

What is violence in intimate partnerships between older people?

Growing old together, with mutual respect for each other, being able to look back on the past in satisfaction, experiencing everyday life in a friendly, loving way - that is what most people want in their intimate partnership in old age. But this is not always the case in actual reality. For some people, living together in old age is associated with considerable strain and stress. Some experience the behaviour of their partner as injurious and humiliating, they feel controlled, treated like a child and tyrannized, with physical violence even occurring at times in marriages and intimate partnerships.

Anyone who experiences situations like this in a relationship is uncertain at times where the borderline lies between normal conflicts in a relationship and violence, and when help or protection, when perhaps even criminal prosecution is necessary. Specialised counselling and advice can help clarify things.

It is important to know that intimate partner violence also occurs in old age. This includes physical and sexual violence, but often no less pernicious psychological violence (humiliation and threats), neglect, financial exploitation and social isolation. When a relationship ends, a threat may continue to loom, sometimes it even brings things to a head. Any older person may be affected by intimate partner violence regardless of their origin, social and educational background, physical and psychological constitution or sexual orientation. Violence within a couple's relationship is the most frequent form of violence in families. Generally women are the victims, particularly in cases involving severe and unilateral physical violence as well as broader control and force. Violence experienced by older women is discussed in the following, but this flyer is also meant to address men as well.

How frequent is violence in older women's intimate partnerships?

Older women are also victimised by physical or sexual violence, even if younger women are more often affected by it. One out of every ten women aged 60 to 74 has experienced physical or sexual violence at the hands of their current intimate partner at least once. Older women are just as frequently victims of psychological violence as younger women - at least 6% of women aged 60 to 74 report serious forms of this type of violence.

What special aspects characterise intimate partner violence in old age?

Older women have often tolerated many years of violence in their relationship, sometimes throughout their entire marriage. Many of them suffer under the physical and psychological effects of this violence, developing psychosomatic disorders and becoming chronically ill. In other cases violence occurs for the first time in old age, while sometimes older women enter into new relationships in which violence occurs.

Older women who experience violence in intimate relationships live in a situation which is difficult for two reasons. In addition to the highly complex problem of abuse in old age, age brings many limitations and changes with it.

Many women are ashamed that they have not been successful in achieving a happy marriage; in some cases they even feel responsible for what has happened themselves. Admitting that one's life model has failed is all the more difficult in old age, as prospects for a new beginning are significantly more constrained. Many women have learned to live with their situation, frequently in the hope that it will improve at some point.

In old age it is more difficult to tolerate humiliation and denigration, physical and sexual abuse, force and control. One's energy declines, age-

related limitations and the effects of long years of violence reinforce each other. Women are more prone to injuries, for instance, while their ability to defend themselves declines and they are less able to compensate effectively for the effects of violence. Free space which they used to have when their husband was working vanishes. The stress and strain which relate to physical and mental decline of both intimate partners may cause violence to escalate or even occur in old age for the first time.

With increasing need for help, victims often come into contact with experts from the fields of health, nursing care and aid to older people. In some cases this opens up the possibility to receive and allow help from outside for the first time without divulging that one has been personally victimised by many years of violence right away.

As specialists, you may be confronted with various types of constellations. **Older women**

- are responsible, for example, for caring for their partner, who controls and threatens them, insulting, beating, kicking or pinching them. In cases in which the perpetrator displays aggressive behaviour as result of an illness, it may also involve the continuation of a long relationship characterised by violence. The current illness may reinforce the existing dynamics of violence. A feeling of responsibility prevents the woman from doing something to change the situation.
- are cared for by their intimate partner. In this relationship they experience violence and want it to end. They fear being admitted to in-patient care even more, however, and for this reason do not reveal what is happening.
- experience perhaps repeatedly that people do not believe them because they make a confused / psychologically disturbed impression. By the same token, this may also be a consequence of many years of violence. People suffering from dementia or psychologically ill / confused people may also (or especially) become victimised by violence.

- may also experience violence in a domestic care relationship. Frequently it is first assumed that the strain posed by providing nursing care is the sole cause. This need not necessarily be the case. It may also be the result of continued intimate partnership violence ongoing for many years and exacerbated by the care situation.
- perhaps are not at all aware that what they are experiencing is violence, or they cannot imagine how help could improve their life situation.

