

**MIND
THE GAP!**

**IMPROVING
INTERVENTION IN
INTIMATE PARTNER VIOLENCE
AGAINST OLDER WOMEN**



**A training programme for
law enforcement agencies**

Heloísa Perista and Alexandra Silva



Intimate partner violence against older women

Introducing the course participants



- Name
- Professional experience in the field of domestic violence

Programme contents



Intimate partner violence against older women.
Cross-referencing gender and age.



Addressing violence with the victim



Support services, cooperation and contact networks:
the role of the security forces



Intimate partner violence against older women. Cross-referencing gender and age.

Aims

- Learn about the incidence and the prevalence of violence against older women within the families;
- Understand questions connected with gender and age underpinning violence and get to know about the dynamics of violence;
- Become familiar with what the risk factors are and the social / structural causes of violence against older women.

Our thoughts about it ...

Brainstorming

- In elderly couples, the women are more often the perpetrators in intimate partner violence, opposite to what happens among younger couples.
- Intimate partner violence against older women often happens when they are care dependent.
- Intimate partner violence among elderly couples tends to be less physical and more psychological.

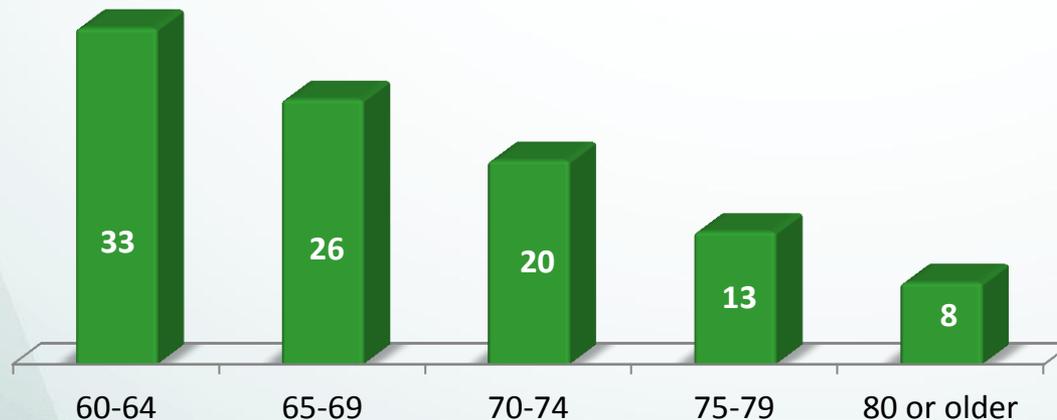
In 2011, the Police received 28,980 complaints about domestic violence:

- 85% of the victims were women;
- 6.9% were 65 years old or over;
- In 7.3% of the complaints, the victim was the parent of the perpetrator.

Source: MAI / DGAI (2012) *Violência Doméstica - 2011. Relatório anual de monitorização. Ocorrências participadas às Forças de Segurança (FS); Estruturas especializadas- FS; Atribuição do estatuto de vítima e decisões finais em processos-crime.* Lisboa: DGAI

