

## National Report **Austria**

# IPVOW

**INTIMATE  
PARTNER VIOLENCE  
AGAINST  
OLDER WOMEN**

Helga Amesberger, Birgitt Haller



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**IPVoW - Partnergewalt gegen ältere Frauen**

**Birgitt Haller, Helga Amesberger**

**Institut für Konfliktforschung**

Lisztstraße 3

A-1030 Wien

Telefon +43(0)1 713 16 40-16

Email: birgitt.haller@ikf.ac.at

  
Institut für **Konflikt** Forschung

# **Intimate Partner Violence against older Women**

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## **National Report from Austria**

Helga Amesberger, Birgitt Haller

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# I

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## Executive Summary

### 1.1

#### The situation in Austria

Broad effective measures protecting against violence in the family have been taken in Austria. A milestone in this regard was the "Federal Act on Protection against Domestic Violence", which entered into force on 1<sup>st</sup> of May, 1997, and which obliged the police to issue an eviction order and a two-week restraining order against aggressors. The regional centre for protection against violence is informed about the intervention by the police without delay and contacts the victim of violence directly; these centres aim in particular at the empowerment of victims. Especially between 2003 and 2009 numerous further (amendments of) laws - especially at the level of substantive law - reacting to violence against women were enacted; with respect to procedure law, the entitlement to psycho-social and legal support in court procedures for victims of violence, which was introduced in 2006, is worth mentioning.

The situation regarding data on domestic violence is generally speaking unsatisfactory in Austria. The lack of data on older victims of violence is, moreover, not least to be seen against the background of the fact that older people are scarcely perceived as a specific group in Austria.

### 1.2

#### Questionnaire survey

The work of most organisations which took part in the questionnaire survey in the autumn of 2009 is focused on family violence, further areas of concentration are violence against women and girls as well as psychosocial problems of women. On the whole, about half of the responding organisations were confronted with intimate partner violence against older women in the years 2006 to 2009 (with the number of cases remaining constant at the majority of the organisations). The respondents tend to be rather dissatisfied with the quality of their own services for older female victims of intimate partner violence, not only as a result of too little resources, but also because of the existing social frame-

work conditions. According to their experience, work with older people requires much more intensive attention than is possible for them.

### 1.3

#### Interviews with victims of intimate partner violence

The ten women interviewed for this study lived in relationships characterised by violence for decades before they sought professional help. If the police did not notify centres for protection against violence and if the latter did not contact the victims of violence, significantly fewer women would be supported by institutions for victim protection. Six of the ten women in our sample took the initiative themselves, however, contacting a support organisation.

One main factor making women remain in their relationships was economic dependence. Also widely held views and norms regarding the family and the societal role of women and men as well as the lack of prospects in old age influenced this decision. Finally, the victims' age and the long period of the relationship reinforces the dependence of the women; a frailty which goes hand in hand with age only played a role with respect to the husbands, but not to the interviewees.

All the women reported psychological and physical, and most of them in addition financial violence. Three interviewees had experienced sexual violence, while two others implied this. With one exception all the interviewees stated that violence had increased continuously over the course of their marriage and almost all of them experienced a rise in violence following the retirement of their partners. As a result of the violence experienced for decades, the women became accustomed to it, as it were, developing a variety of coping strategies. With regard to the conflict behaviour of the interviewees, two patterns can be identified: submissiveness and self-assertiveness. Self-assertiveness often meant that the women tried to involve the social environment in attempts to end the violence. In the majority of cases, the children and close relatives knew about the violence – they were eye-witnesses or ear-witnesses, the victim of the violence often even confided in them. Nevertheless, support was limited as a result of helplessness, people were uninformed and were not unbiased; only when the women took concrete steps to separate from their husbands did they receive support in various forms.

Finally, the potential key role of the health sector in recognising and addressing violence should be noted. Some women told their physicians about violence as the source of their problems and as a reaction were prescribed psychotropic drugs for years. Only very few physicians made any serious attempts at inter-

vention and decided, though very late, to file charges for assault and battery or informed the women about counselling organisations and facilities for the protection of victims of violence.

## 1.4 Interviews with experts

With regard to intimate partner violence in old age, the experts have two different positions. The majority believe there is a decline in physical and sexual violence while at the same time psychological and economic violence remains the same or intensifies, although, however, physical violence never ceases entirely. Others argue that violence increases in intensity and frequency due to (negative) character traits becoming more pronounced in old age. Moreover, when men retire, they often lose what they view to be their purpose in life, their social position vis-à-vis others changes, physical changes are perceived more keenly – some men find it difficult to cope with all of this and compensate for it with violence.

The older clients share some characteristics, in particular economic dependence on their partners and a low level of education. The interviews suggest, however, that with regard to income and education a distinction must be made between the “younger old”, the 60 to 70-year-olds, and the “older old”. Violence is less of a taboo among the younger old; they are more likely to have a pension of their own and live in a less isolated manner. The rural-urban divide, which manifests itself, for instance, in the preservation of a traditional image of women and the family, is said to not be as wide; in particular it still plays a role among the older old. Scarcely any of the organisations interviewed have contact with older migrants who have been victims of intimate partner violence. The same features which apply to the older old were also said to apply to a vast majority of this victim group, although their economic and emotional dependence is in some cases even stronger and inhibitions about going public with their experiences of violence are particularly great.

The experts agree that older women who are victims of intimate partner violence seek help less often than younger women and, when they do, then exclusively as a result of the physical violence experienced. Nevertheless: there are usually other people who are aware of what is happening. Above all the adult children are told about the experiences of violence; only very few experts assume that the children do not know about anything. The children are also frequently a place of refuge when violence escalates, and pave the way for the women to ultimately seek institutional support. The daughters and sons are

often themselves caught up in the system of violence, however, and are moreover sometimes bad sources of advice as a result of their own interests.

The most important contacts for victims of violence, according to the experts, are physicians, although the assessment of their reactions differs among the experts. On the one hand, older women are apparently frequently referred to centres for protection against violence by physicians or hospitals; other experts stated that in particular general practitioners scarcely have any time to devote to their patients on any intensive scale, and that many physicians do not even recognise that violence is being committed. Some organisations for protection against violence and counselling facilities even accused physicians of not having charges filed in cases of serious violence.

In the work of the respective organisations with older victims of intimate partner violence, their approaches and programmes do not differ significantly from approaches in other areas. Most of the older clients are said to desire "peace and quiet", and that the aggressor accepts care or changes his behaviour. With respect to the facilities providing support, they expect firstly information (of a general nature with regard to their options as well as specific information on divorce, support, etc.) and secondly intervention with their partners.

Aid facilities for victims of violence and for older women exist parallel to one another; there are no "combined" contact points. Especially to older women low-threshold services are important so that they can find contacts and support for everything preoccupying them from one source instead of being referred from one institution to another. Therefore special facilities (and their coordination) are needed for this group of persons. In rural regions it is moreover usually the lack of mobility on the part of older victims of violence which poses a major problem. It is important in general to establish new networks for older women (e.g. with senior citizens' homes, facilities in the health care system, facilities specialised in older people) and jointly develop measures to provide care and assistance with these. The institutions interviewed themselves (especially the facilities for the protection of victims of violence) cooperate intensively with other institutions.

## **1.5 Recommendations**

The most important proposals made by the experts focus on as rapid access as possible to counselling and aid facilities as well as support strategies and programmes which are geared to older people. The former proposals are to be achieved, according to the experts, by means of public-relations work directing

more attention at older women as victims and addressing this age group directly.

The key role played by physicians and nursing care personnel in the early recognition of violence, but also their uncertainty and helplessness, was apparent at all stages of the survey. Sensitisation and training of this occupational group in domestic violence and their close networking with facilities for protection against violence could help put a stop to the violence at an earlier point, according to the interviewees. Moreover, optimum assistance would require more time (and thus financial) resources, but also more professionalism on the part of support facilities is held to be necessary. In particular, better cooperation is needed between the institutions involved in care and assistance; thus, for example, the establishment of a case-management system could help assist clients more effectively and economically. There is furthermore a lack of affordable lodging/dwelling opportunities tuned to the specific needs of older people for victims as well as aggressors (and here particularly for psychologically ill aggressors).

Finally, as a result of their emotional, social and economic dependence, especially older women find it extremely difficult to achieve an autonomous life; the traditional understanding of marriage/family specific to this generation and respective gender images often lead women to see few alternatives to the violent relationship. Because the empowerment of victims of violence presupposes an awareness and understanding of violence, but also a considerable degree of (economic) independence, solutions need to be sought in counselling/assistance which are geared to this age group and in line with the living conditions and views of older women.

## II

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# 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 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 is highlighted. An international report (in English) summarizes the results for all countries. Like the reports from all other countries it is available on the Website [www.ipvow.org](http://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.

Schrötle, 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<sup>1</sup> specifically addressing the issue of IPV against older women and reports related to service provision for older victims<sup>2</sup> have been published mainly in the USA, Canada and Australia, with important contributions also coming from Israel (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"<sup>3</sup> 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)<sup>4</sup>. The Daphne projects "Breaking the taboo"<sup>5</sup> and "Care for Carers"<sup>6</sup> focus on violence against older women 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 in-

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

<sup>2</sup> 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

<sup>3</sup> See

[http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2000\\_125\\_w\\_en.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2000_125_w_en.html)

<sup>4</sup> See

[http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2001\\_215\\_w\\_en.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2001_215_w_en.html)

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

<sup>6</sup> See

[http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2005\\_2\\_068\\_w\\_de.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2005_2_068_w_de.html)

interviews with victims (Pritchard, 2004) 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 European research project on IPV against older women 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 program 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), Muenster: Thomas Goergen and Birgit Winkelsett (coordination)
- Austria – IKF (Institute of Conflict Research), Vienna: Birgitt Haller and Helga Amesberger

- Germany - Zoom - Society for Prospective Developments e.V., Goettingen: Barbara Naegele, Urte Boehm and Nils Pagels
- Hungary - Academy of Science, Budapest: Olga Toth and Katalin Robert
- Poland - University of Bialystok: Jerzy Halicki, Malgorzata 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. In Austria, 621 questionnaires were distributed.

**(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. In Austria, 30 interviews were conducted with professionals.

**(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. In Austria, ten interviews were conducted.

**(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 senior'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

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## IPVoW: societal and cultural background of intimate partner violence against older women

Austria has been included in the study primarily for two reasons: first of all because it is a prototypical corporate welfare state (like Germany and in contrast to the other countries included in the study) and secondly because very effective laws against family violence were introduced and successfully implemented as early on as the second half of the 1990s.<sup>7</sup>

Austria's political system was a model example of a consociative democracy for almost fifty years following the Second World War: key political issues were dealt with by compromise. This emphasis on consensus was reflected not least in the social partnership and the close cooperation between the economic associations organised along corporatist lines (and closely aligned with the political parties) and the Federal government in the political decision-making process.<sup>8</sup> Austrian corporatism began weakening as early as the middle of the 1980s, however, with the social partnership (and the associations involved in it) being criticised as undemocratic and non-transparent, particularly by the Greens (a new party at the time) and the (resurgent) FPÖ.

These changes in the political party system were the reason for sustained losses of votes by the SPÖ and ÖVP and thus the diminished influence of the large and medium-sized parties, which were only able to account for 55 percent of the votes in the 2008 elections to the national legislature – in the middle of the 1970s this figure was still 93 percent. High voter fluctuation and sagging participation in elections meant the end of the tremendous stability of Austria's political system. Sharpening political competition ultimately led to the FPÖ becoming part of the the ruling coalition in 2000 and in the ensuing period to a major retreat from the consociative democracy by the ÖVP-FPÖ coalition. Even if grand

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<sup>7</sup> For a detailed presentation on the Act Protecting against Violence and evaluations of application of the act, see Haller, 2010.

<sup>8</sup> According to the classification by Esping-Andersen (1990) Austria is a conservative-corporatist welfare state, whose characteristics *inter alia* include a strong social state. The other types are the liberal state (Great Britain, USA) and the social democratic state (Scandinavia).

coalitions have governed once again since 2006, these developments are nevertheless not irreversible. In spite of the weakening of the principle of consensus, Austria must still be ascribed to this type of democracy, although democratic conflict elements have become more salient.

In this opening chapter some information is provided on statutory measures taken against IPV and to protect victims as well as on the living situation of older women in Austria.

### 3.1 Protection against family violence

Protection against family violence in Austria – just as in other countries – first and foremost means the protection of female victims of violence and their children by the establishment of women’s shelters, whose funding by the government was secured through the efforts of the autonomous women’s movement. The first autonomous women’s shelter in Austria was established in Vienna in 1978. Over the course of the 1980s the interaction between international politics and women’s movement gradually brought about an understanding that violence against women is a violation of human rights – a precondition for recognition of the state’s obligation to guarantee security for women, including in the private sphere.

The foundations for the adoption of the “Federal Act Protecting Against Violence in the Family” by the Austrian Parliament in 1996 had already been prepared in the second half of the 1980s by feminists from the women’s shelter movement, and the first initiatives by the government seeking to analyse and address male violence against women were taken at the beginning of the 1990s. The cooperation between the autonomous women’s shelter movement and institutional policy-making - as noted above, a “typical Austrian” example of a broad political consensus – characterised the evolution of the Act Protecting Against Violence, which went into force on 1 May 1997.

The provisions in the Act Protecting Against Violence are set out in three different laws: the Police Security Act (Sicherheitspolizeigesetz - SPG), the Execution Regulation (Exekutionsordnung - EO) and the Austrian Civil Code (Allgemeines Bürgerliche Gesetzbuch - ABGB). At the heart of the reform was the creation of new police powers, namely the possibility or the obligation to issue orders and a restraining order against perpetrators of violence stipulated in § 38a of the Police Security Act. The executive institutions have to apply these provisions if

they determine that a danger is posed in an assessment of the danger in a particular place. Usually the executive is called to a home in which both the perpetrator of violence as well as the person in danger live together, which means the person from whom the danger emanates has to be ordered to leave the home, after which a Restraining order is issued against him. If the aggressor already left the home before the executive intervenes, however, no order is necessary and merely a Restraining order is issued. The police can apply direct force to enforce the order and has to take the key to the home away from the aggressor. Finally, the executive institutions are obligated to inform the victim of the violence about suitable institutions to protect victims and specifically about the intervention office in charge.<sup>9</sup> A restraining order has to be reviewed by the executive at least once during the first three days: if the aggressor is found in the home, he is fined.

A restraining order is issued for two weeks, but this is extended to four weeks if the endangered person files for an *injunction* with the Family Court.<sup>10</sup> The precondition for the issue of an injunction to protect against violence in the home is that the aggressor makes it unreasonable to expect another person to live together with him as a result of physical aggression, the threat of such or "conduct which significantly impairs psychological health" (§ 382b Execution Regulation (EO)). The court prohibits the aggressor from returning to the home for the period of six months unless a "main procedure" is initiated (e.g. a divorce procedure), in which case the injunction may last until the end of this period. It is furthermore possible for the injunction to be applied for as a result of the fact that it is unreasonable to expect the parties to meet (§ 382e Execution Regulation (EO)), which prohibits a person from going to particular places or meeting or contacting the person who is to be protected for a maximum of one year.

The Act Protecting Against Violence furthermore provides the possibility for the youth welfare institutions acting as the representative of minors to file for an injunction (§ 215, section 2 of the Austrian Civil Code (ABGB)). The precondition for this is first of all that a danger is posed to the well-being of the child, whether this be through direct or indirect effects of violence, and secondly the mother in her capacity as legal representative of the child has not filed such an application herself.

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<sup>9</sup> An intervention office against violence in the family has been established in all of the *Länder* capitals, and additional regional offices are operated in the Federal *Länder* covering larger geographic areas. With the exception of the Viennese office, all the intervention offices have in the meantime changed their name to "Violence Protection Centres" ("Gewaltschutzzentrum"), while in Vorarlberg the facility uses the designation "Violence Protection Office" ("Gewaltschutzstelle").

<sup>10</sup> Not the original, but rather the current legal situation (as of summer 2010) following several revisions of these provisions (most recently through the Second Act Protecting against Violence from 2009) is related here.

One key idea underlying the Act Protecting against Violence is that government support for a victim of violence in re-establishing security is provided in two phases. The issue of an order and Restraining order lies (at least in terms of the claim) solely in the decision-making domain of the police. Only in the second step can the victim of the violence herself decide on whether to apply for an injunction and thus far-reaching protection. The reason for these two stages is that it is difficult for the victim of violence to extricate herself from a violent relationship, it is often dangerous and for this reason very difficult to achieve on her own. The woman needs to be supported. Her self-confidence needs to be strengthened so that she can venture this step.

This empowerment is to be provided by the intervention office / violence protection centre, which was established as an institution to protect victims under the Protection against Violence Act and which forms an additional crucial element in the reform. These are privately run facilities which are commissioned and funded by the government and which are generally speaking open to female and male victims of violence; the overwhelming majority of the clientele, however, are women.<sup>11</sup> Facilities for protection against violence are to be notified by the executive about any and all orders and restraining orders without undue delay. After this, they contact the victims of violence by phone and mail and invite them to a meeting – this pro-active approach is important in order to provide relief to (possibly traumatised) victims so that they do not have to make the effort to initiate this contact themselves. In addition to work relating to individual cases, which seeks to boost the security of people affected by violence<sup>12</sup>, another focus in the work of the intervention office / violence-protection centre is to be found in networking activity and cooperation with all public authorities and private facilities working in the area of protection against violence.

In addition to the “milestone” Act Protecting against Violence”, numerous other laws and amendments to laws have been passed over the past few years – especially between 2003 and 2009 – reacting to violence against women. The Criminal Law Amendment Act of 2004 (Strafrechtsänderungsgesetz) for the most part deals with sexual crimes, whereby the respective section of the Criminal Code entitled “Penalisable Actions against Morality” has been changed into

<sup>11</sup> See in the next chapter table IV-2.

<sup>12</sup> Nine times out of ten the initiation of contact with victims of violence leads to a meeting in which the needs of the victim are discussed. This primarily involves an assessment of how dangerous the aggressor is, the creation of a crisis plan and a security strategy. In addition, the services offered by the facilities protecting victims include legal counsel, support in filing petitions with courts of law, psycho-social support and support in legal procedures, social work aid and acting as a go-between with government authorities and other institutions.



“Penalisable Actions against Sexual Integrity and Self-Determination” has been changed and thus a moral definition replaced by the right to self-determination. As a result of this law, rape within the marriage has been given the same legal status as rape outside of marriage.<sup>13</sup>

The Criminal Law Amendment Act of 2006 has made *inter alia* “stalking” a penalisable crime and in the presence of a dangerous threat lifted its classification as a type of criminal offence requiring a complaint to be made by the victim for prosecution to be initiated (*Ermächtigungsdelikt*). The latter change was a long-standing demand of the intervention offices / violence-protection centres. The criminal law prosecution of a dangerous threat to an immediate family member who lives with the aggressor was until that point only possible with the consent of the victim. This legal precondition, however, frequently led to increased pressure or violence on the part of the aggressor against his partner. A second fundamental point of criticism was aimed at the “privileged treatment” of violence in the family in this construction.

Initially, the Second Act Protecting against Violence went into force on 1 June 2009. It focuses on an improvement in protection against violence and comprehensive support for victims of violence and a tightening of regulations against sexual offenders. In addition, the introduction of the law makes an act of violence threatening the physical integrity and the freedom of a person which takes place over a longer period of time an offence as an “ongoing perpetration of violence” which is punishable by increased fines.

With regard to the amendments to procedural law, it should be mentioned that a large number of regulations protecting victims went into force in 2006, for instance the explicit obligation of all public authorities involved in criminal procedures to treat victims of an offence with consideration, respect and in an appropriate manner, to inform them about compensation and aid available and in certain cases to inform them that suspects / accused parties have been released from custody. The rights of victims of sexual offences to be interviewed in a considerate manner has also been included in the list of the rights of victims. An addition expansion of the rights of victims took place in the Criminal Procedure Reform Act of 2008, in which moreover the definition of the victim was intro-

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<sup>13</sup> Rape and sexual assault between marital partners or common law marriage were penalisable by law since 1989, but offenders were only prosecuted if the victim filed charges (except in the case that rape led to several physical injuries, for example the death of the victim, or the offence was especially cruel). Secondly it was possible to receive a mitigation of sentence if the victim wanted to continue living with the offender. Hence it was only the revision of 2004 that brought about de facto equality.

duced in Austrian criminal law, and through the Second Act Protecting against Violence, which stipulated various rights of victims for the civil procedure.

Finally there has been a legal claim in Austria since 2006 to support by counsel for persons who have been subjected to wilfully committed acts of violence or dangerous threats or whose sexual integrity has been violated and close relatives of persons whose death may have been caused by a criminal act and other family members who were witnesses to the crime. The Austrian model is generally speaking a “dual procedural support” model: It first of all encompasses psycho-social support before, during and after police interrogation and court hearings and secondly legal counsel and representation before court by attorneys – so-called legal procedural aid. These services are offered nationwide by facilities for the protection of victims. They are commissioned and funded by the Federal Ministry of Justice and are thus free of charge for the people who use them. Initially this right solely related to support, counselling and support in all phases of the criminal proceeding. The Second Act Protecting against Violence expanded the psycho-social procedural support in criminal procedures to civil procedures which stand in a close substantive relationship to the criminal procedure.<sup>14</sup>

## 3.2 Older women

Older women are scarcely perceived as being a special group in Austria. Thus, for example, the 2010 Women’s Report does not contain any chapter which addresses older women, whereas the situation of women in rural areas and migrants is explored in more detail. The Women’s Report first of all establishes that “old age is female” and the number of older women will continue to increase (Frauenbericht, 2010, pp. 16, 20). In 2009 one-fifth of all women were 65 or older, but only around 15 of all men; about six percent of the female population and three percent of the male population were eighty or older (ibid, p. 20). The percentage of women over 65 will rise to thirty percent by 2050 while that of men over 65 will double, which means that a significant increase in the number of persons receiving nursing-care benefits can be expected: instead of 277,900 women at present, in 2030 there will be 390,000 and in 2050 584,000 women receiving nursing-care benefits (ibid, pp. 20 et seq.).

<sup>14</sup> The provision of legal support in civil procedures which was initially planned as well was not feasible for cost reasons, the victim can only be represented by legal council within the framework of procedural legal aid. Underlying the revision was the realisation that on the one hand civil procedures which take place following a criminal procedure may also be associated with emotional stress, and on the other hand many civil procedures are aimed at obtaining satisfaction for the damage claims of victims of violence, anyway, which criminal procedures do not rule on.

Because there is no current data available on the nursing care situation and needs, the 1999 Senior Citizens Report has to be consulted in this regard. Badelt & Leichsenring (1999) note that as far back as 1992 already thirty percent of female Austrians over 60 required assistance, even if most of them only needed minimal assistance (ibid, p. 414). In addition, almost 28 percent of all persons over 75 in 1992 were confined to bed. These figures allow one to surmise the tremendous importance of aid and care for older people. Because one-third of all persons receiving nursing care benefits in 1995 were married or lived with a partner (ibid, p. 417) – even though no data specifically relating to age is available (nor is any specific data on gender available), one can assume that older persons and older couples accounted for a large share of these.

At around 14 percent, the overall divorce rate in Austria in the early 1960s was at a very low level. It increased successively until it reached approximately thirty percent in the second half of the 1980s, after this climbing to its highest level of almost 50 percent in 2007 (Frauenbericht 2010, p. 47). Even if a large percentage of these divorces take place after only a few years of marriage, one in ten divorces which took place in 2008 were by couples who had been married for more than 25 years (ibid).

The living situations of older women change rapidly after they reach 70 years of age. While half of 70 to 74-year-olds still live in a partnership, this percentage among 75 to 79-year-olds declines to 35 percent, among 80 to 84-year-olds to about twenty percent and among persons 85 and older to around eight percent. At the same time, the percentage of women living in so-called institutional homes (especially rest homes and nursing homes) increase from around two percent among 70 to 74-year-olds to twenty percent among persons over 85 (Frauenbericht, 2010, p. 64).

Women who were legally entitled to a pension in 2007 have a mean gross annual income of EUR 11,000 (men have exactly double this amount); the amount for widow's pensions was slightly below this amount. At the same time, more than two-thirds of all supplemental compensation was paid out to women (ibid, p. 213, 216).<sup>15</sup> Because they did not work previously or only worked in poorly paid jobs, older women are frequently susceptible to poverty: one-fourth of women threatened by poverty are over 65 years old (ibid, p. 241).

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<sup>15</sup> The supplemental compensation is in de facto terms a needs-oriented minimum level of social security which is paid in addition to pensions if these are very low. The supplemental compensation rate, which sets out a "minimum cost of living" level for pensioners, was EUR 784 for single persons and EUR 1,175 for married persons in 2009.

### 3.3 What is missing?

In Austria, aid facilities for victims of violence and older women exist alongside each other – there are not any “combined” contact points. Given the fact that open-access services are especially important to older women, as these allow them to find contact persons and support for everything concerning them in one facility instead of being referred from one facility to another one, specific facilities are needed for older women who are victims of violence.

## IV

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### Data on IPVoW - an overview

Austria was one of the first European countries to introduce laws against domestic violence: the Act Protecting against Violence (*Gewaltschutzgesetz*) entered into force on 1 May 1997. Police data shows that more than 6,000 restraining orders were respectively issued against aggressors each year over the last few years. Thus far, however, there have not been any studies on prevalence in Austria – estimates assume that one in every five women is a victim of IPV in the course of her life – nor is there any national action plan against domestic violence. Violence against older women has scarcely received any public attention to date even though facilities for protection against violence in particular are aware of the problem.

In the following we provide an overview of Austrian studies on the topic of “intimate partner violence against older women” and attempt to analyse on what scale older women are affected by IPV based on various statistics from facilities for protection for victims of violence, emergency hotlines and the police and judiciary. We make use of published as well as online research and results to support our analysis.

#### 4.1 Research

Research on violence against older people in Austria has primarily been carried out by the sociologist Josef Hörl at the Institute for Sociology at the University of Vienna, partly in collaboration with additional researchers and scholars. A qualification study supervised by Hörl (see Riedl, 2003) was also produced at this institute. Charlotte Strümpel and Cornelia Hackl from the Austrian Red Cross have authored a current study. Within the framework of the project “Breaking the Taboo”, which was funded by the Daphne II programme and the Department for Women’s Affairs of the City of Vienna, the Austrian part of the research project was carried out by Anna Schopf and Barbara Kuss, both staff members of the research department of the Red Cross in Vienna.

Only two studies relating to Austria have been carried out within the framework of international networks (Hörl, 2002<sup>16</sup>; Kuss & Schopf, 2007). The empirical surveys were performed at the national level, concentrating in part on individual regions in Austria. In methodological terms, primarily questionnaires and interviews were used to collect data, with focus groups and group discussions also being used in scattered cases. Most of the empirical research involved surveys of experts, for instance from health facilities, counselling offices, centres for protection against violence, the police, geriatric facilities and family courts. Older people were only included in two studies; they were residents of day-care centres, rest homes and members of seniors clubs (Hörl, 2002; Riedl, 2003). The surveys on violence against older people were carried out in the years 2000 to 2008, i.e. the research was conducted in recent years.

There is not one single study which focuses exclusively on older women and intimate partner violence; IPV is treated as one form of violence among several. Although the research results which have been produced provide a general view on what forms of violence older people are subjected to and with what organisations they seek support, they nevertheless do not provide scarcely any findings on female victims of IPV. The following summary concentrates for the most part on research results relating to intimate partner violence, with additional insight only being included to the extent that it appears relevant to the subject at hand.

The quantitative and qualitative studies conducted to date have focused especially on the amount of violence and the types of violence older people are subjected to. Finally, measures have been recommended for the various actors in the field in almost each case.

#### 4.1.1

##### Quantitative assessments

As noted above, no prevalence studies on intimate partner violence against (older) women have been carried out in Austria. Nor have the research projects discussed in the following produced any precise data on the magnitude of IPV against older women, although in some cases quantified data is provided on which social facilities are confronted with the topic. In the study "Assault, Violence and Aggression against Older People" (Hörl, 2009), questionnaires were

<sup>16</sup> WHO/ INPEA (International Network for the Prevention of Elder Abuse): Missing Voices. Views of older persons on elder abuse. WHO/NMH/VIP 02.1, 2002. [http://www.who.int/ageing/projects/elder\\_abuse/missing\\_voices/en/index.html](http://www.who.int/ageing/projects/elder_abuse/missing_voices/en/index.html). The National Report for Austria was authored by Josef Hörl (with the support of Elisabeth Feldbaumer), Institute for Sociology at the University of Vienna. Cited in the following as Hörl, 2002.

sent to 560 organisations which could be expected to deal with problems of older people, with responses being received from 247 of the facilities. One-third of the clientele of these facilities consist of persons from the age group 60-79, with another one-tenth being 80 and over (ibid., pp. 14-16).<sup>17</sup> With regard to the average percentage of total Austrian population<sup>18</sup>, this means that the group over 60 was disproportionately represented, which would contradict the generally held view that older people seek outside help less often. The high percentage of clientele accounted for by this group is probably due to the fact that the types of facilities interviewed tend to address older age groups more as a result of their special profiles (for instance, social services, interest representation organisations, ombudsmen, social offices, social departments of local courts, the police or telephone crisis lines). Older people tend to approach facilities with an unspecified profile, whereas organisations focusing on violence or women are contacted less often. Hörl assumes that this is primarily due to the “young image” of these “newer” facilities (ibid., p. 17).

Older people approached these facilities responding in the survey with problems in their intimate private sphere (88.7%), problems with institutions such as homes and hospitals (77.3%), the public and the media (68.4%) and crime in public areas (59.5%). (ibid., p. 17) One-fourth of the facilities surveyed stated that they are confronted often or very often with complaints about the immediate social area, while 36% said that they were confronted sometimes and another 27% rarely confronted with such matters (ibid., p. 27).<sup>19</sup> In particular with regard to problems in the private sphere, the people affected appear to not contact the facilities themselves. Mostly it is family members or relatives followed by friends, acquaintances and neighbours who inform counselling facilities; the victims themselves are only in third place, according to the surveyed organisations. The facilities learned about conflicts in the immediate social environment least frequently from the police (ibid., pp. 30 f.).

The Austrian country report prepared within the framework of „Breaking the Taboo”<sup>20</sup>, which analyses the situation of people requiring nursing care, states that the facilities surveyed are rarely confronted with violence against older people. When this is the case, it is usually violence against women.

<sup>17</sup> All the statistics are estimates on the part of the responding facilities and institutions. Most of the organisations do not have any detailed documentation on their clients.

<sup>18</sup> Persons aged 60 and over accounted for 22.5% of the total population of Austria in 2008 (Statistik Austria, 2010).

<sup>19</sup> What types of problems exist in the intimate private sphere is addressed in the following. It can be stated here, however, that by the same token these problems do not necessarily or always involve family violence or intimate partner violence against older people.

<sup>20</sup> cf. Kuss & Schopf, 2007: The results of this study are based on 14 semi-structured interviews and 28 questionnaires; the data was also collected between July and September 2007. Three types of facilities were surveyed in the study: nursing-care facilities, counselling and intervention centres and training facilities for (home) care.

The large number of estimated unreported cases of violence against older people is held to be primarily a function of the context in which violence is committed. Victims want to protect their private sphere; like the aggressors, they play down or deny violent assaults against them. They mostly seek informal solutions to conflicts. (Hörl & Schimany, 2004, p. 198) As a result of the dearth of empirical surveys, the number of victims can only be roughly estimated. The authors conclude from various other studies that a maximum of 10% of older people are confronted with violence in the private sphere and immediate social environment, especially people requiring nursing care. Based on the development of age structures, social security systems and the expected decline in care provided by other family members, both authors draw pessimistic conclusions – namely, that in the care context those conditions which encourage violence will tend to become more common (*ibid.*, pp. 211 f.).

#### 4.1.2

#### Context, forms of violence and aggressors

The studies conducted by Josef Hörl show that older people are primarily confronted with violence in their private environment (family, neighbourhood and home care). The most frequent source of complaints involves financial exploitation, followed by insults and threats as well as neglect, alcoholism and other types of drug abuse by children, but older people also seek help as a result of social isolation, deliberate neglect and physical injuries (Hörl, 2009, p. 28). The aggressors are usually the (marital) spouse, children and children in law (*ibid.*, p. 31). An earlier study by Hörl and Spannring come to similar conclusions. Psychological violence and financial exploitation were found to predominate, whereas physical violence occurred less frequently and sexual violence was not even mentioned. Financial and material exploitation usually occurred when the aggressor was an alcoholic, addicted to drugs or unemployed.<sup>21</sup>

Older people themselves – surveyed in two studies – appear to be reluctant to admit experiences with violence in old age. According to the WHO/ INPEA study (2002), the participants in the discussion group<sup>22</sup> never experienced violence themselves, although – and this appears to be somewhat contradictory – they

<sup>21</sup> Experts from various areas were also surveyed for this study (e.g. police, health and nursing-care services, geriatric day-care centres). The experts primarily worked in the region of Vienna.

<sup>22</sup> A total of 45 persons (69% female, 31% male) with an average age of 72 took part in the group discussions. The majority of the participants were living alone (64%). They were living in urban and rural areas (except for Vienna and Lower Austria). Persons with higher levels of education were disproportionately represented and in part these groups were “real groups”, i.e. groups which had already formed outside the research context.



make reference to the continuity of violence among older pairs. The study by Elisabeth Riedel (2003) seeks to explore the degree of victimisation of older people. To this end she surveyed the residents of three rest homes and visitors at three geriatric day-care centres in Graz (Styria) and in the city of Salzburg as well as members of three sections of the Senior Citizens Association (Seniorenbund). A total of 92 persons aged 60 and over filled in the questionnaire.<sup>23</sup> Almost half of the persons surveyed (43%) stated that they had experienced violence in the public sphere, 25 (30%) stated that they had been victims of violence in the private sphere. One-fourth of the latter were injured in several ways, while another 3% were threatened with beating. Physical or sexual violence or financial exploitation were not mentioned. Some of the persons surveyed complained about different forms of neglect and social exclusion: threats that they would be put in a rest home or be legally incapacitated, that social contacts would be reduced, that they would be locked up in a room or apartment, forced to take medication or refused medication, food or aid were described as violent acts. According to the statistics in the questionnaires, 25% of the aggressors were the partners, 18% sons and another 18% daughters.<sup>24</sup>

The studies repeatedly make special reference to the context of care or the need of victims and aggressors for nursing care. 80% of persons requiring nursing care were cared for at home. This means that violence against this group primarily took place in the private context. For professional care-providers – who come from outside and are generally only in direct contact with the patients for a few hours – violence is often difficult to identify. They often have nothing else to go on other than suspicion. Moreover, aggressors and victims are often in poor (mental) health, which makes it even more complicated and difficult to end the violent relationship. According to Kuss and Schopf (2007, pp. 20 ff.), the latitude for organisations is greatly restricted by the physical condition of victims. The staff members of health and social facilities are confronted with all kinds of violence with respect to older women: emotional abuse, financial exploitation and neglect, whereby abuse and neglect were said to be the most frequent forms which occur (ibid., p. 35). The options for professional care-providers in the nursing and health-care area are often very limited, not least by the aspects stated above. Intervention for this reason often only takes place in cases of physical violence (ibid., pp. 36 f.). Moreover, the usual mode of procedure in the case of domestic violence against younger women was said to not

<sup>23</sup> 30% of the respondents were from the age group 60-69, 40% from the age group 70-79, and 30% were 80 and over. The majority were female (85%) and widowed. 31% were still living with partners and 7% in a rest home. Prior to retirement, 60% of the persons surveyed worked as civil servants or salaried employees, 22% were wage employees and 5% had never worked.

<sup>24</sup> Only twelve out of 25 persons provided information on the aggressor.

work with older people. In cases of aggravated violence, for example, the victim is often brought to a rest home/senior citizens home, which means that the victims – and not the aggressors – leave the dwelling (ibid., p. 21).

The studies come up with diverging conclusions with regard to the impact of nursing care benefits: while Hörl and Spannring (2001) believe that benefits have a calming effect and only criticise that the care level for people suffering from dementia is set too low, Hörl (2002) points out that the nursing care benefits pledged to people requiring nursing care sometimes contribute to exploitation and neglect if no services are purchased from outside with the benefits.

The causes underlying the exercise of violence are viewed to be physical inferiority or frailty of older people, their being overwhelmed by care, feelings of guilt and greed. Experts moreover draw attention to structural deficits which violence can also bring about.<sup>25</sup> Hörl and Schimany (2004, pp. 200 f.) emphasise that the potential for violence tends to increase with the degree of financial and emotional dependence of the aggressor on the victim. Thus, three constellations of relationships 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 dementia. The main reasons for violence taking place in the context of nursing care is that the victims are overwhelmed, excessively high expectations towards care-providers, the lack of social networks and insufficient outside support in the provision of care (see also Hörl, 2005).

### 4.1.3 Recommendations

Based on the results of studies showing that in particular people requiring nursing care are exposed to violence, the authors above all make recommendations for the areas of nursing-care and health-care services. Hence, the recommendations concentrate on people requiring care and (professional) care-providers. Hörl (2005, pp. 122 f.) recommends a 3-stage plan to prevent violence: in the first stage, family members providing nursing care should be prepared before they begin the task and be offered continuous advice during the care. Hörl considers the second important step to be the empowerment of care-providers through specific courses and/or self-help groups. Support by day-care centres or a temporary stay in a rest home are proposed as the third stage of measures. Hörl and Spannring (2001) believe that it is extremely difficult to counteract

<sup>25</sup> Hörl, 2002; Kuss & Schopf, 2007, pp. 37-39.

violence in the private sphere, as the people affected rarely seek help themselves. They also recommend advice and seminars for family members providing care, but emphasise that such programmes should avoid using the term violence in connection with care. This, they state, would only have a deterring effect. They also call for greater public interest in problems relating to care and support. Furthermore, emergency hotlines and visiting services, they contend, could provide an effective possibility for invention.

With regard to professional care and support, it is recommended that more attention be devoted to violence against older people in studies programmes for medical and nursing training. In particular, nursing care staff require greater support (e.g. coaching) and information (Kuss & Schopf, 2007, pp. 55 ff.; see also Hörl, 2009, p. 45). Kuss and Schopf furthermore stress that guidelines are needed for adequate assessment of whether and when violence is present. This would moreover furnish a basis for a common understanding of violence and provide the individual actors more security in their actions. The guidelines should also contain instructions on how to act in cases involving violence.<sup>26</sup>

## 4.2 Law enforcement

The only data source which has been published is the annual security report of the Federal government.<sup>27</sup> It contains the "report on crime" by the Federal Minister of the Interior, which looks at the aggressor-victim relationship for certain types of offences (e.g. murder, assault and battery, menacing threats, rape).<sup>28</sup> There are six categories: family relationship in the household; family relationship outside the household; the persons are acquainted; random acquaintances; no relationship; relationship unknown. Thus, the categorisation does not allow any conclusions to be drawn as to whether the suspects are spouses/partners, children or other family members/persons living within or outside the family unit. Moreover, the data is not broken down according to age and/or gender.

Although no statements can be ventured on the relationship with the person suspected of committing the violence, Table IV-1 shows that women 65 and over in some cases account for a large share of victims of violent crimes such as murder and assault and battery with long-term effects.

<sup>26</sup> Kuss & Schopf, 2007, p. 59. This recommendation has been implemented in the meantime. Cf. brochures in connection with "Breaking the Taboo. Gewalt gegen ältere Frauen in der Familie: Erkennen und Handeln".

<sup>27</sup> Security Report 2008. Report by the Federal Government on internal security in Austria. This annual publication is composed of reports by the Federal Ministry for the Interior and the Federal Ministry of Justice. The last published Security Report is for 2008.

<sup>28</sup> This refers to filed charges and not legally valid sentences.

Another statistic contained in the 2008 Security Report aggregates the various groups of crimes, listing the portion of female victims of violent criminal acts aged 65 and over at one percent, of criminal acts against freedom at 1.7 percent and criminal acts against sexual integrity and self-determination at 0.7 percent. In contrast to the report of the Ministry of the Interior, statistics of the judiciary do not provide any data on gender or aspects of relationships.

**Table IV-1: Age structure of victims (criminal charges) (2008)**

	65 and over		Total "65 and over"	Total women	Women "65 and over" as a percentage of total women
	M	F			
§ 75 – Murder	6	5	11	38	13.2
§ 83 – Assault and battery	342	321	663	10,870	3.0
§ 84 – Aggravated assault	36	23	59	500	4.6
§ 87 – Wilful aggravated assault	2	1	3	38	2.6
§ 92 – Torment or neglect of underage young or defenceless people – misdemeanours	7	8	15	92	8.7
§ 92 – Torment or neglect of underage young or defenceless people – criminal offences	-	1	1	7	14.3
§ 99 – Deprivation of liberty – misdemeanours	3	5	8	270	1.9
§ 105 – Sexual assault	26	31	57	1,018	3.1
§ 106 – Aggravated sexual assault	10	20	30	889	2.3
§ 107 – Menacing threats	268	204	472	5,635	3.6
§ 201 – Rape	-	4	4	568	0.7
§ 202 – Sexual assault	-	5	5	232	2.2
§ 205 – Sexual abuse of a defenceless or mentally impaired person	2	2	4	111	1.8

Source: Kriminalitätsbericht 2008, B23, and the authors' own calculations

### 4.3 Facilities for the protection of victims

Facilities for the protection of victims include specialised programmes for victims of family violence or for women as victims of male-perpetrated violence, but also facilities which address victims of violence in general. The statistics available (published in the reports on activities and on the websites of facilities) are presented in the following in a manner which offers insight into aspects of interest to the study, data availability and its characteristics.

Published data is only available from the Centres for Protection against Violence and the Umbrella Association of Autonomous Austrian Shelters for Women. With only a few exceptions, no data is published from the national women's helplines

against male-perpetrated violence. Weisser Ring (Aid for Victims of Crimes) does not publish any detailed data on victims of domestic violence, either. In its reports on its activities, it merely notes that it works together with other organisations in cases involving domestic violence and victims of sexual crimes.<sup>29</sup>

#### 4.3.1

#### Centres for Protection against Violence<sup>30</sup>

##### *Data availability and characteristics*

The data from Centres for Protection against Violence does not provide much insight into intimate partner violence against women, either. The annual reports on activities furnish information on the age of their clientele, the gender of potential aggressors and victims, the relationship with the aggressor, etc., but the data is not correlated. Moreover, the type of statistics kept varies greatly. The statistics from the Intervention Centre in Vienna, for example, relate solely to new cases in the year under report, while other facilities also include clients carried over from the previous year. The scope of data published also varies greatly – as the following tables show. In some cases the individual Centres for Protection against Violence use different categories, while in other cases the categories are even changed within a facility (see below). The value and comparability of the data is thus rather limited. The following tables exclusively provide statistics from those Centres for Protection against Violence which publish detailed data in their reports on their activities.<sup>31</sup>

In principle, aggregate data is available on victims and aggressors. The Centres for Protection against Violence are each responsible for one respective Federal state, but their clientele often come from a far greater geographical area. The age categories used are usually only uniform beginning with age 20<sup>32</sup> and the age cohorts are broken down into ten-year categories ending at 60, after which

<sup>29</sup> Weisse Ring is also commissioned to operate the victim helpline by the Federal Ministry of Justice. There is probably data available, but it is not accessible.

<sup>30</sup> Originally they were called Intervention Centre by the facilities for the protection of victims established under the Act Protecting against Violence (*Gewaltschutzgesetz*), but over the last few years a majority of the facilities have changed their names to "Centres for Protection against Violence".

<sup>31</sup> The following sources have been used for the statistical overview:

GSZ NÖ (Lower Austria Centre for Protection Against Violence): Statistics on 2006 and 2007; Reports on Activities 2008 and 2009.

GSZ OÖ (Upper Austria Centre for Protection Against Violence): Reports on Activities 2006 – 2009.

GSZ Salzburg (Salzburg Centre for Protection Against Violence): Reports on Activities 2006 – 2009.

IST Wien (Intervention Centre Vienna): Report on Activities 2007 und 2009.

<sup>32</sup> With the exception of Intervention Centre in Vienna, which carried out the following age breakdown in the 2007 Report on Activities: up to 10/ 11 – 14/ 15 – 18/ 19 – 21/ 22 – 30/ .../ 61 – 70/ over 71.

there is no more break-down. As a result of the questionnaire survey for this study, all the Centres for Protection against Violence have now decided to introduce a break-down into additional age cohorts for persons over 60.

The reports on the activities of these facilities are not uniform with regard to the categories of violence, either. Solely the Salzburg Centre for Protection against Violence breaks down its clients' experience with violence into categories: sexual violence, death threats, sexual assault, stalking (such as spying, monitoring and telephone harassment) or, since 1 July 2006, stalking (by strangers or following the end of a relationship); material damage/theft; locking people in or out; strangling; physical violence; breach of domestic peace; injuries rendered with weapons/objects; threats with weapons/knives; burns.

The categories used for the victim-aggressor relationship is relatively uniform. Usually (former) husbands and (former) partners are listed separately.<sup>33</sup> In some cases, the relationship "friend/ acquaintance" or "ex-friend" is listed.

No detailed presentation of the criminal law proceedings and outcomes of cases is provided in the following because the data is not recorded in a uniform manner by the facilities. The Intervention Centre in Vienna, for example, solely lists criminal charges and other measures in connection with police intervention (orders and restraining orders). The statistics from the Lower Austrian Centre for Protection against Violence relating to criminal charges are based on information from the police and with respect to the outcome of criminal procedures on information from the victims; data on criminal procedures is only available when legal support is provided. The Upper Austrian Centre for Protection against Violence, on the other hand, solely publishes the number of criminal procedures in terms of orders and restraining orders.

#### *The most important results of the analysis of data*

The overwhelming majority of the clientele of the Centres for Protection against Violence are women (accounting for between 88 and 96 percent). The portion of people over 60 varies between five and almost ten percent, although in the last few years the percentage of older women in the four facilities studied has declined (table IV-2).

