolation, leads to even stronger dependencies and increased pressure on both partners and reduces options for solving the situation even further. In the event that victims of violence or their abusive partners require nursing care, emergency rooms / beds should be available in nursing homes and / or options for professional home care should be offered as soon as possible. It should be ensured that procedural regulations regarding financing of nursing care and provision of legal assistance do not impede or delay necessary changes.
8. It must be ensured that financial dependency on the partner is no longer a reason for older women victims of intimate partner violence to remain in an abusive partnership if they do not want to stay there. Thus experts in our study outlined the need for emergency and long term financial support for older abused women. Connected to this is the requirement that older women who are willing to leave an abusive partnership have access to affordable housing – be this through regular apartments, assisted living facilities or re-

tirement homes. This is especially important in Portugal and Hungary where reports show that a shortage in affordable housing and missing financial resources severely limit the separation possibilities for abused (older) women.

6.3 Recommendations

The above described general objectives and directions are the basis for the following recommendations. Several recommendations are very specific for older women experiencing IPV. However, many recommendations not only contribute to a better support of older victims of IPV, but are also suitable for improving the overall quality of the services – for younger victims of IPV, for victims of other forms of DV and equally for female and male victims.

1. Data collection and research

- Prevalence and incidence studies (e.g. victimization surveys at fixed intervals) are needed to investigate the problem of IPV against older women, and for some countries representative surveys on IPV are generally missing. Where possible the inclusion of the older men and women and the topic of intimate partner violence in later life should be incorporated in existing surveys. It should be absolutely required for any representative survey on IPV to include older women.
- It is essential not to limit the administration of surveys to those older adults who live independently, but to conduct surveys in a variety of settings such as nursing homes, residential care, supported living and so forth. This would ensure that the samples are more representative of the population and improve the accuracy of the data – although we are aware of the methodological problems in doing so.
- The inclusion of the topic of IPV as modules within broader repeated surveys within the older population (like the “Old age surveys” conducted by the German Centre on Gerontology) is strongly recommended.
- Specific qualitative and quantitative studies on this topic are needed – with regard to
 - risk factors for the perpetrator
 - integrating both partners’ perspectives (research with dyads)
 - older victims of IPV who have not been in contact with support systems; thereby focusing especially on victims’ needs and reasons for their non-involvement with services
 - financial situation of older victims of IPV
 - dynamics of IPV and relationships in old age
 - intersection of care and IPV, dementia and cognitive impairment

- and IPV
 - specific populations and their needs: e.g. older women with a migration backgrounds/from ethnic and cultural minorities, older women with disabilities, older lesbian women
 - intergenerational violence against older women (special focus: older women as victims of sons)
 - homicide / suicides and femicide against older women
 - outcome assessments and evaluation of legal/judicial processes and service provision involving older women victims of IPV.
- Statistics for all relevant areas are much needed. These should differentiate offender-victim relationships as well as the gender and age of perpetrator and victim. Especially needed are
 - data from the police
 - data from public prosecutors / courts
 - data from shelters and other DV support services
 - data from statutory social services
 - data from adult protection units.
- It would be also preferable to have data from
 - specialized counselling services
 - the health system.

2. Service provision

Connected to services provision are some general issues:

- A low threshold approach as regards various dimensions and services is a central requirement regarding services for older victims of IPV. This refers to the physical accessibility, to a pro-active approach, mobility help and support as well as to thematic and organisational openness. Where eligibility criteria for access to service provision exist these should be low enough to enable all older women who experience IPV to make contact and secure necessary support and assistance.
- Service provision in mother/native languages of the largest communities of older immigrant women or at least good interpretation support should be available.
- Mainstreaming of the issue of IPV against older women is required in professional formation and continuing education for all relevant professionals in service provision.
- At a local level, it is necessary to determine through collaborative systems which institution in the service system is able and willing to take responsibility for cases of IPV against older women, particularly where these are not or are insufficiently covered by other institutions. Qualified social workers are required to have insightful and reflective knowledge about IPV in general,

IPV against older women and age related matters. They need sufficient resources for long-term, outreach, well-networked, reliable and qualified support when assuming case/care-management functions.

2.1 Networking and cooperation in services

Cooperation and networking of professionals in services with the goal of knowledge transfer and the development of adjusted procedures are seen as crucial. Better cooperation is seen as especially necessary between services related to the topic of domestic violence and those who work with older people.

This incorporates many aspects, including the following.