Data from the Lisbon and Évora General Public Prosecutor's Offices

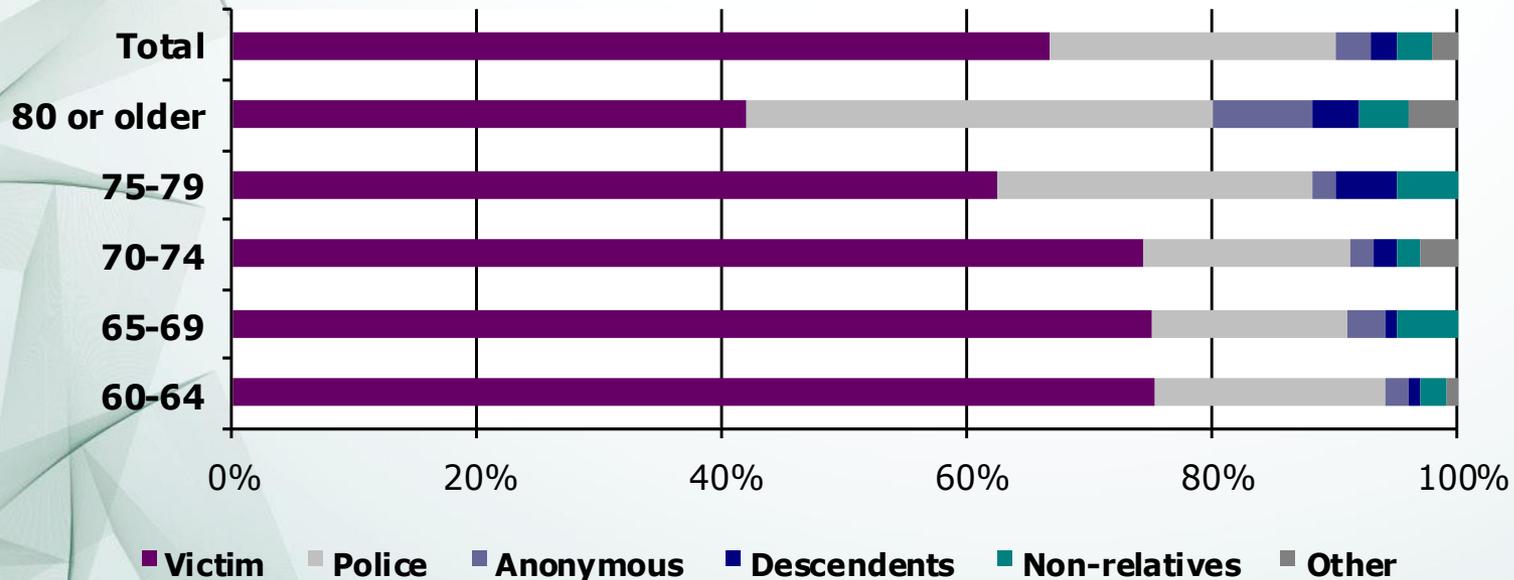
- In 2008, 330 investigations were initiated (victims aged 60 or over where the perpetrator was the victim's intimate partner);
- 59% of the investigations dealt with 'younger' elderly women (60-69 years of age);



Source: Procuradorias-Gerais Distritais de Lisboa e de Évora

Data from the Lisbon and Évora General Public Prosecutor's Offices (continued)

- About 3 out of 4 elderly women lodged a complaint with the Court or the Police about their own predicament.



Source: Procuradorias-Gerais Distritais de Lisboa e de Évora

Data from the Lisbon and Évora General Public Prosecutor's Offices (continued)

Outcomes of investigations (up to 31 January 2010):

- 206 cases dismissed;
- 35 cases pending;
- 39 cases ending in charges against the accused (31 for domestic violence, 3 for causing physical injury and 5 for other crimes);
- 21 cases provisionally suspended (only 1 where the perpetrator was forbidden to stay or go to the family home and forbidden contact with the victim);
- 28 cases incorporated in other cases;
- 22 cases were tried in law court: 9 were judged (6 convictions, 3 acquittals).

Prevalence of violence against elderly women within the families

- Approximately **4 out of 10** (39.4%) elderly women (aged 60 or over) who live in private households, have experienced some kind of violence and abuse;
- The most common kind of violence is emotional violence (32.9%), followed by financial exploitation and abuse (16.5%) and violation of individual rights (12.8%);
- In most cases, the perpetrator is the cohabiting intimate partner or spouse of the elderly woman: emotional violence (55%), sexual violence (79.2%), violation of individual rights (65%).

Source: Ferreira-Alves, J. & Santos, A.J. (2010). Prevalence study of violence and abuse against older women. Result of the Portugal survey (AVOW Project). Braga: Universidade do Minho.