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<sup>33</sup> The Centre for Protection Against Violence in Salzburg only continues to distinguish between "family violence (aggressor male)", "family violence (aggressor female)", "violence in the intimate social environment", "no violence in the private sphere" and "unknown".

With regard to the gender of the aggressors, the situation is exactly the opposite: in around 95% of the cases, the aggressor is a male, whereby, as can be seen in Table IV-3, the perpetrators are usually husbands, partners and ex-partners.<sup>34</sup> The statistics available do not provide any information on the degree to which older clients (over 60) are affected by intimate partner violence. The portion accounted for by the 60-and-over age cohort is for the most part similarly high among victims and aggressors. It can therefore be assumed that the partner is often the person committing violence with respect to older victims of violence as well.

It is much more rare that male (and female) victims of violence are menaced by female partners. The Intervention Centre in Vienna states that the portion of (former) female partners in relationships is 41 and 44 percent, respectively, for 2007 and 2009 – this means that the male victims who are cared for experience violence much more often at the hands of persons other than their intimate partners (see. Table IV-4).<sup>35</sup>

A majority of the clients, i.e. around two-thirds, are referred to the Centres for Protection against Violence by the police in line with the profile of tasks performed by the facilities (Table IV-5), while other victims of violence are referred to them by other institutions/ counselling facilities or come on their own volition.

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<sup>34</sup> A more accurate statistical picture of relationships between victims and perpetrators would be attained if only the number of male aggressors was used to calculate the percentage of (former) intimate partners committing violence. In this case the percentage would be higher yet (see in Table IV-3 the data for the Centre for Protection against Violence in Lower Austria for 2006 and the data for Vienna).

<sup>35</sup> No data on this is available for the other Centres for Protection against Violence.

**Table IV-2: Number of clients according to gender and age (selected Intervention Centres (IST)/ Centres for Protection against Violence (GSZ))**

IST / GSZ	Number of clients					Aged over 60	
	F	%	M	%	total	Number of clients	As a percentage of total clients
<b>The Centre for Protection against Violence in Lower Austria</b>							
2009	1,243	91.33%	118	8.67%	1,361	74	5.4%
2008	1,255	92.28%	105	7.72%	1,360	71	5.2%
2007	1,087	95.6%	50	4.4%	1,137	59	5.2%
2006	864	95.2%	44	4.8%	908	87	9.6%
<b>The Centre for Protection against Violence in Upper Austria</b>							
2009 <sup>36</sup>	1,396	89.09%	171	10.91%	1,567	77	4.91%
2008	1,313	88.24%	175	11.76%	1,488	79	5.31%
2007	1,138	90.89%	114	9.11%	1,252	68	5.43%
2006	981	91.94%	86	8.06%	1,067	96	9.00%
<b>The Centre for Protection against Violence in Salzburg</b>							
2009	1,038	91.45%	97	8.55%	1,135	-	-
2008	917	91.88%	81	8.12%	998	57	5.71%
2007	805	95.83%	35	4.17%	840	53	6.31%
2006	776	94.87%	42	5.13%	818	64	7.82%
<b>The Intervention Centre in Vienna</b>							
2009	3,808	90.10%	418	9.90%	4,226	163 <sup>37</sup>	4.00%
2007	3,464	89.90%	388	10.1%	3,852	186 <sup>38</sup>	4.83%

<sup>36</sup> The number of female and male victims in 2008 and 2009 was calculated on basis of the percentages provided in the Reports on the Activities of the Upper Austrian Centre for Protection against Violence.

<sup>37</sup> The age was only known for 4,040 victims.

<sup>38</sup> Of this, 120 persons between 61 and 70 and 66 persons over 71.



**Table IV-3: Types of relationships: aggressors male – victims female**

	The Centre for Protection against Violence in Lower Austria				The Centre for Protection against Violence in Upper Austria				The Intervention Centre in Vienna	
	2009 (N=1,371)	2008 (N=1,373)	2007 (N=1,137)	2006 (N=860)*	2009 (N=1,510)	2008 (N=1,510)	2007 (N=1,253)	2006 (N=1,067)	2009 (N=3,390)	2007 (N=3,271)**
Husband	38.58%	42.32%	44.24%	53%	33.75%	33.84%	37.19%	41.42%	37.60%	38.28%
Ex-husband	4.30%	4.66%	5.28%	7%	4.60%	4.44%	5.03%	5.90%	6.90%	6.05%
Partner	14.88%	13.91%	16.89%	18%	14.29%	15.56%	15.32%	16.59%	18.80%	18.74%
Ex-partner	4.60%	4.66%	6.86%	7%	11.46%	11.46%	11.25%	10.40%	9.70%	9.57%
Boyfriend/acquaintance	1.46%	4.23%	3.79%	3%	5.86%	4.44%	3.43%	4.69%	5.60%	6.05%
Ex-boyfriend	2.17%	2.40%	-	2%	-	-	-	-	-	6.63%
<b>Total</b>	<b>65.99%</b>	<b>72.18%</b>	<b>77.06%</b>	<b>80%</b>	<b>69.96%</b>	<b>69.74%</b>	<b>71.98%</b>	<b>79.0%</b>	<b>78.60%</b>	<b>85.32%</b>

\* N refers solely to male perpetrators

\*\* 3,271 aggressors/ 3,271 female victims

**Table IV-4: Types of relationships: aggressors female – victims male**

	The Intervention Centre in Vienna	
	2009 (N=330)	2007 (N=339)*
Former wife	19.70%	16.22%
Ex-wife	1.80%	2.95%
Partner	11.80%	10.91%
Ex-partner	3.30%	3.54%
Girlfriend	2.40%	2.06%
Ex-girlfriend	5.50%	5.31%
Total	44.50%	40.99%

**Table IV-5: Access to Intervention Centre/ Centres for Protection against Violence**

	The Centre for Protection against Violence in Lower Austria *				The Centre for Protection against Violence in Upper Austria				The Intervention Centre in Vienna	
	2009 (N=1,361)	2008 (N=1,360)	2007 (N=1,137)	2006 (N=860)	2009 (N=1,567)	2008 (N=1,488)	2007 (N=1,252)	2006 (N=1,067)	2009 (N=5,798)**	2007 (N=5,758)**
Police/ according to court orders, restraining orders	55.55%	59.63%	68.99%	66.30%	60.63%	64.92%	66.69%	62.70%	64.56%	62.83%
Other institutions/ counselling facilities	15.72%	9.49%	8.11%	10.20%	15.06%	15.73%	14.78%	18.74%	8.33%	4.12%
Clients' own initiative			6.34%	11.70%	8.42%	8.94%	8.55%	10.12%		
Assignments from previous years/ continued support	28.73% <sup>39</sup>	30.88%	16.56%	11.80%	15.19%	10.22%	9.90%	8.43%	27.11%	33.05%

\* Different categories are used for the access modes. \*\* The following differentiations are used in the statistics: clients are referred through notices from the police; clients with other assignments; persons who have been referred by the police in previous years and were still being assisted or were receiving assistance again in 2007.

<sup>39</sup> This number includes persons who came to the Centre for Protection against Violence on their own volition. This also goes for 2008.

### 4.3.2

#### Autonomous Austrian Shelters for Women

The umbrella association Autonomous Austrian Shelters For Women (AÖF) represents a total of 28 shelters for women in Austria.

##### *Data availability and characteristics<sup>40</sup>*

Aggregate data on victims and aggressors is available for Austria as a whole. The statistics from 2008 and 2007 relate to data from 26 shelters for women, while the statistics for 2006 are for 25 shelters for women.

Uniform age categories are used for the period under examination: 20 years of age and younger/21 to 30/31 to 40/ ... /61 and over. No data is available on forms of violence. With regard to the relationship between aggressors and victims, different categories are used in some cases in the individual years under report. "Traffickers in women/ pimps" only constituted a category all its own in 2006, for example. A distinction was still made between husbands and ex-husbands in the same year, while partners and former partners were lumped together. Since then, former husbands and partners have been subsumed together under the category "ex-partners". No information is available on law enforcement.

##### *The most important results produced by the analysis of data*

1,600 women with their children were provided lodging in shelters for women in 2008 (a total of 3,220 persons). In 2007 the figure was 1,641 women and 1,549 children (a total of 3,190), while in 2006 there were 1,599 women and 1,544 children (a total of 3,143 persons).

In all four years under scrutiny, two-thirds of the women seeking shelter were between 21 and 40 years of age and only two percent were over 60. The Association for Autonomous Austrian Shelters for Women notes that this does not mean that the older cohorts of women are exposed to less violence. It is, rather, merely the case that it is more difficult for older women to separate from violent partners.<sup>41</sup> Various studies (see Hörl, 2009; Schopf & Kuss, 2007) underscore that the low number of women over 60 in the shelters for women could more-

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<sup>40</sup> The data listed in the following comes from statistics published by the Association for Autonomous Austrian Shelters for Women (Verein Autonome Österreichische Frauenhäuser - AÖF) for the years 2006 – 2009. URL: <http://www.aeof.at/material/index.htm>

<sup>41</sup> See AÖF – Verein Autonome Österreichische Frauenhäuser: Statistics of the Autonomous Austrian Women's Shelters 2006, p.3.

over be due to the fact that these women do not want to stay there and for this reason tend to be placed more often in geriatric and other care institutions.

87 percent of the perpetrators of violence in all four years in the study were husbands, partners or ex-partners of women (table IV-6).

**Table IV-6: Aggressors**

	2009 (N=1,599)	2008 (N=1,600)	2007 (N=1,641)	2006 (N=1,599)
Husband	60%	58%	60%	58%
Partner <sup>42</sup>	21%	23%	23%	26%
Ex-partner <sup>43</sup>	7%	6%	4%	3%
Other	12%	12%	12%	12%
No data	1%	1%	1%	1%

Women learned about the existence of shelters for women from a very wide variety of sources, whereby the most frequent sources were acquaintances/ relatives and the police. Furthermore, around one-sixth of women were already familiar with the shelter for women from previous stays there (table IV-7).

**Table IV-7: Access of women to shelters for women**

	2009 (N=1,596)	2008 (N=1,600)	2007 (N=1,641)	2006 (N=1,599)
Acquaintances/ relatives	17%	17%	16%	17%
Was already in a shelter for women	16%	16%	17%	16%
Police	13%	14%	13%	14%
Facilities for women	10%	9%	10%	10%
Agency for Young People and Families	8%	9%	8%	8%
Intervention Centres	7%	5%	6%	6%
Physicians/ hospitals	6%	5%	4%	4%
Media	3%	4%	3%	3%
Internet	2%	2%	2%	1%
Other <sup>44</sup>	3%	3%	16%	4%
No data available	2%	3%	5%	4%

Somewhat fewer than 60 percent of the residents of shelters for women have Austrian citizenship or citizenship affording similar status, while over 40 percent come from other countries (table IV-8).

<sup>42</sup> 2006 also includes former partners here.

<sup>43</sup> 2006 this category exclusively covers ex-husbands.

<sup>44</sup> The categories "other" (4%) and "other institutions" (12%) are put together in 2007 here.

**Table IV-8: Nationality of women**

	2009 (N=1,598)	2008 (N=1,600)	2007 (N=1,641)	2006 (N=1,599)
<b>Austria</b>	44%	44%	46%	49%
<b>EU countries</b>	15%	13%	12%	8%
<b>Outside the EU</b>	41%	43%	42%	43%

### 4.3.3

#### Helplines for women

Statistics made available online by the *Helpline for Women against Male Violence* and two out of five *Autonomous Women’s Emergency Helplines* in Austria were examined.<sup>45</sup> The former operate at the national level, while the latter are to be found in the Federal states of Upper Austria, Salzburg, Styria, Tyrol and Vienna.

The statistics from the helplines only cover the age of the callers or persons who are being provided counselling, but there is no correlation between age and the focus of the counselling/ reason for the call. 1.5% of all callers at the Helpline for Women against Male Violence<sup>46</sup> (this was not broken down by gender) were over 60 years of age. At the autonomous women’s hotline TARA (Styria) there were no women over 60 under counselling between 2005 and 2009. The Autonomous Women’s Centre in Linz (Upper Austria) estimates that seven percent of the persons receiving counselling in 2007 and 2008 were over 60.

The two latter facilities also provide information on topical focuses of counselling, but do not place this in relation to age; they moreover use different categories. The Women’s Centre in Upper Austria distinguishes between the two areas of concentration “violence/ sexual violence” and “divorce, separation, problems in the relationship”, while TARA distinguishes between stalking, sexual harassment, rape, current sexual abuse and sexual abuse during childhood.

<sup>45</sup> The websites of the Autonomous Women’s Helpline in Tyrol “*Frauen gegen VerGEWALTigung*” (Women against Rape) and the Women’s Helpline in Salzburg are currently being revised; for this reason, no statistics were available here, either. The Helpline Counselling for Raped Women and Girls (Vienna) does not make any data available for downloading on its website.

<sup>46</sup> A total of 76 percent of calls came from women and girls and 24 percent from men and male adolescents (AÖF – Association of Autonomous Austrian Women’s Shelters 2008, p. 19).

## 4.4

### What data is needed in the future?

There has not been one single study on intimate partner violence against older women in Austria to date. The research work performed has concentrated on violence against older people, with solely the project "Breaking the Taboo" focussing on violence against older women.<sup>47</sup> One frequently encountered emphasis with respect to violence is the context of nursing care or need for nursing care. Studies come to the conclusion that older people are exposed to many forms of violence. The most common ones mentioned are physical and emotional abuse, neglect and financial exploitation.

The studies furthermore underscore that older people usually only obtain access to facilities offering them support through third parties. In this context, it should be noted that there is a need for a pro-active approach to protection of victims and aid facilities.

The scale of the problem is approached *inter alia* – in lieu of prevalence studies – by surveying the number of clients in the various facilities. For this reason, most of the data we have is very soft and constitutes approximate levels. The data from the facilities for protection against violence and shelters for women tend to provide the most meaningful data: between five and ten percent of female clients at centres for protection against violence in the years 2006-2009 were 60 and over; this age group accounted for two percent at shelters for women. The few studies which survey older people themselves about their experience with violence do not allow any conclusions to be drawn on magnitude or scale.

Researchers attribute the causes of intimate partner violence and the silence on the topic above all to the social isolation of the victims, the often long years of emotional ties between the victim and aggressor (often including long years of violent relationships), material dependence and the shame of the victims, to name only a few. Alcohol and drug abuse are also mentioned in this context.

Moreover there is the problem that the few studies and statistics in part use different categories (e.g. for age groups or aggressors), are limited to one re-

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<sup>47</sup> The follow-up project "Breaking the Taboo Two" (European project coordination: Charlotte Strümpel and Cornelia Hackl) builds on the findings from the first study. Together with facilities in the health-care and social system, guidelines on dealing with violence are drafted and trained staff members are appointed to act as contacts for assistance and care staff. Moreover, cooperation is to be intensified with facilities for the protection of victims, health-care and social services. (cf. [http://www.uke.de/institute/medizin-soziologie/index\\_62774.php](http://www.uke.de/institute/medizin-soziologie/index_62774.php); access on 23 July 2010)

gion or are of an exploratory nature, do not differentiate or look for correlations for instance between the gender or relationship with the aggressor. Such surveys or statistical estimates are essential in order to gain a precise understanding of the scale of the problem and to be able to take targeted steps. In particular, there is a need for the following:

- Prevalence studies<sup>48</sup>,
- Qualitative and quantitative studies on the situation of victims,
- Statistics on all relevant areas which are broken down as precisely as possible (e.g. into age groups, the aggressor-victim relationship and the gender of aggressors and victims).

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<sup>48</sup> The empirical surveys for an Austrian prevalence study are to be carried out in the summer of 2010 upon the commission of the Ministry for Family Affairs.

## V

## Surveys of institutions

After evaluating the existing data for Austria, a questionnaire survey was carried out with institutions of relevance to the topic as the first original study step in the autumn of 2009.

### 5.1

#### Characteristics of the random sample

With the survey of institutions which are potentially involved with victims of intimate partner violence in their daily work, we were first of all interested in obtaining an impression of the degree and forms of violence as well as the number of persons assisted in these institutions. Secondly, we wanted to explore the experience of organizations and their assessment of the topic.

Two questionnaires were developed for the survey: a comprehensive version and a shorter one.<sup>49</sup> The short version was in particular conceived for institutions which have thus far devoted little attention to, or have scarcely had any contact with, victims of violence.

#### 5.1.1

##### Selection, mailing & response rate

In selecting the institutions which were to be surveyed by means of questionnaires, we were oriented towards the criteria developed in the project while taking specific Austrian features into account. Organisations working at the national and regional levels were included. For the national sample we selected organisations which first of all concentrate on the topic of violence in their work or which are specialised in older people and which secondly operate at the national level or have a network offering blanket coverage of the population. Questionnaires were finally sent out to the following organisations: women's shelters, centres for protection against violence, nationally operating hotlines for violence, social issues and problems of older people, counselling offices for victims of violence in general, women and family counselling centres and organisations offering assistance to older people (e.g. day-care centres, domestic aid) or which classify nursing care requirements. The regional survey primarily focused on medical

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<sup>49</sup> The long version (LV) contains 37 questions, the short version (SV) 13.



care facilities (physicians; hospitals), police and judiciary as well as local facilities for older people (rest homes, day-care centres; senior citizens' clubs), but also on self-help organizations, counselling offices for family, women and migrants as well as for priests and chaplains (only in Zell am See).

Questionnaires were sent to a total of 621 institutions (primarily) by e-mail and regular mail (see Table V-1). In order to boost the targeting precision, we contacted all the organisations in advance by telephone and found out who the contacts in charge were while at the same time presenting the study. It was determined whether the long or short version of the questionnaire should be sent. Organisations which already stated in the telephone call that they did not have any older clients who were victims of partner violence received the short version, as did clients who could only be motivated to take part in the survey by sending them the short version. The questionnaires were sent out between the beginning of September and November 2009. If no questionnaire were returned after about four weeks, we contacted the organisation by telephone once again.

In spite of the considerable effort involved both before the questionnaires were sent out as well as with the reminder, the response rate was very low. In sum total, 111 or 17.9% of the institutions contacted returned the questionnaire (short and long version)<sup>50</sup> (see Table V-1). The response at the national level was greatest at 26.2% and in the district of Zell am See was lowest at 5.4%. The reason for the low level of response was probably the considerable amount of time required to answer the long questionnaire. Moreover, some organisations did not want to make any estimates: they felt that such an approach would be unfair, but for an exact survey of data there was not enough time or there was not adequate documentation of cases required. The extremely low response rate in Zell am See is primarily due to the fact that none of the 142 police officers contacted – in spite of the questionnaires being sent to all of the staff through the offices in charge of the district – returned a questionnaire. In the Vienna sample the lack of participation by social workers at Viennese hospitals explains the low response rate (only one out of 64 social workers returned the questionnaire).

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<sup>50</sup> 62 long versions and 49 short questionnaires were returned.

**Table V-1: response rate**

<b>Sample</b>	Questionnaires sent out (n)	Responses (n)	Responses in %
National level	225	59	26.2%
Region 1: Vienna	210	42	20.0%
Region 2: Zell am See (district)	186	10	5.4%
Total	621	111	17.9%

### 5.1.2

#### Responding institutions

In question 20 (long version) or question 8 (short version)<sup>51</sup> we requested the institution classify itself in the category which applied most closely to the organisation (see Table V-2). The majority of institutions (more than one-fourth) are NGOs which offer social services – including above all counselling offices for women and families as well as psycho-social facilities. An additional one-fourth are involved in law enforcement in the broadest sense: besides the Viennese police and the public prosecutor, the questionnaire was also answered by institutions working in the area of out-of-court offence resolution. Approximately one-fifth of the institutions surveyed stated that they concentrated on (domestic) violence. These were for the most part centres for protection against violence, women’s shelters and other facilities for the protection of victims (e.g. helplines).

**Table V-2: responding institutions according to type of organisation (multiple answers possible) (n=111)**

<b>Type of organisation</b>	Responses	
	N	valid %
Social services (NGOs)	30	27.3%
Law enforcement	26	23.6%
Institutions for (domestic) violence	24	21.8%
Institutions in the health-care system	13	11.8%
Services for older people	9	8.2%
Social services (government)	6	5.5%
Other	2	1.8%
No information	1	
Total	111	100.0%

<sup>51</sup> See questionnaire in the annex.

In topical terms, the institutions are focused on violence in the family – two-thirds of all respondents stated this as their area of concentration. Almost half of the institutions deal with violence against women/ girls, somewhat less often the institutions stated that their main area of concern was psycho-social problems of women and sexual violence (see Table V-3).<sup>52</sup> This means that the majority of organisations work in the area of violence against women; the respondents thus have a high level of expertise in the broader topic of our study. Six institutions mentioned under the category of “other” that they work in the area of assistance for senior citizens, domestic aid and home nursing care. Counselling and support in problems with partners and divorce are also frequently mentioned.

**Table V-3: Focal point of the institutions (multiple answers possible) (n=60)**

	Responses		Percentage of cases
	N	percent	
Domestic violence/ violence in the family and partnerships	40	20.5%	66.7%
Violence against women/ girls	29	14.9%	48.3%
Psycho-social problems of women	27	13.8%	45.0%
Sexual violence	25	12.8%	41.7%
Violence against children	19	9.7%	31.7%
Violence in general	19	9.7%	31.7%
Crime in general	10	5.1%	16.7%
Other	26	13.3%	43.3%
Total	195	100.0%	325.0%

Intimate partner violence against older women is part of the agenda for one-third of the institutions (that is, 18 out of 54)<sup>53</sup>; older women are in addition an explicit target group at almost 30% of the institutions.<sup>54</sup> 13 out of 18 institutions which especially focus on women explained this in more detail. Five organisations stated that they were members of the working group established in the City of Vienna for a 24-hour helpline, whose members include institutions from the psycho-social and health areas as well as the Viennese police. The objective of this working group is to improve cooperation between various institutions in cases involving domestic violence against older women. Another institution is

<sup>52</sup> This question was only asked in the long version of the questionnaire (question 21) and was answered by 60 out of 62 institutions.

<sup>53</sup> Question 22 (“Is intimate partner violence against older women one of the topics which is currently on your agenda / the agenda of your institution?”) was only posed in the long version of the questionnaire. 54 out of 62 institutions answered the question.

<sup>54</sup> As can be inferred from the notes to question 24 („Are older women expressly a target group of your institution?”), this question was probably interpreted in different ways. Both those institutions for which older women are expressly a target group as well as those which answered this question in the negative argued that their services are offered to all age groups, that they did not have any age limits or that all adults were provided assistance. The figures are therefore not meaningful.

involved with this topic as a result of its membership in the “Platform against Violence in the Family – Age and Violence”. Some organizations place this on their agenda, as they are increasingly confronted with older victims of violence and can help these more efficiently. Additional institutions justify their area of concentration by stating that they seek to facilitate access of this age group to existing facilities.

Only four institutions stated that they have developed special services for older female victims of IPV, namely women who go to shelters and hospitals; assistance by older staff members who if possible have experience working with older people; and networking with age-specific institutions.<sup>55</sup>

Those organisations which do not have IPV against older women as an area of their work (two-thirds of the institutions surveyed) state that this is primarily due to the fact that there is no need for this or the number of cases is too small and that the institution believes that there is a greater need for action with other topics or target groups. It is frequently mentioned that no specification according to age or intimate partner violence is performed. Usually individual solutions are sought which are tailored to the needs of the victim.

Institutions receive access to older female victims of violence primarily through public-relations work, word of mouth and referrals from other institutions (e.g. from the court, the home nursing care network, Social Funds of Vienna and associations working in the field).

Almost half of all questionnaires were returned by institutions located in Vienna, with another 12% coming from the *Land* of Salzburg. Very few questionnaires were received from Burgenland, Carinthia or Vorarlberg (see Table V-4). The high percentage of Viennese institutions is primarily due to the size of the capital and the density of care institutions in it. Moreover, additional institutions such as, for example the police, institutions for the assistance of senior citizens and health facilities, were included in the study in Vienna and the district of Zell am See (Federal *Land* of Salzburg).

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<sup>55</sup> Question 23 (“Have you developed any special services for older female victims of intimate partner violence?”) was only posed in the long version of the questionnaire and was answered by four out of the 62 institutions.

**Table V-4: Responses broken down by Federal Länder (n=111)**

	Frequency	Valid %
Vienna	52	48.1%
Salzburg	13	12.0%
Lower Austria	9	8.3%
Upper Austria	9	8.3%
Styria	9	8.3%
Tyrol	7	6.5%
Vorarlberg	4	3.7%
Carinthia	3	2.8%
Burgenland	2	1.9%
No information	3	
Total	111	100.0%

Most of the institutions surveyed are relatively small, although the number of full-time employees ranges from 0.5 to 650 persons. The median is eight employees, which means that exactly half of the organizations have less than eight, and the other half more than eight employees.<sup>56</sup> Many institutions also employ voluntary staff (38.6%), whose number varies from 1 to 150.<sup>57</sup>

The long version of the questionnaire was answered by 49 women and twelve men of an average age of 45.<sup>58</sup> Many of the persons surveyed have undergone several types of occupational training. The questionnaires were most frequently answered by social workers with a *Diplom* degree followed by lawyers (Table V-5). Two-thirds of the respondents (38 out of 59) have an executive function in their organisation. On average, the persons had been employed at the institutions 125 months at the time of the survey, i.e. more than 10 years.<sup>59</sup>

<sup>56</sup> The number of full time positions was only surveyed in the long version of the questionnaire (question 27). 57 out of 62 institutions answered this question. The statistical mean was 32.67 full-time employees.

<sup>57</sup> Mean value: 9.87; n=44.

<sup>58</sup> One person did not provide any information on their gender; two did not state any age. This question was not asked in the short version of the questionnaire.

<sup>59</sup> 60 out of 62 persons answered this question. The mean value was 125.13 months, the median 120 months.

**Table V-5: Occupational training of the respondents (multiple answers possible) (n=59)**

	Responses		Percent of cases
	N	Percent	
Social workers with <i>Diplom</i> degree	22	27.8%	37.3%
Lawyers	11	13.9%	18.6%
Counsellors/ supervisors/ conflict mediators	10	12.7%	16.9%
Psychotherapists/ analysts	8	10.1%	13.6%
Educationalists	7	8.9%	11.9%
Psychologists	7	8.9%	11.9%
Health-care workers and nurses	6	7.6%	10.2%
Training in business administration	2	2.5%	3.4%
Other	6	7.6%	10.2%
Total	79	100.0%	134.0%

## 5.2 Results

In order to keep the work load as low as possible for the institutions surveyed and in consideration of the fact that very few institutions document cases in a manner allowing statistics to be generated (in our categories), we offered the surveyed institutions the possibility to make estimates if they did not have any precise data. All the institutions took advantage of this opportunity with one exception.<sup>60</sup>

### 5.2.1 Involvement with partner violence against older women

Somewhat more than half (53.6%) of the institutions surveyed were confronted with partner violence against older women in the years 2006 to 2009; around one-sixth did not know whether their clients were affected by IPV (Table V-6).<sup>61</sup>

<sup>60</sup> No distinction is made according to samples (national and regional) in the following because first of all only ten questionnaires were returned for the region Zell am See – which means that the figures do not have much explanatory power – and secondly there is considerable overlapping between the regional sample of Vienna and the national sample with the surveyed institutions.

<sup>61</sup> Question 1 in LV and SV.

**Table V-6: Contact with cases of intimate partner violence by the institution 2006 - 2009**

	Frequency	Valid per- cent	Cumulative percent
Yes, in 2009	7	6.4%	6.4%
Yes, in the years 2006 - 2008	10	9.1%	15.5%
Yes, 2006 - 2008 and 2009	42	38.2%	53.6%
No	32	29.1%	82.7%
Do not know	19	17.3%	100.0%
Total	110	100.0%	

Three-fourths of the institutions for the protection of victims of violence and around half of the institutions involved with law enforcement as well as non-government and government social services stated that they assisted clients continuously over the period of time. Specific service providers for older people and health facilities, on the other hand, were confronted with intimate partner violence significantly less often (Table V-7).

**Table V-7: Contact of the institutions with cases of partner violence 2006 - 2009 according to type of organisation (n=111)**

	Contact with cases of IPV 2006 - 2009			Total in percent
	Yes, 2009	Yes, 2006- 2008	Yes, 2006-2008 and 2009	
Institutions for (domestic) violence		2 8.3%	16 66.7%	18 75.0%
Law enforcement	3 11.5%	3 11.5%	9 34.6%	15 57.6%
Institutions in the health- care system		3 23.1%		3 23.1%
Social services (govern- ment)			3 50.0%	3 50.0%
Services for older people	1 11.1%		3 33.3%	4 44.4%
Social services (NGOs)	3 10.3%	2 6.9%	11 37.9%	16 55.1%
Total	7 6.4%	10 9.1%	42 38.2%	59 53.7%

The **number of cases** has a wide distribution – from 0 to 450; the measure of central tendency also varies accordingly (Table V-8). On average those institutions which had cases of intimate partner violence against older women assisted

40 cases on average between 2006 and 2008. 50% of the institutions surveyed had fewer than 10.5 cases, however.<sup>62</sup> Specifically this means that eleven institutions each respectively assisted between one and four or between five and nine victims of intimate partner violence over the period 2006-2008, while another ten institutions assisted between eleven and 19 cases (see table V-9). This table also indicates that ten institutions in these three years had 50 or more cases. With one exception, these were centres for protection against violence. 450 cases of intimate partner violence were registered by the women and crisis hotline of the Lower Austrian Public Social Aid. The trend identified over 2006 to 2008 probably continued until 2009.

**Table V-8: Number of cases of intimate partner violence 2006 – 2009: mean value and median**

	2006 - 2008		2009	
	N	Value	N	Value
Mean value (excluding zero responses)	50	40.42	49	12.92
Median (excluding zero responses)	50	10.50	49	4.00

**Table V-9: Number of cases of intimate partner violence 2006 - 2009**

Number of cases	2006 - 2008	2009
	Number of institutions (n=107)	Number of institutions (n=109)
0	57	59
1-4	11	31
5-9	11	5
10-19	10	5
20-29	5	1
30-39	3	3
40-49	0	1
50-99	3	3
100-200	6	1
450	1	0

If one correlates these mean values with the type of organisation, centres for protection of victims had an average of 51.46 clients who were affected by IPV over the period 2006-2008; the highest average amount was at government

<sup>62</sup> The median is the value which lies exactly in the middle. This means that half of the values were below, and the other half above this value. The mean value, on the other hand, is calculated by adding up the sum of all the values and dividing this amount by the number of cases. Outliers which are much higher or lower can therefore have a strong influence on the mean value.



social institutions, however, with 91.4 clients, whereby the low number of respondents must be noted here, however (Table V-10). The mean value for other institutions is significantly lower: it ranges from 6.61 clients with non-government social facilities to 0.69 clients at health institutions. The measure of central tendency in 2009 shows a similar tendency.

**Table V-10: Type of organisation according to number of cases of intimate partner violence 2006 - 2009 – mean values (MV) and medians**

Type of organisation	Number of victims 2006-2008			Number of victims 2009		
	N	MV	Median	N	MV	Median
Institutions for (domestic) violence	24	51.46	10.5	24	13.96	1.5
Law enforcement	25	4.72	0	25	1.44	0
Institutions in the health-care system	13	0.69	0	13	0.23	0
Social services (government)	5	91.40	0	6	27.67	0.5
Services for older people	9	1.89	0	9	0.78	0
Social services (NGOs)	27	6.61	0	28	3.07	0
Other	2	0	0	2	0	0

In line with the data generated in the Institutions Survey (question 3 in both versions) regarding the **age** of the clients, around one-fourth of the responding institutions had clients who were 75 or older.<sup>63</sup> The correlation between the age of women and the type of organisation was interesting: the age cohort 60 to 74 appear to contact facilities for the protection of victims of violence more often, while the over 75 cohort seek out support from law enforcement institutions more often (Table V-11). This puts the results of the study conducted by Hörl (2009, p. 15) in perspective. In this study he found that older women tend to turn more to the “classic” institutions such as the police or courts and those institutions which tend to have a non-specific profile of activities. His finding especially goes for the age cohort 75 and over, whereas women in the age group 60-74 evidently more frequently contact organisations which especially focus on victims of violence and are considered to be “modern” types of institutions, which is to say social service providers in the NGO area.

<sup>63</sup> This and all the following data relate exclusively to the years 2006-2008.

**Table V-11: Type of organisation and age of the clients (n=58)**

	Age 60-74		Age 75 and over	
	N	%	N	%
Institutions for (domestic violence)	12	34.3%	5	21.7%
Law enforcement	9	25.7%	8	34.8%
Social services (NGOs)	9	25.7%	4	17.4%
Social services (government)	3	8.6%	2	8.7%
Institutions in the health-care system	2	5.7%	1	4.3%
Services for older people	-	-	3	13.0%
Other	-	-	-	-
Total	35	100.0%	23	100.0%

The percentage of older female victims of violence at the hands of intimate partners for all clients of an institution averaged 4.12% over the years 2006-2008 (mean value excluding zero responses); the median amount is 3%. The percentage of older women among all female clients of the institutions is almost twice as high: here the mean value is 8.05% and the median is 5%.

**Table V-12: Type of organisation according to the number of cases of intimate partner violence 2006 - 2009**

Type of organisation	Number of victims 2006-2008			Number of victims 2009		
	N	MV	Median <sup>64</sup>	N	MV	Median
Social services (NGOs)	25	3.84	0	25	0.48	0
Law enforcement	23	3.43	0	24	1.12	0
Institutions for (domestic violence)	17	25.82	4.00	17	5.12	0
Institutions in the health-care system	13	0.54	0	13	0.15	0
Services for older people	9	0	0	8	2.00	0
Social services (government)	5	91.20	0	5	0.20	0
Other	2	0	0	2	0	0

In the long version of the questionnaire we also asked about the trend in the number of cases in comparison to ten years before (question 5). 36 institutions answered this question, of which one-fourth (25.0%) stated that the number of cases had risen, estimating the rise at 17.5% (median). By the same token, a disproportionate number of law enforcement institutions, namely almost 43%, stated that the number of cases had increased, while only one-fourth of the

<sup>64</sup> Legend: 50% of the institutions for (domestic) violence have less than four cases, 50% have more than four cases. 50% of the law enforcement institutions do not have any cases, and 50% have cases.

centres for protection of victims of violence (23.5%) and the social services (NGOs) (22.2%) found this to be the case. The two latter categories stated a significantly higher level of increase than law enforcement institutions, however.<sup>65</sup> None of the other organisations noticed an increase. Roughly another quarter (27.8%) stated that the number of cases had remained the same, while the remainder were not able to make any statement in this regard. No institution stated that the number of cases had declined. One-third of Viennese institutions stated that the number of cases had risen, while another third of these said the number had stayed the same or they did not know how it had developed.

Only one out of 57 facilities was confronted with violence in a lesbian partnership; almost all cases of violence which these organisations became aware of thus occurred in heterosexual relationships.

### 5.2.2

#### Forms of intimate partner violence

In the long version of the questionnaire we wanted to know what forms of intimate partner violence women over 60 are exposed to (question 7). Multiple answers were possible. A total of 35 institutions answered this question. As Table V-13 indicates, all the organisations have clients who have experienced physical violence, and all the organisations provide assistance for victims of psychological violence (94.3%). 60% of the institutions have clients who have been financially exploited. More than half of the institutions surveyed work with victims of sexual violence; almost one-fourth stated that they assist women who have been sexually harassed; 40% deal with victims of stalking and almost one-third with intentional neglect of the women affected.

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<sup>65</sup> Among institutions for domestic violence, the increase is 30.38% (mean value) or 20.0% (Median), with social institutions (NGOs) the mean value and median are 32.5% and at law enforcement institutions 15%.

**Table V-13: Forms of violence (multiple answers possible) (n=35)**

Forms of violence	N	Percent	Percent of cases
Psychological violence/ verbal aggression and violence	33	23.2%	94.3%
Financial exploitation	21	14.8%	60.0%
Sexual violence	18	12.7%	51.4%
Stalking	14	9.9%	40.0%
Intentional neglect	11	7.7%	31.4%
Sexual harassment	8	5.6%	22.9%
Other	2	1.4%	5.7%
Total	142	100.0%	405.7%

As is indicated by Table V-14, almost all organisations have been confronted with cases of unilateral partner violence and almost half with cases of mutual violence.<sup>66</sup> The overwhelming majority of institutions have been dealing with ongoing exercise of violence for more than one year, almost two-thirds with frequent occurrences of violence. This coincides with three-fourths of the organisations stating that the exercise of violence already began before the victim was 60. This allows one to conclude that most older women remain together with their violent partners for a very long time.

**Table V-14: Characteristics of partner violence (multiple answers possible) (n=33)**

Characteristics	Answers	Percentage of cases
Mutual violence	15	45.5%
Frequent occurrence of violence	21	63.6%
One-time or scattered occurrences of violence	9	27.3%
Long-term violence (1 year and more)	31	93.9%
Short-term violence (less than 1 year)	11	33.3%
Violence began before the age of 60	25	75.8%
Violence began after the age of 60	10	30.3%
Total	153	463.6%

<sup>66</sup> Question 10, which was only contained in the long version of the questionnaire, was: „Please describe the intimate partner violence.“

### 5.2.3

#### Features of victims

Certain features are frequently exhibited by clients which play a role in assistance (question 8, LV – Table V-15). 80% of the organisations stated that they have psychologically ill persons among their clients affected by violence (including persons suffering from dementia), and 60% assist victims who are members of an ethnic minority or have immigrated to Austria, whereby legal residence requirements apparently play a minor role in this age group. About half of the institutions deal with physically handicapped persons and clients requiring nursing care, with one-fourth of them respectively assisting victims of violence with mental handicaps or addictions. Assistance of clients who live relatively far away from the site of the facility poses a special challenge for one in every three organisations. Other burdens or other special features of clients mentioned included “nursing care provided to partner”, “psychologically ill husband”, “handicapped child of full age” and “social aid recipient”.

At the same time, none of the institutions cite high numbers of victims here, as the following examples show: a total of 20 institutions report victims who are psychologically ill. The majority of these (14) assisted one to three women with this feature between 2006 and 2008, while five other institutions had between five and nine cases; another institution which is specialised in psycho-social assistance only had 38 cases over the entire period. In the case of dementia, five out of the organisations surveyed<sup>67</sup> support between one and four ill persons. There are a total of 15 institutions confronted with women requiring nursing care, 14 of which assisted between one and four clients with this feature over the same period of time.

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<sup>67</sup> A total of six organisations stated that they assist clients who suffer from dementia; only five quantified their number, however.

**Table V-15: Features of victims (multiple answers possible) (n=32)**

Features of victims	N	Percent	Percent of cases
Psychological illness (except for dementia)	20	15.5%	62.5%
Ethnic minority/ migration background	19	14.7%	59.4%
Physical handicap	16	12.4%	50.0%
Requiring nursing care	15	11.6%	46.9%
Live more than 50 km from the organisation	11	8.5%	34.4%
Mental handicap	8	6.2%	25.0%
Alcohol-/ drug addiction	8	6.2%	25.0%
Reliant on other types of aid	7	5.4%	21.9%
Suffering from dementia	6	4.7%	18.8%
No permanent legal residence status in Austria	5	3.9%	15.6%
Homeless	5	3.9%	15.6%
Other ailments	7	5.4%	21.9%
Other special features	2	1.6%	6.3%
Total	129	100.0%	403.1%

#### 5.2.4 Aggressors

It was asked whether the victims live in a common household with the aggressor and/or whether nursing care is provided by a partner (question 9, LV; question 4, SV). Because these are not mutually exclusive categories, multiple answers were possible. A total of 48 organisations answered this question. Almost all of them care for victims who live in a common household with the aggressor, and respectively one-third have clients who experienced violence at the hands of an ex-partner or partner who does not live in a common household. (Table V-16).

Studies repeatedly show that violent attacks frequently take place in connection with nursing care, especially by children (in law) providing nursing care.<sup>68</sup> Our survey indicates that one-third of the organisations surveyed assist victims who are provided nursing care by the aggressors and one-fourth of them women who provide nursing care to the aggressor.

<sup>68</sup> See for instance Hörl/ Spannring, 2001; WHO/ INPEA, 2002; Hörl, 2005.

**Table V-16: Aggressors (multiple answers possible) (n=48)**

Aggressors	Answers		Percent of cases	N	Mean value (excluding zero responses)	Median (excluding zero responses)
	N	Percent				
Cohabiting partner	46	43.0%	95.8%	40	33.28	7.50
Partner not cohabiting	16	15.0%	33.3%	13	6.92	2.00
Former partner	16	15.0%	33.3%	13	8.92	5.00
Perpetrator is caregiver of the victim	16	15.0%	33.3%	14	3.21	2.00
Perpetrator receives care from the victim	13	12.1%	27.1%	12	4.00	1.50
Total	107	100.0%	222.9%			

Table V-17 indicates that almost 80% of organisations also assist female clients who experience violence from their sons.<sup>69</sup> About half as many institutions have clients who are threatened by violence from their daughters. On the whole, the gender difference among children, children in law and grandchildren is significant: two-thirds of the aggressors are males, and one-third females. Females namely commit violence much less frequently against older women than men. Table V-17 furthermore indicates that in those cases of violence in which the responding institutions assist in addition to intimate partner violence, that almost 30% of the aggressors are sons, one-seventh daughters, and respectively somewhat more than ten percent are sons in law, grandchildren and other relatives. Neighbours, acquaintances and friends are more common aggressors than daughters in law or granddaughters. Examining the median, half of the institutions are confronted with less than two or three cases where the aggressor was not the intimate partner, while the other half is confronted with more than two to three cases.

<sup>69</sup> Question 14 of the long version is: "In some cases older women are also victims of other persons close to them, e.g. children, children in law, granddaughters or grandsons, neighbours or acquaintances. If your institution is aware of such cases in the years 2006 to 2008, who were the aggressors?"

**Table V-17: Other aggressors (multiple answers possible) (n=34)**

Aggressor	Answers		Percent of cases	N	Mean value (excluding zero re-sponses)	Median (excluding zero re-sponses)
	N	Percent				
Son	27	28.4%	79.4%	20	6.10	2.00
Son in law	11	11.6%	32.4%	6	3.00	3.00
Daughter	14	14.7%	41.2%	9	3.11	2.00
Step daughter	7	7.4%	20.6%	3	2.00	2.00
Grandson	11	11.6%	32.4%	5	5.20	3.00
Granddaughter	2	2.1%	5.9%	2	-	-
Other relative	11	11.6%	32.4%	10	2.90	2.50
Neighbour, acquaintance, friend	8	8.4%	23.5%	5	5.60	2.00
Other <sup>70</sup>	4	4.2%	11.8%	4	3.25	3.00
Total	95	100.0%	279.4%			

56 institutions answered the question as to whether they had contact with cases in which older men (60 and over) were affected by violence through current or previous intimate female partners (question 15, long version). Two-thirds answered the question in the negative, one-fourth in the positive. With one exception, all these men were living in a heterosexual relationship.

**5.2.5 Access to victims of violence**

The question as to how the individual organisations found out about cases of intimate partner violence against older women is based on the hypothesis that this age group relatively rarely contacts institutions for support on their own.<sup>71</sup> More than two-thirds of the organisations became aware of cases through the victim themselves (Table V-18). Half of the respondents stated that they had been approached by a person related to the victim and in the case of around 40% of the institutions clients came to them through the health-care system or through other organisations (e.g. women, migrants and family counselling offices, centres for protection against violence, women’s shelters and social institutions), which suggests the enormous importance of networking. Around one-third of the institutions become aware of cases through the judiciary or police.

<sup>70</sup> The following were cited here: burglars, institution, institutional, no relationship – stalking.

<sup>71</sup> Question 11 was only asked in the long version of the questionnaire. Out of 62 institutions, 36 answered this question.



Finally, one in every ten institutions stated that they found out about such cases through their own observation of female clients.

The importance of networking is once again evident due to the correlation between answers on how the institution becomes aware of the case and the type of organisation. Institutions for the protection of victims and NGOs which work as social facilities become aware of intimate partner violence through many different sources, while the sources for the other institutions are limited to a maximum of four, and in some cases only one (see in the Annex Table A-V-1 Awareness of case according to type of organisation– question 11). With regard to the number of answers – not to the institutions (multiple answers were possible) – around one-fifth of centres for protection of victims find out about intimate partner violence from the victim or persons related to the victim, followed by physicians or medical facilities (around 18%) and the police (around 16%). NGOs working as social service facilities primarily find out about cases – one-third of the time – through the victims themselves. It is also only facilities for protection against violence and NGOs which find out about cases of partner violence through the police. According to the calculations of the medians (Table V-18) most women are directed to the institutions by the judiciary and the police.<sup>72</sup>

**Table V-18: Access by victims of violence to institutions (multiple answers possible) (n=36)**

	Answers		Percent of cases	N	Mean value (excluding zero responses)	Median (excluding zero responses)
	N	Percent				
Victim	25	24.8%	69.4%	23	32.61	5.00
Persons related to the victim	18	17.8%	50.0%	17	2.76	1.00
Other organisations	15	14.9%	41.7%	15	4.53	3.00
Physicians, medical facilities	14	13.9%	38.9%	13	4.00	2.00
Judiciary	12	11.9%	33.3%	11	10.09	8.00
Police	11	10.9%	30.6%	10	55.70	6.50
Own observation	4	4.0%	11.1%	3	3.67	3.00
Other	2	2.0%	5.6%	2	16.50	16.50
Total	101	100.0%	280.6%			

<sup>72</sup> The high mean value and median for “other” do not have any explanatory power due to the low number of cases.

In most of the cases the victims of violence themselves initiated the first contact with the institution surveyed: 24 out of 37 organisations stated that the initial contact came through the victim themselves (Table V-19). At the same time, almost half of the respondents contacted the women themselves. In one-fourth of the cases the initial contact also came through other persons/ institutions.