- Interagency training on the issue IPV against older women is an option for shared knowledge expansion and initiating network development and collaborative workings.
- It is recommended that local level formal partnerships should be established among relevant organisations - police, health care centres, local social services, elder care services, domestic violence / violence against women services, and possibly other age related services.
- The issue should be integrated in existing DV networks or – where these are inexistent – networks on DV should be built which include the issue of IPV against older women.
- Within partnerships it is useful to clarify service interfaces generally and to establish in relation to specific cases which other institutions need to be involved.
- Jointly produced procedures and guidelines should be developed within networks, including a 'follow-up form' used by all involved organisations.
- Focal point contact persons should be established in services such as social services, health care centres, care services for older people, public prosecutors and courts. Identified keyworkers for cases should ensure appropriate referrals.
- Strengthened cooperation between social workers and medical staff in hospitals as well as between social workers based in medical institutions and social workers in DV institutions is seen as necessary.
- In countries where the church plays an important societal role, the church and confessional associations should be involved in the multi-agency partnerships and cooperation with institutions that work on IPV prevention and support.

2.2 Medical and care sector

- Mandatory training for doctors, allied health professionals and carers (also in home care) with regard to partner violence and – as part of this - IPV

against older women is necessary. General awareness-raising for all professionals in the field is required.

- In hospitals it is important to assign to social workers (where available) the task of working with suspected cases of IPV in later life. Where this possibility does not exist it is recommended to establish social workers in hospital. As far as possible hospitals should ensure victim's support and protection at home after leaving the hospital.
- The establishment of victim protection groups or violence committees in hospitals (in order to develop guidelines for cases of suspected violence with internal training provided for staff) is strongly recommended.
- Specialised health and resource centres for victims of IPV in general but with an additional focus on older victims of IPV should be established; therapeutic services relating to trauma should also be provided there.
- In large nursing homes and home care services a first point of call for suspected violence should be established.
- Mobile support units (doctor, nurse, social worker) for suspected cases of IPV and other forms of violence in domestic care (care in the community in people's own homes) are necessary.
- Urgent/emergency care and help for victims and aggressors in cases of dementia and/or other mental health problems is required. Rapid responses to such situations are necessary. As some of older partners who provide care are highly stressed by their care-giving duties, this may lead to violence and an increase in IPV. In such instances, there should be the possibility to engage affordable professional care in the short term – be it in a person's home or even in a residential or nursing home.
- Information about dementia and other forms of cognitive impairments and the potential connection with violence / IPV should be provided to caring family members by medical and care staff.
- It is necessary to develop standardised questions to be included in medical questionnaires administered to older women (e.g. new patient assessments, regular health reviews, when older women are presenting with symptoms of depression and/or anxiety), which assess the possibility of IPV in their relationships. The establishment of such systems of routine screening and inquiry is highly recommended.
- Where these do not exist it is necessary to develop procedures and guidelines on how to respond to disclosures and referrals, how to intervene in and document cases of IPV in medical institutions and professions (hospitals, caring institutions, GPs, specialists). In some countries those procedures and guidelines exist, but they are usually not sufficiently used and they are not adapted to the special needs of older women.

2.3 Refuge and housing

- Although many older women prefer to move out of the shared accommodation, still for many individuals the option to be the one who can stay in the home is very important. Victims should be supported and options to force the abuser to move out of the living space (such as use of injunctions) should be emphasized and assistance to women to obtain these provided if necessary.
- Rapid and emergency financial support for older victims of IPV taking refuge and in need of housing is required.
- Concrete forms of practical support for older women taking refuge are needed (e.g. support with moving).
- Increased and improved affordable housing options for older women leaving the abusive relationship are necessary.

Women's shelters and refuges:

- An appropriate number of women's shelters and refuges are needed.
- In women's shelters small housing units are required to meet the needs of older and disabled women. Such provision would include single rooms and separate bathrooms.
- Apartments connected with women's shelters and refuges are likely to be needed for some older women for longer periods of stabilisation.
- Barrier-free access to refuge and housing is necessary; the equipment provided should be suitable for women with disabilities or limited mobility.
- Enough spaces for retreat in women's shelters are necessary for older women.
- There should be sufficient shelters and refuges, where the provision of assistance and/or care support is possible.
- Women's shelters and refuges for all generations are necessary because for many older women contact with younger generations is important.
- But some experts from Hungary, UK, Germany and Austria pointed out that for some older women established shelters and refuges are not adequate and special options for rest and retreat may be needed. A limited number of special women's shelters and refuges for those older women and possibly women with disabilities would be very helpful (with specific provision regarding architectural design, equipment and staff).
- The establishment of group sessions in shelters and refuges especially for older victims of IPV and peer-support groups including former inhabitants and currently affected women are recommended.
- Training about ageing and issues affecting older people – specific needs, cultural and social issues – should be available to members of shelter and

refuge staff.