Intimate partner violence against older women: outcomes of the IPVoW study

Between 2006 and 2009 (incomplete)

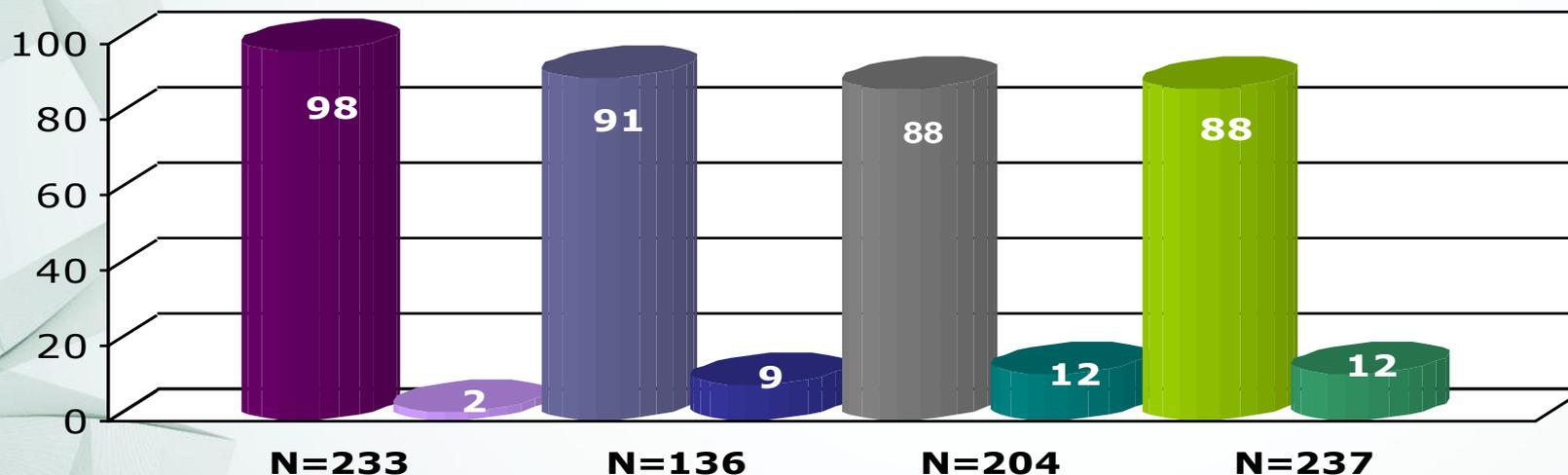
- 803 women aged 60 and over;
- 76% contacted a support organisation helping victims of domestic violence; 6% contacted the police force.

Between 2006 and 2008 (618 women)

- Verbal psychological aggression and violence (44%), physical violence (31%) and financial exploitation (12%);
- 77% aged between 60 and 74 years old;
- In 93% of the cases, the perpetrator was the spouse or cohabiting intimate partner.

Intimate partner violence against older women: outcomes of the IPVoW study

Intimate partner violence against older women according to the kind of violence, the frequency of violent acts, and the duration and start of the violence (%)



- Violence perpetrated only by the (ex) spouse/intimate partner
- Reciprocal violence
- Frequent acts of violence
- Single or infrequent acts of violence
- Continual /long-standing violence (1 or more years)
- Short history of violence (less than 1 year)
- Intimate partner violence started before the woman turned 60
- Intimate partner violence started after the woman had turned 60

Source: Perista, H., Silva, A. e Neves, V. (2010) *Violência contra mulheres idosas em relações de intimidade na Europa - Relatório nacional de Portugal*.

Intimate partner violence against older women: outcomes of the Mind the Gap! study

Victim's profile

- 42% women aged between 60-64 years old; mean age 67 (oldest woman aged 81);
- 9% received care from spouse/cohabiting partner; 8% from another person /institution; only 3% women provided care for spouse/cohabiting partner;
- 12% suffered from a chronic illness, 7% had a physical impairment; 7% had mental health problems, and 1% suffered from dementia;
- 46% received a pension and only 32% seemed to be financially dependent on the spouse/cohabiting partner;
- 4% were followed up by a domestic violence (DV) service and 15% by the Health Services.