**Table V-19: Initial contact (multiple answers possible) (n=37)**

Initial contact through	Answers		Percent of cases
	N	Percent	
Victim	24	45.3%	64.9%
Own organisation	17	32.1%	45.9%
Other institutions/ persons	9	17.0%	24.3%
No direct contact	1	1.9%	2.7%
Other	2	3.8%	5.4%
Total	53	100.0%	143.2%

Here as well there are significant differences between the organisations (see in the Annex, Table A-V-2: initial contact with the type of organisation). First of all the initial contact in the case of institutions for the protection of victims and social service institutions (NGOs) is more wide-ranging than for the other organisations, secondly the initial contact with NGO social institutions is much more frequently through the victim themselves than the institutions for protection of victims (76.9% and 46.4%, respectively).

### 5.2.6

#### Estimates of intimate partner violence against older women

On a scale of 1 (not applicable at all) to 6 (applies completely), the respondents assessed a host of statements on intimate partner violence against older women (question 17, long version; question 6, short version). The largest number of responses stated that it is especially difficult for older women to escape long years of a violent relationship (mean value 5.36), and that “women in all phases of life are affected by partner violence” (5.28). In comparison to younger women, it is more difficult for older women to leave the aggressor permanently (4.45). As the calculations of the mean value in Table V-20 moreover show, many institutions see a specific need for support among older women (4.87). The statement that the topic of intimate partner violence is underestimated among older people and that nobody really wants to address it was also confirmed by a large number of respondents (mean value: 4.59 or 4.58, respectively). The high level of confirmation of the statement that intimate partner

violence against older women should be assigned a high priority in training (4.76) and that older persons need more aid than they have received in the past (4.68) corroborated this. The statements that women themselves were frequently the ones committing violence (2.35) and that only a few older women were victims of intimate partner violence (2.45) did not (tend to) corroborate this result. On the whole, this means that the respondents consider the topic to be relevant and that they see a specific need for action in this regard.

**Table V-20: Evaluation of various statements on intimate partner violence**

Statements	Frequency	Mean value
Older women become victims of intimate partner violence less often than younger women.	107	2.80
In older couples, women are more often perpetrators of IPV than in younger couples.	104	2.35
The number of older female victims of intimate partner violence will grow in the future.	107	3.51
Intimate partner violence against older women is a topic no one really wants to deal with up to now.	106	4.58
Older female victims of intimate partner violence need other types of support and assistance than younger women.	107	4.87
Women in all stages of life are threatened by intimate partner violence – women in later life are not exempted from this.	109	5.28
The importance of the problem of intimate partner violence against older women is underestimated up to now.	108	4.59
Intimate partner violence against older women should be of higher importance in professional training for psycho-social and medical professions.	109	4.76
Older female victims of intimate partner violence need more support than is provided up to now.	109	4.68
Only a few older women become victims of intimate partner violence.	105	2.45
Older female victims of intimate partner violence face particular difficulties in the breaking-up of a long-term abusive relationship.	108	5.36
Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do.	106	4.45
Intimate partner violence against older women often occurs in the context of dependency of care.	105	4.10

Cross-classification of these responses with the type of organisation indicates that the view of facilities for the protection of victims towards certain statements frequently differs significantly from those of other organisations (see Annex, Table A-V-3 – 5): For example the statement “Older women are victims of intimate partner violence less frequently than younger women” was only confirmed by about 9% of institutions for the protection of victims, but one-third of the NGO social facilities and almost half of the other institutions. The situation is

similar, if not as pronounced, with respect to the related statements “Women are threatened by intimate partner violence in all phases of life” and “Only very few women are victims of violence at the hand of intimate partners”. The considerably different responses to particular statements in the area of law enforcement also stands out. The statement that intimate partner violence against older women is assigned too little importance is confirmed much less often by law enforcement institutions than in the case of other institutions.<sup>73</sup> Fewer institutions are also of the view that the topic should be assigned greater priority in medical and psycho-social training<sup>74</sup> or that older victims should receive more support than they have in the past<sup>75</sup>. There are also diverging views with regard to the behaviour of younger and older women in separating from aggressors. Law enforcement and social services (NGOs) agree more frequently with the statement that younger female victims of violence separate permanently from aggressors more often than older women (84.6% or 82.1%, respectively) than institutions for the protection of victims do (63.7%) (see Annex, Table A-V-9). Summing up, significant differences in the perception of the problem of intimate partner violence against older women can thus be identified on the one hand with institutions for protection of victims and secondly among law enforcement institutions. All other institutions tend to adopt a position in between these two “extremes”.

### 5.2.7

#### Work with older women as victims of intimate partner violence

Work with older female victims of violence differs in many respects from work with younger women. Almost all of the respondents were of the opinion that older women hesitate much more to look for help in the case of violence than younger women do (5.15). According to the responses, it is difficult to motivate this age group to seek help (4.89), they therefore need more proactive forms of support than younger women (4.77). Work is impeded by the fact that older women experience more shame (4.49). The statement that existing institutions meet the needs of the clientele tends to meet with less agreement (2.67) (Table V-21).

<sup>73</sup> Only approximately 65% of the law enforcement institutions agreed with this statement (from slightly to completely), while the degree of confirmation from the other organisations was around 77 to 91%. (see annex, tables A-V-6)

<sup>74</sup> Law enforcement institutions: 69.2% agree (from slightly to completely); social services (NGOs): 82.7% agreement; institutions for protection of victims: 95.7% agreement. (see Annex, Tables A-V-7)

<sup>75</sup> Law enforcement institutions: 61.6% agreement (from a little to completely); social services (NGOs): 79.2% agreement; institutions for the protection of victims: 86.9% agreement. (see Annex, Tables A-V-8)

**Table V-21: Work with older women<sup>76</sup>**

Statements	Frequency	Mean value
Existing support systems are adequate for the needs of older female victims of intimate partner violence.	58	2.67
It is difficult to motivate older female victims of intimate partner violence to seek help.	61	4.89
Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.	61	4.77
Working with older female victims of intimate partner violence requires specialist professional training.	61	4.75
Professionals working with older female victims of intimate partner violence should themselves be middle-aged or older.	61	3.74
Older women experiencing intimate partner violence are more reluctant to seek help than younger women.	61	5.15
Older women experiencing intimate partner violence are more ashamed of what has happened to them than younger women.	61	4.49

The correlation of the individual statements with the type of facility did not indicate any significant differences. Merely the statement that the work with older female victims requires specialised profession training met with significantly less agreement among law enforcement institutions than among other organisations. The lowest level of agreement among law enforcement institutions in comparison to others was with regard to the need to use staff members of middle to older age in cases of intimate partner violence against older women.

Marked differences between younger and older women are assumed to exist by the respondents when it comes to seeking help (Table V-22). While on average 25 out of 100 women aged between 20 and 40 file criminal charges or seek psycho-social help – according to the estimates – this is only the case among about ten women in the age group 60 and over. Older women also seek medical aid in significantly fewer cases. Younger women in addition were said to seek other types of support – the types primarily identified were from friends and acquaintances, family and relatives and other facilities (legal counsel, helplines, crisis lines, women and family counselling offices) - than older ones (40 and 20, respectively). In the view of the institutions, the answers indicated that younger women are much more likely to contact friends and acquaintances (stated in 45 cases) than family members and relatives (stated in 24 cases), while women 60 and over seek the support from friends and family/relatives in the same frequency (stated in 27 and 28 cases, respectively), and especially frequently with grown children. In general younger women are attested as being more active in

<sup>76</sup> Question 18 was only raised in the long version of the questionnaire. The assessment was made on a scale of 1 (disagree completely) to 6 (agree completely).

seeking help: it is merely assumed that older women seek help with priests and chaplains more frequently than younger women.

**Table V-22: Behaviour of younger versus older victims of violence<sup>77</sup>**

Actions to seek help	Women between 20 and 40		Women 60 and over	
	N	MV	N	MV
File charges	98	25.88	98	8.57
Seek professional medical help	96	31.17	96	20.60
Seek professional psycho-social help	96	24.65	95	10.57
Seek help from priests and chaplains	88	9.36	90	16.96
Seek other types of help	72	39.39	67	18.93

The correlation between action to seek help by younger and older victims of violence and the type of organisation shows that facilities protecting victims of violence believe that they tend to have a higher percentage of women seeking help from all age groups. One exception here is the estimate when it comes to filing charges: while institutions for the protection of victims of violence assume that around 27% of younger women file charges on average, law enforcement institutions estimate the average share at 34.3%.

**5.2.8 Services rendered & satisfaction**

The services offered by the institutions surveyed are of a very wide-ranging nature. Almost all of them provide psycho-social support and legal counselling<sup>78</sup> and almost three-fourths of them perform crisis intervention (question 13; Table V-23). Almost half of the institutions attach priority to everyday practical aid such as, for example, assistance in dealing with bureaucratic matters or in filling in applications, while one-third of the institutions stated that they refer people to other institutions.<sup>79</sup> The respondents had the possibility of stating “other” in the list of types of help provided. The following were cited: assistance at social welfare offices, housing offices and courts; provision of lodging, food and care; preparation of a security plan; support in searching for an apartment or a place

<sup>77</sup> Question 19 (long version) and question 7 (short version) are: “Please estimate to what extent older and younger female victims of intimate partner violence in Austria file charges and seek help. (please enter the estimated values)”

<sup>78</sup> The services rendered with respect to legal counsel were specified by some institutions by stating “inform about the consequences of certain legal steps”, “divorce counselling” and “support for spouse”.

<sup>79</sup> Pro mente, women’s shelters and centres for protection against violence are mentioned explicitly.

in a home for retirees and in moving; support in court trials, divorce counselling, referral to psychotherapy; meetings with the aid of interpreters.

**Table V-23: aid and services rendered (multiple answers possible) (n=36)**

Aid and services	Responses		Percent of cases
	N	Percent	
Psycho-social support/ counselling	34	17.6%	94.4%
Legal information/ counselling	34	17.6%	94.4%
Information on other institutions	30	15.5%	83.3%
Crisis intervention	26	13.5%	72.2%
Everyday practical aid	16	8.3%	44.4%
Transfer of the case to other institutions	13	6.7%	36.1%
Provision of overnight stay possibilities in women's shelter	11	5.7%	30.6%
Psychotherapeutic support	9	4.7%	25.0%
Support in moving into a nursing home	5	2.6%	13.9%
Financial aid	4	2.1%	11.1%
Other 1	7	3.6%	19.4%
Other 2	3	1.6%	8.3%
Other 3	1	.5%	2.8%
Total	193	100.0%	536.1%

Significantly more than one-third of those 45 organisations which have contact to older female victims of violence are (very) satisfied with the quality of their own assistance for this group of victims, but almost half of them are less satisfied or slightly dissatisfied; some 15% are (very) dissatisfied (Table V-24; question 25, long version). The statistical mean value is 4.0, which is to say less satisfied.

**Table V-24: Satisfaction with the quality of assistance (n=45)**

	Frequency	Valid percent
Very dissatisfied	1	2.2%
Dissatisfied	6	13.3%
Slightly dissatisfied	8	17.8%
Less satisfied	13	28.9%
Satisfied	11	24.4%
Very satisfied	6	13.3%
Total	45	100.0%

The (dis-)satisfaction is explained primarily with reference to the existing conditions both in a legal and social respect as well as with regard to the resources which are available. It is frequently mentioned that the group of older female victims of violence require especially intensive support, as their prospects are much more limited than the case of younger women and counselling is in many cases not sufficient, while the human and financial resources would not allow long-term assistance. People requiring nursing care constitute a special challenge. Some institutions call for increased public-relations work in order to increase awareness of the institution.

Additional support services (question 26, long version) are primarily necessary in the area of living. There are at present too few nursing beds, out-patient and day-hospital services for geriatric clients, suitable and affordable forms of living – in many cases economic dependence prevents a solution to a violent relationship – and emergency shelters when victims are trying to escape aggressors. In the area of counselling and assistance, the institutions surveyed above all see a need for reach-out social work which is more intensive, whereby a need for action is seen with respect to the competent referral to and cooperation with other institutions. Some respondents would like to offer discussion and self-help groups (including in the mother tongue of migrants).

### 5.3 Summary

111 facilities which work in the area of intimate partner violence against older women took part in the questionnaire survey. They can be split up into six different types. The biggest group is the NGOs which offer social services (e.g. women and family counselling offices, psycho-social institutions) – namely more



than one-fourth of the respondents. The next group, comprising the police, public prosecutor and the staff commissioned by the judiciary to carry out various types of procedures between victims and aggressors, is subsumed under the heading "law enforcement" and is almost as large. This is followed by institutions for protection against violence, which account for one-fifth of the respondents (above all centres for protection against violence, women's shelters) and public health institutions (around 12%). Significantly fewer answers come from organisations which offer services for older people (for instance, in the nursing area) and institutions of regional and local authorities (e.g. the national social telephone and pension insurance agencies).

For a majority of the responding organisations, namely two-thirds – family violence is an area of concentration. Other areas of focus include violence against women and girls or psycho-social problems of women. Intimate partner violence against older women is a central task for one-third of the institutions. All in all, around half of the responding facilities were confronted with intimate partner violence against older women in the years 2006 to 2009, respectively processing more than 40 cases over this period. The figures reported for 2009 indicate that this trend is continuing. In comparison to ten years before, one-fourth of the responding institutions believe that the number of cases is on the rise. Above all, law enforcement institutions state that the number of cases is increasing, but scarcely any organisations for the protection of victims. In the latter case, this may be due to the fact that the centres for protection against violence have been informed about all violations of the Act Protection Against Violence (*Gewaltschutzgesetz*) by the police since 1997. The increase in the number of cases before courts reported could be a positive effect of assistance provided in trials, which is aimed at strengthening victims and encouraging them to provide evidence to the police and testify before court.

Clear differences between the behaviour of women seeking help aged 60 to 75 and women over 75 indicate that the establishment of an age limit at 60 is very arbitrary and for this reason probably skews results. The 60 to 65-years-olds of today – which is to say the cohort born between 1945 to 1950 – have for the most part been socialised in the same manner as younger women. In part, this involves the age group which (at least in Austria) initiated and carried the feminist movement in the 1970s. It must also be assumed that this age group is still basically physically and mentally fit – in contrast to a large part of the group of older women. According to the survey results, the "young old" apparently seek support with relatively new organisations for the protection of victims, while persons over 75 tend to contact the traditional institutions of the police and judiciary.

Information from the responding organisations regarding the type of violent relationships which they have obtained knowledge of confirm that which is already known about intimate partner violence, namely that the violence generally takes place over a longer period of time and not only during a shorter phase, and that the exercise of violence usually begins when the victim is younger. Almost all the victims assisted live with the aggressor in a common household and there is frequently a nursing care relationship between them.

The importance of networking all organisations which deal with older women affected by violence is illustrated by the fact that the clients of around 40% of the organisations come to them from the health-care system or from other organisations (e.g. women's, migrants' or social services). Above all organisations for protection of victims and NGOs which offer social services do not only become aware of intimate partner violence through the victims themselves or their family members, but rather through many different sources.

The services which are offered by the surveyed organisations comprise a broad spectrum, but almost all of them offer psycho-social support and legal counsel. Around three-fourths of them offer crisis intervention services. Beyond this, everyday practical aid is important (assistance with bureaucratic offices, filling in applications) and referrals to other organisations.

The respondents are only less satisfied with the quality of their own services for older female victims of intimate partner violence. The reason for this is to be found in legal and social conditions and the inadequate resources available. Thus most of the organisations perceive differences between younger and older victims of violence – for example, that older women hesitate longer before looking for help, which is why support needs to be proactive, or that older women are more ashamed than younger ones. Under conditions like these, work with this age group should be provided much more intensively. It should furthermore be kept in mind that according to the statements made by the responding organisations, one out of every five victims whom they assist suffers from a psychological illness (including dementia), one in every eight is physically handicapped and in addition one in every nine requires nursing care. Almost half of the victims are apparently severely challenged physically or psychologically.

One key point in the support of older female victims of violence was viewed to be intensive public-relations work; the greatest deficits were said to be in the area of living (a lack of nursing beds, out-patient and day-hospital services for

geriatric clients; a need for suitable and affordable forms of living and emergency shelters).

## VI

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# Assessment of Interviews with Victims

To date there have not been any studies of violence against older people in which the victims themselves have been interviewed in depth and in detail.<sup>80</sup> Focus groups and group discussions with older people on the topic primarily indicate that they have distanced themselves from (domestic) violence: they often describe it in a manner which sounds as if they had not experienced it themselves; the topic tends to be associated too greatly with feelings of shame and embarrassment. Such studies can be used to determine the degree of victimisation of older people, but do not provide much insight into experiences of violence, how people deal with violence and its integration in everyday life. The studies which are available primarily relate – usually in a very informative manner – the view of help and service facilities as well as health facilities and the police. We also surveyed staff of various facilities (see chapter VII). Any limitation of the research to these “insiders” remains one-sided and is scarcely able to provide any insight into the wide variety of cases, constellations and living conditions of women who are victims of violence. Thus the perspectives and interpretations of usually much younger women and men socialised in another social and economic environment, and with a professional detachment are presented. Interviews with women who are victims of violence allow insight into the subjective experience, their images of the world, individual options for action and later interpretations of individual behaviour. Women are thus not only perceived as victims, but also as individuals who are capable of action.

### 6.1 Research aims and ethical issues

As described in chapter II, one important goal of this project was to gather knowledge on specific features of cases of IPV against older women from different perspectives. This means that it was extremely important to talk with victims themselves, listen to their accounts and learn about their perspectives.

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<sup>80</sup> Although Hörl (2002) and Riedl (2003) included older people in their study, this merely involved their participation in group discussions and focus groups.

Hence, interviews with older women affected by intimate partner violence are one core element of this study - 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 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.

In the interviews with victims, ethical issues were highly relevant. Interviewing older victims of IPV requires certain basic ethical principles be applied just like in researching violence or other sensitive topics in general (see the principles presented by the International Organization of Medical Sciences (CIIOMS), Ellsberg & Heise, 2005, pp. 35/36). Beyond these principles, aspects had to be taken into account which related to the special target group and research interest: issues of confidentiality, problems of disclosure as well as the need to ensure adequate and informed consent. In line with international standards (Ellsberg & Heise, 2002, WHO, 2001, Elcioglu, 2004) the partners discussed and laid down internal principles for ethical issues related to victim interviews.

Finally, the task was to avoid secondary trauma through the interviews. This means that questions had to be carefully couched, with the maxim being: not to push the interviewees too much on the one hand, while on the other hand not seeming to be disinterested. When the interviewees did not want to answer questions, or they evaded questions several times, it was respected. It is often the case in interviews with victims of violence that one can witness interviewers who are so worried about traumatising the interviewee that they are overly careful and, straining in this manner, they ultimately opt for an avoidance strategy. Questions which are considered to be dodgy are thus often not forwarded, and even "offers of topics" by the interviewees are not explored due to this fear (which is in many cases related to the desire for self-protection (Amesberger, 2010)).

## 6.2 Methods

### 6.2.1 Instruments

The interview method used adopts features of so-called “problem-centred interviewing” (Witzel, 2000) and “episodic interviewing” (Flick, 2000) and places emphasis on giving space for narrative elements while at the same time following a more structured approach than Schütze’s method of narrative interviewing (Schütze, 1983). In an international consultation process partners worked out an interview guide for the interviews with victims and translated it into the respective languages. This interview guide 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 interview guide worked with open questions and narrative impulses and provided lists of aspects to be covered which had to be checked by the interviewer during the interview and used for in-depth exploration.

A brief introduction contained information on the research project and on the topic to be explored. A crucial point here was to make explicit what the study was about without restraining answers too much by pre-labelling experiences as violent which might be labelled in other ways by interview partners themselves. The issue of interest was introduced with the following statement: “We know from other studies that a lot of women experience serious conflicts in their partnerships and even violence by their own partners. So we know that living in partnerships may become difficult, agonizing and dangerous for some women. But we know very little about experiences and perceptions of women over 60.” In this introduction it was also explained how the interview would be carried out. We asked for permission to record the interview, explained what would be done with the information and the record and stated that it would be kept confidential. The interview partners were asked to sign an informed consent form and received a signed confirmation that their information would be treated confidentially. Partners also had two social data forms available, one for the women and the other for violent partner(s) or ex-partner(s). Interviewers checked whether all relevant information was provided during the interview and asked the interviewee if any information was missing at the very end of the interview.

Interviewers were supposed to fill in an interview postscript form, if possible immediately after the interview. This form requested basic information on the interview (date, duration, access, interviewer, disturbances etc.) and the infor-

mation provided to the interviewer before and after recording. As a first analytical step interviewers were also asked for the key messages of the interview, eye-openers, the possible starting point for analysis and interpretation and other noticeable features, problems and impressions. In the last sections interviewers were to give ratings of key interview features (interviewee's perceived openness, quality of interaction, how specific the information was, perceived reliability and perceived strain of the interview partner).

### 6.2.2

#### Access to and selection of the interviewees

In this study we interviewed ten women who experienced violence at the hands of their husbands before and after the age of 60. We received access to them through the facilities we interviewed for the project: centres for protection against violence, women's shelters, women's counselling offices, a psycho-social facility and the *Neustart* association, which carries out offence resolution as a diversionary court measure in cases of family violence which have not become a fixed pattern.<sup>81</sup> We requested the staff of these facilities to ask clients in a targeted manner – in accordance with the criteria given to us – for an interview. We contacted most of the women by telephone, the *Neustart* association sent a letter we had drafted to the female candidates (ten in sum total) including a cover letter in which the association stated that it welcomed the study very much, emphasising that it was worth supporting. Three women responded to this letter and one was interviewed. The search for interviewees was not easy for the organisations (we would like to take this opportunity to express our gratitude for their active help!). Some of the women were no longer at the telephone numbers, many women did not want to dredge up what they had experienced once again, as they felt that it would cause too much inner turmoil; some agreed to an interview out of gratitude to the facility which had supported them. The search for women who had not separated from their partner turned out to be particularly difficult, as did the search for women with migration backgrounds (especially from Turkey).

Table IV-1 below provides an overview of our selection criteria and some biographical backgrounds. We will address the latter in more detail later. Six out of ten interviewees were living in a rural environment when the last act of violence took place. At present five women reside in Lower Austria, three in Vienna and two in Styria. Eight women were not living with the aggressor any more when

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<sup>81</sup> Four interviewees were arranged through the centres for protection against violence, two through women's shelters or women's counselling facilities and one woman each by a psycho-social facility or by *Neustart*.

the interview took place. Four of them are divorced, divorce proceedings are ongoing with two others. One woman lives permanently separated without getting divorced, while another interviewee’s husband died before the divorce procedure was completed. One interviewee came to Austria from the former Yugoslavia as a young adult. Seven women were between 60 and 75 at the time of the last violent incident, while three women were older. The youngest interviewee is 62 at present, the oldest 88. With the women who no longer live together with the aggressor, the violent experiences occurred between 9 months and 12 years ago. The two women who are still living in the same household with the aggressor said that violence continued to occur frequently. The last physical aggression took place in one case three years ago, in another case 13 years ago.

**Table VI-1: Selection criteria**

Criteria	Number
<b>Country</b>	6
<b>City</b>	4
<b>Living separated</b>	8
<b>Living not separated</b>	2
<b>No migration background</b>	9
<b>With migration background</b>	1
<b>Aged 60 to 75</b>	7
<b>Aged over 75</b>	3

The interviews lasted from just two hours to almost four hours. The average length of an interview was two and a half hours. All of the interviews were recorded with the consent of the interviewee and then transcribed. The coding of the interviews was performed with the aid of computers using Atlas-ti software, while the codes were developed using the Grounded Theory procedure (Glaser & Strauss, 1967). Due to time and budget constraints, a topic-centred assessment was used to analyse the content and not hermeneutic analysis. In the ensuing analysis the interviews were anonymised and biographic details which would allow one to deduce the particular individual were rendered anonymous.



## 6.3 Paths to a violent relationship

Interpersonal relationships undergo a development. They are influenced by the individual traits of a person, by socio-economic living conditions and by societal factors; thus gender roles and values also play a role. In this study we were therefore interested in how the interviewed women reflect upon the development of their relationship, how they describe their marriage looking back on up to 60 years of marriage, whether there were abrupt and profound changes which changed the relationship in a decisive way, what conflicts they recall and when the first violent attack took place. This will finally show us what the women surveyed perceive/perceived to be violent and how they reacted to the first indications of it.

### 6.3.1 In love– engaged – married

Our Western societies associate getting married with the motive of love. This means that bourgeois-romantic notions stand at the forefront. Love is thus also associated with a place of refuge, harmony and security (Amesberger et al. 2007, 171). Utilitarian reasons or other motives for getting married are thus ignored and/or socially discredited as a basis. Against this background, marriages for rational reasons appear not to be of a long-term nature – in fact, these are frequently viewed to contain the factors leading to violence and failure.

Our interviewees grew up during the time of the Second World War or directly thereafter, which is to say at a time in which the dominance of bourgeois-romantic notions of love and marriage were losing considerable weight as a result of external economic and political-ideological factors/realities. In particular, the older women surveyed mentioned the difficult economic conditions which prevailed in the families they grew up in (see Interview Flach, Interview König and Interview Lobnig). The accounts of the women on how the relationship to their later husband came about first of all reflect bourgeois-romantic notions of love, and secondly thoroughly rational considerations. It was especially those women who married very young (at an age of 16 and 17) who in the interview recalled their partner as their “true love”, “love of my life”, (see Interview Kralj and Interview Trauner).

*But that is very dramatic. I got married when I was very young. And I thought: ahh, great, fine. I did not ask my parents, I simply eloped, right? I was visiting my sister when I*

*got to know him. The second time that I came to visit I simply took off, I just went to him. And that was, I don't know, I was young and in love, I don't know. (Interview Kralj, paragraph 90)*

The women who got (re)married at an older age had very different accounts. Here the interviews revealed above all a long period of hesitation and uncertainty about whether it was a good idea. Ms Siller got married "in spite of massive inner warnings", while Ms Lutter, to take another example, described her decision as follows:

*And I was alone for many long years and then I was between 40 and 45 [years old]. By accident I got to know this man and everyone said: "He likes you. Why not? You aren't the youngest or the prettiest any longer. You always tell about how you are alone, too. You won't be alone, you will have somebody when you get old," and so forth. My thoughts kept going round in circles. At first I did not want to, either [...]. (Interview Lutter, paragraph 26)*

In response to the next question from the interviewee as to whether she had been in love, Sonja Lutter answered "when you are 45, over 40, you don't think about that any more" (paragraph 53). The motives for getting married thus varied greatly. For some it was true love, while others mention loneliness, advanced age, fear that one will not find a husband, the desire to stay near the family and pregnancy. Societal norms and expectations of marriage are already evident in the above quote and in the motives listed. Women should be married, and older, which means no longer beautiful, women have to be content and must not be all too demanding when it comes to their future partner: marriage protects against loneliness and provides security.

Women who were very young when they got engaged appear to have thought over the future of living together less. Assuming that true love would last forever, they plunged into the adventure. Many other interviewees tied the knot only a few months after knowing their partner, however: the time periods range from five months to two years. Many things only became clear after the marriage. Hilda Flach only found out after getting married, for example, that her husband suffered from schizophrenia and manic depression, Sonja Lutter found out that she was already the third wife and her husband had grown children.

The marriage itself is not described in retrospect as harmonic or loving by any interviewee (with one exception) – not even in the first years of marriage. They describe above all the rigours of establishing an existence, feeding a family, building a house, crushing debt, the pressures of illnesses (their own, the chil-

dren's and their partner's). Most of the interviewees stated that they gave up working for a brief or longer period when their child was born.<sup>82</sup> Thus most of the families for the most part practiced the traditional gender-specific division of labour. Women were responsible for raising the children and the household, the men for earning a living. The women accepted this form of division of labour for the most part; for them it was taken for granted that the husband was the head of the family. Even more, they acted to ensure that the gender hierarchy was preserved, as the following excerpts from two interviews show:

*1.5 years later my husband got cancer and four months later he underwent psychiatric treatment for the first time in our marriage. And that is when I found out that he is schizophrenic and manic-depressive. But I had already been married to him for two years. And I just didn't want to leave him because he needed help. I was the only one at that time who could take things into my own hands, but I always tried to restore him to his previous position. Back then only the man was the head of the household. (Interview Flach, paragraph 80)*

*I received my parent's house back then, and to make sure that I did not make any mistakes, I had my husband registered and when the divorce took place it just meant that I had to had to give up half. (Interview Greisenegger, paragraph 122)*

Some interviewees emphasise that they were the "chief financial officers" at home, which did not necessarily mean that they had access to the account of the husband. This meant that they had an overview of family finances, they were involved in financial decisions, but they also had to find a way to get by with the money which was available.

Nevertheless all the woman contributed to the family income: some worked part-time; one woman first of all worked in agriculture while at the same time working casually or also working from time to time at an officially registered job; another interviewee made clothing as a domestic labourer, later she got an official job at a factory, but gave this job up when she got married again in order to work in the business of the husband. One woman only worked solely on a casual basis as a seamstress after the birth of her first child. Four women were gainfully employed – except for brief interruptions – the entire time. One of them

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<sup>82</sup> All the interviewees have children: Half of the women have two children, one woman each have one, four and six children and two additional women have three children. The violent partner is the father in eight out ten cases. One woman brought a small child into the marriage. Two additional women had children from previous relationships. They were already grown up when the women got married, however.

was a civil servant, one worked as a salaried staff member and later founded a company, one woman first did piece work and then worked in a restaurant business, while the fourth among other things did prep work at an electronics company. This had, as we shall learn about later in more detail, serious consequences for the amount of pension and her own independent existence. Even full employment of the women did not mean that they split up the housework and raising the children.<sup>83</sup> On the contrary, it appears that they attached a lot of recognition and importance to the contribution their husbands made to the family income: statements such as “my husband was a very hard-working man” (Interview Lobnig, paragraph 13) or “he worked diligently” (Interview Trauner, paragraph 61) were frequently made in the interviews. In connection with the division of labour, three women also mentioned that their husbands refused to allow their partners to work outside the household. In principle, however, the gender-specific division of labour is not questioned. If their partner had behaved properly towards them, they would not have criticised the gender roles which were assigned and carried out by them, either. Even with respect to the lack of any pension or a very low pension today, the disadvantages of a gender-specific division of labour were not addressed.

In many cases these traditional arrangements were only rebelled against decades later. Ms Arlenka Kralj expressed her outrage in an interview over the statement made by the man who was “still” her husband that the marriage was still 95 percent all right:

*No, not 95, but rather 150 percent, but for him, not for me and not for the children. For him it was, well: he couldn't have stumbled upon anything better. An idiot who does everything: cooking, washing, ironing, cleaning, children, allows him to beat her, allows him to .. if I may say so – even if she does not want to. You bring him the clean laundry when he takes a bath; you have to take away his dirty clothes because he just throws it all over the place. Well, how could you do better, huh? (Interview Kralj, paragraph 653)*

### 6.3.2

#### Conflicts – the first acts of violence – perception of violence

As was already mentioned, many marriages were under great strain from the beginning as a result of the pressure to settle down and raise a family, which led to numerous conflicts. The women mentioned “rebellious” in connection with the

<sup>83</sup> This also applied to the case in which the woman earns significantly more than her husband.

design of the apartment, the building of the house, raising the children, their own illness or those of the children, the food-eating habits of the husband, the amount of the household allowance or what needs to be paid for from the income of the woman, the perfectionism of the partner, his inattention to body hygiene and plenty more along the same lines. The manner in which these conflicts take place is examined later (see chapter 6.5) because as far as the behaviour of women is concerned, it does not differ much from their behaviour following aggressive attacks. One can say at the outset: women react with devotion, withdrawal and submission which, however, does not pacify the partner long-term.

The answers of women to the question of when violence began in their relationship differed completely. Sylvia Greisenegger, who had been married twice and both times experienced violence at the hand of her husband, stated:

*It began pretty soon. [...] and then, the little boy was born in 1968, the first one, because I could not get pregnant before. And he always said: "Make sure that you first bear me a child - that will prove that you are a woman for me, and things like that. [...] I always found an excuse for him and had four children from this man; it amazes me today. It was during the second pregnancy that he hit me the first time. (Interview Greisenegger, paragraph 172-178)*

The violence began early on in her relationship with her second husband as well: "Before we were married, actually. But very subtly. And after we got married it quickly reached a massive scale." (Interview Greisenegger, paragraph 335) The violence began early on in Ms Sillers marriage as well.

*Back then, shortly after the wedding, he already said that my brain was between my legs. He was - for the slightest reason he blew his stack. He was not able to deal with stress very well, not in the least. He also - he was so tight-fisted, which is to say, when we wanted to go out, then he got it from me, he said, you get money and in exchange you have to pay for me when we go out. But when I invited him out and I wanted to pay, he said: "you have to give me the purse because it looks silly when the woman pays." [...] He always made really cheap travelling salesman jokes about women, [...]. And that is how it always went. When we went somewhere in the car together, he always screamed and yelled and carried on in the car, criticising everything I was doing and saying what a mess I was making of things and how stupid I am and so*

*forth and so on. And just kept fuming and yelling. (Interview Siller, paragraph 25)*

*And that is how everything gradually escalated. Then he did not do anything in the household. Well, I built walls, I plastered them, I dug ditches, I really did men's work. And he had – he had to play tennis. That is how it began. (Interview Siller, paragraph 29)*

Four out of the ten interviewees stated that the violence began very early on, while four additional women said that their husbands became violent for the first time after two to ten years of marriage. The remaining two women dated the first violent incidences about 25 years after the wedding or with the period following retirement (after around 40 years of marriage). The date of the first violent incident relates closely to the definition of violence on the part of the interviewee, however. The passages from the interviews cited above indicate that these two women definitely understood verbal abuse, denigration, humiliation and tight-fistedness as violence. This is by no means always the case, however. When asked to tell something about the marriage of over 40 years, Ms Zangl stated first of all that she could not report anything negative about the first case, when she involved the police for the first time (several years before retirement). She then added, however:

*He always used to hit me earlier, but I somehow just accepted it. [...] He was like some sort of lord. He [treated] us according to the old school. (Interview Zangl, paragraph 66)*

Katharina Lobnig said something similar, namely that the first violent incident took place in 1975, which is to say after about 25 years of marriage. When the interviewer asked if there had not been any violent incidents whatsoever before this time, she answered:

*Well, yeah, there were. I think he used to slap me in the face a lot. Or he cursed me, so, well, you can say not the first seven, eight years. But he used to say all the time "kiss my ass". He [said] that a lot, things like that. [...] that is not pleasant when someone says things like that to you. If you ask me, that is already humiliating. [...] That has to, you know, that tortures you. (Interview Lobnig, paragraph 115-116)*

These two women consider verbal abuse and even slaps in the face to not be particularly worthy of mentioning. Such conduct appears to be attributed to husbands as completely normal. Things were similar with the so-called marital obligations. Most of the women answered the question as to whether they were raped in their marriage in the negative. As the following example shows, this is also a matter of what definition one uses:

*But when he was drunk and I did not want to do it: "You have to sleep with me!" Well, then I gave in, but, how should I put it, it was not pleasurable. (Interview König, paragraph 231)*

Only in retrospect is psychotic jealousy understood as the beginning of the violence. Ms Kralj attributes this late realisation to her childhood:

*And then my son [was born], I had him when he was seven months old. But there was always some kind of jealousy. He was always jealous. I thought: well, all right, that is completely normal that people are jealous without any reason for it. Then I had my son. Then he started in on: "Yeah, that is not my son" and bla bla bla bla. (Interview Kralj, paragraph 90)*

Alcohol and jealousy, the latter often resulting from an extreme control neurosis, are frequently cited by the interviewees as an explanation for violence being committed. No back-talk is tolerated from women and it is viewed as a challenge to male authority. The interviewees always found an excuse for the conduct of the partner, also looking upon it as "normal", "usual", "that's the way things used to be". Such a view of gender roles and acceptance of the gender hierarchy scarcely opens up any options for action to be taken, apparently only allowing conformity with roles i.e. submission, as a conflict-resolution model.

## 6.4 Violent experiences

As we saw in the previous chapter, some women have a definition of violence which defines IPV primarily as physical violence. To be more precise: limited to more serious physical violence, as for instance slaps in the face are considered to be scarcely worth mentioning and are only addressed in response to targeted questions. Nevertheless, the women interviewed cited a host of modes of behaviour which led to a massive restriction on self-determination and options for action. We use the following definition of violence in assessing the interviews:

*We define violence as a non-legitimate tactic exercising force which is intentionally used to hurt the victim physically or psychologically. Violence includes the use of physical force and injury and well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (to the extent that the victim is dependent on care and support by the partner or ex-partner). (Questionnaire expert survey "Older women as victims of violence by their partner or ex-partner; see Annex)*

### 6.4.1 Financial exploitation

On the whole, six out of ten women interviewed reported financial violence on a varying scale. Money is used as a means of pressure, of checking up on and humiliating women. Financial violence often begins with a dispute over household funds, the purchase of clothing and shoes for the children, personal needs (e.g. the haircutter). This (daily) request for money is perceived by the women as very humiliating.

*He was malicious and gave me no money to go shopping. He sent me shopping with five Euros. "What is it that you need now? I gave you ten Euros to go shopping just yesterday." Really deliberately rubbed my face in the dirt. (Interview Greisenegger, paragraph 326)*

The quarrelling began, according to the account of one of the women, at that point in time when she began working again. Independently of the income of the woman, which with one exception was much less than that of the partner in all cases except one, the husband demanded that a large part of it or even all of it be used to defray household expenses. The gender-specific division of labour was maintained with regard to the woman, while the husband did not adhere to this arrangement, or only did so in part: She still had to perform all of the housework, while he only performed his role as "provider" to a certain extent or not at all. When the husband of Hilda Flach blocked her access to the family account without even telling her beforehand, she stopped transferring her share of the household money to the account. She justified this citing the gender-specific division of labour:

*[...] because, I thought, I did all of the housework, so why should I also give him the money I have as well? But he always, he forced me again and again. I was supposed to issue an automatic debit order and have the money remitted to the family account. Because then he could have withdrawn even more. But I did not do that, and it was always something we quarrelled over. (Interview Flach, paragraph 611)*

In one case the conflict was ended by the woman, who was still married to him, filing suit to have him pay support costs. Erna Zangl dated the beginning of the financial violence when she herself retired:

*Then I had to wait for the pension until I was 60. And then that is when it all started, more or less. My husband asserted that everything belonged to him. He thought my pension belonged to him too. Then he did not give me any money. So I*



*went to court at the end of 2002, but first found out about the situation regarding my support. And the judge said that he definitely had to pay support whether we got a divorce or not. (Interview Zangl, paragraph 26)*

The court also ordered the husband to pay half of the costs of the apartment. When the pair lived separately, the husband discontinued making all payments – there were always difficulties with these before as well – so Ms Zangl had support executed by the court.<sup>84</sup>

Sonja Lutter also experienced massive exploitation. She reported that she had already begun two weeks after getting married to pay the debts of her partner from building his house. As soon as these had been paid, the husband still insisted on her ceding part of her monthly salary to him. She did this in order “to have peace and quiet”. Only when he refused to buy her a new winter coat did she inform him that from then on “your’s is your’s and mine is mine”. She paid for day-to-day expenses alone, however: “He did not even give me 1000 schillings to live on and everything together.” (Interview Lutter, paragraph 33)

Financial violence also takes place in the form of exploitation of the woman as a source of labour in the family business. The husband of Sylvia Greisenegger at the time only paid EUR 200 per month for working in the business after she had taken refuge in a women’s shelter six weeks before to get her to return. He did not register her as a family member working in the business, however, which meant that Ms Greisenegger still lacks pension insurance time today and the amount of the pension is very low. Nor was the promised “wage” always paid smoothly.

The common savings, the income from the sale of property, documents, insurance policies, etc., were also confiscated by partners.<sup>85</sup> The women involved speculated that this took place as part of a slow preparation for a planned separation. The husband of Erna Zangl withdrew all the savings and kept it under the bathtub for a long time until one day the money disappeared. In the divorce procedure she thus did not have any evidence that the money existed. An additional motive for financial exploitation was said to be envy and jealousy: “He kept me on a tight leash because he believed I had a boyfriend and was financing him. So jealousy also played a role.” (Interview König, paragraph 163) One husband used money as a means of pressure. The following passage from an interview with Agnes Trauner shows how her options for action were limited and how opposition and resistance could be broken:

<sup>84</sup> The divorce procedure had been going on for four years at the time of the interview.

<sup>85</sup> See Interview Flach, paragraphs 604-619; Interview Zangl, paragraph 26.

*And when there was no more sex, then there was no more money. [...] So he really let me know that I was dependent on him. Because back then I did not have any money of my own. I only started working later the last few years. (Interview Trauner, paragraph 37)*

#### 6.4.2

#### Psychological violence

All the women interviewed reported that they had experienced psychological violence. They confirmed findings in feminist research on violence that physical violence is frequently preceded by psychological violence or is accompanied by it (Haller & Kraus, 2010, p. 178; O'Leary 1999). The bandwidth of types of psychological violence which the interviewees experienced is broad. In a few cases the accounts of the interviewees on the behaviour of their partners suggests that these involve idiosyncrasies which become unbearable over the course of long years of living together (for example, a certain perfectionism or certain types of compulsiveness). The majority of the accounts suggest, however, an intentional behaviour with the aim of insulting, humiliating and degrading. All the interviews have in common references to insolent verbal tirades and the everyday insufferability of the partner. The partner complained about petty things, was dissatisfied with everything, could not be satisfied with anything and was "a pain". Meals had to be on the table on time, but the husband often did not show up or did not touch the food and instead opened up a tin, or he threw the food on the floor, just to provide a few examples. The dissatisfaction was always associated with crude four-letter words; calling the wife stupid and dim-witted were the more benign statements. According to the women surveyed, the insults degenerated into ranting and raving. Two women experienced this as extremely distressing after weeks of silence on the part of the partner following a conflict. The verbal aggression ultimately led to social isolation. The interviewees did not invite any of their female friends, acquaintances or relatives to visit them any longer in order to avoid the embarrassment of others seeing their humiliation.

*I could not invite anyone over, however, because he was brutal, he would have bad-mouthed me in front of the people. "She will be going to the foreigners, and there." Then he did not say just say, she sleeps with them. Please excuse me, when I use the word, but he said: "She always screws all of them." That was how brutal he was. And I was then embarrassed when someone was sitting there and I was stripped*

*naked in front of such people. (Interview König, paragraph 299)*

Verbal attacks definitely also were made before a public audience (in front of children, acquaintances, friends and strangers), and secondly the women felt their honour had been violated and that they had been humiliated when he boasted of specific sexual practices or accused them of all kinds of things. This was often accompanied by objects being thrown, food items or beverages being deliberately poured out onto the floor or groceries and crates being flung all over the apartment.

About half of the women told about limits being placed on their actions in everyday life. They mentioned rules against using certain rooms of the apartment; bans on watching television; not being allowed to work in the garden; rules on when the light was to be switched off in the evening; refusal to take the wife somewhere in the car; prohibitions against using the telephone and/or writing letters and similar. The accounts of the interviewees on the rules, limits and prohibitions remind one how adults sometimes behave with badly behaved children. The degradation of the women to children, to objects of patriarchal dominance, is obvious here. The partner's patriarchal view of himself is also expressed in an "extreme" need for control – as the women surveyed often emphasised.

*I was forced to be inactive. I was not allowed to do anything. I was not allowed to do anything in our garden. He prohibited me from everything. [...] He wanted to control me continuously. He wanted me to put my underwear with his underwear, my stockings with his socks and all kinds of things like that. Everything together and as close as possible. Dreadful. (Interview Siller, paragraph 57)*

The control attempts were also expressed by the women being picked up from their jobs unexpectedly, spying on them when they were doing their daily chores, restricting their movement, not even letting them go to the telephone, the husband coming home unexpectedly, etc. The women surveyed attributed this to the "extreme jealousy" of the husbands (a total of six out of ten women mentioned this). At the same time, they were equally jealous of men and women. Even greeting acquaintances and colleagues unleashed abusive invectives and accusations.

*He was insanely jealous. When I met somebody on the street, whether it was a male or female colleague, then he said I was evil and he called me every name in the book. So whenever I saw anyone, I had to look the other way. (Interview Lutter, paragraph 81)*

In three cases the jealousy reached the point whether the husbands voiced doubts about the fatherhood of the children, who had in the meantime grown up. When Ms Trauner became pregnant with her fifth child, her husband accused her of having a relationship with her son in law. Arlenka Kralj noticed that her husband was jealous early on – he already questioned the fatherhood of the first child. But when both the children were grown up, he demanded that a fatherhood test be performed on them. The husband of Erna Zangl also did this. How injurious this is/was to the women is demonstrated by the following excerpt from an interview:

*40 years. Well, that really hurt me. Not just that he called me a whore for 40 years, the whole time, but that on top of it all he claimed that they were not his children. That is, it is simply ghastly. This injury, it is awful. [...] I thought he was capable of everything, but not that, I really didn't. [...] That wounded me so deeply. He hurt me emotionally my entire life and then he added that to it all. Well done. (Interview Kralj, paragraph 913)*

The women repeatedly felt the need to affirm their loyalty during the entire marriage in the interview. The jealousy was considered to be pathological.

The unpredictability of the husband was an important element in the exercise of violence. The husbands disappeared for hours, some for days and weeks without the women knowing anything about where they were. On the one hand, the women were happy to have some "time off", on the other they were filled with apprehension about his return. Thus the husband of Ms Zangl's unexpected appearance in their common apartment – after the second court order he got his own apartment – and his staying as long as he pleased became a means of terror. Among the most difficult uncertainties for the women were the direct and indirect threats to life and limb, whether this was by saying at so-called "family tragedies" that one didn't know what one was capable of doing or whether by threatening to murder the entire family. The fact that some men had guns reinforced the fear.