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Homes for older people / Nursing homes:

- Professionals and para-professionals in these institutions often have no idea about IPV and that older women might be affected. As they may tend to associate all violent events to problems in care giving, dynamics of power are often overlooked. Awareness-raising about IPV within these settings is absolutely necessary.
- Nursing homes and homes for older people should establish procedures for fast access to accommodation in cases of IPV – for abused women as well as for abusers who may be in need of assistance. Long term solutions are likely to be needed for abusers with severe and enduring mental health problems.

2.4 Domestic violence organisations/ violence protection centres

- A satisfactory performance of domestic violence support services has to be guaranteed. The service systems in Hungary and Poland are in this respect still insufficient and should be improved. Financial resources for services in other partner countries are not sufficient and should be expanded (Portugal, Germany, Austria, UK).
- As older female victims of IPV who experience IPV in general need greater levels and often longer term support than younger women, decisions can take much more time to arrive at and separation may not be a viable solution for them. Additionally separation may lead to serious emotional difficulties. Therefore more resources (financial and human) are needed to enable services to provide for long-term attendance and case-work, follow-up and accompanying women to obtain services from other institutions. Of particular importance is the option to make home visits and mobile forms of intervention such as outreach.
- DV services should also provide for telephone/internet counselling for women interested in anonymous counselling and for those older women who are unable to access services because of physical limitations.
- DV services should initiate support groups for older victims of IPV. It may be helpful to choose a more open title for the groups and not to limit it explicitly to violence.
- Counselling services for issues relating to violence problems should be locally based and could be offered in facilities that older women usually attend.
- Training about ageing and issues relating to older people – specific needs, cultural and social issues – should be available to all staff and professionals who are likely to be in contact with older individuals..
- Outreach provision by DV services should be age-appropriate.

2.5 Social work – other services

- Some older women (especially those older than 70 years) are reluctant to get in contact with institutions that carry the word violence in their name or which may be perceived as feminist organisations. Additionally those organisations often require that service users pre-define their experience as violence. Therefore for some older women services with a more general focus, like statutory social services, counselling services for families, services for older people, for women or for migrants may be more appropriate. Such institutions have to be able to recognize cases of IPV against older women, refer the cases to responsible institutions and / or be able to deal with them in an appropriate and satisfactory manner.
- As described above any social service responsible for cases of IPV against older women needs more resources (financial/staff) in order to provide for long-term attendance, case-work, follow-up and accompanying women to obtain services from other institutions. Of particular importance is the option to make home visits and mobile/outreach intervention.
- It is necessary to develop guidelines and strategies for those women who remain living at home and to support them in dealing with their partner's violence
- Specialised support for older victims of IPV with special needs and who may be hard to reach is required, e.g. for women with substance misuse problems, homeless women, women with mental health or chronic health problems.
- Groups/ specific courses for older women (such as peer-support groups, self-assertion and self-defence courses, groups for older migrant women) and other services in the field of contact such as those which provide support for building social networks are needed.
- It is necessary to establish (local, regional, national) help-lines for older people as a point for first or initial contact; it may also be useful to provide a specific helpline for IPV or elder abuse including older women's special needs and – respectively – the issue IPV. More and specific training (with regard to IPV and problems of older people) for professionals of other social emergency help-lines is recommended.
- The development of a kind of a "Manchester triage system" (a system to determine priorities in treating emergency patients) applied to social services attributing priority to cases of domestic violence with regard to social support measures is also recommended.
- Risk assessment and management that takes into consideration age related aspects in situations of IPV is also necessary (this should include, among

other aspects suicidal tendencies, homelessness, worsening health conditions).

- It is generally recommended to closely work with families and the social network and to engage them in an active partnership with the older woman and the support services. The special emotional involvement of grown up children also has to be taken into consideration and may require attention.
- Education about IPV against older women should be available to professional staff members dealing with cases.