Intimate partner violence against older women: outcomes of the Mind the Gap! study

Profile of intimate relations

- 81% cohabitating with spouse, but 8 cases of divorce although sharing lodgings;
- 45% intimate or marital relationship of 40 or more years; mean of 32 years (most recent: 4 years; oldest: 60 years).
- 70% victims lived alone with the perpetrator.

Source: Perista, H. e Silva, A. (no prelo) *Mind the Gap! Melhorar a intervenção no domínio da violência contra mulheres idosas em relações de intimidade – As respostas da polícia e do sistema judicial com base numa análise de processos do Ministério Público.*

Intimate partner violence against older women: outcomes of the Mind the Gap! study

Perpetrator's profile

- 51% aged 69 or less (youngest: 53 years of age; oldest: 86 years of age);
- 12% suffered from chronic illness; 1% from a physical impairment; 17% with mental health problems and 4% suffered from dementia;
- 46% alcohol abuse;
- 66% received a pension and only 7% seemed to be financially dependent on the wife / cohabiting partner;
- 76% had a history of recurring violent behaviour;
- 12% resorted to domestic violence in previous intimate partnerships and 3% were convicted.

Intimate partner violence against older women: outcomes of the Mind the Gap! Study

Incident related characterisation

- Types of violence: 88% psychological, 67% physical; 17% coercive control; 8% financial exploitation; 7% intentional negligence and 4% stalking;
- 24% violent acts occurred when the perpetrator was drunk;
- 47% without injuries sustained by the victim; 30% with minor physical injuries;
- Among the physical violence cases reported, 1 involved murder, 6 (attempted) strangulations; **although**
- (based on the victim's accounts) 24% perpetrators choked or attempted to strangle the victims, 49% threatened to kill the victim and himself, 9% used firearms to intimidate the victim and 16% had a firearm permit.

Intimate partner violence against older women: outcomes of the Mind the Gap! study

Incident related characterisation (continued)

- 85% of the acts happened in the victim and perpetrator's home;
- 65% of the complaints made to the police were by the victims themselves and 17% by members of the family;
- In 76% of the cases, the family knew about the violence.

Intimate partner violence against older women: outcomes of the Mind the Gap! study

Action taken by the police

- 96% were recorded as cases of domestic violence;
- 38% involved risk assessment;
- During the following 24 hours, 34% of the victims and 9% of the perpetrators were questioned by the police;
- Only in 3% of the cases did the Police inform the Victim's Support Services;
- During the subsequent police investigation/inquiry, 80% of the victims, 61% of the perpetrators and 39% of the witnesses had been interviewed / questioned by the Criminal Police Department; 83% by male law-enforcement officers.

Intimate partner violence against older women: outcomes of the Mind the Gap! study

Action taken by the Public Prosecutor's Office

- 87% cases never came to trial; only 13% were tried (equivalent to 10 cases = 5 couples);
- 39% cases were dismissed for lack of evidence; 26% were incorporated in other cases; 14% were provisionally suspended; 9% dismissed for lack of evidence without the perpetrator having been accused; 9% reclassified.

Action taken by the Law Courts

- 4 of the accused and 3 victims gave testimonies; in 3 cases there were other witnesses;
- 4 of the accused were convicted and 1 is awaiting sentence - convictions of 15 years effective imprisonment; 2 years and 2 months suspended sentence and 2 fines for the remaining cases.

Source: Perista, H. e Silva, A. (2013) *Mind the Gap! Melhorar a intervenção no domínio da violência contra mulheres idosas em relações de intimidade – As respostas da polícia e do sistema judicial com base numa análise de processos do Ministério Público.*

Gender, age and the social dynamics of intimate partner violence

- Shaped by gender relations;
- The generation effect;
- Long-standing intimate partner violence;
- Antecedents of various kinds of family violence;
- Dependence and autonomy over the life course;
- Care provision transfer (sometime from women to men).