The list of acts of psychological violence, which included actions such as locking their wives in the cellar, turning off the heat in winter, locking them out of the apartment, neglecting them when they were sick, hiding medication, could be lengthened interminably. This already suffices to show, however, that the women interviewed were and are subjected to many forms of psychological violence.

### 6.4.3

#### Physical violence

Slapping, slugging, pushing, hitting (with fists, objects, crutches), kicking (in the stomach, the legs, in the back), pulling the women's hair or dragging them through the apartment, strangling them, threatening them with a knife or attacking them, throwing them against doors, pushing them down stairs – these are examples of the physical violence which was experienced. All the women interviewed stated that they had been physically abused. Eight of them experienced massive physical violence over a period of several decades. The other two women stated that physical violence was a one-time affair without any serious physical injuries being suffered.

None of the women themselves stated on their own that they had experienced sexual violence in the interview. Five women suggested this, which prompted the interviewer to ask in a targeted manner whether they had been raped when married: three women answered with a clear "yes". One interviewee mentioned in this connection that she had been beaten to force her to have sex, with a second responding to the question of the interviewer by saying that, if she refused, "the turmoil would be all the greater" (Interview Lutter, paragraph 235). Ms Trauner described how she spoke with her granddaughter about the sexual violence she experienced:

*Because I often said: "Listen, I always had to be available." Even when my spinal discs were causing me pain, he could not have cared less, I had to do it. She [the granddaughter] said: "Grandma, that was rape." I said: "Yes, Cornelia, that was rape and I could not do anything about it." (Interview Trauner, paragraph 877)*

She also answered the question of the interviewer as to whether she had perceived this as rape before the conversation with her granddaughter. The two other women answered in the negative. In the answer given by Ms König, however, the pressure is evident:

*But when he was drunk and I didn't want to: "You have to sleep with me!" Well, then I gave in, but how should I put it, it was no pleasure. (Interview König, paragraph 231)*

There seem to be different notions of rape present here. While some of them defined having sex as sexual violence in spite of their having "given in", the others viewed "relenting" as consent to sexual activity.

#### 6.4.4

#### Triggers and causes of violence

The persons surveyed were scarcely able to identify what triggered the violence. They repeatedly used the phrase “out of nowhere”<sup>86</sup>. There was no pattern when the man went off, became violent.

*Int: And what triggered the violence?*

*AK: Nothing. It's like, everything you do is wrong. It is wrong the way you are drinking, it is wrong the way you are holding the spoon, it is wrong the way you are cutting with the knife. I have no clue. There is not, there isn't any kind of, where you can say, aha, that is the trigger now, because that is something terrible, right then, and that is why he flipped out. No, for nothing. We are sitting there very normally and eating and five minutes later everything has changed. Which is to say, it is just weird. (Interview Kralj, paragraph 346-348)*

The quote indicates that it did not matter what one did. There was no specific reason, and *any* action on the part of the wife could trigger violence. In principle a trifle would have been enough. In the accounts about individual instances of violence, the women mentioned as triggering event that the child did not do as it was told, that there were conflicts over smoking in the apartment, because she did not share his opinion regarding a minor issue, because she wanted to act as a go-between in a conflict, because the food did not taste good, the dishes were not washed carefully, because the partner felt rejected and much more. Some women also emphasise that the trigger was to be found in the realm of fantasy of their partner: They imagined that their wife was having a relationship with another man or a women (see the preceding section) or wanted to poison them (two women were accused of this).

Half of the women interviewed viewed alcohol consumption or the alcohol addiction of their husbands to be the trigger and cause of violence. With one exception all of these women said that their husband had already been violent when he was sober, but more brutal and less inhibited when drunken, and that they always had to expect violence when he was in this condition.

*He was an alcoholic and let it rip at every opportunity. And yeah, really nasty. Crazy, totally crazy, he only rampaged, I was just dumb and that is the way it is everywhere. [5 sec.]*

<sup>86</sup> See Interview Kralj, paragraphs 110, 405; Interview Zangl, paragraph 74; Interview Flach, paragraph 392; Interview Lutter, paragraphs 127-133, 263; Interview Greisenegger, paragraph 198, Interview Siller, paragraph 145.

*Yeah, when he was hitting the bottle, things got really bad.  
(Interview Greisenegger, paragraph 126)*

Jealousy also played a key role in the exercise of violence. As was already discussed in sub-chapter 6.4.2, six women stated that their husband had been “very”, “extremely” or “pathologically” jealous. Here as well a greeting or a friendly smile from the neighbour was enough to spark a spasm of violence.

In particular those interviewees whose husbands were very jealous thought that he was psychologically ill, “not quite right in the head” (Interview Trauner, paragraph 89), “should have undergone treatment long ago”<sup>87</sup>. Two additional women considered one indication of the presence of a psychological illness to be that they accused their wives of wanting to poison them.<sup>88</sup> Hilda Flach, whose husband had a diagnosed psychological illness, at first excused the initial instances of violence with this explanation. Later – in her opinion – he used the illness to terrorise the entire family (Interview Flach, paragraph 296).

One woman viewed the underlying cause of the violence to also be related to the fact that her second husband wanted to “get rid of her” (Interview Greisenegger, paragraph 342), while another woman assumed that her husband had been put up to it by a neighbour who he was rumoured to be having a relationship with after his retirement (Interview König, paragraph 19 und 147).

Only one interviewee located the cause of the violence among other things in her husband’s view of women. “For him a woman, especially his own wife, is the lowest form of scum.” (Interview Trauner, paragraph 305) Agnes Trauner concluded afterwards that her husband was guided by traditional gender roles in which the male has sovereignty over the wife. Sylvia Greisenegger views violence to also be a sign of male weakness; they do not have any self-confidence and have to compensate for it by dominating women: “Keep them down, so that they can feel big and strong.” (Interview Greisenegger, paragraph 774-778)

#### **6.4.5** **Aggressors – two-faced men**

All the (former) husbands were older than their wives; the age difference ranged from one to nine years. Nine partners had completed vocational training (eight completed an apprenticeship, one a higher vocational training school), even if some of them worked in another occupation; one visited an upper level second-

<sup>87</sup> Interview Zangl, paragraphs 66 und 74; Interview Trauner, paragraph 65.

<sup>88</sup> Interview Lutter, paragraphs 309 und 319; Interview Lobnig, paragraphs 77-98.

dary school (*Gymnasium*).<sup>89</sup> Two of the (ex-)partners were civil servants, two were self-employed at times, while the rest were employed. All the men worked at least 40 years before retirement. Their pension is significantly higher than that of the women: according to the interviewees, three of the husbands received a pension between EUR 1,000 and 1,500, four others between EUR 1,501 and 2,000 and one between EUR 2,001 and 3,000.<sup>90</sup> Three former husbands had children from previous marriages, but never lived in the same household with the interviewees.

In their description of the aggressors, many interviewees made a distinction between their behaviour in public and towards them as wives. Six out of ten women described their husbands as a man "with two faces". Towards the outside world charming, polite, forthcoming, friendly and cheerful; at home brutal, tyrannical, dominant, "a tyrant from the old school" (Interview Zangl, paragraph 66), violent-tempered, bossy and opinionated, "the patronising type from the turn of the century" (Interview Trattner, paragraph 67), perfectionist, a control freak and unpredictable. This "two-faced" character must have made it difficult for these women with what they had experienced to appeal to outsiders for help, as they assumed that nobody would believe them. Some women said, however, that the former partner often quarrelled with the neighbour. Two aggressors were moreover described as "liars", "spinners of yarns", "braggarts" and as swaggering types. Some interviewees were of the opinion that their former partner did not have any friends as a result of their bossiness and "know-it-all" attitudes and were lonely. Problems with the (former) partner, making friends and communicating with others were also mentioned by some women. The partners are frequently characterised as "cranks and eccentrics" who were either loners, did not have any hobbies or were always looking for an argument with others. Two ex-husbands were passionate hunters or fishermen. Two women described their ex-husband as very friendly with women, who for them were nothing more than objects of desire and servants. These unflattering descriptions compare with few positive traits of these men. In some cases, their intelligence, education and athletic prowess were emphasised; it was frequently noted, on the other hand, that they "worked hard". Only one woman who is still living in the same household with her partner said that "he is a good person" (Interview Trattner, paragraph 223). To cite an example of this, she stated that when she had to undergo an operation he took care of both children and the

<sup>89</sup> Three husbands were butchers; one each were a carpenter, optician, electrician, chemist, translator, metal-worker, forester, baker, domestic worker and chauffeur.

<sup>90</sup> One interviewee was not able to state the amount of her ex-husbands pension and the husband of a second interviewee had already died ten years previously.



household – otherwise he was also said to be very strict with himself (not only towards her and other people).

How did the husbands behave after the outbreaks of violence? If one follows the statements of the interviewees, the men never excused themselves for their deeds. Only one woman mentioned that her former husband, who especially beat her when he was drunk, brought her flowers or other “little somethings” the next day, although he never offered any verbal apologies. After the husband of Ms Flach received his first court order, there was an out-of-court offence resolution. In order to avoid a fine, it is necessary for the aggressor to apologise and show that he realised that what he did was wrong. The interviewee said that this was the only reason why Mr. Flach apologised; on other occasions this did not happen. All the other women said that the men were silent over the violence either for several days or weeks (or they disappeared) and afterwards acted as if nothing had happened. Attempts on the part of the women to obtain support from outside in order to improve the marital relationship were always rejected as well. The inability to admit that one’s self is to blame is an effect of the claim to sovereignty over the wife. As was already stated above, according to the recollection of the women, the attempts at reconciliation never came from the man, but rather always from the victims themselves.

When women filed charges for physical injury, a few men filed counter-suits or accused them of lying. They always behaved in a cooperative manner with the police – only one man ignored the court order which was issued. Another aggressor left the apartment without resisting, but he cleaned out the family bank account so that his wife did not have enough money for groceries, while another discontinued paying support. When the police did not take any steps against the aggressors, this was viewed by them as confirmation that the violent acts were not worth mentioning or were even allowed.<sup>91</sup>

When women stated their intention of separating by either seeking refuge in a women’s shelter or with the children and/or filing for divorce, some men who were still married to them (even though these were only a minority) reacted differently than usual: they attempted to persuade the women to change their minds by making promises and asserting that they could not live without them. Here they often also brought by close relatives of the victim who were supposed to convince the women of the honourable intentions of the men – a ploy which

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<sup>91</sup> This effect can clearly be seen in evaluations of the Austrian Act for Protection against Violence (*Gewaltschutzgesetz*): In contrast to police interventions with court orders and restraining orders, so-called conflict mediations are not perceived as sanctions by the aggressors, nor do these lead to a change in behaviour, instead tending rather to strengthen the aggressors in their conviction that their conduct is lawful (Haller, 2005).

was often successful. The less hope the men had that the women would return, however, the more they bullied them: they harassed them at night by calling or ringing at the front door, filed charges for theft and trespassing, filed petitions for reviews of fatherhood, filed applications for their wife to be placed under custodianship, appealed court rulings, scattered grass seed on the vegetable garden, threw refuse in the garden and similar. This mode of behaviour indicates that the majority of the men continued to attempt to make the life of the women as difficult as possible in order to demonstrate their power. It also shows how much energy the women had to summon up to make it through the process of separation.

#### 6.4.6

#### Changes and turning points in the violent relationship

As was already noted in chapter 6.3.2, all the women experienced violence over a period of many years. By the same token, there were recurrent phases which were more peaceful, but all the women – with one exception – attested that the violent attacks had increased continuously.

*That developed, that was earlier, I don't know, well every two or three months he flipped out. Then every month, or every week, it kept mounting, yeah. So as he got older it kept on increasing. (Interview Kralj, paragraph 384)*

With regard to the change in the forms of violence, the picture varies somewhat. According to the statements in the interviews, in many cases it began with psychological violence, with physical violence coming later. No woman mentioned that the men became less physically violent in old age. Herta König stated that her husband then hit her more often with his crutch than his fist or the back of his hand. In one case financial violence appears to have cropped up as a new aspect after retirement. Not much can be learned from the interviews about the exercise of sexual violence in old age. Only one woman commented on this: after her partner began to require nursing care, there was no more or less voluntary sex any longer, according to the interviewee.

Some women identified changes in the violent relationship on the basis of a series of events, although we were particularly interested in the extent to which retirement constituted a turning point. But let us first address the periods prior to retirement. As such, increasing alcohol consumption is cited in connection with a change in jobs, for instance. In the accounts of the women, the cause of this is not attributed to dissatisfaction with the new working situation or social regression, but rather the new colleagues who motivated the men to drink, as

they otherwise would not have been considered to be “real” men. Arlenka Kralj, who experienced massive violence almost from the very beginning of her marriage, cites in addition to retirement or unemployment two additional turning points: the purchase of a house in the early stages of construction and the children moving out of the parent’s house. After the children were no longer available as a target for his aggression, the wife became the sole object of his violent actions. According to another interviewee, the electrical shock treatments her husband received for his illness “changed his character”. He became less accessible to other people and very self-centred after this (see Interview Flach, paragraph 192).

Eight out of ten women say that the violence of their husband increased in terms of intensity and frequency after retirement. (With the other two women this phase of retirement did not occur, as in one case the spouses worked in the same company, while in the other case the husband continued to perform his second job.) The lack of space which the persons surveyed had at the point in time of retirement was even exacerbated by the constant presence of the retired partner. The women stated that they were checked at every juncture, were not allowed to visit friends and visits to cafés were no longer tolerated.

*Yes, because he was there at home every day – of course. I was at home, he was at home, there was aggravation – that goes without say. Before he used to go to work or I went to work and we did not see each other the whole time. But then he was right behind me the whole time. (Interview Kralj, paragraph 544)*

This quote – one of many – illustrates that constantly being together makes the situation unbearable. This also suggests here that the husband first of all did not know what to do with his time, while secondly reflection led to far-fetched ideas and fantasies. Ms Lutter diagnosed it this way:

*Actually it was a bad time when as he [was] retired because he did not have anything to do. I was not able to sit there and hold his hand the whole day. As a woman one has work today in the garden and everywhere. So he just started to fantasise and sometime the fantasy appears to have taken hold of him. (Interview Lutter, paragraph 73)*

The husbands of the women interviewed apparently did not know what to do with their time. According to another interviewee, her husband drank himself to death through increased alcohol consumption due to lack of any other interests, which frequently led to additional violent confrontations. Hilda Flach also speculates that retirement removed one barrier to violence: her husband, a civil servant, was always afraid before retirement that he could lose his job if a court

sentenced him for his violent actions. Only one woman maintained after an initial deterioration following retirement that the relationship then improved. She offered the following as explanation: "It seems to me like the love perhaps returned a little. I don't know, I accept it gladly." (Interview Trattner, paragraph 291) Before she suffered from the restriction of her free space and social isolation; physical violence only took place once.

## 6.5 Dealing with violence

In spite of decades of physical violence, the abused women found ways of living with this violence. For this reason, in the following we examine the question of how women cope with an everyday life which is/was marked by violence and what attempts they have made to escape the violent relationship.

### 6.5.1 Conflict behaviour

The behaviour of the women in conflicts exhibits many facets. Here we can make a broad distinction between two types of behaviour: submissiveness and self-assertiveness. All the women interviewed mentioned types of behaviour which can be assigned to these patterns, but they were/are salient in differing degrees both individually as well as in the course of the violent relationship.

Submissiveness means that the women accept a role model which assigns the man sovereignty over the woman. The women have the role of the loving partner who is responsible for the well-being of the family and family harmony. All the problems within the family are accordingly attributed to the failure and fault of the woman. The degree to which the women interviewed accepted this attribution of roles is indicated by many sequences of interviews. One of the most dominant strategies in avoiding eruptions of violence was/is to avoid everything which could trigger violence on the part of the partner: make sure that the children have already eaten and are in their rooms, already sleeping when he comes home; to withdraw themselves when the partner is in a bad mood; to feign sleeping; to give in when there is a dispute, to not object or contradict; not to answer the telephone oneself so that he won't get jealous; to accept all the verbal abuse and vitriolics in silence. All these actions are tantamount to "vanishing" – spatially as well as the Self. The spatial "vanishing" of the women (and children) is self-explanatory. They disappear from the field of vision of the aggressor, including in order to protect themselves. The Self can be said to

“vanish” in the sense that the women attempted to shed any and all individuality, singularity or self-will which could offer a potential target. Reconciliation – as mentioned earlier – frequently took place upon the initiative of the woman. This is also an indication of submissiveness and the performance of traditional gender roles. The aggressors were moreover protected by the women stating another reasons for injuries and hiding the effects of violence with make-up and clothing. This mode of behaviour was held to be an attempt at de-escalation “for the sake of peace”. But, as the interviewees also concluded, not with the desired success:

*One makes too many concessions. I would not do that today, my whole life long, I only would not make concessions any more only for the sake of peace. (Interview Lutter, paragraph 81)*

*You already try to do everything right, and the harder you try and the more you do, the more brutal and nastier they get. It is good that at some point you say: "Stop now, I don't want this any more." But you first have to learn to say no, to say: "No, I do not want this today." I even practice this with myself. (Interview Greisenegger, paragraph 778)*

We understand self-assertiveness to mean actions which constitute a rebellion against the violent behaviour of the partner and actions in which the Self/one's own person is placed at the forefront and leads to more free space for the women. Actions which are aimed at ensuring one's own survival such as flight must also be seen to be a form of self-assertiveness. Three groups of self-assertiveness can be seen in the interviews: the creation of a personal space, trying to have an impact on the behaviour of the aggressor and the separation or attempts to bring about a separation. We explore the latter in the following chapter.

Eight out of ten women created a small free space by obtaining their own room. In six cases this meant a separate bedroom; one women had her own living area, which is to say a kitchen and a bathroom for her own use. With another women, living arrangements only allowed the beds to be set up separately in the same room. In one case the husband moved out of the bedroom, as Ms Trauner, as she said, did not want to be accused of failing to perform her marital duties. Violence led in many cases to social isolation, but female friends, their own children and relatives, creative courses, senior citizens' groups, which they visited against the will of their partner also increased their personal space. On the whole, three women mention such actions. Some interviewees no longer cooked for their husband in old age, who also had to go grocery shopping themselves.

They continued to do the laundry and clean the apartment or the house, however.

Some interviewees said that they had attempted to convince their partner of the need to change his behaviour so that life together could function properly. This included, for example, advising the partner to consult a psychiatrist or a men's counselling office with their problems (none of the partners followed up on this suggestion) or to show him how beautiful life can be. The behaviour of the couple which went to marriage counselling every fortnight over the entire duration of the marriage is extraordinary. One additional woman sued her husband for support, as he no longer provided any financial resources for their common household. By taking the usually very difficult decision to take legal action against their partner, the women involved also hoped to put an end to the violence. The majority of women surveyed filed charges against their husband for violence (in some cases several times), but this did not bring about a sustained change in behaviour.

An examination of conflict behaviour according to age at the point in time of marriage produces an interesting result. Women who got married when they were 16 or 17 (a total of three women) described significantly fewer instances of self-assertiveness. In their case the behavioural pattern of submission dominates as a conflict-solution model. The husbands at the time were between three and six years older and it appears that the submissiveness in their parent's household was replaced by submission to their husband, which meant that the women could not learn any other conflict-solution strategy, either. As we shall see later, it is these three women for whom it was emotionally particularly difficult to separate from their partner permanently. Now they are between 64 and 68 years old, which makes them among the youngest women in our sample, but they differ significantly from the older women in terms of their sensitivity to violence and acceptance of traditional gender roles.

### **6.5.2 (Attempts at) separation**

Separations (at times) are the most vehement sign of self-assertiveness. Some women stated in the interview that they prepared the divorce/separation for a lengthy period of time. Claudia Siller, for example, completed a training programme in order to have an additional financial base – her invalidity pension would not have been enough for her to be financially independent. Thus Sylvia Greisenegger also insisted on continuing to work, for instance, in spite of massive pressure from her first husband.

*Int: Did you give up your job then?*

*SG: No, I did not give it up because I always knew that the relationship was moribund so I did not give it up. I thought, no matter what happens, I will not give up the job. And I then carried through with it and that was really bad for him. I don't know [that I] practically lost a bit of my receptiveness. And he did not like that at all. (Interview Greisenegger, paragraph 264-266)*

Two women reported that they secretly bought a cell phone in order to be more independent and to be able to contact someone quickly if need be. The question involving the apartment is also a point of major conflict in the case of separation. One interviewee contacted a housing company secretly. She did all the phoning with it using the cell phone, while the written correspondence went through the address of a female friend and certain codes were agreed upon for phoning in case the point in time was unfavourable. Another woman registered at a retirement home without her husband knowing about it; after the last violent act and the court order was issued, a room was thus quickly made available to him thanks to the "brokering" work of the intervention centre. Permanent spatial separations were each time preceded by a series of other attempts at escape. A total of six women reported one to two attempts at escaping in the course of fits of violence. The women found refuge for several days to several weeks at their own parents, with grown-up children, with friends and, in the case of two women, at the women's shelter. And they always returned, even if nobody could understand why they did.

*And the children said: "No, you should not go back. You should separate, you must, it won't work." I did not, I never understood that. I thought: no, it will somehow work out, it will somehow work out. (Interview Kralj, paragraph 118)*

Two women got a divorce from their violent husbands, but remarried him a few years later. The women justified this step by stating that it was very difficult to have an independent life with five children and that their partner once again courted them a long time and promised not to drink alcohol any more.<sup>92</sup> Half of the interviewees reported several attempts at getting a divorce; four women already filed for divorce and either withdrew it or let it lapse. On the whole, eight out of ten women were living permanently separated from the aggressors at the point in time of the interview (see also the chapter "Methodological approach"). Four women were divorced, two were going through a divorce, the husband of one interviewee died during the divorce procedure, which lasted several years, and one woman was living permanently separated from her hus-

<sup>92</sup> The topic of why the women return to the aggressors again and again or stay with them so long is addressed in more detail in the following chapter.

band without divorcing him. The divorce procedure took very long in some cases – between 15 months and four years (for example, in connection with the splitting up of assets, in one case as a result of a change in the judge, in three cases there was a delay as a result of the aggressors being placed under custodianship)<sup>93</sup>.

*Yes, I moved out, then there was finally a divorce date, a date for a hearing. Then another hearing date and another hearing date, then he did not come to the hearing and then his attorney could not make it for some reason or another. So the whole thing took ages and the entire divorce took more than three years. He also, he did really crazy things. He did not pay the first attorney, whom he was supposed to pay, and he then billed me for it and then I paid for it and had it taken from him by means of execution. Then he sued me for fraud and slander and all kinds of things. (Interview Siller, paragraph 61)*

Disputed divorces in particular are always associated with an enormous psychological strain. The very long duration is above all an extreme burden for older women: uncertainty over who will be believed, the right way to behave in front of the court and the outcome of the procedure; the disclosure of all conflicts; confrontation with old as well as new accusations and much more. It is for this reason not surprising that some women either withdrew their petition for divorce or allowed it to lapse. Ms Greisenegger mentions in addition fear of new violence.

*But then on the day of the divorce, there is so much going on and you think you are not going to make it through. And that everything else would just be the lesser of two evils. And one hears so much everywhere before the divorce, that women are killed and violence even escalates and all kinds of things like that. And you have all of that stuff in your head. (Interview Greisenegger, paragraph 762)*

This long procedure also wears down the women so that they sometimes consent to things which are not always advantageous to them. Some of the women interviewed found the procedure humiliating as well. The court actions to establish fatherhood and bickering over money were perceived as especially injurious.

Three out of ten women interviewed do not want a divorce. Those who live permanently separated from their husband do not want to do this for financial reasons, two of the others cannot imagine leaving the house which they built to-

<sup>93</sup> Two additional divorces were pending after procedures lasting four years and one year, respectively, at the time of the interview.



gether and/or leaving their husband alone. They appear to have become resigned to the situation and the living arrangements which the men adhered to – separate bedrooms or separate living areas – were usually sufficient to protect them against physical violence.

### 6.5.3

#### Causes and reasons for not separating/ staying in the violent relationship

The question as to why they returned to their violent husbands or did not separate from them for a long time was not always easy to answer for the interviewees. Looking back, they scarcely understand their behaviour today – either that they were subjected to violence for so long or that they returned to the violent relationship or withdrew the petition for divorce or allowed it to lapse (a total of five women). They nevertheless do find a host of explanations for their behaviour which also say a lot about societal structures, power relationships and gender-specific role models which people act out. It is always a complex made up of existential imperatives, individual personality structures, hopes and societal norms which make it more difficult to escape a violent relationship.

The interviewees mention *existential fears and imperatives* most frequently as the reason for remaining in the violent relationship for such a long time. As was stated in the foregoing, only four women worked almost the entire time, while all of the others interrupted their work for a lengthy period in order to raise a family. Some of them went back to work after ten to 15 years. The pensions they draw are significantly higher among the women who have been insured for many years than among the others, but they reflect the generally low level of women's income. Two women have pensions of between EUR 500 and 1,000, one woman receives EUR 1,100 and the former civil servant between EUR 1,500 and 2,000. The pension of women who did not work the entire time is between EUR 350 and 700, while one woman does not have any pension at all.<sup>94</sup> This very low income in most cases underscores the economic dependence of women on their (ex-) partners during and after the marriage. Four women received support from their ex-husbands; two moreover received a compensatory allowance because the statutory minimum income of EUR 784 (2009) is not reached with the support. Economic dependence is in part perceived as being so great that they did not even once contemplate ending the relationship (see Interview Zangl, paragraph 436-451). The existential fears were also connected with the

<sup>94</sup> On the income situation of older women in Austria, see chapter II. The mean gross annual income for pensions which are subject to mandatory insurance requirements for women was EUR 11,000 in 2007; two-thirds of persons entitled to compensatory allowances were women.

concern that as a single mother and long years of interruption in work they would not find a job.<sup>95</sup> Ms Trauner moreover referred to lack of vocational training:

*We did not have any work, where would we have gone? No occupation. We did have a small farm at home and I helped out there and that was it. Yeah, and then I got married and had the children and that was it. We do not have a lower level secondary school (Hauptschule), either, and did not have anything; that was nothing back then. (Interview Trauner, paragraph 37)*

Herta König did not leave her husband because she could not imagine among other things how she would feed her four children. Nor did she file charges against her violent husband because she feared that he would lose his position as a civil servant (see Interview König, paragraph 195-199). The men frequently threatened the women that if they separated they would not pay support for the women or for the children, a threat which the women took very seriously.

The possession of the house also made it more difficult for many women to separate because it had either taken a lot of effort to build and/or because the house which was inherited reminded them of their childhood, which meant that the women could not so easily separate from it. In the interviews it was evident how difficult it is for woman who separate from their husbands and have to leave their house and be satisfied with a small apartment; but to stay and continue to endure the violence would also have been too high a price. It is not only the emotional ties to the house, to that which one built together, but also the economic situation of the women which made it difficult for them to break away. Most of them did not have enough money to pay off the man for his share (in some cases there were still loans which had to be repaid), so the sale of the house was the only option available; both were difficult as a result of the emotional ties. Agnes Trauner, who inherited her parents house (which the husband squandered and frittered away on alcohol) and together with her husband built a house on the property which she also inherited, summed up looking back at the separation and her reasons for returning:

*Well, we built the new house back then. And at 44, 45 years that is supposed to be everything, I thought. What now? Where to? The child was small. Then I got a nice job. Then I was, I lived a couple of months at my daughter's. I then worked at the bakery over there, she hired me for 30 hours a week and that was good money back then. I earned 5,000 or*

<sup>95</sup> See Interview Flach, paragraph 398; Interview König, paragraph 251; Interview Trauner, paragraph 301.

*6,000 shillings back then. And yes, that – but I did not get any apartment. At home I had everything that belonged to me, I had two houses standing there, we still had that other one as well. (Interview Trauner, paragraph 301)*

Ms Trauner finally left her house 15 years later, even though she still owns it. Five out of eight interviewees who separated were co-owners of a house. Two of them, initially sole owners, had their husbands registered in the Land Register. After separation only one woman lived in her house; as a result of her relatively high income, she was able to buy the share of her ex-husband. The house is also a reason for staying in the relationship for one of the two women who did not separate; for her, it was also a matter of principle:

*I cannot do that and I would not do that, either, because why should I pave the path for him? I am supposed to move out and limit myself in some way there? (Interview Lobnig, paragraph 501)*

The interview passages above already suggest that the women also did not want to separate because of the *children*. The financial aspect was only one reason here, however. In particular notions of the “right family”, which is to say the nuclear family consisting of the father, the mother and child, and the children needed their father. These views appear to be so embedded that in spite of the violence the father also perpetrated on the children, a separation was difficult to conceive of. The inferiority complexes of the women become evident when they talk about their fear of the children possibly going off “on the wrong track”.

*That was the fear in me. The children were not working yet, and then I thought: yes, at the company this means: yes, but your parents, who are they? I wanted to protect them so that they .. What kind of parents do you have? They only fight and argue the whole time, brawls and so forth. And thank God, I can say, that they have not got off on the wrong track. (Interview König, paragraph 19)*

Although all of the interviewees were responsible for raising the children and watching over them themselves, they did not feel like they could cope with this after a divorce.

*Societal conventions* also played a major role here. Divorces were still rare in the 1960s and 1970s, particularly in rural areas. This caused many women to shy away from such a step, especially when there had not been any divorce in the family they came from to date. Some women related that they wanted to protect their children from gossip of people and not put any impediments in the

way of their development, as it is difficult for children of divorced parents to find an apprenticeship.

*AK: Then I thought: no, because I married him without asking anyone, and now I am supposed to [trouble] my parents with this? "I cannot live with him. Now I have children." And then people would say: "Your children without any father" and bla bla bla. [...]*

*Int: You thought your parents would react like that?*

*AK: Exactly, yes. Because it was not common that - Nobody in my family had ever been divorced. So, that was - that did not happen. [10 sec.] Yes, it is - I believed that I could make it through to the end, but no, it did not work. (Interview Kralj, paragraph 488-497).*

The accounts indicate that the women were seeking ways to avoid destroying the status of the father in the family; here as well, one sees submission and the preservation of dominant-submissive relationships. Sylvia Greisenegger, for example, hid her injuries from her colleagues at work, justifying this as follows:

*They visited me then and I also lied to them and told them that I fell down the stairs because I was so embarrassed or, I don't know why. I actually don't know why. Or I wanted to protect the children so that people would not gossip and say: "he hits her". I always had in mind that the boys should not -. [4 sec.] In spite of this I did not want them to have a bad opinion of their father. For the sake of their future. (Interview Greisenegger, paragraph 270)*

The preservation of appearances, which is to say adherence to societal conventions on the surface, went hand in hand with shame and embarrassment. Fear of what the neighbours, acquaintances and colleagues at work would say and the loss of the good reputation of the family in the community is one aspect. Another is that it is/ was considered to be a disgrace to have a bad marriage (see Interview Trattner, paragraph 457-475) as well as put up with this violence and to come into such a situation (see above).

Some women attribute their remaining for so long in the violent relationship to *socialisation and their parents*. Their parents never quarrelled (at least not in front of the children), they were the role model for their own relationship and they tried to attain this idea. Only two women mention in this connection the influence of Catholic upbringing, which caused them to put up with a lot. Ultimately they were able to distance themselves from religious views more quickly than other societal norms.

*Int: But that was something you thought about as well, that you tried to keep up the relationship for so long after all? Your Catholic background.*

*HF: True, but not only that. I don't put much stock in self-sacrifice or masochism or allowing yourself to be tortured. (Interview Flach, paragraph 656-658)*

Sylvia Greisenegger turned her back on the Church after her first divorce.

*And I also took Catholic education very seriously and was really a practicing Christian for years until the first divorce. Then I was just gone, then I thought, something is not right here, something, I did not do anything, what did I do? (Interview Greisenegger, paragraph 726)*

The interviewees addressed the influence of their parents especially on their own personality structure. Be it because the parents had raised children who were all too "good-natured" (see Interview König, paragraph 15), or they were made responsible for everything very early on and for this reason placed the blame for the violence in their relationship on themselves. Ms Greisenegger, who during her stay at the women's shelter received psychotherapeutic assistance, in which she also explored the reasons for her long stay in two violent relationships, reflected upon her socialisation and its consequences as follows:

*SG: It is simple, it marked my whole life. When I think back on the past today, in my childhood I was responsible for everything, then I already married my first husband when I was 17, he was once again a stress-maker. And everything was always my fault and the whole mess and that kept on until the divorce and then I began to live and for the first time really thought about how things happened that way. And I always came back to, yeah, something my sister said. I was to blame for a lot of it myself because I put up with everything. But I still do not know today why I put up with it. The psychologist analysed it up to the point where she said that inside I was still a child. The inner child is still that, I am responsible, I must not make any mistakes. She came that far and I believe the further away it all is from me, the more I believe it too. [...] My sister had the same experience. The only difference between my sister and me was, and that is apparently so great, my sister was in this way and that a different person, not so conscientious, well because she was not made responsible for everything. And she left school and then had some time and did not get married as fast as I did, she*

*was able to grow up, that is how she explained it to me. She was able to grow up, and then she got a divorce, too, but her husband did not beat her, [...] So she had her life, how did she put it, she noticed what was happening in her life, now I am grown up, now I can do what I want. My life, that which I apparently have not experienced, I went to school, the nuns and the monks and there you have it again. [...] and the pressure again, that is how the [psychologist] explained it. And then the pressure continued, then I had my husband, then I had the pressure again and never came around to, I never became aware that it is my life now and there I am myself, what I want and what I don't want. I always had to want what others wanted from me, that was simply my life. Not self-determined, that is how she put it. And that, apparently that was such a major difference. [...]*

*Int: And do you believe that yourself as well?*

*SG: The longer that it is over, the more I am convinced of it, yes. Because it must have been something, because I am not stupid, I am not dumb. (Interview Greisenegger, paragraph 718-722)*

Sylvia Greisenegger continues to believe that it was her own fault – she is not the only one – for staying in the violent relationship too long, but is beginning to reflect on the reasons for her behaviour, however, which she identified with the help of her psychotherapist in the absence of a development from child to adult personality. In addition to financial constraints, the women interviewed most frequently cited personal deficits as the reasons for maintaining violent relationships for decades; here in particular the lack of self-confidence, whereby the women definitely pointed out that this is also a result of long years of violence.

*I had too little self-confidence because he always put us down, including the children. This one was stupid and that one could not do anything. And when you are told that long enough, you start to believe it yourself. (Interview Zangl, paragraph 242)*

The interviewees also cited convenience, fear of being alone, conflict avoidance, being afraid of the partner and feelings of responsibility towards the ill and violent partner and the lack of future prospects as reasons. Monika Trattner (paragraph 363), who still lives in a common household with her husband, stated as the reasons for this lack of self-confidence and her age. She has grown tired and does not have the energy to quarrel and to separate any more. Sylvia Greisenegger (paragraph 762-770) also conjectures that for some women returning

to the relationship is the easier route to take than having to confront the upcoming changes resulting from separation and all the struggles and potential new outbreaks of violence. Agnes Trauner, on the other hand, states her lack of energy as a reason why she now decided once and for all that she no longer intends to continue the relationship:

*And I no longer want to have anything to do with him, it is over, nothing. I have no more desire for it. I can't do it any more. 51 years, the way he plagued me, unnecessary. I am a woman who always swallowed it all. We are a generation in which one gave in, as they used to say. (Interview Trauner, paragraph 37)*

This weariness led, however, as was already stated above, to the women not filing for any compensation for pain and suffering and waving the splitting up of their common assets and/or support payments they were entitled to.

As a result of existential imperatives and fears, societal conventions and individual personality structures, the women remained stuck in these violent relationships for a long time. What was decisive, then, in leading them to separate? In most of the cases it was the continued violence of the partner, who in the perception of the interviewees exceeded the levels of the past by far and this was the straw that finally broke the camel's back. About half of the eight women who live permanently separated from the aggressor were afraid for their life; they were strangled or threatened with a knife or the partner threatened to kill them. The other women had to recognise that their partner would no longer change and that all the promises were just hollow words. They recognised that, if they still wanted to have a few years of peace before them – there was no alternative to separation. Nevertheless this was a difficult step for all of them, which for the most part was only possible with the support of persons close to them and help facilities.

## 6.6 Help-seeking behaviour

It is repeatedly asserted in the literature and also by the experts interviewed as well that older women turn to help facilities for support in cases where they experience violence much less than younger women. The help-seeking behaviour of women was a key point in the interviews, whereby we first of all explored the question of whom in their social environments the victims of violence told about their experiences and how the persons they addressed reacted. Secondly, we were interested in experiences with institutions such as the police and hospitals,

facilities for the protection of victims (e.g. centres for protection against violence<sup>96</sup>, women's shelters) and other social facilities (e.g. women's and family counselling offices).

### 6.6.1

#### About better and less well informed persons

From that which has been related thus far, we know that the social environment must have been aware of the violence in almost all of the cases: whether it be through the noise and/or the cries for help, whether it be as a result of violence perpetrated in front of the children, other relatives living in the household or the public area, whether it be because the women (with children) fled to relatives, acquaintances, female friends and neighbours.

The children usually are among the earliest witnesses of violence committed against their mother and have thus been confronted the longest period of time and have themselves often been exposed to physical abuse by their father. Only one woman stated that she kept it from her son for a long time that she was beaten: this was only possible because her son no longer was no longer living in the common household when the violence began. It cannot be said to what extent this was really the case, as the interviewee also stated that she was slapped and verbally abused already early on in the marriage. Daughters and sons frequently became sources of support for the women when they were adults, with their mothers calling them in emergencies, where they found the possibility to tell someone what was happening, to whom they then fled again and again for several days to weeks, who intervened with the aggressors, etc. In some cases the children were also the driving force in the women ultimately achieving a permanent separation. The support was primarily emotional in nature. The children assured their mother that they would support her financially if need be, help her in looking for an apartment or allow her to live with them. Even if such help was not possible for most of the women – they did not want to be a burden on the children or their pride did not allow it – these offers were above all a gesture of not being left alone and a last “anchor” when it came to a question of survival. The affirmations of solidarity were also understood as a sign of solidarity and support for the (intention of) separation. Few children

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<sup>96</sup> The facilities for the protection of victims, which have to be notified by the police if they intervene under the Act on Protection against Violence (Gewaltschutzgesetz) were originally called “intervention centres”; in the meantime all but one of them have changed their names to “centre for protection against violence”. When we refer to “centre for the protection against violence” in the following, this also subsumes intervention centres.



pressured their mother to separate, but most of them supported their mother in her effort.

*That was also the reason why, I was already 60 years old, that I did not know what would become of me. The boys said to me: "Mother, you can rely on us, but you have to leave yourself." (Interview Greisenegger, paragraph 118)*

In particular children who were frequently beaten by their father did not understand why their mother returned to him again and again or stayed with him. Looking back, for instance, Ms Kralj said she probably would have gone back to her husband recently if the children had not threatened to break off all relations with her if she did.

*Now the children thought that it was right. They only said that if I went back, that I could forget about them. "You can go back, but you will lose us. You may have him, but you will lose us." That was the first thing that they said. [5 sec.] Perhaps I would have really gone back, stupid as I am, if the children had not reacted that way. Who knows what I had in my head still .. Because at the women's shelter they also said: "Well, I don't believe that you would have left if the children had not reacted that way." They noticed, after all, how much I hang on to everything, it is terrible. (Interview Kralj, paragraph 500)*

In spite of all the support in principle, the attitude of some children is definitely ambivalent, particularly when separation of the parents means more responsibility on their part for the parent requiring nursing care – in our case the father. Thus, the children of Herta König welcomed the court order issued to the father and his temporary lodging in a nursing home as a sort of "lesson" for the aggressor, but were not able to conceive of this as a permanent separation.

*I say: "You have to take care of him. If I move out, I won't have any more contact with him. I won't take care of anything any more." "You can't do that!" Says I: "Oh, yes I can!" Then I left, and I said: "Oh, yes, I can no longer go there. Because I can't go back there if I move out today," I said, "I am not going back there. When he comes back home and I go there tomorrow," I said, "there will be a corpse there the day after tomorrow." That is really what I told them. And my younger daughter said: "Yes, that is true. Do you all want us to have to visit mother in the graveyard for Christmas?" (Interview König, paragraph 594)*

The aggressor remained in the nursing home. This example illustrates not only that the children were emotionally attached to their father, but also the social

(in this case internal family) pressure which women are subjected to if they no longer want to fulfil their traditional roles.

Other family members such as parents (in law), siblings and brothers and sisters in law usually also knew about the violent attacks. They were definitely eye-witnesses; only one woman said that she played down the situations with her parents and siblings. In contrast to the behaviour of the adult children, in this case she seems to have received less emotional support. Some women report that the biological and stepmother behaved "neutrally", in the best case trying to talk to the aggressor and convince him what a wonderful family he had. The victims of violence explained the alleged indifference of their mother to the effect that she had had similar experiences and for this reason viewed violence on the part of the partner as "normal", or preferred to "sweep everything under the carpet" (Interview Greisenegger, paragraph 306). The siblings and brothers and sisters in law appear to have had "pragmatic approach" here; accordingly, a divorce would definitely have been possible, which the women, however, in part ascribe to the responsibility of the men for the situation. The general attitude was probably in line with the statements made in the interview: whoever maintains a violent relationship is themselves to blame, one cannot help them. Only the siblings of the woman who primarily experienced psychological violence advised her against filing for divorce for financial reasons. Most of the siblings or brothers or sisters in law, according to some interviewees, did not see the dependencies and lack of prospects; some offered a place to stay for a few weeks, at the same time emphasising, however, that this could not be a permanent solution.

Female friends – when the women had them – were usually those persons who the victims of violence asked for advice and to whom they complained about their suffering. Every now and then the women found refuge with them as well. A more intensive exchange was possible with them than their own grown-up children or siblings, for example. Their female friends – just like the siblings and children – appear to have advised them to separate again and again, but at the same time the women also felt understood by them when they did not take this step.

Even neighbours knew about violent acts, some of them became unintended witnesses, in some cases the women confided in them or looked for refuge with them. Two interviewees deposited copies of important documents and a small travel bag in the cellar of the female neighbour in order to have ready access to such if need be. Only in two cases did the neighbours take action themselves. In the first place the neighbour saw the husband push his wife, whereupon he

called the police. In the second case the neighbours informed the police after the victim of violence sought refuge with them. Almost all of the interviewees said that some of the neighbours knew about the violent incidents, including those women who lived in the single-family houses. Their failure to take action can be explained as a result of the problems which support would cause. Agnes Trauner answered the question of the interviewee as to whether she expected eye-witnesses to intervene when her man hit her on the open street as follows:

*AT: Actually no.*

*Int: Not?*

*AT: Not. Because nobody wants to have anything to do with cases like that. Because my female friend had vis-à-vis – they bought my parent’s house then – and her husband beat her. [...] My friend heard screams [...] early in the morning at their house because she lived across from them. And everyone always says, one should help women. And the neighbour then drove away in the car and she went to the house and said: “Roswitha, what is going on? Did he hit you?” She said: “yes.” She said: “Should I call the police?” She said: “yes.” And she called them and then she only had trouble.*

*Int: What trouble?*

*AT: Well, she had to act as a witness and travel to [...], and he does not even look at her now. Now they live across from each other, in the village, and you know how it always is: everybody always talks with each other. It is just like it is now in the city, and it isn’t a good feeling when there is such bad blood. She said, “I helped someone once, but I will never do it again.” And now she has gone back to him again. (Interview Trauner, paragraph 679-693)*

The understanding for reluctance to get involved on the part of the female friend and all potential witnesses of violence as well expressed in the interview passage is reinforced once again by the final remark that victims of violence go back to their husband. Ultimately, it is suggested, the efforts will to be to no avail, it only leads to discord and strife in the village. Violence in the family is thus declared to be a private matter. Ms Trauner is not the only interviewee who did not expect any support, as other people have experienced over the course of their marriage years that interventions such as a talk or the police appearing do not lead to any long-term improvement. With some women the fear predominated that everything would get worse following intervention. Moreover, the people who were aware of what was going on appeared to be aware of the lack of future prospects on the part of the women, as they were not able to offer these women alternatives, or show them ways out of the violent relationship

over a period of years, either. Through continuous sympathy, however, they prevented total isolation of the women and were an important support, particularly in the process of separation.

### 6.6.2 Experience with different facilities

The fact that we received access via various facilities indicates that all the women also sought support outside their family and with group of friends and finally also (with one exception) received long-term assistance. The majority of the women (seven out of ten) turned to the police, one woman moreover also went to court to satisfy her claim to support, a total of eight out of ten women came into contact with a court in the course of divorce and other proceedings. Two women sought support from a women's shelter and two additional women at another psycho-social facility. The seven interviewees who involved the police themselves (in one case the neighbour called the police) afterwards contacted a centre for protection against violence or a women's shelter. In addition, the interviewees turned to physicians and priests.

Two women, one of whom lived in a rural area, one in the city, mentioned that they had spoken to the *priest* about their experiences with violence. Ms Flach discussed her decision to file charges against her husband with a priest before she took action. After the divorce, the practicing Catholic sought contact with the cleric, as did the second interviewee Agnes Trauner. It appears important to the two that the priest accepted their decision to separate from their husbands and did not bar them from the holy sacraments. When a priest dismissed her suffering with "yes, yes, the yoke of marriage", she turned her back on him in disgust. With a young priest, on the other hand, she received the support she was seeking.

As a result of the injuries through the acts of violence and the subsequent psychological effects, the women frequently consulted *physicians*. They suffered from sleeping disorders, depression, anxiety and panic attacks, total desperation and despondency; some women took psychotropic drugs for years. Some interviewees reported in addition that they had begun to stutter during childhood and that it aggravated their psoriasis, at times they were also incontinent. But only some of the women spoke to the physicians about a possible connection between their diagnoses and experiences of violence. In two cases the family physician filed charges for bodily injury, while in another case the family physician recommended that the woman seek a women's shelter or at least seek advice. One psychiatrist invited the aggressor to a discussion several times – unsuccessful.

fully, however; but the majority of their colleagues were content with the prescription of psychotropic drugs. Precise documentation of injuries is important in connection with physical violence, which most of the physicians also provide (including photographs).