How can one recognise that an older woman is being abused?

The following may be indications that an older woman is experiencing violence in her relationship. You should take note if

- the woman has injuries - especially injuries for which there is no explanation
- the woman cannot spend money freely
- cannot decide questions affecting her life herself (food, clothing and lifestyle)
- you do not have the possibility of speaking with the woman alone
- the woman seems to be fearful, is very withdrawn and behaves in a submissive manner
- the woman cannot take part in social activities as a result of her partner
- the woman abuses alcohol or medication
- she suffers from psychosomatic illnesses



It is up to you!

You can play a decisive role in helping older women victimised by intimate partner violence. To do this, you have to

- *know that intimate partner violence also occurs in old age and nursing relationships*
- *interpret signs of this correctly*
- *know what you can do in these situations*
- *Know facilities which are specialised in domestic violence*

If you are not sure how you should act in cases involving intimate partner violence in old age and need support in a specific case, you should contact a facility in charge of this. This may be a women's shelter, a women's counselling and advice office or intervention office for domestic violence in the vicinity

You can also receive telephone advice for the women and yourself at the national telephone helpline.

For additional information and material, see www.ipvow.org

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What can I do?

This of course depends on your specific occupational task. There are some general principles which apply, however. Unfortunately intimate partner violence in old age frequently goes unrecognised. First of all you should keep in mind that you might be the only person who has become aware of the problem and whom the victim can confide in.

- >> The most important task is for you to determine whether the safety and care of the victim is in acute danger
- >> If possible, consult with a specialist or manager at your facility
- >> Obtain advice from a specialised facility.
- >> Think about what facility can assume responsibility for the case. Keep in mind that rapid changes in the life situation tend to occur rarely among older women. It may therefore be important to also remain in long-term contact with the family as well (e.g. by telephone)
- >> You can make it possible to obtain specific additional support by contacting and brokering contact to the following persons / facilities:
- >> to medical specialists in charge
- >> to facilities specialised in domestic violence (women's shelters, intervention offices, women's advice and counselling offices)
- >> to the police (in cases of acute danger)
- >> to facilities which can support a change in the living and care situation (nursing care support offices, nursing care services, counselling and advice for senior citizens, general social services, courts appointing legal guardians / associations, housing office)

The most important thing, however, is: listen to these women, ask them questions and offer them your support, even if it is not accepted at first. Do not undertake anything against their will or without informing the victim.

Case example 1:

A 68-year-old woman calls the municipal senior citizens' office. The woman is seeking financial support for clothing. The social worker asks pointedly about the reasons for the phone call. The woman then reports that she would like to be a new dress for the wedding of a granddaughter, but that she does not have any money of her own with which to do so. In a longer conversation with the woman, it becomes clear that she has been victimised by violence and control at the hands of her husband for many years. After this discussion, the woman wants to make use of support by the local advice and counselling office for victims of domestic violence. Together you discuss how this could be organised without the husband finding out about it.

Case example 2:

The neighbour of a couple contacts the local nursing-care support office and reports that the husband (73) is abusing his wife (75), whom he provides nursing care and who suffers from severe limitations (including dementia, paralysis, etc.) following several strokes. The neighbour reports frequent cries and screaming, noises that sound like beating and she has witnessed how the woman is forced to eat (at times spoiled food). The social worker counsels the neighbour to get in touch with the police, but feels like she is responsible for intervening herself at the same time. She contacts the couple and is able to offer advice at their home; when the wife has the opportunity to speak with the staff member of the nursing-care support site alone, she emphasises that her husband takes good care of her. The social worker has the impression that, in addition to being overtaxed as a result of her health impairments, many years of intimate partner violence may also play a role. She contacts the specialised counselling office for domestic violence. The staff member at the nursing-care support office then suggests external assistance for the wife and is successful in having her admitted to a day-care facility. Everybody involved is aware of the problem and assumes a supporting as well as monitoring role. The staff member of the nursing-care support office keeps up contact and checks whether it may be a good idea for the women to be admitted to an in-patient facility.

Information for specialists in social services, aid to older people and nursing care



„I just want peace and quiet “

When older women experience violence in their intimate partnership