Risk factors and the social / structural causes of violence against older women

General / structural risk factors:

- Gender
- Long-standing intimate partner violence

Age-related risk factors:

- Physical frailty
- State of mental health (e.g. dementia / depressive disturbances)
- Growing need for care-providers and possible overburdening untrained carers
- Family organisation and its dynamics
- Isolation
- Social and economic situation and access to support services (via purchasing power).



Addressing violence with the victim

Aims

- Enable members of the police forces to address violence with older women who are victims of violence;
- Sensitise members of the police forces about the difficulties they are likely to come across, and train them to adopt strategies that will help them to deal with such problems.

Dona Emília goes to the Police Station...

Role-play

Dona Emília goes to the local Police Station...

"The policeman on duty has been working at this Police Station for a relatively short time. He is at the attendance desk when Dona Emília comes in. She is a woman of 80 years of age with a few hearing problems and difficulty in walking although in full possession of her mental faculties, She complains that she has been beaten up by her husband who is 10 years younger than she is. Dona Emília is very upset and asks the police to intervene and try and calm down her husband."

Addressing violence with the victim: general conduct guidelines

- Try and talk to the victim alone;
- Establish a climate of empathy and confidence;
- Listen to her story carefully and try to believe that what she is saying true;
- Do not judge her, do not blame her ('Your reactions are a normal way of dealing with trauma. You did nothing to deserve or cause the attack') and do not give her personal advice;
- Boost the victim's feelings ('It must have been awful. You're a very courageous person to have survived such an ordeal'.)

Addressing violence with the victim: general conduct guidelines

- Reassure the victim that no one has the right to hurt her ('There's no excuse for behaving like that');
- Reassure the victim that she is not alone ('You're not alone in this – there are other people who have also put up with domestic violence');
- Inform the victim of her rights and other course of action / support she is likely to receive and encourage the victim to seek aid;
- Encourage the victim to see that a violence-free life is possible for her.

(Adapted from Perista, H. , Baptista, I. e Silva, A. (Eds.) (2011) *Violência contra mulheres idosas no contexto das famílias: reconhecer e agir*. Lisboa: CESIS)

Addressing violence with the elderly victim

- In the event of problems brought on by old age / cause by ill-health (e.g. poor hearing or eyesight):
 - Ask her if she has a problem understanding what is said to her;
 - Give her time to listen and take in what is being said to her by stopping every now and then if needed;
 - Face the victim squarely and speak slowly and clearly;
 - Repeat the questions as many times as needed and try and rephrase them; if necessary speak louder although do not shout;
 - If possible ensure that all the papers/documents that should be duly understood and/or signed by the victim are read out loud to her.

(Adapted from Manita, C. (coord.), Ribeiro, C. e Peixoto, C. (2009) *Violência doméstica: compreender para intervir. Guia de boas práticas para profissionais das forças de segurança*. Lisboa: CIG)

Addressing violence with the elderly victim

- The questions should conform to the occasion and you have to feel comfortable about using certain expressions;
- Start by asking general questions (e.g. about her health and well-being);
- Continue by asking more specific questions according to the situation;
- Ask more direct questions in the event that the victim fails to describe her experience as involving ‘violence’

(Adapted from Perista, H. , Baptista, I. e Silva, A. (Eds.) (2011) *Violência contra mulheres idosas no contexto das famílias: reconhecer e agir*. Lisboa: CESIS)

General questions

- How are things at home?
- What do you spend your time doing everyday?
- Do you have everything you need to get by on?
- Does anyone help you at home? How do you feel about the sort of help you get at home?
- (Where home care is provided) How do you think your [husband/daughter/other care-provider] is coping with the situation?
- Note: These questions may be particularly relevant when following up the victim after the violent incident.