Addressing intimate partner violence did not always lead to the women actually being provided adequate help. Ms Siller contacted a weekend sanitary service in a moment of desperation, for instance. The physician present there offered to have her admitted to a psychiatric ward, but above all she told about her own experiences and told her she would also be successful in separating. It took a long time, however, until the physician showed resolve. The family doctor of Ms König filed charges for the first time after 15 years, while the family doctor of Ms Greisenegger urged her to go to a women's shelter after she developed an ulcer. All the women who were admitted to the hospital said that they had filed charges for bodily harm. Ms Kralj was moreover immediately assisted by a psychologist who ultimately also brokered the contact to the centre for protection against violence. Hilda Flach, who was frequently in the hospital as a result of circulation disorders, said that she recognised the cause of her problems there and that the hospital's internal social worker had registered her with a home for old people already three years before her 60<sup>th</sup> birthday. The other women did not talk to physicians about the violence they had experienced. Nor were they usually asked about the causes of their injuries and suffering. And when they were, they came up with other causes for their injuries, but denied any guilt on the part of outside parties and/or denied that there were any problems with the marriage. The frequent consultation of physicians underscores the enormous importance which this could have in addressing and recognising intimate partner violence.

Four women came to the *women's counselling offices and psychosocial counselling offices* through their son, their daughter in law or information in the various media (telephone book, newspaper). They were assisted for several years by these facilities; two of them are still receiving assistance, both are still living in the common household of the aggressor and both are over 80 years old. The women's counselling offices provided information on the health consequences of violence; the women were instructed on how to protect themselves and a safety and security plan was devised with them; they were provided legal counsel and support in divorce proceedings or in drawing up a last will and testament, in analysing their marriage contract, etc. Therapeutic talks were at the forefront in the psychosocial facilities. For the women, the women's counselling centres and the psychosocial facilities provide an "anchor". Here they were able to talk about their suffering and pour out their hearts. The discussions gave them courage,

self-confidence and self-assurance. The frequency with which they made use of services varied greatly: two women said that they had gone to the counselling centre two or three times a year, as they did not want to be a constant burden; others contacted the counsellor when their husband was gone for a few days (which was frequently the case). One interviewee was referred to a psychiatrist as a result of a suicide attempt by her son. After around three individual discussions, in which she did not address the violent relationship which she was experiencing, her physician recommended participation in a weekly creative group, which she also took part in. In the meantime she found fulfilment in painting, which she was encouraged to try by her creative group. This has helped her to structure her life with her husband as smoothly as possible – she would not even consider a separation. (She would like to resume discussions with the psychiatrist, but this is not possible because the psychiatrist does not have the time.) All of the women are extremely satisfied with the assistance from the women's counselling centres and other psychosocial facilities. They said that they would use these again if need be.

The majority of the women report negative experiences in their contact with *courts of law* as a result of the violence of their partner in the course of divorce proceedings and all eight of them reported negative experiences here in general; what is more, these predominate in their memory by far. The critical points and dissatisfaction relate to several levels. First of all, several of the interviewees were not satisfied with the decisions issued by the civil or criminal courts. Because these procedures were not explored in the procedures, this is only acknowledged here. The women were dissatisfied about the arrangements with regard to the splitting of assets and support payments as well as the fact that the aggressors were not punished or only ordered to pay a trifling amount for pain and suffering. Secondly, the competence of the judge was also questioned or the judge was accused of not addressing the case in enough detail, although this assessment is usually expanded to cover their own legal counsel. The attorneys, according to some of the interviewees, not infrequently accepted the case with a "we'll take care of it" attitude, which usually led to unsatisfactory judgments. One interviewee felt that she had been erroneously or inadequately informed by the court, which led to her being sued once again by her (still at that time) husband. Some of them criticised the judges for not being objective: they only let the aggressor take the floor and listened to him and ignored the witnesses of the victim. Some women thought that "old-boys relationships" were the explanation for this: "There were just three men, from my perspective there were three men who stuck together." (Interview Greisenegger, paragraph 450), or: "one civil servant does not put the eyes of another civil servant out" (Interview Flach, paragraph 566). The whole procedure was criticised by some as

being too long. Thus in the case of Agnes Trauner, the first court hearing only took place in February 2009, even though the divorce had been filed for at the beginning of September the previous year. This was a problem particularly as a result of her own limited financial resources; if Ms Trauner had not had her children, who took care of her and provide her with an apartment, she would have had to return to her husband. Ms Lutter complained about the long period of the procedure: no criminal procedure had been scheduled even one year after bodily harm. Ultimately the procedure was dropped because the husband died – without any hearing having taken place. Ms Flach remembers experiencing the situation in which she had to testify in the presence of the man who was still her husband, where she was only called into the courtroom after his testimony, as extremely unpleasant and unjust: His presence intimidated her greatly. For Ms Trauner it was an imposition to have to sit directly next to her husband in the divorce proceeding: she was afraid of him and was glad that there was a weapons search upon entering the courtroom. Herta König felt provoked by the question of the judge as to what was to happen in the future. She interpreted this as an attempt in the direction of reconciliation, especially because her husband apparently took it for granted that they would live in a common household again and that he would be cared for by Ms König. And Ms Greisenegger considered the fact that the income situation of her ex-husband could not be reviewed in detail without his consent to be a major injustice and the judge to be in league with the perpetrator even though the judge explained why this was the case. She found the bartering over the amount of support payments to be particularly undignified:

*And that was how it was, EUR 123 was to be paid in support. His attorney said: "Yes, we can round that off to EUR 120." Ridiculous, that was just being malicious to me. As if I were some kind of lummoX, that is how I felt. And my attorney then said: "No, let's round that off to EUR 125." I felt like I was so discriminated against, I felt so small. Then I said, "Your honour, I would like to say something. I cannot stand this any more." I said "I would like to stop all this. I am stopping the hearing, I want a divorce, that's all." That is how fast it went. (Interview Greisenegger, paragraph 450)*

The interviewees usually have a more positive attitude towards the court (proceeding) when their desires were met and/or they had the feeling that the judge believed them. This means that they distinguish according to the procedure and the judge, as did Ms Zangl:

*Yes, only of course bad since the last time. Because if the judge had said to me: "You have to come to me afterwards*

*and demonstrate that you have done that," I would not have lost. And the whole dilemma was not that I had to allow him in again. Well there I feel that I was left in the lurch somehow because there was no way I could win. Well, that's just the way it is. But well, in and of itself, there is a female judge at the district court, sometimes I call her to see if he has submitted something again. Yeah, there I cannot say anything. (Interview Zangl, paragraph 378)*

In assessing the behaviour of the *police*, two distinctions can be made – one with reference to the point in time of the incident, the other to the city/rural factor (see Haller 2008). Eight out of ten women had contact with the police with regard to intimate partner violence at least once. Herta König had already called the police for help several times in the 1970s and 1980s. The police played down the violence back then: "after 25 years of marriage that happens every now and then".<sup>97</sup> Another time a female police officer asked her if she wanted to risk her husband losing his job by filing charges against him. It was only in 2007 that an injunctive order was issued to him for the first time. If one follows the statements of the women made in interviews, the police officers have largely followed the prescribed procedure in cases of family violence over the last few years. The parties to the conflict have been questioned separately, the women usually by a female police officer as well, the police have informed the intervention centre about the court order and checked up in the following days to see if the man had adhered to the restraining order. Not all of the women recall having been informed about facilities for the protection of victims. Most of the interviewees were also very satisfied with this procedure and the behaviour of the police officers. The checks and controls on whether the restraining order had been adhered to were emphasised as positive and in particular the fact that some police officers repeatedly enquired about the behaviour of the man even after the injunction expired. Merely Ms Zangl criticised that the things which her husband took with him were not documented. Among these were namely the common savings in cash. But she was able to demonstrate that this money existed. Two women, both of whom live in a rural region in Lower Austria, were not able to confirm these generally positive experiences. Ms Kralj lived in a market town of around 5,000 inhabitants until she fled to a women's shelter. As far back as around 15 years ago she turned to the police for the first time as a result of violence committed by her husband; the second time, finally, was in 2007. Both times the police offers showed little understanding; they distrusted

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<sup>97</sup> The Act for Protection against Violence (*Gewaltschutzgesetz*) only went into effect in May 1997, before this the police frequently reacted to violence, which was usually perceived as a "family dispute", by trying to calm things down by talking to the parties.



her, as she noticed from the questions they asked – and the Act for Protection Against Violence (*Gewaltschutzgesetz*), which had entered into force in the meantime, did not change anything, either. At any rate, according to Ms Kralj, the police assume when they hear foreign names that violence in the family is normal among foreigners. The police recorded the incident in 2007 (Ms Kralj went to the police accompanied by her son), but they did not inform her of her rights or the facilities for the protection of victims of violence, nor did they inform the centre for protection against violence. The police finally accompanied her and her son home so that she could pick up clothing and hygienic articles for the hospital, and took the key from the apartment of her son from her husband. The aggressor was furthermore called upon to come to the police office. Arlenka Kralj (paragraph 850, 577) concluded that the police only intervene when it is too late. If she is ever in a situation like this again, she said she would therefore no longer turn to the police. Agnes Trauner, who also lived in a small community, addressed in particular the problems caused by the lack of anonymity and the personal acquaintances between aggressors and police officers. She filed charges against her husband for bodily harm three times. The first time it was dealt with properly; the second charges were not processed because the police officers assumed that the couple would reconcile. She filed charges the third time in the next community because the police station in her community was closed. No injunctive order was issued in any of the cases, nor was she informed of her rights and options. She concluded from these experiences:

*And they look the other way. I don't want to say they are to blame, but they don't do anything. They are happy when they don't have anything to do with such matters because they all know each other. (Interview Trauner, paragraph 705)*

In her opinion, it would therefore be a good idea if police from other communities located further away were involved in cases of family violence. Bias as a result of acquaintanceship or friendship would be ruled out in this manner.

Seven out of ten women interviewed were assisted by *facilities for protection against violence*, four of them by a centre for protection against violence. One woman each consulted additional or solely a women's shelter-counselling office and two women sought refuge in a women's shelter. The police helped establish contact with the centres for protection against violence in six out of the seven cases; in concrete terms this means that the centre for protection against violence contacted the victim of violence and arranged an appointment for a discussion after having been informed by the police. Only one woman rejected assistance upon the first court order being issued to her husband. Informal telephone contact was maintained, however. In another case the psychologist of the hospital in which the woman was assisted informed the centre for protection

against violence, which in turn found a place in a women's shelter. The second woman who went to a women's shelter was urged by a family physician to inform herself about this informally. Prior to being informed by the police, very few women know about the existence of centres for protection against violence and their tasks.

In contrast to the court and the police, these facilities for the protection of victims were assessed as positive without exception. The women mentioned the following support: psycho-social assistance, legal counsel, assistance in court and with various administrative tasks, drafting of a safety and security plan, provision of lodging, the drafting of petitions and applications and much more. This was usually done in two to three extensive personal discussions and numerous telephone calls. Personal discussions were especially important to the victims:

*I needed somebody to talk to. That was important because in this situation you think that everything you do is wrong. Everything you think, you believe, is wrong, not only just what you do. And that is what it was like, yes. A woman came and spoke with me. She was, I believe, here two or three times, she was here two times, yeah, two times she was there in the hospital. And the other one was from the hospital, a psychologist. (Interview Kralj, paragraph 624)*

Sonja Lutter came into contact with the centre for protection against violence for the first time in 1997-1998. She was also initially visited and given counselling in the hospital as well. She was given assistance for a total of about three years in which she learned to appreciate the technical and social competence of the staff working at the centre for protection against violence.

*Well, you were able to say what you needed to say at any rate. And when you needed something, anything, they gave one good advice, when things were involved which one does not know about oneself, like laws and regulations and such. Although I also had to deal with laws at my work, but they were of another type. Yeah, and whenever I needed to I was able to call them and go there and they were helpful in matters which I did not know about myself. [...] Yes, actually quite often. I called them in between visits, and I went back there whenever I felt like I needed it and was a bit depressed and could not endure it all any more, I just went back there. They were actually always there for me. (Interview Lutter, paragraph 427 und 475)*

After the second court order was issued to her husband, Hilda Flach was contacted by the intervention centre. In addition to the competence of the woman working there who assisted her, she stressed the advocacy of the victim by the facility and its goal orientation:

*They are competent, they are experts, who really let the victim know that they believe what they say and not "Well, maybe it all isn't that bad". Because that is what you need least in that situation, when somebody says "well maybe that isn't so bad". But they were competent and they were sensitive as well. And they help think things through with you: "And what are the next steps, what are we going to do?" (Interview Flach paragraph 422)*

Asked about possible changes in the staff member providing them support, they all stated that it was never a problem when the staff member in charge could not be reached; they said that they were provided competent counselling and advice and were supported, that they did not have the feeling that they had to start over from scratch and tell about everything again. It is therefore not surprising that everyone said that they would contact these facilities for the protection of victims again if they were in a similar situation again. One sign of the satisfaction with the support is moreover that all the women remained in contact with the facility for the protection of victims after the completion of the case, including those who lived in a women's shelter for one or two years.

*Excuse: the image of women's shelters*

Most of the women knew about the existence of women's shelters, seeking refuge there was only an option for very few of them, however. As was mentioned earlier, two women considered going to a women's shelter. After looking at one, Ms Lutter decided not to go there. She would not have been able to cope with the noise from the children and living together with so many women she did not know at the time. Agnes Trauner found the comprehensive counselling provided at the women's shelter to be very helpful, but was of the opinion that she would have been in just as good hands with her children. The other women – they had not informed themselves in detail about women's shelters – also associate these with noise of children and commotion. Some of them were furthermore of the opinion that the women's shelters were not designed for older women, but rather exclusively for young women with children; if older women could stay there, then only for a couple weeks. Ms Siller mentioned another reason, however, why refuge in a women's shelter was not an option for her: She primarily associated this with "failure". Although she is pleased that there are women's

shelters and would also recommend them to any young woman, for her it would have been a personal disgrace to make use of these because it would have meant “admitting that I was a battered wife” (Interview Siller, paragraph 397). Knowledge of women’s shelters is – as shown by the analysis of the interviews – very limited. One woman complained that one scarcely hears anything about these in the media.

Arlenka Kralj and Sylvia Greisenegger were also initially unable to imagine living in a women’s shelter. Both of them experienced violence over a period of decades, so the women’s shelter seemed to them to be the very final option. We provide a lengthy passage from an interview with Sylvia Greisenegger below to illustrate in what psychological condition she was at the time and what support she received.

*You come in there and are at the end of your wits and are grateful for every kind word and for the quiet and calm you have there. You need a long time there, it is so quiet there and you have no worries, no problems. You are somehow so involved there. That was for me simply wonderful, it was fabulous. You could sleep soundly again. Yes, that is how it was. And for me that was really totally calming, to finally get away from all the terror. Of course, when you were alone again in your room you asked yourself “what now”? These existential fears always keep popping up. But then you talk to someone again and .. We then, how often was it, once a week, I believe, there was a day, it was an evening, where we all got together and where everyone said something about how they were feeling, what their fears were, about some problem that had cropped up, just something. You have the feeling that you are part of it all, I just had the feeling of being inside it all there, it is simply, well, just a normal life. The beginning of a normal life. The constant quarrelling, the constant pestering, the continuous discrimination, insults, all that was – I don’t know, this whole burden on you just disappears, that was so wonderful for me right away. No longer having to fear when he would come home again and what tomorrow would bring, what today would be like. It was simply, you don’t even notice yourself any more, as they say. Not at all. When I recall the psychologist, I just did not know, I did not know anything any more. I did not have any more desires, nothing, nothing at all. I had everything I needed, I thought. I no longer knew what a normal life is like at all. Only fears,*

*and when you only have fears and just nothing, simply nothing at all. And I did not feel any hate or anything like that, either. That took a long time. Today, every now and then, I get angry. (Interview Greisenegger, paragraph 543)*

The inclusion in a community, the possibility to think things over at one's leisure, to always have someone to talk to, to be safe and secure and protected against violence – these things were also emphasised by Ms Kralj. She compared this with her previous flights to acquaintances, which in end effect did not change anything because, although she was protected from the direct violence of her partner, she was in spite of this left alone with her anxieties and fears and did not have any peace and quiet, nor did she have the time to sort out her life. And she especially lacked the support of the experts. Both Arlenka Kralj and Sylvia Greisenegger received psychological assistance. The former summed it up like this: "without it I would not have made it" (paragraph 480); the latter mentions this already at the outset of her account in response to the request to tell something about herself:

*And also had one year of psychological help because you have no courage and no future and because you do not have anything any longer, no prospects any longer when you have really reached this point. Then I made it through more or less, thank God, but I still need it. (Interview Greisenegger, paragraph 118)*

In addition to the psychological assistance, the women received counselling in a wide variety of matters. They were accompanied to the court and in dealing with official things, supported in divorce proceedings and similar. Establishing an autonomous life was by the same token at the centre of the efforts. In both cases support continued to be provided after they moved out. Both women considered the women's shelter to be life-saving.

### 6.6.3

#### The messages from the women

The messages from our interviewees to women who experience intimate partner violence are unambiguous and clear: the best alternative is to terminate the relationship immediately. "The faster you give up illusions," according to Claudia Siller (paragraph 449), "the faster you succeed in separating. To say in very clear words, there is no chance, a man does not change." Many women state in retrospect that they hoped for too long that the partner would change. They emphasise again and again that it is important not to accept insults, slapping around, beating, etc. If one tolerates this one time or if one returns, men interpret this as dependence and it always leads to mounting violence.

*Leave the husband, head held high, get on with it. I should have done that 25 years ago. Because there is no point. You just destroy yourself. (Interview Trauner, paragraph 837)*

The women are aware that violence has in particular psychological effects such as lack of self-esteem, anxiety and despondency, which make it difficult to end the violent relationship. One woman who at the point in time of separation was already over 70, adds that it is not too late to separate when one is 70 or 80. Liberation from violence, anxiety and oppression would outweigh even serious material losses, she stated. The interviewees furthermore recommend young women not to give up their financial independence and to keep working at a job.

Their second bit of advice is to make use of IPV counselling and support.

*You must not put up with anything, that is what I learned from it. And you should make use of any help you can get. (Interview Zangl, paragraph 554)*

*You should obtain counselling and make sure that you get away. (Interview Kralj, paragraph 890)*

*I would like to advise everyone if you have nobody you can talk to that you are well taken care of there [at the centre for protection against violence] and they can give you counselling and advice any time and can also help you. (Interview Lutter, paragraph 633)*

Sonja Lutter added that it is better to turn to experts than seek advice from acquaintances and friends, as the former can "really provide the right help" (paragraph 637).

## 6.7 Summary & discussion

Barbara Nägele (2008) cited two different factors in explaining violence against women and violence against older women. In the case of violence against women, primarily notions of inequality of power in society are stated as the cause of violence, whereas in the case of violence against older women it is above all aspects of fragility and other age-related factors which are placed at the forefront. This means that gender-specific aspects of violence which are embedded in society are frequently ignored in the analyses of violence against older women; older women are apparently genderless. The analysis of the interviews shows that both aspects are relevant, but that societal structures placing women at a disadvantage are predominant. None of the women interviewed refer to their own physical frailty; in spite of the advanced age of some of the interviewees (three of them were over 75; the average age was 72, no interviewee was dependent on aid to cope with their everyday lives. On the contrary, most of the violent relationships were preserved and maintained for decades, among other things as a result of economic dependency. The gender-specific division of labour, which the women did not question or explore, and thus giving up work outside the house (usually for a longer period of time) to raise the children and take care of the household prevented them from seeing any way out of the violence they experienced in the early years. In old age the lack of pension or very low pension made it difficult to end the violent relationship. This means that it is not age, but rather the effects of the gender-specific division of labour which reduced the options of the women. The lack of or low income was not the sole reason for staying in the relationship, however. World images and societal norms relating to the family and the role of women and children were just as effective. Here the age of the interviewees played a role in that divorces were still rare in the 1960s and 1970s (particularly in rural areas), the man was legally recognised as the head of the family until the major reform of family law which took place in the 1970s and was able to decide on important aspects of the life of his wife (such as whether she worked or not). For the women over 70 in our sample in particular, this meant socialisation in a world in which male dominance was taken for granted. Part and parcel of this were notions of the "perfect" family, which they attempted to live out under the most difficult of conditions, and the lack of sensitivity towards violence on the part of the women. The interviews clearly indicate that a majority of the women have their own narrow definition of violence. Verbal abuse and humiliation, but also less serious physical violence such as slaps in the face were viewed by the women as "normal" for a long time, as something which, although unpleasant, was simply part of the male behavioural pattern. Even serious physical violence was ac-

cepted under the blanket of apparent normality (including by the social environment of the victim). Eight out of the ten women interviewed finally separated from their violent partners. It was not an easy decision for the women because for them it also meant that they had to leave behind what they had built together and accept a lower standard of living, in part even the threat of poverty. A new beginning at an old age – some of the women were already over 70 when they separated – thus offered very little in the way of a positive alternative – they lacked prospects both subjectively and objectively speaking. The interviews also clearly show that intimate partner violence against older women is usually a result of decades of violence. In most of the cases we are dealing with a violent relationship which has also “grown old”. The age of the victims and the relationship reinforce the dependency of the women; societal discrimination has an even greater effect in old age.

The literature expressly points to the problem posed by the greater risk that people suffering from dementia and in need of nursing care will be subjected to violence (see chapter IV). Because we did not have any interviewees in our sample who required nursing care or who were suffering from dementia, no statements can be made on this complex of problems. The fragility which accompanies old age only played a role with respect to the husbands in the interviews. One woman was abused physically and psychologically by her husband who required nursing care. The analysis shows that adult children, who for the most part supported their mothers in the process of separation, were much less ambivalent regarding the aspects of separation while the social pressure to uphold the marriage and keep providing the assistance increased again. Additional interviews indicate that the partner suffered increasingly from psychological disturbances in old age (two husbands were placed in custodianship, while a procedure is ongoing to place another in custodianship), which in part adds a new quality to the violence (by for example adding extreme checks and controls to physical violence).

The analysis of the interviews shows that an integrated perspective needs to be adopted in which gender-specific factors need to be taken into account along with age-related factors in intimate partner violence against older women.

In addition, it is stated in the literature that “the prevalence and frequency of violence in intimate settings or violence in partnerships in an advanced age declines significantly” (see Görden et al. 2009, p. 37). Our interviewees experienced financial violence (a total of six of them), and all ten women experienced physical violence, whereby this only happened once in two cases. Three women experienced sexual violence, and two more suggested that this had happened.



All the women reported psychological violence (insults, verbal abuse, humiliation and denigration). The analysis of the interviews does not provide any indication of a decline in violence in the partnerships: with one exception all of the women interviewed found that the frequency of attacks increased continuously over the course of the marriage, and eight of them also believed that retirement had also caused the violence to rise (for the other two interviewees, retirement did not constitute a major change). None of the women said that physical violence had decreased with age. Sexual violence – on the whole little was found out about this – no longer occurred in one case because the aggressor had to have nursing care.

The triggers and causes of violence are considered by many women to be alcohol consumption and the jealousy of the partner; in addition to alcohol and gambling addiction, one woman views the partner's image of women to be the root cause of his violent actions. The women were not able to identify any pattern to the exercise of violence except that abuse was more likely when the aggressor was under the influence of alcohol.

The women justified their staying in the violent relationship for decades in most cases primarily by citing existential fears and imperatives (as well as the desire not to leave behind what had been built together) and in this connection the presence of children and the desire to provide them a "decent" home. Societal conventions and socialisation from their own parents during childhood and the influence of the church were also mentioned as reasons for staying in the violent relationship.

The decades of violence led to a sort of gradual accustomisation; the women developed a host of behavioural patterns for confronting the violence and dealing with it. With regard to the conflict behaviour of the interviewees, two patterns can be identified: submissiveness and self-assertiveness. The former not only meant that they had to submit completely to the will of their partner, but also the disappearance of their Self and vanishing from the field of vision of the aggressor. Strategies/measures aimed at self-assertion were adopted by the women by either creating a personal area of freedom or by trying to influence the behaviour of the aggressor or separation – whether this was short-term or permanent. A total of six women reported that they had fled once to several times when violence was perpetrated and some women withdrew their petitions for divorce or let them lapse before they were finally divorced; eight out of the ten interviewees live permanently (for at least nine months) separated from their (former) husbands now.

A considerable portion of the self-assertiveness related to involving the social environment and different organisations and facilities in attempts to end the violence. As it turned out, a majority of actors in the social environment of the interviewees were aware of the violent actions. The children and close relatives were repeatedly eye-witnesses or overheard what was happening; some family members, female friends and neighbours were told about it. Nevertheless the support was limited as a result of helplessness, being uninformed and also biased. Without intending to downplay the emotional support, outsiders in general appear to have pursued a policy of non-interference. Only when the women took concrete steps to separate did they receive support in various forms; they had to request help specifically in order to receive it. The support provided through organisations was significantly more helpful and solution-oriented. (The fact that all our interviewees sought help outside the family and group of friends is due to the fact that we were recommended interviewees by several facilities). Seven out of eight women turned to the police, the majority of the women came into contact with courts of law as a result of divorce and other proceedings, four women accepted help from women's and other psycho-social counselling offices. Seven women had contact with facilities for the protection of victims (centres for protection against violence, women's shelters). The interviewees frequently contacted physicians and in fewer cases clerics as well as a result of physical injuries and psychological problems.

The analysis of the interviews indicated that some of the women informed physicians about the causes of their problems while another group did not disclose this or denied that violence had been committed. Some women received psychotropic drugs for years if not decades, but only a very few physicians made serious attempts at intervening, or it took a very long time until they reported physical injuries or informed the women about counselling and facilities for the protection of victims. The frequent consultations of physicians indicate a potential central role to be played by the health-care system when it comes to recognising and addressing violence.

The women assessed the conduct of the police differently, whereby in particular the point in time of police intervention and the place where the women lived were of decisive importance in the evaluation. When the women involved the police before the Act for Protection against Violence (*Gewaltschutzgesetz*) went into effect in 1997, this intervention usually did not have any effect (charges were only filed against two husbands for bodily injury) if – according to the recollections of the women – the violent actions were not even downplayed. For interventions in the most recent past, most of the women attest to correct behaviour on the part of the police officers. Two interviewees were not satisfied –

both of them were living in a rural area at the time – with the action of the police: they did not inform them about facilities for the protection of victims, they played down the violence, they did not process the charges and tended more to try to avoid getting involved in cases of domestic violence. One interviewee was of the opinion that the police would not intervene in the case of “foreign” families as a result of the prejudice they held that violence is culturally inculcated in these families.

There was in part major dissatisfaction in connection with court proceedings, the judges and attorneys, whereby the dissatisfaction stands in close connection to the outcome of the court proceedings. Many women found that the divorce proceedings took too long, while some of them were very dissatisfied with the severity of the penalty in the criminal procedures. They criticised the “we-will-take-care-of-this-now-just-don’t-you-worry” attitude of attorneys because the women felt like they were not taken seriously. Some interviewees explained the behaviour of the judges and attorneys as resulting from (male) patronage networks which played out to their disadvantage.

In contrast to the police and courts, all the women were extremely satisfied with the facilities for protection against violence, women’s and psycho-social counselling offices. In particular the competence of the staff and their professional help, the possibility of a detailed conversation and the “open door” were all emphasised. The assurance that they could go there at any time, devising a scheme of protective measures and being accompanied before the court all provided the women security. Two women lived in a women’s shelter for a period of one year. They appreciated in particular the chance to calm down and the psychological assistance which helped them sort out their lives and escape from the violent relationship.

The assertion that older victims of violence turn to help facilities less often – as is cited in the literature and by experts<sup>98</sup> – cannot be confirmed or refuted here. It is a fact, however, that the women usually wait very long before seeking professional help. If centres for protection against violence were not notified about the occurrence of domestic violence by the police and if the centres did not contact the victims of violence themselves, significantly fewer women would find support with facilities for the protection of victims. According to Hörl (2009, p. 17), older women primarily seek help from “classic” organisations because the image of the new facilities does not appeal to these women. This is not the case with our interview sample. Six out of ten women turned to centres for protection

<sup>98</sup> See chapters IV and VII in this report; Goergen et al. 2009, p. 37, Brandl/ Cook-Daniels 2002.

against violence, (counselling offices of) women's shelters, women's counselling offices and other psycho-social facilities on their own volition. Half of them were already over 70 at this point in time. Nevertheless, specific awareness of these facilities – their tasks, possibilities for support and target groups – is very limited.

The messages from the interviewees to women who suffer from intimate partner violence is simple and concise: Women should end the relationship upon the first indications of violence; any hope for change is in vain. And they should make use of all help available, especially professional.

## VII

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# Interviews with experts

## 7.1

### Research objectives

First the range of institutions which are available to older women who are victims of intimate partner violence was supposed to be examined in order to allow statements to be made on the need for an expansion in services. In addition, it was important for the study to identify barriers preventing older women from having access to the needed support as well as the difficulties experts are confronted with when they attempt to provide this group adequate support. The aim of this part of the study was to obtain information on those institutions older women who are victims of intimate partner violence turn to and the services they offer. By the same token, the problems and challenges which experts and help institutions experience when they support older women who are victims of intimate partner violence is to be examined.

## 7.2

### Method

#### 7.2.1

##### Instrumentation

A Short Interviewee Form (SIF) was completed, prior to the commencement of the interview, which obtained personal and institutional background information from the participant (see appendix 5). The information collected from the participant included: gender; age; professional/educational background; organisation details; job title; job role; number of hours worked per week; and length of time working at the particular organisation.

An agreed, standardised interview topic guide was used within the staff interviews to explore particular areas of interest (see appendix 4). Semi-structured interviews explored professionals' experiences of providing support to older female victims of intimate partner violence but allowed for additional information

from interviewees through the semi-structured nature of the process. The interview collected information on the following main topics:

- Characteristics of older female victims, perpetrators and violent relationships
- Specific needs of older women
- Co-operation/communication and collaborative working with other organisations
- Range and types of support and services offered to the older women
- Problems and challenges encountered in this work
- Recommendations for service development

Once the interview had been completed the interviewer completed an Interview Postscript (IPS) form (see appendix 6). This form obtained information on details of the interview and provided a basic account of how the interview had been conducted. The information recorded on this form included: date/time of interview; location; disturbances; key themes that emerged; special features of the interview; possible starting points for analysis; noticeable impressions/problems within the interview; and the interviewer's evaluation of the validity and reliability of the information that the interviewee had reported. The main purpose of this exercise was to present the research team with an opportunity to produce a reflective account of the interview experience and provide some potential starting points for subsequent data analysis.

Both the Short Interviewee Form and the Interview Postscript form were developed to promote commonality of approaches between the research teams in each country.

### 7.2.2

#### Interview partners

We found the majority of our interviewees through the institutional survey. Because there was already an excellent spread, it was only necessary for a few areas to seek experts in a targeted manner (for example, the public prosecutor, general physicians and psycho-social counselling offices in rural areas).

The following table provides an overview of the institutions which were included in the interview, the number of interviewees and their professions. A total of 30 experts were interviewed (24 women, 6 men); 19 have a managerial function. Many interviewees have completed several training programmes, most frequently in the areas of law, psychology and social work. Around 40 percent of the experts surveyed are between 41 and 50 or 51 to 60 years of age, while the remainder were between 28 and 40. The majority of the interviewees have al-

ready been working for the institution for a long time. Six persons have been employed between one year and five years at the institution, seven others between six and ten years, nine between eleven and 15 years and three between 16 and 20 years. The remaining five have been working for the institution between 21 and 33 years.

Table VII-1: Interview partners (IP)

Type of institution	Number of interviewees	Professions
<b>Centres for protection against violence<sup>99</sup></b>	6	Lawyer, psychotherapist, social worker ( <i>Diplom</i> ), adult education teacher, psychologist
<b>Women's shelters</b>	4	Lawyer, social worker ( <i>Diplom</i> ), psycho-therapist
<b>(Women's)hotline</b>	4	Lawyer, educationalist, psychologist, psycho-therapist, social worker ( <i>Diplom</i> )
<b>Women's counselling centres</b>	3	Psychologist, lawyer
<b>Other psycho-social counselling</b>	4	Child-raiser, psychologist, social worker ( <i>Diplom</i> ), mediators, psychotherapist
<b>Hospitals, general physicians</b>	2	General physician, nurse ( <i>Diplom</i> )
<b>Nursing and assistance services</b>	2	Business administrator, social manager, social worker ( <i>Diplom</i> )
<b>Police, public prosecutor, offence resolution, residence representation<sup>100</sup></b>	5	Police officer, lawyer, social worker ( <i>Diplom</i> ), mediator

<sup>99</sup> The institutions for the protection of victims of violence which have to be notified by the police after aggressive acts under the Act Protecting Against Violence (*Gewaltschutzgesetz*), were originally called intervention centres; in the meantime they have changed their name to "centre for protection against violence". When we refer to "centres for protection against violence" in the following, this also subsumes intervention centres.

<sup>100</sup> Residents' representatives represent people at senior citizens homes and facilities for persons with disabilities and hospital facilities which have restrictions on residents freedom of movement.

## 7.3

### Intimate partner violence from the perspective of experts

Before moving to the exploration of cases (we requested the interviewees before the interview to prepare two to three typical cases), we asked the experts what they associate with intimate partner violence. They mentioned six topical areas: violent relationships, socialisation in traditional gender roles, societal structures, leaving one's partner – separation, help-seeking behaviour and work with older women. These are thus the central topics of our study which were examined in more depth in the case exploration or for which additional aspects (e.g. cooperation with other facilities, aggressor-victim relationship, coping strategies of the victims) have already been stated.

#### 7.3.1

##### Forms of violence and dynamics of violence

The institutions surveyed are confronted with the entire range of violence: psychological, physical, sexual and economic violence. Older women are in particular subjected to *psychological violence*: constant complaining, cursing, humiliation (including in front of the children, friends and acquaintances); denigration (of the woman and her work); social isolation by not allowing the woman to invite relatives and friends to visit or to telephone with them); monitoring and checking every step the woman takes (what she buys, how she cleans, with whom she speaks, the impossibility of seeing female friends alone, etc.); psycho terror such as preventing use of the telephone, heating, use of hot water; threats to shoot the children or the wife, to throw her out of the apartment, to take all the money away and similar. The director of a counselling office for migrants added that men would not allow women to learn German; that they threatened them with divorce and the consequences relating thereto (the women would then be fair game, would lose their residence permit, would be excluded from the ethnic community, etc.). Older women, most of whom live very isolated lives and never had performed a profession outside their household, were said to believe these "fantasies of omnipotence". One general physician stated in addition that violent acts such as placing walking aids out of reach or refusing to provide help to partners requiring nursing care belong on the list. In those case studies cited by the interviewees, women were repeatedly locked out of the common apartment or house. Frequently cases were also described in which women not only suffered denigration and humiliation from the very beginning, but were also treated as servants. *Physical violence*, according to the director of a women's hotline – is addressed less often as a topic by older women. At the top of the list is constant feuding because the food was not considered



good or the other expectations of the husband were not met. Everyday psychological violence, according to a staff member at a centre for protection against violence, consists of deciding what is good for wives without consulting them at all. This frequently transcends into physical violence, according to the expert, but can also exist parallel to it. Some interviewees emphasised the retirement of the man as a fundamental change in the household partnership. Constant griping and complaining, cursing and checking up on everything the woman does as a result of the greater/constant presence following retirement often becomes unendurable for many women, which is why they finally turn to help institutions or seek a divorce. This is much more difficult for victims to endure due to the everyday nature of psychological violence. Moreover there is a latent fear that the violence could escalate.

Women also experienced *physical violence* in about three-fourths of the case examples; instances of slight abuse all the way to severe physical injuries and attempted murder were described. Here is one example: Rosa P. lives in a small village in the *Land* of Salzburg, she has six children and was 62 years old when she sought refuge in a women's shelter. She experienced extreme violence throughout her 43 years of marriage. She often fled in her nightgown together with the children from her drunken husband to the barn or the neighbour. She suffered many physical injuries: injuries from blows to the face, a broken leg; she was also repeatedly raped. In spite of her six children, she worked – under the table, as her husband forbade her from having a regular position – at a hotel. He always made sure that she did not have much money, called her a whore, a slut and similar. He was extremely jealous, but always brought other women home with him. He also repeatedly locked her out of the house. In all these years there was only one single intervention on the part of the police. Directly before she sought refuge he strangled her in the presence of the neighbour, who he also threw out of the house. The husband, an alcoholic, had been in retirement for three years at this point. Before this he commuted to work and for this reason was only at home on the weekends. When he retired, physical and psychological violence became an almost daily occurrence, and there were frequent instances of sexual violence as well. This example shows that women can often be subjected to different forms of violence at the same time and that violence is often perpetrated over a period of decades or that women do not seek help for a long time or only rarely. This is also an example which shows that physical and sexual violence does not necessarily decline in old age.

With regard to the dynamics of physical violence in old age, the surveyed experts see two patterns: first of all, violence shifts more from the physical and/or

sexual to the psychological level in old age, although physical violence never ceases completely. Secondly, in the other pattern, physical and in part sexual violence as well are held to increase in old age. When men retire they see no more meaning in life, their social status changes, they perceive physical changes more pointedly – men often have a difficult time coping with all this and compensate for it with violence. The loss of social power is balanced out by exercising more violence against the wife and often becomes even more massive if the wife tries to separate from her husband.

The institutions surveyed are confronted with *sexual violence* less often. The causes underlying this are often to be found in the fact that sexual violence declines with age, but it is primarily due to the women's understanding of violence: they view sex as part of their nuptial duties. Another reason stated is that older women find it much more difficult to discuss sexuality than younger ones; questions of this nature must be posed in a targeted manner in work with older women. The director of a women's hotline stated that she had never provided an older woman assistance as a result of rape or sexual violence – in extreme cases women mention that "he" wanted to have sex and she did not. Trust and confidence are necessary to address the issue of sexual violence, and this is usually not present on the telephone. In several case examples sexual violence was one form along with other mixed actions. A staff member at a psycho-social counselling office said that he had the impression that sexual violence often becomes more frequent after retirement. More free time among men often leads to a higher libido and some feel a need to demonstrate their masculinity. One staff member of a residents' representatives body reported a case in which the man was still very active sexually, which is why his wife requested the home management to find a prostitute for her husband, although this was rejected (because this would encourage immoral activities). The desire to control and dominate the female body does not necessarily cease with the impotence of the man: two interviewees pointed out that impotent men and/or men requiring nursing care often abused their wives sexually in a wide variety of ways.

The interviewees refer to *economic violence* quite frequently. Many clients, they said, do not work or only work a few hours and for this reason do not have any income of their own in old age and were completely at the mercy of their husband. After retirement, men were often no longer willing to provide their wives money for household items or individual needs, sometimes reaching the point where women are no longer allowed to go to the hairdresser, buy new shoes or clothes and are forced to account for every cent they spend. The director of a women's counselling office told about one case in which the woman appealed to a court for help. She said that her husband not only did not give her any money

for personal things – after he retired he did the daily shopping himself and also refused to pay the patient’s deductible for his wife’s chemotherapy. One form of economic violence, according to the interviewees, is also that the husbands manage the entire assets and do not allow the women to examine the household financial situation, let alone give them access to these resources. Women are also repeatedly forced to pay the debts of their partner with their own income and/or to pay all household expenses themselves. As an explanation for the increase in financial exploitation in old age, the experts also cited the subjectively perceived loss of power which is then compensated for through extreme economic control or by taking over the purse strings completely. The persons surveyed pointed out in connection with economic violence that this was frequently exercised by children and grandchildren as well.

In the interviews it was furthermore pointed out that women can be victims and perpetrators, which addresses the aspect of *mutual violence*. Although this is addressed in the counselling context, clients are said to be wary of this topic. Some interviewees view this to be especially a sort of “revenge” for decades of violence which becomes possible through a reversal of the dependency relationship. A representative of *Neustart*, an institution which performs offence resolution upon the commission of courts, estimates that “revenge” for previous violence probably plays a role in more than half of the cases. He said that he could not remember a single case among older people in which solely the woman was accused of perpetrating violence. Other interviewees on the other hand were of the opinion that women who commit violence in old age were the ones who always “hit back” and were proud that they did not put up with everything. Mutual violence, according to the director of a centre for protection against violence – was at any rate not a consistent pattern. On the contrary: women assume a submissive attitude and bow before the power drive of the man. Women also tend to exercise more subtle forms of violence, although it always needs to be checked whether this indeed in end effect has an effect on the man.

The clients of the institutions interviewed usually suffer a mixture of several kinds of violence. According to the interviewees, there is no such thing as age-specific violence. With increasing frailty, illness and need for nursing care, the power relationship may be reversed – as already described in the foregoing. But it is not only such a shift that can play a role in power relationships – violence also arises in the care context as a result of the excessive demands placed on the care provider, or this may involve the continuation of a violent relationship which has already existed for many years. Although most of the interviewees addressed the topic of *need for nursing care*, they asserted that they had thus far not had any cases with a victim requiring nursing care: this is said to be a

group which seeks help very rarely or which is often no longer able to seek help. The latter statement is confirmed by staff at medical as well as age-specific facilities. Often one only finds out by accident that people requiring nursing care are victims of violence because they state other reasons for the injury, do not mention any violence or deny it. Vice versa husbands requiring nursing care also exercise violence. One police officer reported about a case in which the partner providing care contacted the police because her partner had threatened to shoot her. He often threw objects, attacked her physically once (without causing any serious injuries) and threatened to discontinue supporting her financially.

In summary, it can be said that scarcely any violent relationship begins with physical violence, but rather with humiliation, lack of respect, denigration and cursing. Women, according to the interviewees, refer to a creeping development. Usually years of violence which has become routine is involved, and it usually begins at the beginning of the relationship. One expert distinguished three types of violent relationships: 1) violence begins early on in the relationship ("he was always a tyrant"); 2) violence occurs in connection with excessive demands as a result of nursing care/ illness or altered power constellations; 3) alcoholism, illness, age, etc. reinforce violence; that which has become commonplace is exceeded. Almost all the experts are solely aware of cases in which violence already occurred before retirement. Retirement (including unemployment) is thus a watershed change, after which being together 24-7 faces the pair with new challenges and is scarcely endurable for them. Men often do not know what to do with their time, their alcohol consumption rises, they often cannot cope with the loss of identity resulting from retirement. On top of this in rural areas men who previously travelled or commuted to work, thus causing the spouses to live in separate worlds for a very long time, means that the spouses are no longer able to find a common base in retirement. Another monumental change cited by the interviewees was the children moving out of the parent's household: women often then turn into the sole "scapegoat".

With regard to the development of violence in old age, the experts forwarded two different positions: first of all a decline in physical and sexual violence with the same or increased levels of psychological and economic violence; secondly an increase in violence with respect to intensity and frequency because (negative) character traits tend to become more pronounced in old age. The former position occurs more frequently, however.

### **7.3.2 Causal factors and events triggering violence**

Women were said to generally have a difficult time identifying the factor triggering violence, according to the experts, citing “everything and nothing” as factors leading to violence. Similar to the victims interviewed (see chapter VI), the staff of the facilities also cite situational everyday occurrences: the food is too hot/too cold, a bill has arrived, the car has to be repaired, the wife says/wants to say something that he does not like; in short trivial things. This means that violence is exercised very arbitrarily and is rarely triggered by the actions of the victim. Sometimes it is efforts of the women to cross over the very tight borderlines which have been set which causes the partner to respond with physical and verbal attacks. In care contexts constant whining or crying or persons suffering from dementia running away lead to violence; this is usually not intended violence, but rather due to inability to cope with the situation.

A clear distinction is not always made between the events triggering violence and the causal factors of violence in the interviews. Some interviewees, for example, placed *alcohol consumption/ alcoholism, jealousy, illness* in both categories. Alcohol consumption is thus an event triggering violence, as it lowers inhibitions against violence and reduces the perpetrator’s self-control. The argument is similar with respect to illness. Abuse of medication, the irregular use of medication, in particular in the case of diabetes and psychological illnesses, or the combination of medication and alcohol is said to often lead to violence. The staff of a women’s counselling office reported about a case in which a 70-year-old severe diabetic seriously abused his wife physically after two days of excessive alcohol consumption. One interviewee, the director of a centre for protection against violence, stated that it was very rare that violent actions suddenly starts as a result of an illness. And if so, such persons do not seek out centres for protection against violence, either, but rather found other ways of ending the violence. This in particular addresses dementia-related illnesses. First of all persons suffering from dementia are sometimes violent, secondly helplessness and inability to cope on the part of the helpers make violence almost unavoidable. Jealousy continues to be virulent in old age as well and a primary cause of violence: a neighbour’s or stranger’s smile on the street is enough to trigger violence. *Financial straits and financial problems* are also frequently cited as causes of violence.

In particular *the unequal power constellation* between man and woman, *gender-specific roles* and *patriarchal societal structures* are cited as an important factor in particular by facilities for protection against violence and the women’s counselling offices. Many perpetrators (as a result of their socialisation) have internalised the attitude that they are the “man of the house” and that women are only there to satisfy their desires and that this dominance can also be preserved

by means of violence if need be. Moreover, the position of women in the relationship is often weak from the very beginning. Marriages are either arranged (not only marriages of “foreigners”) or are accepted for financial reasons. The position of the woman is often weakened by illness or pregnancy. The financial dependency of women was said to be an important aspect of the power imbalance, although (financial) dependency of the male does not protect the woman against violence, either. The lack of self-confidence on the part of women and years of submission moreover exacerbate the spiral of violence. The subjectively perceived *loss of identity by the perpetrator* through retirement, ageing and illness stands in close connection with power constellations. “The increasing loss of power towards the outside world is compensated for somewhat in the intimate relationship”, is how a staff member of a women’s shelter analysed the causes of violence in old age. Physical limitations and the anticipation of independence are also cited as increasing the potential for violence. A further cause of violence is viewed to be an additional form of violence in the basic *conflict behaviour* of men. Violent men have no behavioural model available other than the use of violence. In these cases violence is less a conviction and is perpetrated more as a result of lack of behavioural alternatives. These aggressors have never learned anything different. “General dissatisfaction” of the men with their lives (this also applies to young men) causes some of them to let out their frustration on their partners.