2.6 Police

- Sensitizing police officers about the existence of IPV in old age, about older women's needs and about older women's possible increased reluctance to disclose victimization is highly recommended. This should be achieved by integrating the topic into curricula for training / continuing education and by offering special workshops for police staff.
- Where this is not yet the case, issues relating to IPV / domestic violence, including in later life, have to be made a constant topic of community policing activities.
- The implementation of a comprehensive and collaborative response strategy to IPV is necessary – where this has not been established until now; older victims and connected age- and dependency-related aspects should be one special aspect of consideration in those measures. Graduated responses regarding both older IPV victims and offenders should be developed. In many countries' DV policies the now established principle "The offender has to leave, the victim can stay" may be helpful for some older women, but it is not likely to be helpful for dependent older women with support needs covered by the abusive partner. In addition, it should be taken into consideration that some younger offenders who are banned from their own accommodation may move to their old mother's homes without monitoring.
- DV risk assessment tools should be revised with special consideration to older women.
- For older (and younger women) it should be guaranteed, that in all police units which intervene in cases of IPV a female officer is available to be present.

2.7 Legal and judicial support

- Efforts should be made to increase the number of successful prosecutions for cases of IPV against older women and thus to send out a clear message that IPV (against older women) is a criminal offence regardless of the age of the perpetrator or the victim.

- Sensitizing judges and state prosecutors to the existence of IPV in old age, about older women's needs and about older women's possible increased reluctance to disclose victimization is highly recommended. This should be achieved by integrating the topic into curricula for training / continuing education and by offering special workshops on such issues.

3. Awareness-raising and information about services

- Awareness-raising and public relations have to be tailored to the specific situation within the countries and also have to take into account any likely differences between older women (e.g. urban – rural areas, migrant women, physically or cognitively impaired women).
- Older women as victims of IPV have to become more visible in the context of general IPV-related information. When using public relations material (e.g. posters, folders, leaflets, films and DVDs, press releases) older women should be included to a greater extent, e.g. by using more pictures of older women and integrating case reports on older women as victims of IPV.
- In public relations and awareness-raising campaigns the language used and type of information provided should be adapted for older women and the communication needs of older women with migration backgrounds or special needs in relation to communication should be considered and catered for as necessary.
- Public relations should be targeted information and publicity at places where older women usually go and in the types of media that older women most regularly use.
- The use of an emotional and rational approach is required; TV and newspapers are considered very suitable media; the use of entertainment media is also recommended - e.g. to encourage popular soaps to feature storylines on this issue, with help-lines advertised after these shows.
- General awareness-raising campaigns should include the following aspects: naming the issue (with a special focus on psychological violence), making explicit the gendered aspects of IPV, showing the relevance of the issue, presenting realistic pictures of women (thus avoiding use only of pictures of helpless women and emphasizing ambiguity by also focussing on resiliency and strength), encouraging victims to seek help and others to intervene, naming possible sources for help.
- The prevention of IPV in general by early awareness-raising among children and juveniles is important. Such approaches should include information about IPV in later life so that people become more aware of the existence of this issue.
- On the local level round table discussion meetings and workshops integrating

all relevant institutions are useful instruments for raising awareness and triggering joint and multi-disciplinary action and partnership.

4. Policy

The highest priority must be assigned to the provision of sufficient financial resources to establish, maintain and improve existing support services for older women victims of intimate partner violence and to ensure that the existential needs of the female victims are met. This also includes general demands – i.e. not only demands developed for the target group of older female victims of violence – whose satisfaction would also mean a significant improvement in the situation of this group of persons as well, however. For example:

- On a national level, all policy areas concerned by IPV and its effects (such as police, law, health, social security) have to cooperate in order to combat it. There also has to be much more commitment concerning assistance for older women who are victims of IPV.
- A fundamentally improved and reliable institutional financing of women's shelters and refuges and counselling offices for victims of IPV is needed.
- The provision of a dignified income for the victims allowing them to participate in society and be independent of their partner is necessary. This has to be provided through social systems financed by insurance contributions and taxes (establishment of a basic income, increase in mini-pensions, including child care leave as a insurance period).
- The establishment of national institutions for prevention of DV / IPV /GBV (like e.g. Cosc - Irish National Office for the Prevention of Domestic, Sexual and Gender-based Violence) is recommended. IPV against older women has to be part of the work of such institutions.

6.4

European policy and human rights conventions at the national and international levels as a policy and programme framework and reference point

6.4.1 European policy on domestic violence / violence against women – national action plans to fight violence against women / domestic violence

Within the current EU regulatory framework, domestic violence is linked to public health, fundamental rights and gender equality. Until now, the European Union can only complement national policies on domestic violence. Member States develop and implement their own policies on this area with the result that protection and support measures for women vary significantly. As harmonisation of existing practices and awareness-raising can significantly improve the situation

in many Member States, an EU-wide strategy on domestic violence is strongly requested throughout many policy areas. Until now, the DAPHNE programme has been the most important instrument through which the EU tried to tackle domestic violence. However, recent discussions about a new European Observatory for data on domestic violence and about an EU-wide hotline to help victims are seen as promising developments. The establishment of minimum standards for tackling, preventing and prosecuting domestic violence incidents in Europe is under debate. Additionally, a recently issued study on the feasibility of a standardized national legislation on violence against women, violence against children and violence relating to sexual orientation provides clear directions. The current debate on how to work towards an EU-wide strategy on domestic violence and all related action also need to take into consideration, that older women become victims of intimate partner violence. Age-related requirements for help and support should be included; the target group of older women should be explicitly named.