More specific questions

- Were you slapped, pushed, choked or hurt in any way?
- Were you tied up or locked up in a room?
- Did anyone force you to do anything you didn't want to do?
- Are you often alone at home for a long time?
- Did anyone ever threaten to punish you or take something away from you?
- Have you ever received 'the silence treatment'?
- What happens when the person looking after you doesn't agree with you?
- Has anyone spoken to you or shouted at you so that you feel ashamed of yourself?
- Has anyone forced you to have sex?
- Do you think you should get some glasses or a hearing-aid to help you?
- Are you getting all the help you need?
- Has anyone at home taken something of yours without asking you?
- Has anyone at home made you sign papers that you didn't understand?

What to do when the victim suffers from cognitive impairment

- Victims who suffer from mild mental problem may be asked directly, using:
 - Simple, direct questions;
 - Focus the questions only on the subject itself and avoid open-ended questions;
 - Do not ask leading questions that suggest what the answer should be;
 - Speak slowly and carefully;
 - Stop asking questions the moment the victim starts getting upset.
- Where the victim suffers from a more serious mental impairment, it is important to speak to another person who is not the perpetrator or a legal guardian.

Dementia is a risk factor and the person suffering from the disorder may easily fall victim to domestic violence where at the same time, no one believes in the victim's side of the story.

How to act with victims when there is a language barrier

These women belong to a vulnerable group particularly when they do not speak the language of the country they are living in.

- As far as possible, when visiting / interviewing the victim, try and get another police officer to be present – one who can speak the victim's language; otherwise, ask for the help of an outside interpreter;
- Do not use close relatives of the victim as interpreters. It may be more prejudicial than beneficial!
- Contact the information department to victims of domestic violence, or the specific services for immigrants and/or foreigners and ask for their advice. At least, these organisations have leaflets in the most common foreign languages targeting women victims of domestic violence, and they may know how to arrange official interpreters.

How to act with victims who belong to specific ethnic-cultural / religious groups?

Owing to the fact that these women belong to certain ethnic-cultural / religious groups, they are often found to be in more vulnerable situations.

- When the victim does not speak Portuguese, resort to the above-mentioned measures;
- Find female police officers to conduct the interviews and register them;
- Contact the information department to victims of domestic violence, or the specific services for immigrants and/or foreigners (ACIDI; Support Unit for the Immigrant Victim and Victims of Racial or Ethnic Discrimination; Local Support Centres for Integrating Immigrants) and ask for their advice.



Support services, cooperation and contact networks: the role of the security forces

Aims

- In a general way, talk about the importance of developing multi-professional cooperation to deal with violence against elderly women;
- Pinpoint partners in the field of health-care, the social services, specialised and local services, as well as their respective duties, when seeking to redress violence against older women;
- Learn about some of the basic guidelines leading to successful cooperation.

Intersectoral and multiprofessional cooperation

- Intersectoral cooperation :
 - This is the formal means of consolidating cooperation among organisations in two or more sectors, e.g. health and public safety.
- Multiprofessional cooperation:
 - Within a sector or also among sectors;
 - Multiprofessional cooperation may be of an intra-organisational or multi-organisational nature.

Advantages of intersectoral and multiprofessional cooperation

- Each entity /service has its own know-how, competences/skills and specific information and they complement each other when working together. Regular contact and sharing information about other entities and services lets us know more efficiently which organisation should be contacted so as to help solve a certain problem. Moreover, a better insight is provided about other organisations' perspectives and work.
- In being faced with different ways of working and discussing things from different points of view, it may help to find efficient, innovating solutions.
- Joint decision-making among the various services may lead to increasing acceptance of working procedures, coming up with different solutions and sharing out responsibilities and know-how among the individual entities /services.
- Shared problem-solving in particular cases may help the victim to attain better psychological relief /well-being and strengthen self-resolve ('to look after herself').