Older women are neglected in the literature on violence against women, according to Barbara Nägele (2008), in studies on violence against older people, on the other hand, there is no gender-specific analysis or consideration of gender-specific power relationships. In our interviews this pattern is in part broken through and violence against older women explained citing age-specific factors – although with the following caveat: it is the feminist oriented facilities for protection against violence and women’s counselling offices which see the causes of violence to lie in gender-specific power relationships and in aspects relating to ageing, even if the latter is often considered to be a result of structural factors. The other facilities only assign patriarchal structures/ gender-specific power relationships secondary importance as an explanation, instead emphasising jealousy, alcoholism, financial problems, illness and need for care.

### 7.3.3 Social backgrounds of victims and aggressors

The question as to the social aspects of older clients is answered in a pretty uniform manner by experts. The *economic dependency* of the partner is assigned the primary emphasis. Most women were exclusively housewives since

they got married or only worked informally (e.g. as unregistered help in a family business or unregistered cleaning woman at a hotel) and either have no pension of their own or only a very modest one. The level of education of the clientele – and this applies to this age group in general – is usually not very high; the vast majority have only completed primary school – or at most an apprenticeship. But in particular facilities located in cities note that the clientele is becoming more and more heterogeneous in terms of income and level of education. In spite of the fact that many of them are part of the middle and lower classes, women from the upper middle class and lower upper class were also frequently among the clients. These women were said to come from very stable families, while the perpetrators often have college degrees (physicians, lawyers). The fact that the majority of clients come from the lower and middle classes does not mean that the phenomenon of intimate partner violence is restricted to these strata: violence in the upper class is subject to stronger taboos and/or women can afford other forms of support instead of making use of services which are free of charge. The interviews moreover suggest that with respect to income and school education further distinctions need to be made among older women. The “younger senior citizens”, the 60 to 70-year-olds, are more likely to have even a modest pension, and divorces are moreover more frequent in this age group.

In addition to economic conditions, many interviewees drew attention to the high level of *emotional dependency*. Mostly this involves marriages which are 40 years old or more, in which the (frequently) mutual dependency has grown. Women, socialised in and tied to a traditional role, never developed a notion of an independent life. The high status they attach to family allows them to endure a lot over decades. Moreover, traditional gender relations view the exercise of violence by the man as something “normal”. In many instances there is an attitude of “that is just the way it is”. The staff member of an emergency outpatient clinic put it this way: “What is disturbing about it is that it is so taken for granted. That hits me harder than the fact that violence takes place.” The experience of violence is said to be associated with feelings of extreme shame and guilt by older women, which is why they wait so long to obtain outside help. By sticking to their traditional understanding of roles, older victims of violence look for the reasons for the violent behaviour of their partners in themselves and see it as resulting from their own failure. One interviewee asserted that there is a multi-generational “accustomisation to violence”: men and women were not only themselves beaten as children – they often witnessed abuse of their mother by their father. For this reason there were few possibilities to reflect on other ways of dealing with conflicts or violence.

The strong emotional (and economic) dependency frequently leads to *social isolation* which is in part forced by the behaviour of the partner or results from his behaviour. Age moreover means that the group of friends and acquaintances becomes smaller. In particular in rural areas, women are scarcely mobile, it is more rare that they have a driver's license and most of them do not have a car. This isolation not only enhances their emotional dependency – it also makes it more difficult for them to leave a violent partner – such a decision is easier to make when one has a good social network.

The cleavage between *urban and rural areas* is slowly dissolving, according to the staff members of facilities working in urban and rural areas. Nevertheless this plays a role especially among older senior citizens: in urban areas this group contacts help facilities, of which there is a greater density, more quickly. If a woman farmer contacts such a facility, then extreme violence has usually been perpetrated. The number of unreported cases involving violence in rural areas is often much higher than in the city. The lack of anonymity in rural areas causes victims to hesitate a long time before calling the police, and the police often reacts differently than in urban areas (see chapter 6.6.2). This is also reflected in the low number of court orders and restraining orders in rural areas and is due among other things to the "solidarity" of police officers and aggressors. The victims think over the consequences of filing charges for the aggressors much more and are aware that rejected men often arouse pity in rural areas; even neighbours call the police less often than in the city. The experts moreover recognise greater inhibitions against shame and stronger ties to traditional images of women and family among older inhabitants of rural areas.

The interviewees also maintain that there are clear differences with regard to *the behaviour of younger and older victims of intimate partner violence*. The traditional understanding of roles is not as prevalent among younger women as among older ones; marriage or a life partnership are not necessarily supposed to be preserved at all costs. Violence is also less of a taboo, women feel guilty less often and perceive violence as an injustice. Young women still have a dense social network, most of them have jobs or have realistic prospects of being able to establish an independent economic basis, which makes it easier to break out of existing dependencies. The shorter duration of a relationship also makes it easier to separate. An additional difference is to be found in behaviour in seeking help. In contrast to the older victims, younger women not only seek help sooner - they also have more possibilities to make use of support services through access to the Internet, and are more open to counselling, psychotherapy and/or separation; moreover they are more likely to seek out a women's



shelter. Older women, on the other hand, believe that they have to cope with their situation alone.

Most of the facilities surveyed have scarcely any contact with *older migrants* who are victims of intimate partner violence. The aforementioned traits of “older senior citizens” largely applies to these groups of victims. One special feature emphasised by the experts is that in part the economic and emotional dependency is even greater because migrants often do not speak German (and husbands prevent them from learning the language), as a result they only interact in their ethnic community and they are scarcely aware of their rights. They therefore take the “male fantasies of omnipotence”, as one interviewee put it, very seriously. Social isolation is moreover exacerbated by the fact that the families which mothers come from and their grown-up children often live abroad. Reluctance to tell others about experiences of violence is especially great in well integrated, highly reputed families. The director of a counselling office for migrants said that she feared that the problem of intimate partner violence against older women would become more virulent in the future. First of all the strategy of returning to one’s homeland in old age no longer functions. Secondly family relations among immigrants are already as disrupted as they are among non-immigrants. Legal problems with residency are usually no longer a problem at this age, as these immigrants have usually been living in Austria for a long time.

In general the interviewed experts were not able to say much about the partners of their female clients, as they scarcely come into contact with them and only know them through the accounts of the victims. The women usually describe their husbands as domineering, adhering to a traditional understanding of roles, according to which the woman’s job is to serve and obey; no backtalk is tolerated. Age, illnesses and excessive alcohol consumption even reinforce this behaviour. According to the experts, many of the spouses of their female clients are alcoholics or psychologically ill; they stated that they cannot confirm the extent to which this is really true. The “two-facedness” of the perpetrators – as the victims frequently describe their (former) partners (see chapter VI) – is also cited as a trait by the experts. The aggressors are said to often be very reputed men, with a good reputation, with a large circle of friends, so that nobody would believe that they abuse their wife, or that they would treat her poorly. The majority of partners are of a similar age as the victims – only in a few scattered cases are the partners significantly younger.

#### 7.3.4

#### Behaviour of victims of violence

One form of dealing with violence was said to be efforts by the victim to do everything to please the partner. (This behavioural pattern has also been identified in the interviews with the victims; see chapter 6.5). Violence is frequently tolerated, the women resign themselves to the situation. The experts furthermore observed a tendency among their clients to excuse themselves with their husbands and in part accept the blame for his violent behaviour. "Rigid Catholicism", especially among older women, according to the staff member, encourages and reinforces this attitude. In the analytical work it often takes a lot of time and effort to convince the victim that she can not influence the behaviour of the partner and thus is not to blame for the violent relationship, either. The emotional entrapment of the woman with the partner – he is and has been in spite of everything the partner she loved – results in her not filing charges against the aggressor because she is aware of what the negative consequences would be for him. The need for care on the part of the aggressor may even strengthen these emotional ties. A frequent strategy of escaping the violence is – as we also saw in the interviews with victims – the establishment of separate living areas within a household so that there is as little contact as possible. On the whole, most women have a difficult time requesting anything from their husband – even when they obtain advice from different facilities (for details see further below). Often they do not take any additional steps.

The behaviour of the victims is primarily determined by the factors described above in section 7.3.3. The economic, social and emotional dependencies which result in the lack of alternatives for the women who are the targets of the violence are reported to be much greater than with younger victims of violence. These explain in part why women preserve violent relationships for such a long time. Secondly the experts recognise an "accustomisation to violence" and resignation which, however, is not only a result of the anticipated lack of ways out of the situation, but is also a result of traumatisation from the violence. The traumatisation also leads to the women viewing their partner as being particularly powerful; out of fear they therefore avoid any actions which could anger him such as, for instance, seeking outside help.

In addition, there is an awareness among older women that there are certain institutions they can turn to with their problems. Often they perceive the act of relating personal family problems to outsiders to constitute a violation of their intimate sphere and at the same time betrayal. Moreover, women know little about their rights (see also with regard to financial support). The great fear of changes must not be ignored, either: with separation there is a fear that the social structure will collapse. Because the possibilities of shaping their own lives

are indeed usually very limited for most of them – divorce often pushes them to the margins of economic existence and most older victims of violence do not have any “life plan” outside the marriage and family – the reorientation in the view of the experts is far too much for the women to cope with, and they are scarcely able to do so without support. Grown-up children and relatives can often not conceive of a separation and therefore exercise pressure on the women to maintain the status quo. Some interviewees drew attention to the special situation of farmers’ wives, with whom the desire to keep the family farm under all circumstances – due to tradition and/or economic considerations – often prevents termination of a violent relationship. For “older senior citizens”, the situation is often particularly difficult: if women over 50 can only succeed in leaving a marriage with a lot of support through the social environment, this is scarcely possible any longer for women over 70; only very few women can imagine a new beginning and a life alone.<sup>101</sup> A late separation moreover means having to admit that they were subjected to violence for so long without having taken advantage of the opportunity to lead a more dignified and happier life.

Many women have developed numerous strategies over the years in order to live with the violence and to protect themselves from it as best they could. The protective measures mentioned in the case examples include, for instance, hiding all potential weapons (e.g. kitchen knives, pitchforks), organising places of refuge, withdrawal and isolation in order to have as little contact as possible with the aggressor, or escape in illness (which among men sometimes triggers a „bite impediment“ and is furthermore societally accepted). For many the daily routine of housework to “keep things going” is an important support. Escape into work allows women to shut out the violence much of the time. This coping pattern then collapses, however, when they or their partner retire, as a central social reference system is eliminated upon retirement. Another additional form of coping with violence is to always recall the positive side of the partner. To better be able to cope with the violence, some women themselves develop addictive behaviour (alcohol, but also excessive cleaning); many have been taking psychotropic medication to cope with everyday life for many years. The integration of violence in their “world view” – “that is just the way men are” or seeing partner violence as a “divine test” – also helps women endure the violent relationship. This alone does not mean, however, that older women solely accept the violence they experience, but rather that they deal with the situation in an active manner, as is not least suggested in their help-seeking behaviour.

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<sup>101</sup> This assessment contrasts with the statements of several victims of violence in interviews. Two of the women who did not leave their partners implied in the interview that they would be happy if their partner died, and two additional interviewees separated from their aggressors when they were 70.

### 7.3.5

#### Help-seeking behaviour

The experts agree that older women who are victims of partner violence seek help less often and, when they do seek help, then exclusively as a result of physical experiences of violence. The inhibition against appealing to the outside world is very great with most of them, but some women are very competent in their social contacts and are able to analyse their experiences of violence in conversations.

Who do older women turn to then? According to the majority of experts, it is above all *grown-up children* to whom the women reveal their experiences of violence; only very few of them assume that the children do not know about it. Often the children are not informed about the whole degree of the violence; and if they themselves were not victims of abuse at the hands of their father, many find out about it very late. One interviewee stated that the weaker person in the violent relationship always seeks help from the children. Among all those interviewed, the role of children in ending the violent relationship is assessed as very important because the women not only could confide in them, but also because the children's' homes were often places of refuge when intimate partner violence escalates and help prepare the way for the women to ultimately seek help outside the group of family and friends. It was reported that many older women come to the counselling offices accompanied by their daughters. The victims also received information on help facilities from them. But the role of daughters and sons is viewed in a critical manner by the experts because they are often imprisoned in the system of violence and, moreover, as a result of their own interests are poor advisors. If the father is in need of nursing care, for example, separation would mean that the children themselves would have to care more for their father. Finally, many children simply cannot imagine their parents separating.

Older women tend to turn to *female friends* much less frequently. First of all this generation of women scarcely have any female friends. Much more often it is neighbours with whom they have closer contact; secondly the topic of violence is too intimately connected to feelings of shame and embarrassment to address it in these relationships.

*Clerics*, who only constitute a contact for a minority of very religious women, are also less important. Even the experts who work in a rural environment maintain that people have distanced themselves from the church in these areas. They

report that the church no longer plays the important social role which it once did a few decades ago. If women want to speak to a priest or minister, this only leads to further steps being taken in extremely rare cases. In most cases the matter is simply obfuscated in the perception of the experts.

According to the interviewees, *physicians* are the contacts. The majority of the women tell their physicians first about the causes of their problems, in the view of counselling offices and facilities for the protection of victims of violence. They often point out that the women can submit medical attestations documenting the violence to a court of law. Another type of evidence which is cited is that almost all the women take psychotropic drugs for years, staff members of a women's counselling office reported about a woman who repeatedly checked into the psychiatric ward of a hospital, with this kind of thing sometimes happening over a period of decades, so this is something that physicians should be informed of this. The staff of a women's counselling office reported about a woman who repeatedly checked into the psychiatric department of a hospital in order to get back on her feet. The assessment of the behaviour of physicians varies. The director of a centre for protection against violence stated that most older women are referred to them by physicians or hospitals and, not as in the case with younger women, by the police, while other experts were of the opinion that they only rarely referred women or that women contacted their facility themselves. In particular general practitioners scarcely have any time to devote themselves to patients intensively, and many physicians do not recognise that violence has taken place – they lack the awareness to recognise such. Facilities for the protection of victims and counselling offices accuse physicians of failing to file charges even in cases of extreme violence. A general physician working in rural areas who was interviewed was of a different opinion: she stated that the victims usually vehemently deny that other persons were responsible for their injuries out of shame and fear that the violence could become public knowledge and do everything in their power to make sure that charges are not filed. The physician appears to not see any way out: "If the life or the quality of life of a person is threatened, then that is actually unacceptable. But when the victim asks and pleads not to make it public, what is one supposed to do?" She said that she herself always voiced her suspicion, but she also had to take the desires of the patient into account.

Victims of intimate partner violence also involve the *police and/ or a court of law*; the experts do not agree on the extent to which this happens. Some are of the opinion that it is primarily the neighbours who inform the police. As the courts offer free advice once a week, people often use this opportunity. The staff of facilities for the assistance of older people have only rarely experienced vic-

tims themselves addressing violence with *nurses and persons providing assistance*; more often violence is addressed in the anonymised context of telephone counselling. Older women only rarely contact centres for protection against violence or women's shelters the first time on their own initiative.

According to a majority of the interviewees, in most cases of intimate partner violence other people are aware of what is happening. A "culture of looking away", helplessness, ignorance of help systems, the perspective that intimate partner violence is a private matter and/ or fear of unpleasant experiences prevents efficient (early on) support (this is also confirmed by the interviews with victims; see chapter 6.6.1.)

The *access* of women to facilities involved with family violence for the most part depends on the type of facility, whereby regional differences also become evident. Usually *centres for protection against violence* come into contact with the majority of victims of violence through the police (through court orders and restraining orders). According to information provided in the interview, the Vienna Intervention Centre assists almost solely cases which are passed on to it by the police, while the police are also the primary actors "referring" victims to centres for the prevention of violence, although on the whole referrals from other counselling facilities account for a higher percentage here (see chapter 4.3.1). About one-tenth of women sought help at a centre for protection against violence on their own initiative over the last few years. For a centre for protection against violence in a rural area, it is evident that older women come to the centres much less frequently through the police: "The typical older woman comes through physicians or hospitals". Sometimes this group of clients are also made aware of the centre for protection against violence by neighbours, children and clerics. At *women's shelters* the range of parties directing women to them is broader (see chapter 4.3.2) and comprises acquaintances/ relatives, the police, centres for protection against violence, physicians/ hospitals, media and many others. Victims receive information on counselling offices for domestic violence and women's hotlines from physicians, their adult children and the police, some older women find the information in the Internet. Women usually contact the *police* themselves, according to the police officer interviewed, either through the emergency number or by going to a police station. Nowadays physicians do not alert the police in the case of slight physical injuries scarcely at all, according to a public prosecutor, because under the (Act on Physicians) (*Ärztengesetz*) there is only an obligation to do so in cases where there are very serious consequences. *Psycho-social facilities* learn about cases through a wide range of institutions: family doctors, social workers at hospitals, official district social workers, the social environment of victims (family members, neighbours), centres for protec-

tion against violence, and less often through courts of law and the police. With the exception of a crisis telephone, all the representatives of psycho-social facilities stated that women rarely approached them on their own initiative. One representative of a nursing care and assistance service said that he learned about intimate partner violence from the victims themselves – “they keep on asking until they end up with me” – but most of them are already being assisted by an organisation which then informs the nursing service.

## 7.4 Working with victims of intimate partner violence

### 7.4.1 Mode of work

The mode of work of facilities is based on their area of tasks (see chapter 7.2.2), resources and needs or the desires and the desires of the clients.

The *facilities for protection of victims* emphasise that the procedure in working with older women scarcely differs from that with younger women. In principle counselling and assistance is adjusted to the situation and needs of the clients. The services are the same for all clients and working groups; the speed and the content are determined by the women. The first task is to determine the risk involved, to devise a security plan, to inform the women of their rights and options (including an analysis of resources) and to find out what they want – which means: crisis intervention, stabilisation and determining the most pressing/ bare existential requirements – and later to find out what prospects the women have and to set goals. This includes creating an awareness of violence, the effects of violence and patterns of violence with these women and make it clear to them that they are not to blame for the violent actions of their partner. The victim always decides how to proceed, what steps need to be taken; the advisors support the women if necessary in implementing all this or underscore the possible consequences. The clients receive individual assistance and well-founded psycho-social and legal counselling. Other facilities and institutions are involved if need be (see chapter 7.4.3).

The counselling is provided by telephone and in individual talks. Women’s shelters also have discussion groups. In contrast to other facilities protecting victims, centres for protection against violence have a proactive approach: after a court order has been issued, the police contact a centre for protection against violence, which thereupon contacts the victim. At the other facilities the persons

affected have to agree upon an appointment themselves – something which the staff member of a women’s counselling office regards as an excessively high threshold. Older women, she stated, are more likely to be reached by an “open morning” at the counselling office at which a female physician and female lawyer are also present. In general, offers of counselling from physicians and lawyers are good “door openers”. With older women family members are allowed to arrange a date for the client. A facility attempts to shorten the usually long waiting periods for an appointment in the case of older women because they would otherwise “drift away” if the waiting time is too long. Aside from this, although it takes a longer time to bring older women to a facility, once this happens they are “very obedient clients” in line with the “cliché of femininity”. If necessary, interpreters are used in the counselling. A centre for protection against violence assigned one staff member especially for cases involving intimate partner violence against older women for reasons of efficiency. This meant that not all the staff had to be acquainted with the specific matter. Some facilities believe that it makes sense for the older clients not to be assisted by very young staff members and that they develop trust and confidence in older women more quickly. Attention is devoted to avoiding a change in the persons providing assistance. Some centres for protection against violence invite the aggressor and other family members to discussions if need be.

The counselling offices for domestic violence and the centres for protection against violence can only provide their clients a limited counselling time as a result of limited resources – five to ten units are offered. One centre for protection against violence stated that a maximum of five hours may be used per case – i.e. longer therapeutic assistance is scarcely possible. The centres for protection against violence focus their tasks on violence/protection of victims, while social work-related assistance can only be provided with reference to violence. Everything which goes beyond this must be covered by specialised facilities which the women are referred to. At women’s shelters more time is made available to the victims and thus more assistance as well. The women can wind down here, re-establish order in their lives in a non-violent environment, make decisions and look for opportunities. Women’s shelters frequently run up against constraints with psychologically ill women or those requiring nursing care: they are not able to perform nursing care tasks; stays there require a certain degree of autonomy.

The *police officers* interviewed described their mode of procedure when they intervene in cases involving violence based on the Act on Protection against Violence (Gewaltschutzgesetz) (see chapter 3.1). To explore the subject matter, the victim and aggressor are separately questioned, whereby the woman has



the right to be questioned by a police-woman. (She must be informed of this right if no female officer is present at the official questioning.) In the case of a court order or restraining order, the key to the apartment is taken away from the aggressor and he is given the possibility to remove his personal belongings from the apartment. The police officers interviewed stated that in cases of doubt they would always have a court order issued in order to prevent the victim being subjected to further risks. Directly following the police intervention, they inform the centre for protection against violence which has jurisdiction. If the aggressor does not already have a record of frequent violence, a discussion is held with him to clearly point out laws and regulations. (The Austrian police has installed so-called preventory police officers for violence in relationships and senior citizens. These are specially trained in the area of domestic violence and the prevention of violence. Part of their assignments include performing the discussions with aggressors to make clear to them laws and regulations and to inform victims about the system for protection against violence.) One police officer who was interviewed considered it to be a problem that the preventory police officers had to investigate cases as well: explaining laws and regulations requires a certain trust and confidence, and having to investigate the case is often at conflict with this task.

The *public prosecutor* (female) who was interviewed is a special commissioner for domestic violence. With intimate partner violence she frequently seeks offence resolution and at the same time involves the centre for protection against violence and *Neustart* in this effort. The prerequisite for offence resolution to be allowed, however, is that no "solidified" case of extreme violence is present. She stated that she prefers offence resolution because she considers criminal procedures to not be very helpful or even counterproductive. When the interviewer asked whether she advised the women to separate from the aggressor, she answered in the negative, explaining that she had to remain objective and also take the aggressor's viewpoint into account. She does suggest to them the possibility, however, of turning to the centre for protection against violence.

The mode of work by the two surveyed *social hotlines* is similar to those of the facilities for the protection of victims to a certain extent. They also try to assess the risks of a situation, find out the needs of the clients and their resources, provide advice on how they can protect themselves, and offer counselling in various languages. The first hotline operates around the clock, the second one until 8 p.m. For people seeking advice, it allows them to call back at any time. The central task is to determine what help systems/ facilities are already involved and to organise the right help quickly. No reach-out assistance is provided. In the event that there is a need for nursing care, the Vienna facility

passes the case on to the association "Pflege und Betreuung zu Hause" ("Care and Assistance at Home") for it to coordinate the case. Legal counselling, which one of the two hotlines offers, is not performed by telephone.

The *accident out-patient clinic* of a Viennese hospital has set up a "group for the protection of victims" to recognise violence. The group for the protection of victims, originally consisting of six persons (physician, nursing personnel and social worker), has drafted guidelines for the required actions which are binding on the entire staff working in the emergency out-patient clinic. If injuries suggest that there has been violence, this is documented with photographs. Charges are only filed with the police with the consent of the victim (excepted from this are severe injuries which take longer than 24 days to heal), but the hospital does suggest to the woman that she should file charges. Part of the procedure involves providing information on different facilities for the protection of victims, sometimes under the Act for Protection against Violence (*Gewaltschutzgesetz*) as well. An additional task of hospital personnel is said to be to make an initial risk assessment before releasing the woman. The social worker is only involved in the in-patient admission and if the nursing personnel runs up against limits (time, knowledge). The staff working on the emergency out-patient ward also works according to the principle of the woman assuming individual responsibility: she decides what steps she would like to take. The primary task of the hospital is to determine the medical situation and need for assistance; social work-related assistance only plays a marginal role. The family doctor is not informed, but the reason for admission (e.g. physical abuse) is stated on the emergency in-patient form and the fact that the patient has been informed about facilities for the protection of victims. The presence of photographic documentation is not stated. The interviewee stated that they did not know how family doctors deal with this information.

The group for the protection of victims in the meantime only meets once a year to draw a balance sheet and exchange information on changes. In the view of the interviewee, outside the emergency out-patient clinic about one-third of the medical personnel are aware of the group for the protection of victims or the guidelines. Further training and information events are held on the topic internally at the hospital regularly. For some time now it has been planned to offer training sessions within the framework of team meetings, although to date resources to put this plan into effect have been lacking. Invitations are constantly sent to training sites for nursing staff, however, to speak on the topic of domestic violence. There are groups for the protection of victims at some other Viennese hospitals as well (under § 15 of the Vienna Hospital Act (*Wiener Krankenanstaltengesetz*) it is obligatory that these be set up; no time frame for

implementation is stipulated, however); networking with these has only taken place at an informal level to date.

The *general physician* interviewed have probably not analysed intimate partner violence much. Although she stated that if she suspects IPV she asks the victim about it – she usually advises her clients to seek psychological help – she is not aware of the Act for Protection against Violence (Gewaltschutzgesetz) or institutions for the protection of victims (with the exception of women’s shelters).

The *psycho-social facilities*, which are not specialised in the topic of violence, vary greatly in terms of their mode of work. The programmes offered by the five facilities are wide-ranging and not designed in an age-specific manner as is the case at the other organisations: their services range from psycho-social and legal advice, family counselling revolving around court issues, marriage counselling, visitation services all the way to crisis intervention and psychotherapy (individual and pair therapy). One of these counselling offices has scarcely addressed the topic of violence to date. There is a marked difference between feminist-oriented and non-feminist oriented counselling services. In the former case, a more intensive approach to the topic of violence is not only evident – procedures in cases involving intimate partner violence also appear to be more standardised, from clearing (urgency, risk assessment) all the way to intervention. The facilities have in common that their interventions are based on the needs of women and include their resources; for this reason there is no “age-specific” mode of work. The respective approach always has to be coordinated with the specific case and the individual. Everyone cooperates with other organisations if need be. Only one psycho-social centre does reach-out work which goes beyond a visitation service which is exclusively performed by voluntary staff. Two facilities offer discussion groups and/or active groups; the focus here is not on violence, however, but is rather primarily intended to counteract social isolation.

The two interviewees who work at *social service providers for older people* (day-care centres and out-patient nursing and assistance service) concentrate in their description of their mode of work on the problem group of clients suffering from dementia and who are “confused”. When the interviewed social worker at a nursing and assistance service learns of intimate partner violence, he visits the home and attempts to clear up the situation by talking on site with the victim, the aggressor, the children and if necessary with the neighbour. In one case the case manager of the office and a preventative officer from the police were present. Intervention by the police was stated to have stopped the violence for a short period, but after two weeks he was informed by the care service that a

new violent incident had taken place, whereupon he applied for a custodianship and committal to a nursing home. The problem in connection with intimate partner violence, he said, is that many of the measures which are needed do not lie in his domain of responsibility and the resources of both time and know-how were lacking.

The director of a day-care centre works with people suffering from dementia especially with the technique of validation (from Naomi Feil) – which means appreciation and taking seriously disoriented people, who sometimes live in the past, and who try to stimulate dialogue and emotions. She also attempts to explain to family members providing care how important validation is and that they should at least acquire basic knowledge of such. The interviewee was sceptical about registration of violent incidents with the police; a police officer once explained to her what kind of bureaucratic machinery and red tape is set in motion by this. Moreover, the filing of charges first has to be approved by the Board.

#### 7.4.2

##### Specific needs and requirements

With regard to their marriage, women above all want to have “peace and quiet” and for the aggressor to seek assistance or change his behaviour. They expect first of all information from facilities providing assistance (of a general nature on their options and more specifically regarding divorce, support, etc.) and secondly intervention with their partner.

Most experts who work in the area of psycho-social assistance emphasise that older women need more patience, more understanding and more time. Many more intermediate steps have to be made, sensitisation of (especially psychological) violence is held to be difficult, and it also takes more time until older victims of violence can contemplate separation, not least due to their decades of marriage. In work with older women, one is confronted much more often with the attitude of “yes, but” than is the case with younger women. One interviewee stated that many women came to the counselling office seeking confirmation that there were no possibilities to end the violent relationship. The director of a counselling office for migrants referred to the behaviour of clients as “demure”. She finds little willingness to contemplate changes. Some interviewees observed that older women become resigned too quickly when difficulties crop up: if it is not easy for younger women to cope with the avalanche of information, changes, necessary steps and appointments, for older women it is frequently too much to cope with. Proactive access is essential: “Women in this age group need

to be taken by the hand"; one cannot simply say to them: "Go to that place"; most of them actually have to be accompanied to the place or at least have an appointment made for them. At more advanced ages it is not only physical capacities, but also psychological capacities for processing things which are limited. Finally, the considerable shame and embarrassment experienced by older women is said to be an additional challenge which requires a high level of sensitivity in working with them.

In this work it was said to also be important to consider that the consequences of leaving a violent relationship are for older women much different than for a young woman, who can get a job and find friends more readily in a new environment. There is a need to reflect where the woman is being "sent" after separation and which nightmare is worse for her. (When she does not want to or cannot live in the same village any longer, for example.) "We are still at the very beginning here", was the conclusion drawn by the director of a centre for protection against violence. Older women need a lot more follow-up assistance as a result of the greater risk of psychological illness. On the other hand, although it is more difficult to devise solutions for older women, when they do make a decision they are capable of carrying through with it. Independent of age one can say, on the other hand, that victims of violence first want to change everything very quickly, but that as time passes they rethink their decisions, which results in applications for divorce being allowed to lapse or even withdrawn – which continues to cause considerable confusion on the part of courts. The centres for protection against violence are therefore advised against applying for an injunction and a divorce at the same time. The injunction applied for after the restraining order lengthens the period that the pattern of violence is interrupted. The victim of violence can use this period of time to give considerable thought to the decisions which need to be made.

Usually assistance for older victims of violence is much less wide-ranging than is the case with younger women. Separation usually "only" involves divorce, leaving the common household and financial security. A bigger topic, however, is the fear of loneliness and the difficulty of separating emotionally from the long years of a relationship. Therapeutic support is stated to be especially important for this age group because the women often have the feeling that they did not adequately protect their children and that they themselves have failed. Moreover, psychological reinforcement is needed to recognise that their own needs are legitimate, that they are allowed to set limits for their partner and that it is all right to call the police when there is violence. Older women frequently have a lower sensitivity to violence and awareness-raising work needs to be performed in this respect as well. Most of the facilities interviewed do not offer any psycho-

therapy themselves, but do support women in obtaining access to therapy. The experts were of differing opinions as to the willingness of older women to make use of psychotherapy. Some believe that this would be well accepted by older women, as they had a major need to talk. Others stated that when women reject psychotherapy psycho-social discussions are much more extensive at their facility. On the whole, the assistance might be thematically narrower than with younger women, but on the other hand it is more intensive because more time is devoted to it – a finding that other centres for protection against violence also corroborated.

One challenge is to be found in the coordination of the support measures, as it is often difficult to find out in what help systems older women have already been involved with. In rural regions the lack of mobility on the part of older victims of violence (they often do not have their own car) constitutes a major problem which would have to be dealt with by the facilities for the protection of victims, thus constituting additional expense. For instance, staff members in the larger Federal *Länder* already travel a lot as it is, and if they have to pick up a women for a court hearing on top of it all, it poses a real challenge to the centre for protection against violence. It would be important for older women to establish new networks (e.g. together with senior citizens' homes, facilities in the health-care sector, facilities specialised in helping older people) and developing them jointly with these measures.

Not all women's shelters have the building space and features required to lodge older women (e.g. lifts, small dwelling units). With older women they do make sure, however, that they definitely receive a single room unless they reject this categorically. Generally this is necessary as a result of their greater need for rest – most of them are no longer accustomed to living together with children – moreover they need more time to become orientated in new surroundings. Women requiring nursing care can only be taken in to a limited extent. (At one women's shelter a woman requiring nursing care was admitted together with the person providing her assistance.) Often the location of some women's shelters on the outskirts of town poses a problem as a result of the poor infrastructure and the lower mobility of older women. Especially with this age group it is important to make sure that small social networks of the women are not destroyed. The interviewees stated that older women generally spend a shorter time in women's shelters, in particular when another living possibility (for instance in a senior citizens' home or community housing) is found and when legal issues can be cleared up quickly (e.g. arrangements for the payment of support).

The *police officers* stated that they were first confronted with the diffuse request to “do something” from the victims; some women involve the police to bring the aggressor to reason. The victims are often not aware of the consequences of involving the police, however. The main problem with regard to intimate partner violence and the older generation is a lack of information: either they are not aware of the Act for Protection against Violence (Gewaltschutzgesetz) or they do not know their rights or what actions constitute criminal offences.

The interviewee from Neustart is of the opinion that the conflict resolvers are under considerable pressure in cases involving intimate partner violence against older women. He stated that it is necessary to examine the entire environment and reference system very precisely (e.g. the economic situation, the social network) and in particular how the grown-up children could be involved in a solution. Often finding another lodging for the aggressor outside the home is the only reasonable alternative, but older women usually do not want this.

Helpers who provide assistance to people suffering from dementia and disoriented victims of violence, according to the statements made by a social worker from the area of domestic care who was interviewed, are confronted with special challenges because they cannot rely on the statements and memories of these clients. He stated that what bothers him the most is when he has to act against the desire of a client. The primary interest of older women is to be able to stay within their own four walls (they are no different than other people requiring nursing care in this respect). His assignment involves specific support services. He can organise the help required to cope with everyday tasks (e.g. transport services), but does not have the resources or the know-how to provide greater psycho-social support. This is precisely what is first and foremost needed by a victim of violence, however, in order to be able to process the experiences of violence and develop other alternatives; before this happens, they cannot make any permanent, well-founded decisions. In one specific case he had to discontinue providing assistance after half a year because he was no longer responsible and his excessive work load. The client then went to a hospital and in the meantime has been referred to him again. The woman wanted to move out of the apartment which she lived in together with the aggressor and the helper offered to look at various senior citizens’ homes together with her. He scarcely had any hope of supporting her in a truly sustainable manner, however: “It is difficult because I think that the woman needs something other than what I can give her.”

### 7.4.3 Cooperation

The facilitates interviewed often cooperate with each other in many ways in processing cases – as was suggested in the preceding chapters. Many of them are moreover involved in working groups which focus on violence.

Cooperation with facilities for the protection of victims is especially extensive. Just to name a few: the police, the courts, other psycho-social counselling offices, various social facilities, facilities in the health-care system (including physicians), etc.. Cooperation is usually on a case-by-case basis and differs in terms of intensity. Sometimes it is limited to brokering a client to a facility, obtaining or exchanging information, sometimes so-called helper conferences are held. The latter are organised by a women's shelter, for instance when several facilities are involved in a case and for this reason the situation and the responsibilities are confusing for everyone involved (including the clients). Such helper conferences not only help coordinate support more effectively – they also help avoid duplicate efforts. When the client has to travel a great distance, it is reported that for instance counselling appointments with the centre for protection against violence and the women's counselling office are held jointly. In some Federal *Länder* there is moreover a fixed division of labour between different organisations such as centres for protection against violence and women's counselling offices. Thus, for example, all court requirements in connection with the protection of victims are followed by the centre for protection against violence, even if the client first goes to the women's counselling office. Vice versa, the women's counselling office is in charge of counselling and assistance in matters involving divorce or support.

There is no specific cooperation with respect to older clients, according to the interviewees. As a result of the low number of older victims of violence, cooperation with senior citizens' homes or counselling offices for older people are not (yet) institutionalised. Merely one Viennese women's counselling office states that it has made an agreement with the Curatorium of Senior Citizens' Homes in the City of Vienna providing for older women who are victims of violence to quickly be assigned a place in a home. An initial attempt at networking is the Viennese working group called "Violence against Older Women". This was created in 2007 by the women's hotline of the city of Vienna. The members of this working group, which meets every three to four months, include the intervention centre, women's shelters, Weiße Ring, womens' counselling offices, the Psycho-social Service, hospitals, the police, various facilities in the area of domestic nursing care, the Curatorium of Viennese Pensioners Homes and representatives of the Vienna Social Fund. In an initial step the task was primarily said to be to record what the individual services on offer are, how they work and what spe-



cific problems arise from their work with older victims of violence. It is planned, for example, to draft a list of demands. One difficulty, however, is in the size of the working group with around 25 participants – smaller topical groups would probably work more efficiently.

We are also interested in satisfaction with cooperation and in what areas additional partners are being sought. With regard to cooperation with the *centres for protection against violence*, the majority of persons surveyed are very satisfied; there are scarcely any areas of conflict and, when they do crop up, they can be resolved very quickly. Representatives of the police mentioned that in the past cooperation was more difficult, but thanks to training programmes and the years of exchange it now functions excellently. One women's counselling office criticised a centre for protection against violence because it did not work much in the psycho-social area, instead focusing on legal aspects, which is purportedly due to the fact that almost only lawyers work at this centre for protection against violence.

The *police* are given very positive marks by all the interviewees. Here as well cooperation today is compared with cooperation in the past and a significant improvement is attested. It still happens that individual police departments or officers do not agree with the mode of procedure with respect to family violence (in particular in rural areas), but generally speaking there is rarely reason to complain. This well-functioning cooperation is attributed to clear structures and the training of police officers in the area of family violence, which has become good and is provided throughout the country and which involves centres for protection against violence and women's shelters. The installation of preventionary officers with the police is assessed as positive. They can be requested, for example, to look in at a client, sometimes they even visit homes with the police. The close cooperation has helped eliminate a lot of prejudice on both sides. It is criticised that in some regions there are still too few restraining orders pronounced by the police because the district commissioner does not devote much attention to the topic. The staff at a women's shelter in a rural region commented that the police have special problems with the issue of court orders involving aggressors requiring nursing care. Another interviewee attested with regard to court orders involving older aggressors that a change had taken place in the interest of the victims.

The assessment of cooperation with *courts* is similarly ambivalent as with the victims (see chapter 6.6.2). Some interviewees from the centres for protection against violence attest improvements, which they attribute to judges having in the meantime recognised that they perform professional work. Another expert

attributes this to the establishment of psycho-social and support in legal procedures, which relieves judges considerably. Aside from this, almost everyone voiced criticism in principle – with the caveat that the quality of cooperation is highly dependent upon the particular individual. Thus some judges have still scarcely given a thought to violent relationships and the dynamics of violence, while others deal with the material in a very sensitive manner. Moreover, some representatives of the judiciary react very sensitively to criticism; in these cases “the tender thread of cooperation may be severely disrupted”, according to the director of a centre for protection against violence. She said that she had often experienced judges and public prosecutors as arrogant, and who view any criticism of themselves to be affront. Especially in the area of criminal law, there are still many reservations and clichés with regard to domestic violence, which is frequently reflected in attitudes in procedures. (In particular, the clients are very dissatisfied over the fact that grounds do not have to be stated for the dropping of a procedure, which is why it is not possible for the victim to understand the decision.) One major problem with family judges which was cited was that they frequently refer back to the fact that the women will return to the violent husband, anyway, and that for this reason do not issue any injunction. Almost all of the experts find it tedious that they have to do a lot of networking work and contact work: every personal contact has to be individually arranged because judges as a result of their independent decision-rendering role cannot be obligated “from above” to cooperate.

Thanks to the Act for Protection against Violence, a lot has improved for victims of violence in court on the whole. The facilities for protection of victims welcomed the newly created opportunity for judicial clerks and trainee judges to take a two-week practical course at a centre for protection against violence. They also find the continuing training series on family violence, in which the staff of centres for protection against violence are arranged as speakers, to be important. (Nevertheless, the problem remains that judges and public prosecutors cannot be obligated to take part in continuing training and education events, while on the other hand it is scarcely possible to persuade them to take part in continuing training events on family violence.)

The majority of interviewees see a benevolent attitude on the part of the *police* and the judiciary. Thus, older victims of violence tend to be believed more than younger ones, and they have the impression that these women are considered to be “more deserving of protection” because of their age, while older aggressors are only rarely afforded sympathy. Older women are no longer accused – as this is frequently the case with younger women – of wanting to obtain advantages through divorce. One expert criticised that some judges want to “per-

suaide" the victims to remain in the violent relationship: the view is frequently voiced that "You have been living together for such a long time now, you should be able to make it through the last few years as well". Frequently they also ask why the women have put up with the violence for so long. To the women, of whom only very few are even able to answer the question for themselves, this sounds like an accusation. These interviewees furthermore noted that judges often call on older women to answer "quickly" and concisely – which is asking too much for many women in this age group.

Important cooperation partners for facilities for the protection of victims and psycho-social offices are practicing *physicians, hospitals and mobile nursing care and assistance facilities* because these tend to have the most contact with women affected by violence. With regard to sensitivity towards violence at health facilities, many interviewees believe that there are considerable deficits. Cooperation is said to function well with some of the practicing physicians and hospital wards – they ask about the cause of the injuries, for example, inform the women about women's shelters or the centre for protection against violence, and have folders and call numbers of facilities for the protection of victims. They reported that a majority of physicians do not do this, however. They limit themselves, rather, to treating the symptoms and prescribing psychotropic drugs and do not explore the causes of the illness. Often they do not want to see things because they do not believe that they fall within their domain. The interviewees view this behaviour not only as being based on disinterest and lack of sensitivity, but rather also being due to a lack of information and helplessness resulting from it. If the physicians understood how they could support victims of violence, they would tend to perceive this violence more often and behave accordingly. At hospitals it is especially the nurses who offered support and counselling because they spend more time with the patients than the physicians. One interviewee was of the opinion that a greater sensitivity towards violence and willingness to act in the health area would mean a "quantum leap" for the field of family violence and in end effect also a major savings potential because the women will be sent "from pillar to post". At present cooperation is being set up in particular with hospitals. There, where there are persons who are in charge of violence, the cooperation is said to be very simple; otherwise it is very tedious finding the right contact and establishing more permanent cooperation. The staff at a women's shelter reported that folders from the women's shelter were available in both hospitals in the region and that victims of violence are informed verbally about the facility (younger women have also already been sent directly from the hospital to the women's shelter). Moreover, there is an agreement that a victim of violence can (if this is possible) spend a bridging time in the hospital if no apartment is free at the women's shelter. The centre for protection against vio-

lence in Upper Austria attempts in a targeted manner to cooperate with the state hospital and offer training courses on family violence for medical personnel; moreover a request has been made to teach at schools for assistance of senior citizens in Upper Austria. A regional psycho-social centre reminds practicing physicians every year by means of a letter; the interviewed staff member of this facility appeared to believe that physicians were the decisive factor deciding whether a client actually comes to the centre.

Only very few of the organisations interviewed have cooperation with mobile assistance services which go beyond the individual case. Excepted from this are several Viennese facilities which cooperate closely with the municipal nursing and assistance service of the Vienna Social Fund (Fonds Soziales Wien - FSW). It consults with them on how the situation in the area of nursing care and assistance can be improved for the care providers and care receivers, as it is sometimes sufficient to bring in other structures (for instance day home assistance by the hour) in order to prevent violence. The mobile nursing care and assistance staff are said to tend to notice violence more often; at present, however, according to an interviewee, there are still no guidelines on intervention after violence has been perceived. Here they are hoping for the successful implementation of case management at the FSW. Reference has already been made to the lack of clarity regarding which institutions have already provided assistance to clients of counselling offices and facilities for the protection of victims. One central information point could avoid duplicate work and make possible better coordination of support.

Finally, the interviewees were asked about their desires for cooperation. These primarily relate to practicing physicians and hospitals. In general they desire a more intensive cooperation with senior citizens' homes and, with respect to the lodging of psychologically ill perpetrators of violence, they desire new arrangements so that these persons can also be admitted to a senior citizens' home. One centre for protection against violence would like to network with ProSenectute, a psycho-social facility for older people. One women's shelter is contemplating setting up cooperation with Neustart, through which it is to be attempted to carry out more offence resolutions instead of having procedures dropped. With regard to additional intentions of cooperation, some interviewees point out that they are already working at the limits of their capacities and even beyond, and that for this reason it would only be possible to set up cooperative ventures with additional resources. It was stated with respect to a greater sensitisation that a contribution is expected from a higher level (employers), from interest groups/ professional associations (e.g. medical associations) and policy-makers (e.g. spokespersons for senior citizens in the political parties).

#### 7.4.5 Satisfaction

All facilities for the protection of victims and psycho-social facilities perceive the satisfaction of their clients with the support offered them to be extremely high. Older women are said to be grateful for the slightest help provided: it is a new experience for them to be able to talk about their suffering, that people believe them, that someone listens to them; noisy children in women's shelters are not even a problem for women with such histories. As evidence, the staff member of a women's shelter quoted the sad but grateful parting words of an older client: "That was the most wonderful time in my life." The interviewees from the centres for protection against violence report a high level of acceptance for the follow-up assistance. Almost all victims of violence are said to be pleased that they are called; only rarely do women reject the offer of assistance. Older women in particular were said to react positively; as a result of their loneliness, they frequently develop relationships lasting years and these clients tend to "lock into" the facility much more. Only a minority of women have reservations about accepting help. These are primarily those women who are part of the "yes, but" group and who show little openness for new things. The victims of violence appear to not react as positively to interventions by the police. The representative of the police who was interviewed stated that she was often confronted with a rejectionist attitude ("we don't need that") and fear. The first time the police intervenes, the ambivalence of the victim of violence is much less, gratitude tends to characterise this stage because she is not yet aware of the implications of the intervention, such as court orders, the taking of statements, court procedures. They are afforded great respect by older victims of violence, however.