Further to this, all national action plans concerning violence against women / domestic violence should be revised on the basis of the recommendations formulated in this report in order to take into account the requirements and needs of older women who are victims of intimate partner violence. Those facilities involved in the care, counselling and nursing and health care of older people and the area of assistance should be added to the institutions and organisations which need to be networked (the former group is but one example).

6.4.2 Intimate partner violence against older women requiring nursing care and older women with disabilities as a case falling under the UN Convention on the Rights of Persons with Disabilities

One strategic approach to improve help and support for older female victims of intimate partner violence is offered by the UN Convention on the Rights of Persons with Disabilities, which was signed by all project countries. Except Poland all partner countries ratified the convention and the protocol.¹⁷ Because a large portion of women with disabilities are aged over 60 while at the same time a certain percentage of older women require nursing care and may thus be disabled, the target groups of the Convention overlap to a considerable degree. The implementation of the Convention is being supported by national institutes by means of political consultation, research, press and public-relations work and the holding of events. No ombudsman or complaints office has yet been set up, however.

¹⁷ see <http://www.un.org/disabilities/convention/signature.shtml> [visited on 11 December 2010]

A linkage point for improved protection of victims in cases of intimate partner violence is offered by §16 – Freedom from exploitation and abuse. Under this article, states must organise protection and support to this end. It is upon this foundation that lobby organizations promote and encourage the following¹⁸

- Barrier-free access to counselling offices and facilities which offer support to women, barrier-free information about these services (including provision in a readily understandable language).
- The obligation for organisations offering services to develop intervention plans for cases of violence.
- A revision of legislation on domestic violence in order to make rapid solutions possible when the assailant is the person providing assistance or a co-resident in an in-patient facility.
- The provision not only of statutory measures, but also projects/programmes (e.g. sensitisation measures for the police, judiciary, medical field, forensic medicine, appraisal offices and counselling offices to make these aware of the topic)
- Financial support by agencies bearing the costs of these measures.

Proposals for an improvement in the protection of victims should to be derived on the basis of this Convention or the evaluation of monitoring data and communicated to the public in an effective manner. Demands for specific services which are required to protect older female victims of violence may also possibly be supported in individual cases by making reference to the Convention and the individual rights enshrined therein.

6.4.3 CEDAW – Convention on the Elimination of all Forms of Discrimination against Women – and the topic of intimate partner violence against older women

An analogous reference which is above all political in nature relating to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the key international human rights instrument aimed at ending all forms of discrimination against women, is also essential in the context of this report. The CEDAW Committee monitors adherence to the Convention and issues recommendations to states on the further implementation of the Convention on the basis of government reports and reports by NGOs (so-called shadow reports). The member countries are to report on the status of legislation regard-

¹⁸ E.g. Weibernetz e.V. and the German Disability Council (Deutscher Behindertenrat) <http://www.deutscherbehindertenrat.de/mime/00060491D1274941874.pdf>, Berlin, 22 February 2010 [visited on 14 June 2010]

ing the protection of women against all types of violence including domestic violence in their national reports as well as measures aimed at eliminating all type of violence against women and actions aimed at protecting victims. General recommendation no. 29 was added in October 2010; this explicitly addresses discrimination and violence against older women. (United Nations CEDAW, 2010) Of special interest to the topic of this study is first of all the need stated in the document to differentiate further according to age and gender in relevant data and statistics. Secondly, the topic of violence is addressed under point 37, with states being called upon to also take into account violence against older women (including those women with disabilities) in their legislation concerning sexual violence, domestic violence and violence that occurs in institutions. (United Nations CEDAW, 2010, p. 7)

It also has to be mentioned that in November the General Assembly of the UN decided to set up a working group to consider how to strengthen the protection of older people's rights by looking at the adequacy of the existing international human rights framework, identifying any gaps and considering the development of new human rights instruments.¹⁹

¹⁹ The Third Committee's resolution on older people's rights can be downloaded at <http://www.helpage.org/download/4cea78fbdf4ea>

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