Barriers to intersectoral and multiprofessional cooperation

- Those intervening in the process do not know about the work, aims and duties of their peers and as a result do not know about the existence of other organisations and what they do.
- Barriers to exchanging ideas among the different sectors.
- At times, organisations do not wish to work with each other in the same sector because they are afraid of competition, losing their clients and sharing their power in certain fields.
- In some situations, the representatives of particular organisations have a rigid or prejudiced attitude as regards their peers owing to rumours or previous negative experience.

How to help Dona Antónia...

Case study

3 basic guidelines for an intervention well done

- After your help has been given, the elderly woman should feel:
 - safer (safety plan, action lines...)
 - better informed (about her rights, support services...)
 - more empowered (she has been believed, her feelings have been validated, she is better equipped to make decisions...)

THE MOST IMPORTANT TYPES OF SERVICES

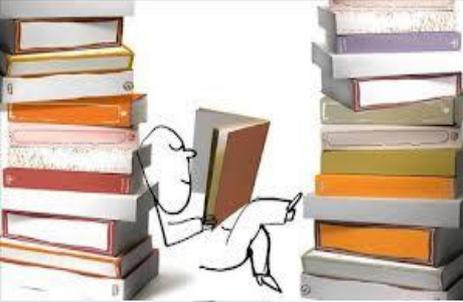
- Public institutions
 - Municipal / regional Social Security Departments providing attendance facilities and offering non-specialised support.
- Health care
 - Family doctors and nurses
 - Hospital
 - Forensic doctors and nurses
 - Integrated continuing health care
 - Integrated home-care services
- Services providing support to the elderly
 - Home Help Services (SAD), Day Centres, Homes for the Elderly

THE MOST IMPORTANT KINDS OF SERVICES

- Services supporting victims of (domestic) violence
 - Specialised attendance facilities
 - Counselling services for elderly female victims of violence
 - Shelters
- Informal or semi-formal services
 - The family
 - The parish church and/or other religious groups
 - Self-help groups

Guidelines for successful cooperation

- Focus on the problem;
- Set common goals;
- Acknowledge the roles and points of views of other professionals;
- Work on a basis of reciprocal trust with other people cooperating with you;
- Communicate on the basis of positive sharing;
- Clarify and agree upon tasks and duties.



Some useful references

- Perista, H. e Silva, A. (2013) *Mind the Gap! Melhorar a intervenção no domínio da violência contra mulheres idosas em relações de intimidade – As respostas da polícia e do sistema judicial com base numa análise de processos do Ministério Público*. Lisboa: CESIS. Disponível em: <http://www.ipvow.org/en/manuals-and-guidance>
- Perista, H., Silva, A. e Neves, V. (2010) *Violência contra mulheres idosas em relações de intimidade na Europa - Relatório nacional de Portugal*. Lisboa: CESIS. Disponível em http://www.ipvow.org/images/ipvow/reports/IPVoW_Portugal_Portuguese_final.pdf
- Perista, H. , Baptista, I. e Silva, A. (Eds.) (2011) *Violência contra mulheres idosas no contexto das famílias: reconhecer e agir*. Lisboa: CESIS. Disponível em: http://www.ipvow.org/images/ipvow/reports/IPVoW_Portugal_Portuguese_final.pdf

Some useful references

- Ferreira-Alves, J. & Santos, A.J. (2010). *Prevalence study of violence and abuse against older women. Result of the Portugal survey (AVOW Project)*. Braga: Universidade do Minho. Disponível em: http://www.inpea.net/images/AVOW-Portugal-Survey_2010.pdf
- Lisboa, M. (coord.), Barroso, Z., Patrício, J. e Leandro, A. (2009) *Violência e Género - Inquérito Nacional sobre a Violência Exercida contra Mulheres e Homens*. Lisboa: CIG. Disponível em http://onvg.fcsh.unl.pt/images/stories/PDFs/ficheiros_projectos/violencia%20e%20genero.pdf
- Observatório Nacional de Violência e género <http://onvg.fcsh.unl.pt/>
- Centro de Documentação e de Recursos do Instituto Europeu para a Igualdade de Género – Violência de Género <http://www.eige.europa.eu/content/rdc>