With regard to the interviewees' own working conditions, the persons from the women's shelters, centres for protection against violence and psycho-social counselling offices stated that they were basically satisfied. They referred here in particular to the latitude for dealing with matters, the autonomy of the work, the constant factor of the team and recognition of the work by the management and other facilities. They were not satisfied, on the other hand, with the underlying conditions. Although they do the best they can with the resources which are available, budget cuts which have already taken place or which are pending can make the quality of work only "marginal" and possible with a great deal of self-sacrifice. The limitations to that which is absolutely essential, they stated, leads to social work being rendered more technocratic. Only one social worker at a mobile nursing care and assistance facility is completely dissatisfied with regard to the assistance of older people affected by violence. His facility does not have

any strategies, guidelines, the know-how or resources to assist victims of violence. The situation has been exacerbated once again through the restructuring, but also increasing scarcity of time resources. Addressing such cases was said to only lead to excessive demands being placed on the staff members. Adequate assistance requires more time, more human resources and more room for manoeuvre. Especially in the case of older victims of violence, it is not enough to just give them an address or organise a transport service for them. Current structures do not allow any greater psycho-social support for victims of violence, however.

## 7.5 Recommendations

Recommendations were requested in different contexts: the interviewees were supposed to address desires for improvements both in terms of the demands placed on their facility as well as on their type of facility, but also express general recommendations relating to the particular topic. Finally, possibilities for improvement were also cited in connection with specific experience at their own facility.

The key topics at the *facilities specialised in family violence* – namely above all the centres for protection against violence, women’s shelters and specific counselling offices – were first of all targeted public-awareness work and secondly the creation of refuge and dwelling possibilities for older women who are victims of violence. Sometimes it was asserted that at least the interested public had developed an awareness of the topic of intimate partner violence against older women, but that there was a lack of appropriate support strategies and services.

People working in the field of practice agreed that there is *too little public awareness* of the topic “intimate partner violence against older women”: first of all with regard to reaching this group of the population, but secondly with respect to the awareness that older women are also mistreated, abused and threatened by their partners. Especially because older women often do not recognise that they live in a violent relationship, it is important to address this topic in the public sphere again and again as well as make women aware in this manner of how they are affected by violence – and at the same time inform them about support services and moreover explain that these services are also available to older women. Posters are said to only depict younger women, and it was called for the media to show older subjects, or also, like in other countries, to produce television and cinema advertisements which address violence against

older people. (This demand was countered, however, with the argument that campaigns did not always make sense, as they are not able to change the consciousness of the population – only laws and regulations can help ensure that certain actions no longer take place.)

It was stated that public awareness work is especially necessary in *rural regions* where women who are victims of violence can best be reached through organisations such as the Catholic Women’s Movement or the Farmers’ Federation (*Bauernbund*), but also through knitting or cooking clubs or the community newspaper – but definitely not by surface mail with the sender on the envelope being “women’s shelter”. An initial step in improving support of women could be organising a meeting of women so that they can get out of the house for once.

There is also a consensus that there are too few *adequate lodging possibilities* for older women who are victims of violence. The living standard has been changed at some women’s shelters away from the “shared apartment” and towards small dwelling units with additional community space and rooms. In spite of this, older women are afraid of women’s shelters, not least because they think that taking this step will cause them to lose their accustomed social environment. It is suggested that it would probably be a better idea to develop a form of assisted living for these clients. The establishment of a special shelter for older women was also considered to be a good idea, although it is feared that the target persons will not learn of its existence.

The need to sensitise practicing *physicians* and medical personnel at hospitals more about family violence was addressed several times. This professional group can perceive the impact of violence directly or draw conclusions along these lines from psychosomatic illnesses. It was stated that the (above all extramural) nursing area also has to be provided more training so that violence can be devoted more attention.

Viennese experts said that they would like to see a *health centre* which drafts both precise case histories as well as provides specific therapeutic services, and moreover focuses on psychological assistance because there is always too little time in regular medical operations to deal with psychological problems. The establishment of a trauma therapy station was also said to make good sense.

Because especially older women often are sent from one medical facility to the next one, a specialised contact point should be set up in the health-care sector for people who are victims of violence. This could not only provide better care for women, but also help reduce the enormous costs of violence which arise in

the health-care system through “doctor shopping”. Furthermore the topic of “family violence” needed to be assigned a fixed place in the training of physicians and nursing personnel. The German Study on the Prevalence of Violence from 2004 has shown that physicians are an initial contact point for victims of violence, but in spite of this the topic of violence is lost sight of in the everyday operations of a hospital or a physician’s practice, as there is no place for this in the existing structures.

Finally, the situation in *senior citizens’ homes* was also addressed. The topic of violence is usually ignored there, not least as a result of the fact that the staff is overwhelmed by the work load. Aside from this, they have not been trained in how to deal with the topic of violence. (Violence through the care personnel is a taboo topic, anyway.) The interviewees felt that it would be important to have a fast-track access procedure or admittance arrangements so that people who are victims of violence can quickly receive a place in a home – and additional emergency beds.

Those facilities specialised in family violence expressed different opinions regarding the need for *specific counselling services* for older women. In particular the interviewees from the intervention centres/ centres for protection against violence felt that there was no need for such and stated that solely a better supply of resources was necessary. This is absolutely essential, however, as: first of all because work with older women is time-consuming (for instance, as a result of their greater need to talk or because they need more time to make decisions), and secondly because especially this target group is not very aware or not at all aware of the support services available and for this reason public-awareness work needs to be expanded. Contact with multipliers needs to be established in rural regions in particular, and in addition to this more funding earmarked for specific information material.

It was rare that the interviewees contemplated items going beyond the issue of resources. Thus one interviewee stated that she had always wanted to make support for older women a focal point at her facility in order to increase the sensitivity of her colleagues for this topic. Another interviewee emphasised the importance of counselling people in their homes and visiting them there, not only among older women, but generally speaking with women who are not mobile, and visits to clients in the hospital. For older women in particular, it is considered to be a valuable form of support when one helps them shorten distances.

Counselling offices see a need for programmes more closely tailored to the needs of older women – with the emphasis being on the importance of *low*



*thresholds*. Apparently the requirement of making an appointment and the usual individual talk deters some women right at the outset. At one facility there had been good experience with the possibility with “open mornings”, which is to say the possibility to come to the counselling office without making a prior appointment. Several women were said to have already taken advantage of this opportunity over a longer period of time. Because there is always one female physician present on these mornings, it is possible to consult with her in an uncomplicated manner. A low threshold can moreover be attained if counselling is not only provided in the facilities’ own rooms, but rather if the experts also offer counselling at other facilities. It is not enough to just “scribble the address of a more specialised facility on a piece of paper for an older women”. Rather, these women want to be accompanied there personally if possible in order to dispel their fears of this further step.

Existing barriers to access in their own fields were also addressed as a topic: first of all to the effect that older women feel less addressed by facilities specialised in family violence and feminist oriented, and instead tend to be deterred; secondly because even their own facilities sometimes do not consider the special needs of older women enough by, for example, producing posters with letters which older people with poorer vision often cannot read.

A need for improvement was seen by all of the interviewees with regard to *co-operation* with other facilities which attend to the same clientele or are responsible for them. These include, for instance, senior citizens’ homes and facilities providing assistance, but also custodianship for adults or the Social Welfare Office. Cooperation with the judiciary was also a topic: although this has improved over the last few years, there are still losses due to friction as a result of several processes at court and the organisational structures there which still make it necessary to perform a great deal of individual cooperative work. The possibility of legal clerks and trainee judges to attend a two-week practical training course at a facility for the protection of victims has proven to be an experience more valuable than any training programme.

One problem was seen to relate to the lodging of older *aggressors* in psychiatric facilities of hospitals. Although this is often the case, it does not constitute a permanent solution, as the female partners have to themselves take care of matters after they are released. Because psychologically ill aggressors are not admitted by retirement homes or similar facilities, the men ultimately come back home. To solve this problem requires more intensive cooperation between all institutions.

The interviewees stated that a major negative aspect of social work was that rarely is an institution responsible for a person with regard to all of the problems they have and can assist them in every respect through social welfare work. Instead, there are *individual domains of responsibility* at different institutions, and nobody assumes the management of the case. Clients themselves often only know that someone from the home nursing care is coming by, but not which organisation is in charge. Such information could be quickly retrieved using a central administrative system with personal information. The centres for protection against violence are the facilities which are most willing to coordinate assistance, but it remains difficult to make agreements along these lines with other facilities.

One social worker working in the field of *nursing care for older people* said he would like old people who experience violence in old age to be provided intensive therapy support in order to analyse what they have experienced, not only ad hoc, but rather for a six-month period. There are facilities like this for older women who have been victims of violence in Scandinavia. Such assistance in his opinion could also be provided in an out-patient setting. What is important is that facilities that work with victims of violence are low-threshold and reach-out in nature – which is unfortunately not always the case at existing facilities.

He criticised the “technocratisation” of social work as a whole and stated that at his employer there was not the know-how on how to deal with intimate partner violence against older women nor were the resources available, which have been becoming scarcer and scarcer in recent times. For this reason he frequently has the feeling that he is spinning wheels and overwhelmed. He said that could imagine that not enough space was devoted to training persons working both in the area of domestic help as well as extramural nursing care to be more sensitive to family violence. The most important thing in his view was to convey in the training how nursing personnel should react and what they should do in such cases. Physicians should also take more time for the topic of violence because they would notice a lot more if they only wanted to.

In general, from the perspective of the interviewees, people need to be informed early on – for instance in elementary school – about the problem of violence and existing help institutions in order to make people more aware of the topic. On the whole, taboos must be removed from the topic and it must be discussed more openly in the public arena, above all in those places where older people can usually be reached. One can often hear that knowledge of the Act for Protection against Violence is quite widespread among the population – but this is not correct (nor is it the case with younger women, either). The entire society

needs to inculcate in children and adolescents that violence is not to be tolerated – if people learn this early enough, then they will also resist violence in old age. What is important is civil courage and that people openly speak about violence if they suspect that it is present. One *general practitioner* said that adolescents should be confronted with the topic of “violence against older people”, in particular with respect to psychological forms of violence. More public-relations work needs to be done on this as well, through information in newspapers and electronic media, by the placement of advertisements, by awareness-raising work within the framework of senior citizens associations, women’s associations and the Catholic church as well.

Another interviewee from the area of care for senior citizens felt that people need to be informed much more about illnesses such as *dementia*. Persons suffering from dementia are frequently aggressive, and family members do not know what is “normal” for people with the illness and how to deal with it. Services relieving family members of care duties are also important – and changes in public opinion: family members should be able to obtain help without having to fear the reaction of the neighbours.

An additional representative of the *health system*, a *male nurse* working in an out-patient emergency clinic, commented on improvements needed. He set up a group for the protection of victims with colleagues years ago. They perform internal training programmes, give presentations, etc. – tasks which actually make it necessary for them to have an official position. (§ 15d of the Vienna Act on Hospitals provides for all central and specialised health clinics to establish groups for the protection of victims since 2009.) As he sees it, the extent to which older people are affected by violence is not recognised often enough, not least because it is pushed to the margins in society as a whole and its situation is scarcely afforded attention. For this reason training programmes in forensic medicine for staff both at hospitals and mobile services is necessary. In the case of patients at in-patient facilities a survey needs to be conducted on whether they are affected by domestic violence. This, he said, is an important task for social workers at hospitals. That is why it is imperative that all health facilities employ social workers. The manager in charge of releases, who find out what the situation of patients will be after they are released and then prepare the release, should be informed about patients affected by violence.

In the view of the *police officers* interviewed, older people are no longer aware about some developments (this relates not only to the prevention of violence, but also e.g. to protection of property), which is why specific information services – events, folders – are needed for this group. Even though police officers

have specialised in the situation of older people, there are no events for older people on the topic of intimate partner violence. One problem for victims of violence in contact with the police is that the police are obligated to intervene if in the course of counselling they learn of a violent act, whereas women's counselling services are not obligated to register these. The tasks of the police include informing victims about who they can turn to.

It was generally speaking not possible for the interviewees to answer how competently the police deal with intimate partner violence against older women. This primarily depends on individual persons, but also experience and background knowledge on intimate partner violence, on whether people have had experience with older people, how empathetic one is, etc.. Often attitudes or the mood one is in on a particular day play a role. On the whole, training on violence in families is excellent because it is first of all intensive and secondly conducted in cooperation with the intervention centre. Violence against older women is not treated separately, however, and the question is whether that is necessary in this case. It would be interesting from a psychological perspective how younger and older people deal with violence. At present psychological training is only provided for with preventative officers. These should perhaps be integrated in the general training in order to better be able to understand the actions of victims.

The interviewees from *social facilities not specifically geared to women* of regional councils emphasise the need for *follow-up social work*. It is only in this way that violent systems can be interrupted. In addition, it is imperative that all those organisations which assist clients at home address violence against older people – not only as a marginal topic, but as something that occurs frequently. The staff members must be well educated and trained to recognise violent relationships (and be confident enough to look within them) and to know whom they can contact.

Additional desires for improvements included taking intimate partner violence into account as a criterion for admission in a nursing care home and that admission take place as quickly as possible in these cases; that older women have to be directly contacted by support facilities much more often, especially in rural regions, where inhibitions are particularly high; and that very much preventative work is necessary, particularly among young women, primarily with regard to sensitisation about *psychological violence*.

One woman working in the field of practice viewed the chance of older women who are the victims of violence leading an autonomous life as very small, which

is why they were not able to cite any specific support services, either. These women have endured violence for so long and separation would reject the family, their entire environment so much that they have tremendous fears of losing their entire social surroundings. On top of this, because they scarcely have financial security, in the case of a divorce the men always delay payments and in many cases divorce means a risk of falling into poverty for both persons.

The problems and stigmatisation of victims of intimate partner violence are also a topic at the *social facilities run by NGOs* which are not specifically for women. One facility was attempting right at the time of the interview to inform older women better about presentations and advertisements in local newspapers. At another organisation which works *inter alia* in the area of nursing care and assistance, it appears conceivable that the topic of intimate partner violence can be approached more intensively – in the event adequate resources are provided, organisations could internally reflect on whether to establish specific facilities for women who are victims of violence. It definitely makes sense within the organisation to first of all address intimate partner violence in a deliberate manner and on the other hand make staff members more aware of the problem and how to deal with it. It would also be good to set up a contact point which people could call if they suspect violence: If persons providing assistance/ nursing care no longer have to worry about setting a whole apparatus in motion if they express a suspicion which might turn out to be unfounded, they would probably be more likely to express their misgivings.

The establishment of *special facilities* for older victims of violence was considered to be a problem: when target groups are specified, there is always a danger that they will be played off against each other (e.g. with regard to public subsidies) and presenting one group as especially in need already constitutes discrimination. Multi-generational services, if possible performed by a mobile, interdisciplinary team, are for this reason argued to make more sense. Only when nursing care becomes necessary, specialised institutions with care facilities might be needed by older victims of violence.

In the *work with older women* there are major differences: a woman farmer will be counselled differently than somebody from a city who has a profession or a Turkish woman, while age also plays an important role. On the whole, older women need more patience, much more understanding, more counselling, a lot of time until they are able to imagine a separation. Nor should one forget that older women feel much more shame than younger ones, and in a counselling situation this requires much more sensitivity. Finally, proactive access to women in this age group is indispensable; one has to take these clients right by the

hand – they will no longer respond if one only says: “If you still need help, then come back to us.”

With older women, counsellors must always keep in mind that for them the consequences of leaving a violent relationship are much different than for a young woman and for this reason think about what can be done if the clients for instance no longer want to or are able to live at the same place, if they do not have a family any more, etc. (similar to the case of foreign women, who need a lot of follow-up assistance after a divorce because they are often no longer integrated in their community.) There is frequently a danger of a psychological illness being triggered, which is why follow-up assistance is a good idea.

In one interview it was criticised that the *spokespersons for senior citizens* of the political partners did not attend to the issue of violence against older women or that no inter-ministerial working group had ever been established on the topic. Politicians only associated older age with pensions, but it is the task of policy-makers to address age-specific topics as well. Thus, for instance, the minister of women’s affairs could initiate a public discussion with a broad campaign; role models should be sought. The interviewee speculated that women themselves would contribute to taboos because they had problems with old age.

One single interviewee addressed the (possibly) specific problem of older *migrants* who were victims of violence – she speculated that the number of unreported cases is quite high in this group. Older female migrants and the migrant community as well were completely passive on the topic of violence and no activities are undertaken e.g. to sensitise people – including by policy-makers with a migration background.

## VIII

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# Summary and discussion of the results

Because of the dearth of research and the considerable gaps in knowledge about intimate partner violence against older women, empirical surveys were undertaken in order to generate findings on the extent to which institutions specialised in dealing with violence and other help organisations are confronted with the issue, what traits are exhibited by victims of violence and perpetrators of violence, how violent relationships develop (dynamics, abrupt changes) and in particular, where women seek help and what barriers they run into along the way.

### 8.1 Methodological approach

The methodological approach of triangulation, which is to say the use of several survey instruments (questionnaire, interviews and the literature) made it possible to sketch a comprehensive picture shaped by both the perspective of help organisations and of female victims of violence. On basis of the questionnaire survey an estimate could be made of how many older women contact help institutions and what social characteristics they exhibit; 111 organisations returned the questionnaire. The approach of sending only a short questionnaire to organisations which might possibly not have any older victims of violence among their clients boosted the willingness to respond; nevertheless, the total response rate was low at barely 18%. This means that the questionnaire survey provided us a qualified estimate by experts on the relevance of intimate partner violence against older women in their organisations; the help organisations specifically focusing on certain age groups were significantly underrepresented. These drawbacks were in part rectified by interviews with experts. Using interview guides, the interviews were conducted with representatives of various help organisations (a total of 30) and female victims of violence (a total of 10), allowing the data from the questionnaires to be condensed, but also helping to generate a large amount of additional information such as, for instance, the mode of

work of the organisations, access of women to these organisations or cooperation between organisations.

One special aspect of the study are the interviews with older women who are victims of intimate partner violence, as research to date in Austria, which is scanty anyway, has concentrated on surveys of experts in various organisations. The findings generated by our interviews do not only constitute an addition to the knowledge of experts – they offer insight into the hopes, perspectives and modes of action, developments and prospects which are important to women who are victims of violence, to help organisations and to the development of political and societal measures against domestic violence. Because we found our interviewees through various organisations, we interviewed solely women who have made use of institutional services. No statements can therefore be made on older women who have not had any access to help organisations to date.

## 8.2 Numbers of victims of violence

Current studies postulate that one in every four women will experience violence one or more times at the hands of an intimate partner (Schröttle/Ansorge 2008, 15), although there is no specific data on how many women are victims of violence. As in Austria there have (still) not been any surveys on the prevalence of intimate partner violence, no precise data is available. Most of the various studies on violence committed against older people, a majority of which have been conducted under the supervision of Josef Hörl, are surveys of organisations/experts in which the focus has moreover not been on intimate partner violence or on women. The primary interest, rather, has been on the level of victimisation among older people in general. Criminal statistics for their part show the amount of charges filed, but not the number of aggressors who have been convicted. Moreover, the relationship between the victim and the perpetrator is not broken down in any detail, nor have any correlations been explored, for example, with age and/or gender.

We cannot venture any statements about the number of older women who are victims of intimate partner violence; this study is not a prevalence study. The data solely provides insight on the percentage of older women among the clientele seeking help at various organisations. Reports on the activities of centres for protection against violence/ intervention centres published for the years 2006-2009 indicate that between five and ten percent of their clients are over 60. At the women's shelters the figure is two percent. The share of older women



among callers at various women's helplines is between zero and seven percent. Our questionnaire survey indicates that at each organisation which assisted cases involving intimate partner violence over the period 2006-2008, about three percent (median) of all clients were 60 and over. In absolute terms, there were a total of 2,063 women at all the organisations surveyed for the stated period; an additional 584 older women were assisted in these organisations in 2009. Hörl und Schimany (2004, p. 198) estimate that a maximum of 10% of older men and women are victims of violence in the "private sphere" and the immediate social surroundings (i.e. they are not solely victims of intimate partner violence) (this would be a maximum of 200,000 older people in Austria). If one assumes – and this is confirmed by the interviews with experts and victims – that violent relationships are usually relationships which have existed for many years and that violence does not decline significantly in old age, the low percentage of older clients at help organisations indicates that only a minority of older women seek help at all.

The percentage of older women among the clientele has for the most part remained the same for years at the individual facilities according to both their statistics as well as the data from the questionnaires. Only criminal prosecution facilities state that this percentage has risen over the last ten years, which may be due to the expansion of support in court procedures aimed at strengthening victims of violence.

There is general agreement on the forms of violence which older women are subjected to. According to the statements on the questionnaires, the opinions of experts and reports by women who are victims of violence, they suffer all forms of violence (psychological, physical, sexual and financial), even if in differing degrees. Austrian studies to date have maintained that older people tend to be rarely subjected to physical violence and to sexual violence scarcely or not at all. They are held to primarily be victims of psychological violence and financial exploitation. The respondents to our questionnaire survey paint a different picture. According to them, almost all the organisations are confronted with physical violence committed against older women by their partners, around 60% with financial exploitation and around half of the facilities with sexual violence. In the interviews the experts noted that this age group suffers psychological violence in particular (they state that their experience shows that physical violence never occurs by itself), but few women sought support solely as a result of psychological violence due to their usually narrow definition of violence. Economic violence is said to be perpetrated by the partner particularly often. The help organisations state that they are sought out less often by older clients as a result of sexual violence, which is explained in part by age, and in part by the understanding

of sex as a “marital duty”. All of the victims of violence interviewed experienced psychological and physical violence in old age, while more than half were put under financial pressure. Three more women explicitly mentioned sexual violence, with two additional ones implying it.

### 8.3 Characteristics and dynamics of relationships

The questionnaire survey and the interviews with experts and female victims of violence as well indicated that the marriages/partnerships have often been violent relationships for many years (or even for decades), in which violence is committed repeatedly. The institutions interviewed primarily assist cases which correspond to this pattern. 60% of the organisations are confronted with violent relationships which began before the age of 60. Almost all the older victims of violence who are assisted by the surveyed institutions still live in the same household with their perpetrators.

The results of the questionnaire survey and the interviews with experts indicated that the violence often commenced at the beginning of the relationship, usually with degradation, verbal abuse and humiliation, and finally physical violence (slapping, hitting, kicking, etc.), which was not infrequently committed for the first time during the first pregnancy of the woman. None of the victims of violence interviewed characterised their marriage(s) as being harmonic in retrospect – not even at the beginning. The first violent incident they cited was almost exclusively the first severe physical assault. Only after being prompted by the interviewer did the victims address psychological and milder forms of physical violence (such as slaps in the face), thus revealing the early beginnings of the violence. This very narrow understanding of violence can therefore be considered to be an additional causal factor in women remaining (for a long time) in the relationship.

With regard to the dynamics of violence in old age, the findings diverge. The majority of the experts surveyed stated that there is (again) a shift from physical to psychological violence and thus also a decrease in sexual violence. The reasons mentioned were mounting physical frailty, including on the part of the aggressor, and the typical changes which take place in old age (they become quieter, less short-tempered, have greater control over their emotions). A smaller number of experts were not able to identify any decline in physical violence. On the contrary: as a result of the loss of identity through retirement or physical changes in old age and the constant time consequently spent together

because the man is not working any more, things come to a head – the changes are compensated for with violence, with violence remaining at the same level in the best case. Both groups furthermore observed that financial violence/ exploitation are added on top of other forms of violence in old age, as the retired husbands do the shopping themselves and no longer provide their wives with money to defray household expenses which the latter can also use to meet their own needs. None of the older women interviewed mentioned that their husbands became less violent in old age or that there was a shift from physical to psychological violence. The majority reported that the violence intensified after retirement, ultimately leading many of them to seek out a help organisation. In one case financial violence was added to the other forms after the husband retired. For most of the relationships, retirement constituted an abrupt change, but only one of many. For the older women, the children moving out of the parents' apartment, the purchase of a house or increasing alcohol consumption as the result of a change in jobs or a bankruptcy were cited as marked, abrupt changes in their lives. In many cases, however, alcoholism also led to more frequent violence.

The experts and the women affected by violence describe the relationship primarily as one of (co-)dependency, with the experts citing economic and emotional dependency equally. This occurs in particular as a result of the gender-specific division of labour which is practiced; the women take care of the household and children (often merely working at a casual job outside the household), while the men earn the family income. As a result, the women only have a very small pension or no pension at all in old age. In the interviews it became clear that this already prevented the women in their younger years from leaving their violent husbands. The strong emotional ties resulted primarily from long years of marriage (many couples have been married 40 years and longer), according to the experts, but also from the life models of the women. The older women never had any life model besides family and children. As a result, not only did they cling to the ideal of the family no matter what happened – they were scarcely able to develop other prospects. This lack of prospects is also evident in the interviews with the victims of violence, whereby the emotional dependency not only appears to exist in the ties to the partner. Assets jointly acquired in the course of marital life (e.g. house, company) keep women in the violent relationship, as they usually do not have sufficient financial resources to be able to pay off the partner for the share he is entitled to. Moreover, as experts and older women emphasise, the violent relationship is frequently understood by the women as being a personal failure – a failure which is difficult to admit and which would ultimately mean that they look back on a “wasted” life. The failure of a relationship and the experience of violence are highly associated with feel-

ings of shame – as the interviews with older women and experts show and as is maintained in the literature. This often ultimately leads – as the analysis of help-seeking behaviour has shown – to the social isolation of the victims.

In addition to financial and emotional dependency, other risk factors cited in the literature are alcohol and other types of drug abuse by the aggressors as well as the excessive demands of providing nursing care with insufficient outside support, the physical inferiority of women, feelings of guilt and greed (see Hörl 2009; Hörl & Schimany 2004). Most of the victims of violence interviewed locate the causes of violence primarily in the pathological jealousy and alcohol consumption of the man. One woman views the causes to also lie in the traditional image of women held by the partner, according to which a woman is the property of the man, who has power over her. Experts view the alcoholism of the man to be less the cause and more the trigger or a reinforcing factor in the violence; it lowers inhibitions considerably. The victims of violence confirmed this finding when they stated that an escalation of violence frequently occurred when their partner was drunk. Otherwise the older interview partners could not identify any precipitant, stating that the violence always “came out of nowhere”. In the opinion of experts as well, older women provide “reason” for violence much less often than younger ones, as the former have usually long since submitted completely to their partners’ claims to sovereignty.

Most frequently older women attempt to ward off the violence – according to the victims of violence surveyed and the experts – by submitting completely to the will and the desires of the partner. One gains the impression from the interviews with the older women that they tried to make themselves invisible and not expose themselves to attack in any way. The attempt at pacification only rarely led to the hoped-for reduction in aggression, however. On the contrary, the more some women submitted, the more violence they said they experienced. They only realised this very late, however. The traditional image of women is also to blame for submission as a behavioural model, in which the woman has to submit to the partner and responsibility for the success of a relationship is attributed to her. Socialised along the lines of these gender relationships and their broad acceptance, most of the women needed a long time before they rebelled against them. Practising Catholics appear to have had even more difficulty ending the violent relationship as a result of their allegiance to their wedding vows. According to the staff of various institutions, in counselling a lot of time is devoted to convincing older women that submission will not end violence and that the women are not to blame for the behaviour of the partner. The strategy of submission often goes hand in hand with forms of self-assertion, however. Women were stated as becoming accustomed to the intimate partner violence to a cer-

tain extent, but the violent relationship only becomes “bearable” through a host of protective measures and modes of behaviour. Examples here mentioned by the female victims of violence and the experts were places of refuge, refuge through illness, addictive behaviour and, very frequently, resorting to psychotropic drugs to deal with anxiety (some of our interviewees had been taking sedatives for decades). In many cases the women created small free spaces for themselves, for instance by attending courses, a hobby, garden work, social contacts and in particular through separate living/sleeping quarters. Escaping into work also helped many of them zone out the violence of their partner. While the partner was still working, the hours of his absence at least offered a certain free space (visiting female friends/neighbours; having a cup of coffee in peace and quiet, etc.). With retirement and along with it the usually constant presence of the partner, these areas providing a certain free latitude for the women were eliminated, ultimately making the relationship unbearable for many women. It was interesting that those three women who married when they were very young developed significantly fewer strategies of self-assertion. We examine attempts at escape as an additional form of self-assertion later (see help-seeking behaviour).

Many experts state that older female victims of violence have much greater difficulties with separation than younger ones; one indication of this was *inter alia* the several attempts at separation/divorce. Eight out of ten of the women interviewed also filed for divorce several times, but either withdrew it or allowed it to lapse. A whole complex of existential constraints (money, children, house), individual personality structures (education, religious belief, convenience, anxiety, feelings of responsibility for the ill partner, lack of self-confidence) and the acceptance of societal notions of marriage and family (divorces were rare in the 1960s/1970s; children should not grow up without their father, etc.) as well as gender-specific role images (part of which is the integration of violence in a world view in which men “are just that way”) were reasons why women tolerated the violence and kept up the marriage. Eight out of ten victims of violence interviewed were finally successful with the support of their children and/or organisations for protection against violence in separating permanently from their assailants or in divorcing them. For half of these women, a well-founded fear for their lives was decisive in them finally taking this step – this also allows one to infer an intensification of violence in old age. The others simply wanted to finally live in peace and quiet.

## Traits of the victims of violence and their perpetrators

Domestic violence is not a phenomenon which is specific to particular socio-economic strata. This is also demonstrated by our surveys, even if the majority of people seeking help are members of the lower and middle strata. The experts/ institutions surveyed emphasise the heterogeneity of their clientele with regard to education, socio-economic situation and nationality/ethnic origin. Women who are economically better off were on the one hand said to make less use of the institutions' free-of-charge services, however, while violence against women among the middle and upper classes tends to be "swept under the rug" more than among other social strata. A majority of the older women we surveyed only went to school until the minimum mandatory age, while many did not have any pension or only a very small one. As was mentioned earlier, it is *inter alia* economic dependency which causes women to hang on to the violent relationship so long. The high level of acceptance of gender-specific roles as well as traditional notions of family and marriage also reveal the specific generational dimension. Such views are no longer as prevalent among younger women – all of the persons surveyed agreed on this.

This study does not provide any insight on those women who have not sought any institutional support thus far. As a result of the make-up of our interviewees, we have little or no information on older women who are part of the upper class, who do not belong to the dominant nationality/ethnic group in society, those who live in a lesbian relationship or women requiring nursing care. These groups should be devoted increased attention in subsequent studies. In spite of the largely homogenous sample in terms of socio-economic status, there were considerable differences between the interviewees according to whether they were from an urban or rural area and according to age. The taboo on violence and thus the shame and embarrassment of the women who were victims of violence appear to be more pronounced in rural areas than in urban ones, even though the experts stated that this difference is growing smaller. Economic independence is also greater among the "young old", while a weakening of traditional gender-specific understanding of roles can be observed.

Our study focused on female victims of intimate partner violence – female aggressors are thus ruled out, but the male assailants only receive marginal attention as well. The majority of the (former) partners have an educational degree and regular income or an independent pension. The majority of them are only slightly older than their (ex-)wives. The survey of experts who work primarily if not exclusively with victims of violence only allows statements to be made on traits and characteristics of aggressors to a limited extent. Experts as well as

older women primarily described the aggressors as powerful (in the economic and social sense), as men who cling to a traditional, gender-specific understanding of roles which not only assigns them sovereignty over the marriage and family, but also “allows” them to exercise violence. The (continued and in some cases intensified) violence perpetrated in old age – power relationships have already been cemented by this point – is frequently attributed by experts to the retirement of the aggressor, the perception of physical changes and/or greater dependency on the wife. Many of the older women who are victims of violence referred to the “two-facedness” of their violent partner. Towards the outside world, they were respected, charming and friendly men, while in the seclusion of the home they committed violence. The women therefore feared that nobody would believe them if they accused their husbands of perpetrating violence.

## 8.5 Help-seeking behaviour

When one examines the help-seeking behaviour of the interviewees, two things stand out: first of all, the immediate social surroundings – children, family members, neighbours, female friends and (in some cases) physicians or clerics – in most cases knew about the acts of violence which the women were subjected to. Secondly, it took a very long time for the women to turn to institutions for professional support, with this usually once again occurring with the support of third parties. This largely corroborates the results of other national studies and our written and oral survey of organisations. The majority conclude from this that work with older victims of violence requires active support. Women turn to many possible sources of support. Two groups were addressed here: adult children and physicians, as they are assigned a key role.

Not only do the adult children know about the violent incidents – in many cases they were subjected to the violence of the father themselves – they are also a place of refuge for their mother, offering emotional and material support and accompanying her to the help organisation. Nevertheless they are frequently “helpless helpers” as a result of their ignorance of the legal situation and help systems, they are in some cases unable to cope with the conflicts of loyalty and are ambivalent in their support as a result of the potential changes which could occur in their own lives (e.g. if the father requires nursing care). Female friends, neighbours and other family members react in a similarly “helpless” manner.

The diverging views of whether and how older women turn to physicians when they are victims of intimate partner violence probably reflect the different be-

haviour of these women. Some of the interviewees spoke openly with physicians about the causes of their illnesses and injuries, while others did not reveal this or stated other causes for their injuries. Even when physicians knew about the violence, they usually waited a long time before they had charges filed for assault and battery or provided other kinds of help to end the violent relationship. The experts viewed long years of psychotropic drugs being prescribed without exploring the causes of the health impairments as being especially problematic. As the first contact point of these women, physicians also at any rate play a key role in referring female victims of violence to organisations for protection against violence and counselling offices.

Questionnaire surveys, interviews with experts and victims indicate with regard to help-seeking behaviour that there is a need to differentiate between older victims of violence by age as well as the urban or rural living environment. Hörl (2009, p. 17) states that older victims of violence primarily seek help at "classic institutions" such as the police and courts, while they scarcely turn to "modern" organisations for protection against violence and counselling offices. This can only be confirmed by our interviews and the questionnaire survey with respect to the old old (75 and over), but not for the young old. In spite of the diminishing urban-rural divide which has been noticed, some differences are still evident according to the experts. Thus people living in urban areas seek help more quickly, they are more mobile and as a result less limited in terms of their options. Neighbours in urban areas furthermore call the police for help more quickly. The lack of anonymity and the incorrect conduct of the police held to exist in some places in rural areas are additional barriers to accessing help organisations (two victims of violence interviewed who live in rural areas confirmed this in a vivid manner). The experts for this reason assume that the "culture of looking the other way" is more pronounced in rural areas and the number of unreported cases of female victims of violence is once again higher than in the city.

Extricating oneself from a relationship spanning many years is generally speaking difficult, and the trauma caused by the long years of a violent relationship makes separation even more difficult in the opinion of experts. The considerable feelings of shame over the experiences with violence, anxiety over changes, the lack of alternative life models and the danger of losing one's social ties along with economic dependency are additional reasons why people seeking help wait so long or do not even consider a separation. On top of this, there is often pressure from the children and relatives to maintain the status quo. Experts emphasise again and again that a separation at this age is scarcely possible without the support of other persons, and this is confirmed by the interviews with female



victims of violence. Some organisations and experts do not believe that their institutions are focused on the needs of older women (see below). In the interviews with experts who work in the area of care for older people, the lack of resources and know-how with regard to violence were mentioned (see Kuss/Schopf 2007, pp. 36 ff.).

Knowledge of cases reaches the institutions through a host of sources: through the victims themselves, through persons close to the victim, through other facilities, the police and judiciary. A majority of the victims of violence we interviewed called the police for help themselves (several times) and/or contacted a court. With two exceptions (both of them living in rural areas), the women stated that they only felt that they had been adequately supported by the police after the introduction of the Act on Protection against Domestic Violence in 1997 thanks to the options for actions to be taken which it created for the police. They also felt that the notification of violent incidents to centres for protection against violence which allowed the women to obtain further support was a positive development. The two victims of violence living in rural areas were not able to determine any positive change in the behaviour of the police as a result of the introduction of the Act on Protection against Domestic Violence. Parallel to the intervention by the police, the interviewees sought help themselves at counselling offices, women's shelters and other organisations for the protection of victims of violence, usually with the support of other persons.

## 8.6 Work with older victims of violence

Work with older victims of violence scarcely differs from work with younger women, according to a majority of the experts interviewed. Nevertheless in particular organisations for protection against violence and other NGOs see a greater need for support among older women. It is necessary in the view of the organisations for protection against violence and other counselling offices to keep waiting times as short as possible and get women to counselling quickly. Moreover, more counselling time is necessary than for younger women, as sensitisation is a more tedious process, with smaller intermediate steps being necessary (information can only be conveyed step by step). This is because the women are said to become resigned more quickly or it is more difficult to develop alternative prospects as a result of the constraints on options in the real world. In work with these women, it must always be kept in mind that the consequences of separation are completely different for older women than for younger ones, who can quickly re-establish their own autonomy and create new

social ties. The work in and of itself is less varied, as in principle the “only” issues are securing an existence, finding a place to live and possible divorce. It is usually important, however, to establish assistance networks, in particular with facilities for senior citizens, providing nursing care and mobile assistance services. Well-functioning cooperation with health facilities is said to take on an even greater importance with this age group.

## **8.7 National networks**

The networking of the project team, in particular with national experts working in the field of practice, was set out as one of the focal points in the execution of the study, but was ultimately limited for the most part to the referral of our recommendations to the experts. Within the framework of the questionnaire survey, all organisations which could be expected to deal with intimate partner violence against older women in the country were contacted by telephone – not only to announce the questionnaire (and to increase the willingness to fill it in), but also to draw attention to the need for research on this field of topics in general. In the final sequence of the questionnaire it was possible to state whether the respondents wanted to take part in the discussion of the recommendations for action to be made. Even though 24 experts answered this in the affirmative, only nine reacted to our request to comment on the list of recommendations. In addition to supplemental information on their own experience, the experts confirmed the importance of the points included in the recommendations; individual responses moreover addressed the need to expand the field of research to the unexplored areas of exercise of violence in the nursing care context.

An additional opportunity to communicate the results of research and find out about experience of people working in the field of practice was provided by the IFOTES Congress in Vienna in 2010. The contact to the “International Federation of Telephone Emergency Services” was created by the telephone helpline of the Diocese of Vienna; the project team carried out a workshop which especially Austrian and German voluntary staff at help hotlines took part in, reporting on experience in their work.

## **8.8 Recommendations**

Austrian studies to date have primarily developed recommendations for the prevention of violence in the nursing care area (mural and extramural). The main recommendations of the experts surveyed revolve around more rapid access to counselling and help institutions as well as adequate support strategies and services for this age cohort. The former is to be tackled by placing the focus more on women and especially older women in public-relations work. It is hoped that age-specific public relations work and addressing this population group will raise awareness in general that older women as well as younger ones are affected by intimate partner violence. The key role of physicians and nursing care personnel in the early recognition of violence, but also their ignorance and helplessness, became evident at all steps of the survey. Sensitisation and training of this professional group in terms of domestic violence and close networking with organisations for protection against violence would help stop the violence at an earlier point; moreover, the enormous subsequent costs incurred by the health system as a result of violence could be reduced.

The support services available for older women at present are by and large held to be sufficient, but organisations state that they would generally need more time (and hence financial) resources to provide optimum assistance. The experts as well as the female victims of violence criticise the lack of adequate and affordable lodging/dwelling possibilities for victims and their assailants, however. In particular, it is said to be difficult for psychologically ill aggressors to receive a place in a senior citizens home.

Our surveys revealed the need for changes both with regard to the professionalisation of help and support organisations as well as in the empowerment of victims of violence. In addition to training of specialists in the area of health and nursing care, the attainment of a greater professionalism in work with victims of violence also requires better cooperation between the organisations involved; the establishment of a case management system could enable people to be helped more effectively and economically in many cases. Empowerment of victims of violence not only requires that they be sensitised about violence, but also that they achieve economic autonomy and that they know their rights. It is extremely difficult especially for older women to achieve an independent life as a result of emotional, social and economic dependency. The generation-specific traditional understanding of marriage and family with all the gender images inherent in it frequently leaves women no alternative to a violent relationship. This is why solutions need to be sought in care which take into account the living circumstances, ideas and notions of older women in a manner which is appropriate for their age.

The study shows that intimate partner violence against older women cannot be analysed solely from the age or gender-specific perspective, as this would cause important aspects to be overlooked. Older women have a different understanding of violence than younger ones and they have fewer personal resources available to them – all this is not least due to a traditional understanding of gender roles. The “young old” are less influenced by these images – a fact which in itself already expands their options.

## IX

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**Appendix 1  
Tables Chapter V**

# AUSTRIA

**Table A-V-1: Knowledge of cases according to type of institutions** (number of answers, not the institutions)

		Knowledge of case through								Total
		Victim	Own observa- tion	Person close to victim	Police	Judiciary / court	Physician etc.	Other organisa- tions	Other manner	
Institutions for (domestic) violence	Number	12	1	12	9	2	10	8	2	<b>56</b>
	% row	21.4%	1.8%	21.4%	16.1%	3.6%	17.9%	14.3%	3.6%	<b>100%</b>
	% column	48.0%	25.0%	66.7%	81.8%	16.7%	71.4%	53.3%	100.0%	
Criminal prosecution	Number					7				<b>7</b>
	% row					100.0%				<b>100%</b>
	% column					58.3%				
Institutions of the health-care system	Number	1	1							<b>2</b>
	% row	50.0%	50.0%							<b>100%</b>
	% column	4.0%	25.0%							
Social institutions (state-run)	Number	2	1	1				1		<b>5</b>
	% row	40.0%	20.0%	20.0%				20.0%		<b>100%</b>
	% column	8.0%	25.0%	5.6%				6.7%		
Services for senior citizens	Number							1		<b>1</b>
	% row							100.0%		<b>100%</b>
	% column							6.7%		
Social institutions (NGOs)	Number	10	1	5	2	3	4	5		<b>30</b>
	% row	33.3%	3.3%	16.7%	6.7%	10.0%	13.3%	16.7%		<b>100%</b>
	% column	40.0%	25.0%	27.8%	18.2%	25.0%	28.6%	33.3%		
Total	Number	<b>25</b>	<b>4</b>	<b>18</b>	<b>11</b>	<b>12</b>	<b>14</b>	<b>15</b>	<b>2</b>	<b>101</b>
		<b>24.8%</b>	<b>4.0%</b>	<b>17.8%</b>	<b>10.9%</b>	<b>11.9%</b>	<b>13.9%</b>	<b>14.9%</b>	<b>2.0%</b>	<b>100.0%</b>



# AUSTRIA

**Table A-V-2: Initial contact according to types of institutions (it was possible to state more than one)**

		Initial contact through					Total
		Victim	Organisation	Other persons with knowledge of case	No direct contact	Other	
Institutions for (domestic) violence	Number	13	8	5	1	1	<b>28</b>
	% row	46.4%	28.6%	17.9%	3.6%	3.6%	<b>100%</b>
	% column	54.2%	47.1%	55.6%	100.0%	50.0%	
Criminal prosecution	Number		7			1	<b>8</b>
	% row		87.5%			12.5%	<b>100%</b>
	% column		41.2%			50.0%	
Institutions of the health-care system	Number			1			<b>1</b>
	% row			100.0%			<b>100%</b>
	% column			11.1%			
Social institutions (state-run)	Number	1	1				<b>2</b>
	% row	50.0%	50.0%				<b>100%</b>
	% column	4.2%	5.9%				
Services for senior citizens	Number			1			<b>1</b>
	% row			100.0%			<b>100%</b>
	% column			11.1%			
Social institutions (NGOs)	Number	10	1	2			<b>13</b>
	% row	76.9%	7.7%	15.4%			<b>100%</b>
	% column	41.7%	5.9%	22.2%			
Other	Number	<b>24</b>	<b>17</b>	<b>9</b>	<b>1</b>	<b>2</b>	<b>53</b>
	% row	13	8	5	1	1	<b>28</b>
	% column	46.4%	28.6%	17.9%	3.6%	3.6%	<b>100%</b>
Total		54.2%	47.1%	55.6%	100.0%	50.0%	

**Table A-V-3: Older women become victims of Intimate Partner Violence less often than younger women**

	Older women are victims of Intimate Partner Violence less often						Total
	1	2	3	4	5	6	
Institutions for (domestic) violence	10 43.5%	7 30.4%	4 17.4%	1 4.3%		1 4.3%	<b>23</b> <b>100.0%</b>
Criminal prosecution	4 15.4%	7 26.9%	4 15.4%	4 15.4%	4 15.4%	3 11.5%	<b>26</b> <b>100.0%</b>
Institutions of the health-care system	3 23.1%	1 7.7%	3 23.1%	1 7.7%	4 30.8%	1 7.7%	<b>13</b> <b>100.0%</b>
Social institutions (state-run)	3 50.0%	1 16.7%	1 16.7%		1 16.7%		<b>6</b> <b>100.0%</b>
Services for senior citizens	1 11.1%	2 22.2%	2 22.2%	1 11.1%	1 11.1%	2 22.2%	<b>9</b> <b>100.0%</b>
Social institutions (NGOs)	8 29.6%	9 33.3%	1 3.7%	5 18.5%	3 11.1%	1 3.7%	<b>27</b> <b>100.0%</b>
Other				2 100.0%			<b>2</b> <b>100.0%</b>
No information			1 100.0%				<b>1</b> <b>100.0%</b>
<b>Total</b>	<b>29</b> <b>27.1%</b>	<b>27</b> <b>25.2%</b>	<b>16</b> <b>15.0%</b>	<b>14</b> <b>13.1%</b>	<b>13</b> <b>12.1%</b>	<b>8</b> <b>7.5%</b>	<b>107</b> <b>100.0%</b>

1= completely disagree, 2=disagree, 3=slightly disagree, 4=slightly agree, 5=agree, 6=completely agree.

**Table A-V-4: Women are threatened by Intimate Partner Violence in all phases of life – older women are no exception here**

	Women are threatened by IPV in all phases of life						Total
	1	2	3	4	5	6	
Institutions for (domestic) violence			1 4.3%	1 4.3%	2 8.7%	19 82.6%	<b>23</b> <b>100.0%</b>
Criminal prosecution			2 7.7%		4 15.4%	20 76.9%	<b>26</b> <b>100.0%</b>
Institutions of the health-care system		3 23.1%			4 30.8%	6 46.2%	<b>13</b> <b>100.0%</b>
Social institutions (state-run)	1 16.7%				1 16.7%	4 66.7%	<b>6</b> <b>100.0%</b>
Services for senior citizens			3 33.3%	1 11.1%	1 11.1%	4 44.4%	<b>9</b> <b>100.0%</b>
Social institutions (NGOs)	1 3.4%	2 6.9%	3 10.3%		2 6.9%	21 72.4%	<b>29</b> <b>100.0%</b>
Other					1 50.0%	1 50.0%	<b>2</b> <b>100.0%</b>
No information				1 100.0%			<b>1</b> <b>100.0%</b>
<b>Total</b>	<b>2</b> <b>1.8%</b>	<b>5</b> <b>4.6%</b>	<b>9</b> <b>8.3%</b>	<b>3</b> <b>2.8%</b>	<b>15</b> <b>13.8%</b>	<b>75</b> <b>68.8%</b>	<b>109</b> <b>100.0%</b>

1= completely disagree, 2=disagree, 3=slightly disagree, 4=slightly agree, 5=agree, 6=completely agree.

**Table A-V-5: Older women only become victims of Intimate Partner Violence through intimate partners rarely**

	Older women rarely become victims of IPV through intimate partners						Total
	1	2	3	4	5	6	
Institutions for (domestic) violence	15 65.2%	6 26.1%			2 8.7%		<b>23</b> <b>100.0%</b>
Criminal prosecution	3 12.0%	10 40.0%	7 28.0%	1 4.0%	2 8.0%	2 8.0%	<b>25</b> <b>100.0%</b>
Institutions of the health-care system	1 7.7%		8 61.5%	1 7.7%	3 23.1%		<b>13</b> <b>100.0%</b>
Social institutions (state-run)	3 50.0%	2 33.3%				1 16.7%	<b>6</b> <b>100.0%</b>
Services for senior citizens	2 22.2%	2 22.2%	3 33.3%	2 22.2%			<b>9</b> <b>100.0%</b>
Social institutions (NGOs)	9 34.6%	6 23.1%	6 23.1%	4 15.4%		1 3.8%	<b>26</b> <b>100.0%</b>
Other	15 65.2%	6 26.1%			2 8.7%		<b>23</b> <b>100.0%</b>
No information			1 100.0%				<b>1</b> <b>100.0%</b>
<b>Total</b>	<b>33</b> <b>31.4%</b>	<b>26</b> <b>24.8%</b>	<b>27</b> <b>25.7%</b>	<b>8</b> <b>7.6%</b>	<b>7</b> <b>6.7%</b>	<b>4</b> <b>3.8%</b>	<b>105</b> <b>100.0%</b>

1= completely disagree, 2=disagree, 3=slightly disagree, 4=slightly agree, 5=agree, 6=completely agree.

**Table A-V-6: Intimate partner violence against older women is a problem whose importance has been underestimated to date**

	Importance of intimate partner violence against older women is underestimated						Total
	1	2	3	4	5	6	
Institutions for (domestic) violence		1 4.3%	1 4.3%	2 8.7%	10 43.5%	9 39.1%	<b>23</b> <b>100.0%</b>
Criminal prosecution	2 7.7%	2 7.7%	5 19.2%	3 11.5%	4 15.4%	10 38.5%	<b>26</b> <b>100.0%</b>
Institutions of the health-care system	2 15.4%	1 7.7%		4 30.8%	4 30.8%	2 15.4%	<b>13</b> <b>100.0%</b>
Social institutions (state-run)	1 16.7%				3 50.0%	2 33.3%	<b>6</b> <b>100.0%</b>
Services for senior citizens			1 11.1%	2 22.2%	2 22.2%	4 44.4%	<b>9</b> <b>100.0%</b>
Social institutions (NGOs)	1 3.6%		5 17.9%	6 21.4%	7 25.0%	9 32.1%	<b>28</b> <b>100.0%</b>
Other				1 50.0%	1 50.0%		<b>2</b> <b>100.0%</b>
No information			1 100.0%				<b>1</b> <b>100.0%</b>
<b>Total</b>	<b>6</b> <b>5.6%</b>	<b>4</b> <b>3.7%</b>	<b>13</b> <b>12.0%</b>	<b>18</b> <b>16.7%</b>	<b>31</b> <b>28.7%</b>	<b>36</b> <b>33.3%</b>	<b>108</b> <b>100.0%</b>

1= completely disagree, 2=disagree, 3=slightly disagree, 4=slightly agree, 5=agree, 6=completely agree.

**Table A-V-7: Intimate Partner Violence against older women should have a higher priority in initial and continuing training of psycho-social and medical professions**

	Intimate Partner Violence against older women greater priority in initial and continuous training						Total
	1	2	3	4	5	6	
Institutions for (domestic violence)			1 4.3%	2 8.7%	10 43.5%	10 43.5%	<b>23</b> <b>100.0%</b>
Criminal prosecution	2 7.7%		6 23.1%	7 26.9%	3 11.5%	8 30.8%	<b>26</b> <b>100.0%</b>
Institutions of the health-care system	1 7.7%	1 7.7%	1 7.7%	1 7.7%	6 46.2%	3 23.1%	<b>13</b> <b>100.0%</b>
Social institutions (state-run)			1 16.7%		2 33.3%	3 50.0%	<b>6</b> <b>100.0%</b>
Services for senior citizens			1 11.1%		4 44.4%	4 44.4%	<b>9</b> <b>100.0%</b>
Social institutions (NGOs)		3 10.3%	2 6.9%	5 17.2%	10 34.5%	9 31.0%	<b>29</b> <b>100.0%</b>
Other				1 50.0%	1 50.0%		<b>2</b> <b>100.0%</b>
No information						1 100.0%	<b>1</b> <b>100.0%</b>
<b>Total</b>	<b>3</b> <b>2.8%</b>	<b>4</b> <b>3.7%</b>	<b>12</b> <b>11.0%</b>	<b>16</b> <b>14.7%</b>	<b>36</b> <b>33.0%</b>	<b>38</b> <b>34.9%</b>	<b>109</b> <b>100.0%</b>

1= completely disagree, 2=disagree, 3=slightly disagree, 4=slightly agree, 5=agree, 6=completely agree.

**Table A-V-8: Older victims of Intimate Partner Violence need more help than has been available to date**

	Older victims of IPV need more help						Total
	1	2	3	4	5	6	
Institutions for (domestic violence)		2 8.7%	1 4.3%	3 13.0%	8 34.8%	9 39.1%	<b>23</b> <b>100.0%</b>
Criminal prosecution	2 7.7%	1 3.8%	7 26.9%	2 7.7%	4 15.4%	10 38.5%	<b>26</b> <b>100.0%</b>
Institutions of the health-care system		1 7.7%	3 23.1%	1 7.7%	3 23.1%	5 38.5%	<b>13</b> <b>100.0%</b>
Social institutions (state-run)			1 16.7%		2 33.3%	3 50.0%	<b>6</b> <b>100.0%</b>
Services for senior citizens			1 11.1%	2 22.2%	1 11.1%	5 55.6%	<b>9</b> <b>100.0%</b>
Social institutions (NGOs)	1 3.4%	2 6.9%	3 10.3%	5 17.2%	9 31.0%	9 31.0%	<b>29</b> <b>100.0%</b>
Other				1 50.0%	1 50.0%		<b>2</b> <b>100.0%</b>
No information					1 100.0%		<b>1</b> <b>100.0%</b>
<b>Total</b>	<b>3</b> <b>2.8%</b>	<b>6</b> <b>5.5%</b>	<b>16</b> <b>14.7%</b>	<b>14</b> <b>12.8%</b>	<b>29</b> <b>26.6%</b>	<b>41</b> <b>37.6%</b>	<b>109</b> <b>100.0%</b>

1= completely disagree, 2=disagree, 3=slightly disagree, 4=slightly agree, 5=agree, 6=completely agree.

**Table A-V-9: Younger female victims of violence through intimate partners separate permanently from the aggressor more often than older women**

	Younger victims separate permanently more often						Total
	1	2	3	4	5	6	
Institutions for (domestic) violence		1 4.5%	7 31.8%	4 18.2%	8 36.4%	2 9.1%	<b>22</b> <b>100.0%</b>
Criminal prosecution	1 3.8%	1 3.8%	2 7.7%	4 15.4%	9 34.6%	9 34.6%	<b>26</b> <b>100.0%</b>
Institutions of the health-care system	1 7.7%	2 15.4%	1 7.7%	1 7.7%	4 30.8%	4 30.8%	<b>13</b> <b>100.0%</b>
Social institutions (state-run)		1 20.0%	2 40.0%			2 40.0%	<b>5</b> <b>100.0%</b>
Services for senior citizens	1 11.1%		1 11.1%	3 33.3%	2 22.2%	2 22.2%	<b>9</b> <b>100.0%</b>
Social institutions (NGOs)	2 7.1%	1 3.6%	2 7.1%	3 10.7%	10 35.7%	10 35.7%	<b>28</b> <b>100.0%</b>
Other				1 50.0%	1 50.0%		<b>2</b> <b>100.0%</b>
No information		1 100.0%					<b>1</b> <b>100.0%</b>
<b>Total</b>	<b>5</b> <b>4.7%</b>	<b>7</b> <b>6.6%</b>	<b>15</b> <b>14.2%</b>	<b>16</b> <b>15.1%</b>	<b>34</b> <b>32.1%</b>	<b>29</b> <b>27.4%</b>	<b>106</b> <b>100.0%</b>

1= completely disagree, 2=disagree, 3=slightly disagree, 4=slightly agree, 5=agree, 6=completely agree.

## Appendix 2

### Institutional survey (long version)

Dear participant,

With funding from the Daphne III programme of the European Commission, we are currently conducting an international study with partners from Germany, Austria, Great Britain, Hungary, Poland, and Portugal. We address the question to what extent women aged sixty or above experience violence by partners or ex-partners (intimate partner violence), what kind of help and support they seek and receive and what kind of support they need. Up to now, little is known about older female victims of intimate partner violence and the help they require and this research will help to address that gap in our knowledge.

We send this questionnaire to institutions and organisations that may have been in contact with older female victims of intimate partner violence in recent years. In the questionnaire you will find questions on/about your organisation's experience in this area. To ensure a common time frame for the survey, most questions in the first part of the questionnaire refer to the last three years (2006-2008). In order to include recent incidents, questions 1 and 2 also refer to 2009. If you and your organisation do not have experiences with cases of intimate partner violence against older women during the indicated period of time, your views are still highly interesting to us. In this case the questionnaire will direct you to the relevant sections to answer. Please send back the completed questionnaire as soon as possible, preferably before [\*\* date four weeks after sending out the questionnaire \*\*].

Should you have any further data and/or documents which might be of interest to us – e.g. age specific user statistics – we would be very grateful if you could include these with the questionnaire or send them by email to [\*\* e-mail \*\*]. Following this survey of organisations, we intend to conduct interviews with professionals who have case knowledge. We would be very pleased if you would be willing to participate in such an interview. Please provide your contact details at the end of the questionnaire so that we may contact you later. Please also note on the form if you would like to be kept informed about the study and its results or discuss the results with us by ticking the appropriate box. In any case, the survey will be analysed anonymously.

Should you have any further questions, please do not hesitate to contact us. [\*\* contact details\*\*]

In order to have a shared understanding of our topic we hereby present our definition of intimate partner violence: 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 happening or still happening after the woman turned 60). We define violence as a nonlegitimate 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 (if the victim depends on care and support by the partner or former partner).

We are looking forward to receiving your information and thank you for contributing to the success of this research.

Yours faithfully

Date of completion of the questionnaire \_\_\_\_\_

Part 1: Institutional / professional experience with older female victims of intimate partner violence

**Attention: In the subsequent questions we ask you for numbers of clients/cases. In the case that you do not have exact numbers, please estimate the numbers. If you have precise numbers please cross out the "about" or "approx." for each relevant section.**

1. In the years 2006 to 2009, has your organisation / have you been in contact with cases of older women (aged 60 and above) affected by violence committed by current or former intimate partners? (Please tick all applicable boxes)

yes, in 2009

yes, in 2006 to 2008

no fi *Please proceed to question 14 (→ page XX)*

I do not know fi *Please proceed to question 14 (→ page XX)*

2. Among the cases you have / your organisation has been in contact with, how many older women were affected by intimate partner violence?

**In 2009:**

in total (about) \_\_\_\_\_ female victims aged 60 and above

**In the years 2006-2008:**

in total (about) \_\_\_\_\_ female victims aged 60 and above

*Attention: All subsequent questions in Part 1 refer to the years 2006 to 2008 only. If you had victim contact in 2009 only and not in the years 2006 to 2008 please proceed to question 14.*

3. **Victims' age groups:** Among the older victims in the years 2006 to 2008 were....

Women aged 75 years or above?

If so, how many? (approx.) \_\_\_\_\_ victims aged 75 years or above



Women aged 60 to 74 years?

If so, how many? (approx.) \_\_\_\_\_ victims aged 60 to 74 years

4. What was the **proportion of older female victims of intimate partner violence** among the clients of you / of your organisation in the years 2006-2008?

Among **all clients** , the proportion of **older female victims** of intimate partner violence was (about) \_\_\_\_\_ percent

Among all our **female clients with experiences of intimate partner violence**, the proportion of **older female victims** was (about) \_\_\_\_\_ percent

5. How did **the number of cases** of intimate partner violence against older women in your organisation's caseload **develop** if you compare the years 2006-2008 to 10 years before?

The number of cases increased by (about) \_\_\_\_\_ percent in comparison to 10 years before.

The number of cases decreased by (about) \_\_\_\_\_ percent in comparison to 10 years before.

The number of cases remained about the same.

Do not know / comparison not possible.

6. Among the cases of intimate partner violence against older women you have / your organisation has been in contact with in years 2006 to 2008, how many took place in **hetero-** and how many in **homosexual partnerships**?

in total (about) \_\_\_\_\_ female victims aged 60 and above in heterosexual partnerships

in total (about) \_\_\_\_\_ female victims aged 60 and above in homosexual partnerships

7. Which **forms of intimate partner violence** against older women did you / your organisation encounter? *(Please tick all applicable boxes below; a women may have been affected by more than one form of violence)*

Type of IPV	How many women were affected by this type of behaviour?
<input type="checkbox"/> physical violence	(approx.) _____ victims

<input type="checkbox"/> sexual violence	(approx.) _____ victims
<input type="checkbox"/> psychological / verbal aggression and violence	(approx.) _____ victims
<input type="checkbox"/> financial exploitation	(approx.) _____ victims
<input type="checkbox"/> intentional neglect (applies to care dependent victims only)	(approx.) _____ victims
<input type="checkbox"/> sexual harassment	(approx.) _____ victims
<input type="checkbox"/> stalking <sup>102</sup>	(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ _____ (please specify)	(approx.) _____ victims

**8. Characteristics of victims:** Among the older female victims of intimate partner violence, were there women who ... (multiple options are possible, please tick all applicable boxes below)

	How many victims in 2006-2008?
<input type="checkbox"/> were from an ethnic minority/ were migrants?	(approx.) _____ from an ethnic minority/ migrant victims
<input type="checkbox"/> did not have a permanent legal residence status in our country?	(approx.) _____ victims without permanent legal residency status
<input type="checkbox"/> required nursing care?	(approx.) _____ victims in need of care
<input type="checkbox"/> were physically handicapped	(approx.) _____ physically handicapped victims
<input type="checkbox"/> were mentally handicapped (UK: had learning disability)?	(approx.) _____ mentally handicapped victims (UK: victims with learning disabilities)
<input type="checkbox"/> required other kinds of support <sup>103</sup> ?	(approx.) _____ victims in

<sup>102</sup> Explanation: Stalking can be defined as a pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.

<sup>103</sup> This mainly refers to limitations in social interaction and communication and in performing household chores below the threshold of care dependency.

	need of other kind of support
<input type="checkbox"/> suffered from dementia?	(approx.) _____ victims suffering from dementia
<input type="checkbox"/> suffered from other mental illnesses?	(approx.) _____ mentally ill victims
<input type="checkbox"/> had a substance misuse problem/were addicted to alcohol/drugs?	(approx.) _____ victims with substance misuse problem
<input type="checkbox"/> were homeless?	(approx.) _____ homeless victims
<input type="checkbox"/> were stressed / strained in other ways, namely _____ (please specify)	(approx.) _____ victims stressed / strained in other ways
<input type="checkbox"/> lived more than 50 km away from you / your organisation	(approx.) _____ victims living more than 50 km away from you / your organisation
<input type="checkbox"/> had other special characteristics, namely _____ (please specify)	(approx.) _____ victims with other special characteristics

**9. Perpetrators:** Who were the perpetrators in these cases?

*(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
<input type="checkbox"/> cohabiting partner	(approx.) _____ victims
<input type="checkbox"/> partner not cohabiting (e.g. dating relationships)	(approx.) _____ victims
<input type="checkbox"/> former partner	(approx.) _____ victims
<input type="checkbox"/> perpetrator is caregiver of the victim	(approx.) _____ victims
<input type="checkbox"/> perpetrator receives care from the victim	(approx.) _____ victims

**10.** Please characterize the **type of intimate partner violence** reported by the victims. *(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
<input type="checkbox"/> one-way violence from/by victim's partner or ex-	(approx.) _____

partner	victims
<input type="checkbox"/> mutual violence	(approx.) <input type="text"/> victims
<input type="checkbox"/> frequent acts of violence	(approx.) <input type="text"/> victims
<input type="checkbox"/> intimate partner violence as single or un-usual/infrequent occurrence	(approx.) <input type="text"/> victims
<input type="checkbox"/> long lasting/enduring intimate partner violence (one year and more)	(approx.) <input type="text"/> victims
<input type="checkbox"/> short history of intimate partner violence (less than one year)	(approx.) <input type="text"/> victims
<input type="checkbox"/> intimate partner violence started/began before woman turned 60	(approx.) <input type="text"/> victims
<input type="checkbox"/> intimate partner violence started/began after woman turned 60	(approx.) <input type="text"/> victims

**11. How did you / did your organisation obtain knowledge of the respective cases?**

*(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
<input type="checkbox"/> The victim herself contacted me / my organisation.	(approx.) <input type="text"/> victims
<input type="checkbox"/> Observations from the part of my organisation / from my part lead to the suspicion of IPV.	(approx.) <input type="text"/> victims
<input type="checkbox"/> A person close to the victim contacted me / my organisation.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation was informed by the police.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation was informed by the legal system/courts.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation was informed by general practitio-	(approx.) <input type="text"/> victims

ners, specialists or other medical services (e.g. hospitals).	victims
<input type="checkbox"/> I / my organisation was informed by other organisations, namely _____ (please specify)	(approx.) _____ victims
<input type="checkbox"/> Other ways of obtaining case knowledge, namely: _____ (please specify)	(approx.) _____ victims

12. How did you first get in contact with the victim? (multiple options are possible, please tick all applicable boxes below)

	How many victims in 2006-2008?
<input type="checkbox"/> The victim contacted me/ my organisation.	(approx.) _____ victims
<input type="checkbox"/> I / my organisation contacted the victim directly.	(approx.) _____ victims
<input type="checkbox"/> I / my organisation contacted the victim via other persons with case knowledge (family members, other organisations)	(approx.) _____ victims
<input type="checkbox"/> There was no direct contact between me / my organisation and the victim because _____	(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____	(approx.) _____ victims

13. **Services:** What kinds of services were provided by you / your organisation, what kind of action did you / your organisation take? (*most organisations offer more than one kind of service, please tick all applicable boxes below*)

	Please specify types of services where appropriate	How many victims in 2006-2008?
<input type="checkbox"/> crisis intervention	_____ _____	(approx.) _____ victims
<input type="checkbox"/> psycho-social support/counselling	_____ _____	(approx.) _____

		victims
<input type="checkbox"/> giving information on other appropriate organisations		(approx.) _____ victims
<input type="checkbox"/> psychotherapeutic support		(approx.) _____ victims
<input type="checkbox"/> legal advice		(approx.) _____ victims
<input type="checkbox"/> support with daily living activities (accompanying clients to public authorities etc.)		(approx.) _____ victims
<input type="checkbox"/> provision of nursing care		(approx.) _____ victims
<input type="checkbox"/> provision of medical services		(approx.) _____ victims
<input type="checkbox"/> provision of a bed in a shelter/refuge		(approx.) _____ victims
<input type="checkbox"/> support with moving to a care home		(approx.) _____ victims
<input type="checkbox"/> handing over/referring the case to another organisation		(approx.) _____ victims
<input type="checkbox"/> financial aid		(approx.) _____ victims
<input type="checkbox"/> conducting criminal investigations		(approx.) _____ victims
<input type="checkbox"/> issuing restraining orders by courts		(approx.) _____ victims
<input type="checkbox"/> banning offenders from a premise		(approx.) _____ victims
<input type="checkbox"/> filing complaints		(approx.) _____ victims

		victims
<input type="checkbox"/> controlling adherence to restraining orders		(approx.) _____ victims
<input type="checkbox"/> imposing fines		(approx.) _____ victims
<input type="checkbox"/> convicting perpetrators		(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ (please specify)		(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ (please specify)		(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ (please specify)		(approx.) _____ victims

**Additional questions on other possible perpetrators and on older male victims of intimate partner violence**

**14. Perpetrator:** In some cases, older women become victims of other close persons, e.g. children (also children-in-law), grandchildren, neighbours, friends and acquaintances. If you have / your organisation has had case knowledge of those kinds of cases between 2006 and 2008, who was the perpetrator?

*(Please tick all applicable boxes below)*

Perpetrator	How many victims aged 60 years plus in 2006-2008?
<input type="checkbox"/> victim's son	(approx.) _____ victims
<input type="checkbox"/> victim's son-in-law	(approx.) _____ victims
<input type="checkbox"/> victim's daughter	(approx.) _____ victims
<input type="checkbox"/> victim's daughter-in-law	(approx.) _____ victims
<input type="checkbox"/> victim's grandson	(approx.) _____ victims

	tims
<input type="checkbox"/> victim's granddaughter	(approx.) _____ vic-tims
<input type="checkbox"/> other relatives	(approx.) _____ vic-tims
<input type="checkbox"/> neighbours, acquaintances, friends	(approx.) _____ vic-tims
<input type="checkbox"/> Other, _____ namely: _____ (please specify)	(approx.) _____ vic-tims

**15.** In the years 2006 to 2008, has your organisation / have you been in contact with cases of **older men** (aged 60 and above) affected by violence committed by current or former intimate partners?

yes

no fi *Please proceed to question [\*\* 17 \*\*] (→ Page yy)*

I do not know fi *Please proceed to question [\*\* 17 \*\*] (→ Page yy)*

**16.** If so: **How many older men** were affected by intimate partner violence?

In total (approx.) \_\_\_\_\_ in heterosexual partnerships / ex-partnerships

In total (approx.) \_\_\_\_\_ in homosexual partnerships / ex-partnerships



**PART 2: Perceptions of the problem of intimate partner violence against older women**

17. Below are a number of **statements on the topic of intimate partner violence against older women**. Please indicate to what extent you agree or disagree with these statements.

	<i>strongly agree</i>					<i>strongly disagree</i>
Older women become victims of intimate partner violence less often than younger women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In older couples, women are more often perpetrators of IPV than in younger couples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of older female victims of intimate partner violence will grow in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence against older women is a topic no one really wants to deal with up to now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older female victims of intimate partner violence need other types of support and assistance than younger women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women in all stages of life are threatened by intimate partner violence – women in later life are not exempted from this.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The importance of the problem of intimate partner violence against older women is underestimated up to now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence against older women should be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of higher importance in professional training for psycho-social and medical professions.						
Older female victims of intimate partner violence need more support than is provided up to now.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Only a few older women become victims of intimate partner violence.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Older female victims of intimate partner violence face particular difficulties in the breaking-up of a long-term abusive relationship.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Intimate partner violence against older women often occurs in the context of dependency of care.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**18. Based on your experience, please assess the following statements about professional activities with older female victims of intimate partner violence.**

	<i>absolutely true</i>			<i>absolutely not true</i>		
	<i>true</i>					
Existing support systems are adequate for the needs of older female victims of intimate partner violence.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
It is difficult to motivate older female victims of intimate partner violence to seek help.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Working with older female	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

victims of intimate partner violence requires specialist professional training.

Professionals working with older female victims of intimate partner violence should themselves be middle-aged or older.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older women experiencing intimate partner violence are more reluctant to seek help than younger women.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older women experiencing intimate partner violence are more ashamed of what has happened to them than younger women.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

**19. Please estimate to what extent young and older women who become victims of intimate partner violence press criminal charges and seek help in [your country]. (Please fill in an estimated number)**

According to my estimate, **out of 100 women aged 20 to 40** who become victims of intimate partner violence, ....

press criminal charges  
 seek medical help  
 seek psycho-social assistance  
 seek help by the clergy  
 seek other help, namely:  
 (please specify)

According to my estimate **out of 100 women aged 60 and above** who become victims of intimate partner violence, ....

press criminal charges  
 seek medical help  
 seek psycho-social assistance  
 seek help by the clergy  
 seek other help, namely:  
 (please specify)

**Part 3: Your organisation**

20. How would you describe your **organisation?** *(please choose only one term which best fits your organisation)*

- battered women's shelter
- counselling service for female victims of violence
- [\*\* Beratungs- und Interventionsstelle, Gewaltschutzzentrum / Interventionsstelle (nach Gewaltschutzgesetz) \*\*]
- counselling service for victims of violence (face to face)
- telephone helpline for victims of violence
- telephone helpline concerning elder abuse and neglect
- counselling service for the issue of elder abuse and neglect
- counselling service for issues of caregiving
- crisis intervention center
- ombudsman for older people
- professional care institution
- counselling service for women (not limited to topics of violence)
- psycho-social counselling service (issues: partnership, crises) – face to face and telephone
- counselling service for older people
- police
- public prosecutor's office
- criminal court
- clergy/religious community (spiritual/religious support)
- community based social assistance/social services
- social emergency helplines
- health care service (medical and social professions)
  - primary care centers
  - hospitals
  - I am a general practitioner
  - I am a specialist, namely \_\_\_\_\_ *(please specify)*
  - social service in health care institutions
- NGO or not for profit organisation for older people  
\_\_\_\_\_ *(please specify)*

Other, namely: \_\_\_\_\_  
(please specify)

21. What are the **topics** your organisation typically deals with? (please tick all applicable boxes below)

- violence in general
- crime in general
- domestic violence / violence in families and partnerships
- domestic violence against women/girls
- elder abuse and neglect
- sexual violence
- violence against children
- deficiencies and problems in elder caregiving
- care and support of older people / gerontological social work / social services
- immigration
- psycho-social problems of women
- psycho-social problems of older people
- psycho-social problems in general
- spiritual well-being (spiritual/religious support)
- health care

Other, namely: \_\_\_\_\_  
(please specify)

22. Is intimate partner violence against older women **one of the issues on your / your organisation's current agenda?**

yes       no      Please explain your answer:

\_\_\_\_\_

23. Have you developed **specialised services** for older female victims of intimate partner violence?

yes       no      If so: What kinds of services?

\_\_\_\_\_

24. Are older women explicitly stated as a **target group of you / of your organisation?**

yes       no      Please explain your answer:

\_\_\_\_\_

If so: How do you access this target group?

\_\_\_\_\_

25. To what extent are you **satisfied with the support** for older female victims of intimate partner violence from your part / from the part of your organisation?

I / We did not have any cases of intimate partner violence against older women.

<i>Very unsatisfied</i>						<i>Absolutely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	

Explanations \_\_\_\_\_

26. Are there **any services you would like to offer** to older female victims of intimate partner violence – in addition to your existing services / the existing services of your organisation?

no  yes If so: What kinds of services?  
 \_\_\_\_\_ (please specify)

27. How many people **work on a paid and permanent basis** in your organisation? (Please count full-time equivalents)

\_\_\_\_\_

28. How many people work as **volunteers** for your organisation?

\_\_\_\_\_

29. **Where** are you / where is your organisation situated (province, state)?

\_\_\_\_\_

**Part 4: Personal data**

30. Are you  **female** or  **male**

31. **How old** are you? \_\_\_\_\_ years

32. What \_\_\_\_\_ is your **professional background**?

33. What is the **position** you currently hold within your organisation?  
 \_\_\_\_\_

34. **How long** have you been working in your organisation?

For \_\_\_\_\_ years and \_\_\_\_\_ months

**Thanks a lot**

for taking the time to fill in the questionnaire. We really appreciate your contribution to gathering relevant information on the topic of intimate partner violence against older women.

35. Are you interested in further **information on our research project** and in the **results of the survey**?

no  yes If yes, please provide your email-address \_\_\_\_\_

36. Are you willing to take part in an **interview on the issue**?

no  yes If yes, please provide your name, email-address and telephone number

\_\_\_\_\_

37. Are you interested in being involved in the **discussion of recommendations for future work with older women as victims of intimate partner violence** on a national and European level?

no  yes If yes, please provide your email-address \_\_\_\_\_

If there is anything else you would like to tell us, please do so below.

**Please send the completed questionnaire in the envelope enclosed to:**

**Address**

**Appendix 3**  
**Staff interviews guidelines**



1. **Introduction** Fehler! Textmarke nicht definiert.
2. **Personal and institutional background** Fehler! Textmarke nicht definiert.
3. **Open introductory questions** Fehler! Textmarke nicht definiert.
4. **In-depth exploration of cases of IPV against older women** Fehler!  
Textmarke nicht definiert.
5. **Working with cases of IPV against older women** Fehler! Textmarke nicht definiert.
6. **Outreach and "elder preparedness"** Fehler! Textmarke nicht definiert.
7. **Final open question** Fehler! Textmarke nicht definiert.

#### **Introduction**

First of all, thanks a lot that you and your organisation participated in our survey and already contributed valuable information on your experience with IPV against older women. In this interview, I would like to talk about this topic in some more detail. I want to learn more about your experience with cases of intimate partner violence in old age and your views about this topic. It would help the interview and our subsequent analyses very much if you agreed to have it tape-recorded. Of course, we will keep everything you say confidential. In all published results from our study, names of persons, organizations etc. will be deleted and descriptions of very specific cases will be modified in order not to be recognizable. You decide what you are going to tell me, and if you want me to interrupt the tape recording at any point, please feel absolutely free to tell me.

#### **Personal and institutional background**

I would like to start with some questions about your professional and institutional background. This will give us some context in which we can place your future answers.

***The idea is to ask the questions in this section and simultaneously fill in the form (SIF); therefore you find the same questions in the interview guide and in the SIF.***

- What is your age?
- What is your professional education,
- What is your professional background?
- What institution / organisation do you currently work for?

#### ***If necessary:***

- Could you please give me some more information about your institu-

tion and the work that is done here?

- What's your job title?
- What does your work involve? What do you do? (roles and responsibilities)

**If necessary:**

- To what extent is your current job related to topics of intimate partner violence?
- To what extent is your current job related to topics of ageing / older people?

**If applicable:**

- Are you currently working full time?
- How many hours do you work in a typical week?
- How long have you been working for this institution?
- Did your tasks here change over time? How?
- Where were you working before?

**If applicable:**

- How many years of experience do you have working in the field of intimate partner violence?
- How many years of experience do you have working in the field ageing / older people?

**Open introductory questions**

- When you hear the term Intimate partner violence against older women what are your first associations with this topic?
- What are your and your institution's experiences with this topic?

**In-depth exploration of cases of IPV against older women**

- ***In case that we know the numbers from the questionnaire – refer to the information already given.***

In the survey you mentioned, that you were in contact with xxx cases of intimate partner violence against older women in the years 2006 to 2009.

- ***In case we do not know the numbers:***

Looking back at the years 2006 to 2009: With about how many cases of IPV against women aged 60 and above have you been in contact?

- How was it in the years before 2006?
- ***In case that it is not clear, whether this is a high or low number:***  
Do you think this is a high or low number?
- How would you explain this number of cases?

**In case that the interviewee only has little case knowledge (1-3 cases): only explore the cases, no general questions.**

- Can you tell me about the kinds of cases of intimate partner violence against older women you have been dealing with?

**Possible probing questions:**

- What happened to these older women?

*Among defining characteristics may be Type of violence; onset, duration and frequency of violent acts; characteristics of perpetrators and of victim-perpetrator relationships, causes, motives, and triggers of IPV; escalation dynamics; high risk cases; health and psychosocial consequences, etc. But again: generally let interviewees generate categories.*

- Who were these older women? What characterized them?

*Among defining characteristics may be age, social and immigration status, health status, need for care/support etc. But generally let interviewees generate categories.*

- What do you know about reactions of the social and professional environment – like general practitioners, for example – to these older women becoming victims of IPV?

- How do older female victims of IPV cope with their experiences of violence?

- Could you please describe in detail the case you have worked with most recently?

*Let interviewee describe case and where necessary add probing questions to gain information on victim characteristics and victim's living conditions; perpetrator characteristics; victim-perpetrator relationship; types of violence; onset, frequency and duration of violence; causes, motives, and triggers of IPV; escalation dynamics, health and psychosocial consequences; victim's help seeking behaviour (and history of seeking help); reactions of family, friends and professionals; conditions and mode of getting into contact with interviewee / interviewee's institution; interviewee's / interviewee's institution's way of working with victim, of handling and managing this case; cooperation with other institutions; further case history and case outcome.*

**There might be good reasons not to explore the most recent case in detail, but instead**

- **a very interesting case from the point of view of the interviewer and interviewee (because age-specific patterns seem obvious, because the case was in some way very special – e.g. concerning help-seeking behaviour or other characteristics)**
- **a case the interviewee was very much involved in and therefore has a lot of case knowledge**

- ***a case the interviewee remembers very clearly***  
***it is important to make the reasons clear, why a special case was explored; we should use the following two questions to make sure that we do not explore extraordinary cases only.]***
- *How do other cases of IPV against older women with whom you have been in touch differ from the case we just spoke about?*
- *Could you please describe one of these other cases?*

**Let interviewee describe case and where necessary add probing questions to gain information on victim characteristics and victim's living conditions; perpetrator characteristics; victim-perpetrator relationship; types of violence; onset, frequency and duration of violence; causes, motives, and triggers of IPV; escalation dynamics, health and psychosocial consequences; victim's help seeking behaviour (and history of seeking help); reactions of family, friends and professionals; conditions and mode of getting into contact with interviewee / interviewee's institution; interviewee's / interviewee's institution's way of working with victim, of handling and managing this case; cooperation with other institutions; further case history and case outcome.**

#### **Working with cases of IPV against older women**

A special focus of our study is about how older women who are victims of violence get into contact with specific institutions and how professionals work with this group of clients.

- Let me first ask: How do you typically get notice of cases of IPV against older women?

*For this and the following questions in section 5:*

- *Interviews aim at contrasting this specific field of working with older female victims of IPV with professional experience in other fields.*
- *If possible, younger female victims of IPV should be used as reference / contrast group.*
- *However, for some institutions (e.g. counselling services for the elderly) this will not be possible.*

***The general direction of questions may be: "To what extent is this specific for this group? How does it differ from other clients [from younger women becoming victims of IPV?"***

#### **Possible probing questions:**

- How do older female victims of IPV get in touch with your institution?

- How do you think older victims of IPV search for help before they turn to your institution?
- What kinds of support do older female victims of IPV seek?
- ***In case that victims turn themselves to the institution:***

Why do victims refer themselves to your organisation?

***Possible probing question:***

- What kind of support and assistance does your institution offer specifically for older female victims of IPV?
- How do you work with these women?
- How do you cooperate with other institutions in cases of IPV against older women? If so, which ?

***Possible probing questions:***

- What other institutions are involved in your cases of IPV against older women?
- How do you cooperate with other institutions in these cases?
- What works well in this cooperation, what could be improved?
- What institutions are missing from cooperation?
- To what extent does your institution report cases of IPV against older women to law enforcement?
- How would you describe your cooperation with institutions of law enforcement/criminal justice in cases of IPV against older women?
- How do older female victims of IPV respond to your support and services?
- How do cases of IPV against older women develop after you have started your casework?
- How far did your intervention contribute to this development?
- How satisfied are you with your work in cases of IPV against older women?

***Possible probing question:***

- What specific problems and challenges are connected with these cases?
- What could be improved?

**Outreach and “elder preparedness”**

In general, law enforcement and criminal justice know about only few cases of IPV against older women. This is true also for most battered women’s shelters and victims support institutions.

- What can be done to improve outreach to these victims?
- What specific needs may older female victims of IPV have?
- To what extent is your institution adequately prepared to work with these victims?

- How could you improve your work in this respect?
- Do you know of any plans in your institution or municipality to address this issue beyond existing services and approaches?
- What framework would you need to improve your services for these victims?
- What framework is needed to improve services for these victims in general?

#### **Subjective perception and understanding of violence**

##### ***I would now like to ask you, what working with older victim of IPV means to you.***

- What does it trigger in you to work with older women having experienced IPV?
- Is there anything special you can learn from these older clients? If yes, what would that be?
- Could you please share with me your understanding of violence?

#### **Final open question**

- We have spoken about different aspects connected to IPV in old age. Is there anything, which is important from your point of view that we failed to ask and you would like to mention?
- ***If more interviewees are needed:*** Do you have any ideas about who would be a good interview partner on this issue?
- Now I would like to give you the opportunity to give us any feedback about this interview.
- Finally I would like to ask you a favor: We are looking for older victims of IPV willing to give us an interview on their experiences. Do you know any women who would be willing to talk to us?

Thank you very much!

**Appendix 4**  
**Interview guideline Victim**

## Interview guideline for victims of IPV

### Introduction:

First of all, thanks a lot for agreeing to give an interview. I really appreciate that you give your time and are ready to share your experience with me.

### Information on research project:

[Depending on the information given before] I would like to give you some information on the background of this interview. This interview is part of a research project, which we carry out together with colleagues from 5 other European countries and our study is funded by the European Union. We know from other studies, that a lot of women experience serious conflicts in their partnerships and even violence by their own partners. [For Germany we know that one in four women has experienced some kind of violence by a partner or husband after age 16]. So we know that living in a partnerships may become difficult, agonizing and dangerous for a woman. But we know only little about experiences and perceptions of women older than 60 years. This is what we are interested in our study. Our aim is to learn from you, to better understand what might happen to older women and what support they seek and what kind of support they might need. We hope that our results will help others to better support older women in the future. And we want to give women, who experience serious conflicts and violence, a voice.

Let me give you some information on the interview. This interview will be tape-recorded and transcribed in order to be able to analyze in depth what you told us. All the information will be used for research purposes only. We can assure that everything you tell us will be treated confidentially – no one will know your name, the name of the city you live in and we will change every recognizable detail. After analysis, the tape will be destroyed. The interview will last between 1- 2 hours, but whenever you want to have a break just tell me. If you want to talk longer, this will also be possible. You can stop or interrupt tape-recording or the interview altogether at any point if you feel uncomfortable with the situation and you can certainly decide to not answer specific questions.

We have prepared an *informed consent form*. You find in it the information I just gave you. Your signature means that you understand this and agree to be interviewed.

Thank you very much for your help.

### (A) Life History

#### Open introductory question

Please can you tell me a little bit about yourself?



Impulse/Trigger for narration on relationship

Could you please tell me about your marriage/partnership? How did you meet and how has your marriage/partnership been/developed?

Themes to cover:

- Partner (description)
- Atmosphere
- Kind/Type of relationship
- Gender roles within marriage/ partnership (changes and shifts)
- Power distribution (changes and shifts)
- Events and experiences
- Changes, constant elements
- Continuation of relationship, divorce, separations (and reasons)
- Significant figures
- Children
- Extended family
- Conflicts, resolution of conflicts

**(B1) Experiencing Violence**

You mentioned that you experienced violence by your partner. Can you recall the first violent event? May I ask you what happened?<sup>104</sup>

Where did it happen? When did it happen? Was anyone else present? Who?

What happened in the following years?

*If the woman experienced violence more than once:*

patterns of violence – violence in everyday life: Was this a typical situation?

*If no:*

Could you please describe a situation of violence which was/is typical for your experiences? Are/Were there any patterns in respect to the violent acts of your (former) partner and his reactions afterwards?

Themes to be covered:

- triggers for violent acts (conflict may be one), escalation to violence (cover process of becoming violent & how/whether episodes escalated over time): Tell me how does it start and how does it get worse?

<sup>104</sup> In general, we should motivate our interviewees to talk about their experiences and we should try our best to avoid a question-answer-interview. That is, to ask open questions (like: please tell me what happened) and if the narration is not very detailed try once more to get more details (like: could you please tell me more about it; or pick up an information you got in the first narration: tell me more about xy or: what happened next....). The interviewees should generate the categories.

Where, when, who else was present (if anyone/was anyone else...),  
Form/type of violence (physical attacks, threats/menaces, coercion into ..., rape): What exactly happened to you?

duration and frequency of acts: How often did you experience violent behaviour by your partner? How long did this last?

*If violence occurred with children in the household:* What was the place of the children in these violent events?

what happened after violent events:

Own behaviour after these events: What did you do after such an event?

immediate consequences of violence (nature and severity of injuries; referral to a doctor, or to a hospital): Did you have any injuries? *If yes*, what injuries? What did you do?

long term outcome of violence: What do you think did this experience of violence to you?

reaction and behaviour of partner after violent events: How did your partner react after violent episodes? What did he do?

explanations/rationale of the partner as regards violent acts: How did your partner explain his behaviour?

Perceived causalities: What are your views on why this happened /happens?

last violent event: Please tell me what happened when you were offended the last time. Please describe the situation/circumstances as detailed as possible.

most violent event: May I ask you about the most violent event you experienced?

## **(B2) Changes in violence in old age**

*Only for women who experience long term abuse – not for women who experience abuse in old age for the first time!*

Changes in relationship over the years: What do you think about yourself & your partner and how your relationship has changed during/over the years?

Changes in violence over the years: Did aggressions and violence by your partner change over the years? If yes, what has changed?

Age-specific aspects of changes: If there are changes: What has your age and the age of your partner to do with these changes?

Dealing with violence: How do you handle violence now as opposed to when you were younger?

Continuity vs discontinuity of living together: What is to gain/lose from leaving now?

**(C) Help, Needs, Rights**

Reactions by persons in contact with the victim: Was there anybody who witnessed or guessed what happened to you? If yes, how did they react?

Explore the role of family, friends, neighbours, professionals (Social support; special focus: law enforcement)

Adult children's view of violence

Do you think more people could have known? Why?

Changes over time

Helpseeking behaviour: Did you tell other people/anyone else about your experience? If yes: When did you seek help for the first time? Whom did you tell about your experiences? Where did you seek help?

organisations, professionals (esp. police), children, neighbours, friends

reactions of friends, neighbours, children,

reactions of the partner: How did your (former) partner react when you sought help? Did he know that you had asked for help?

Changes over time

In-depth exploration: *if women has experiences with institutions*: You said that you turned to [xxx] organisation/professional for support. What were your experiences (ask for each type of organisation/profession mentioned before)

Changes over time – if women sought help over long periods of time

What were your expectations

duration and frequencies of contact; when several contacts: more than one contact person/person in charge?

Measures set by the organisation(s) /what kind of support/ how long did the support last for

Behaviour of the staff towards you/the interviewee

Effectiveness of the interventions / consequences

Feeling of safety afterwards / fear of further assaults

If you experienced a similar situation again, what organisation/whom would you contact? And why?

To which organisations wouldn't you turn again? And why not?

Other support: Was there anybody (else) who was supportive to you? *If yes*: Who? How?

Coping: How did you cope with this situation/your experiences? What was helpful for you to be able to cope with this experience?

Reasons for not seeking special help: There are several other organisations and persons who might be helpful in such a situation (give some examples which haven't been mentioned before, e.g. doctors, women's shelters). Did you consider contacting them? Why didn't you seek their help?

Barriers for help-seeking: Please can you tell me a little about why you did not seek help at all?

What kind of support would you have needed/liked which was not available? (why not available?)

For long term experiences of violence: How do your needs change in old age?

Legacy: Is there any message that you would like to pass on to other women, who find themselves in your situation? What could others learn from your experience? (What is your legacy? What message would you like to leave for the future?)

Feedback Interview: Is there anything that you would like to say about this interview?

Thank you very much for this interview!

**Appendix 5**  
**Short interview form - staff**

Interview code: \_\_\_\_\_

**Short Interviewee Form (SIF)**

**DAPHNE III project "Intimate partner violence against older women" (IPVoW)**

**Interviews with practitioners**

1. Interviewee's sex:     Female     Male

2. What is your age?        \_\_\_\_\_ Years

3. What is your professional education / your professional background?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. *Some questions on your current job:*

**What institution / organization do you work for?**

\_\_\_\_\_

**Could you please give me some more information on your institution and the work that is done here?**

\_\_\_\_\_

**What's your job title?**

\_\_\_\_\_

**What does your work involve? What do you do? (roles and responsibilities)**

\_\_\_\_\_

*Optional - when still open:*

**To what extent / in how far is your current job related to topics of intimate partner violence?**

\_\_\_\_\_

**To what extent / in how far is your current job related to topics of ageing / older people?**

\_\_\_\_\_

Are you currently working full time?  Yes  No

How many hours do you work in a typical week?

\_\_\_\_\_

*5. Some questions on your professional experience*

How long have you been working for this institution?

\_\_\_\_\_

Did your tasks here change over time? If yes, how?

\_\_\_\_\_

Where have you been working before?

\_\_\_\_\_

*Where applicable:*

How many years of experience do you have working in the field of intimate partner violence?

\_\_\_\_\_

How many years of experience do you have working in the field of ageing / older people?

\_\_\_\_\_

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