

## National Report **Poland**

# IPVOW

**INTIMATE  
PARTNER VIOLENCE  
AGAINST  
OLDER WOMEN**

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Co-financed by the European Commission within the Daphne III programme by DG Justice, Freedom and Security. Coordinated by the German Police University (DHPol), Münster.



This project has been funded with support from the European Commission. This publication reflects the views only of the authors; the European Commission cannot be held responsible for either its content or for any use which might be made of the information contained therein.

**Poland , December 2010**

**IPVoW – Intimate Partner Violence against Older Women**

***(Przemoc w związku małżeńskim/ partnerskim wobec starszych kobiet)***

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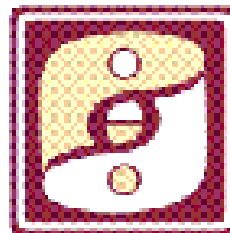
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# **Intimate Partner Violence against older Women in Europe**

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## **National Report Poland**

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# Acknowledgements

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*To the elderly who suffer in silence*

*- and even more -*

*To those who have broken the silence*

The authors of the report extend thanks to all who took part in conducting the research for the DAPHNE III project „Intimate partner violence against older women“.

We also extend thanks to the employees of social aid institutions, police, NGOs, who responded to our request and took part in diagnosing this important but often overlooked social problem.

We extend particular thanks to the female victims of violence for having the courage to face their past, for wisely facing the present and having hope for the future.

We also give thanks to the experts – both scientists and practitioners, who made a great contribution to creating the appropriate recommendations. We would like to also thanks to Ministry of Labour and Social Policy for the opening towards problems of older people – victims of intimate partner violence.

The authors of the report hope that the voices of the victims and professionals cooperating with victims of violence in this report was loud enough to be heard all over the country, especially among policy makers, who form the social policy in Poland.

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# I

## Executive summary

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Old age is a multi-dimensional problem and the literature on the subject in Poland is extensive. Old age is most frequently considered in terms of social phenomena, although its individual character is also emphasized. In this way, the specific experiences of individual older people are taken into account, which are not only diverse, but often completely at variance to each other.

Interest in the problems of the elderly requires more than providing a description of the problems of older people; it demands an understanding of the older person in relation to his/her own world. According to J.R. Havighursta (1963) the purpose of gerontology is to help the person towards a better old age. But what is meant by "a better old age"? What factors help to draw the boundaries between what is to be considered a better or worse old age? It is difficult to provide a straightforward and unambiguous answer to this question. Nevertheless, it is clear, that most definitions of a good old age would include being able to live through the final stages of a person's life in peace and good health, with the feeling that one is still needed by others. Not all older people however, are guaranteed this kind of old age. One of the most significant problems, which prevents older people from having a peaceful old age is their experience of violence, either in the form of abuse or neglect.

Violence against older people is a problem which has received more attention in recent years in Poland, than in the past. The problem is currently being examined from a variety of different perspectives and a number of different academic circles are taking an interest in this social phenomenon, which is so difficult to diagnose. The academic literature on the subject has provided descriptions of the kinds of violence that are most frequently encountered by older people and attempts have been made to identify its causes and to describe its victims and perpetrators. Nonetheless, there remains a lack of publications regarding the problem of violence against older people, based on representative empirical evidence from across the entire country. The literature in Poland is also lacking in evidence in relation to a concrete group of victims, namely that of older women. There is indirect evidence from the data that is available to show that women, more frequently than men, are the victims of aggressive behaviour, although the problem of violence with respect to older women, which

they experience from the partners or spouses, remains an unknown entity. But the number of questions arising out of this problem is multi-fold.

In order to gather as much information as possible on the subject of violence experienced by women aged 60 years and more, at the hands of their partners or spouses, representatives of 8 institutions in 7 countries (Germany, Austria, Hungary, Poland, Portugal, Great Britain and Israel) undertook a two-year international research project (January 2009 – December 2010) under the auspices of the DAPHNE III programme, entitled „Intimate partner violence against older women“. Apart from gathering information on the experience of marital/partner violence with respect to older women, the project partners also included in their plans, means of distributing the knowledge gained from the project and establishing recommendations for future initiatives in order to tackle the problem; these initiatives should be implemented by the governments of the participating countries, as well as those institutions whose task it is to offer help to the victims of violence, not only in participating countries, but also across the entire European Union. Furthermore the aim of the „Intimate partner violence against older women“ project is to promote and improve the system of intervention and aid for older people – the victims of violence, and to offer these victims – older women – the possibility of talking about their experiences, as well as using the research as an instrument for building awareness and sensitivity to the problem of violence against older women in marital/partner relationships.

The main research questions formulated by the project partners in an attempt to tackle this problem were as follows:

- to what extent do older women, who are the victims of violence in marital/partner relationships take advantage of existing institutions designed to offer aid?
- what are the characteristics of the older women who fall victim to violence in their marital/partner relationships, and with whom the professional aid agencies come into contact? These characteristics include the type, frequency, duration, dynamics of the aggressive act, the victim's profile, the perpetrator's profile, risk factors, patterns of seeking help, needs for support.
- in what ways do the aid agencies help older women who are the victims of violence in their marital/partner relationships? What are the emergent problems?
- what are the opportunities for improving the forms of aid and services offered to the older women who are victims of violence?

The project was carried out in a number of stages. The tasks undertaken are presented in chronological order in the following report. The report describes each of the stages of the research, in turn.

In the first stage, each of the partners undertook an analysis of the data available in their own country on the subject of violence against older women. Acceptable sources of information were considered to be the published literature on the subject, police statistics, statistics provided by social service agencies etc. The main aim of the first stage of the research project was to determine the existing state of the research on violence against older women, which to some extent, reveals the degree to which this problem is considered to be significant in the research work and practical initiatives undertaken to combat the problem in a given country.

The realization of the first stage of research in Poland had showed that there is a lack of information and research about violence against older women. In Polish literature there are only few publications concerning this issue. (... Chowanna...2006). In Poland the problem of older women – victims of intimate partner violence in most cases had appeared where the issue of older people was in general described. On the other hand there are still few statistics regarding the issue of violence against older women, however it was possible to gather some information about this phenomenon. The main source of information were data obtained from a research project carried out between 2006-2009, which concerned the problem of violence against older people in the Podlasie region (voivodeship). These data were based on the results of field studies, materials provided by the Department of Prevention of the Regional Police Service in Białystok and material from the Crisis Intervention Centre of the City Centre for Family Assistance in Białystok.

The second stage consisted of a diagnostic survey carried out in those institutions which have, or potentially have, contact with older women who may be the victims of violence in their marital/partner relationships. With the aid of a standardized instrument (a questionnaire), common to all partners, information was collected in relation to the number of older women – victims of violence in their marital/partner relationships, who had presented to the aid agencies. The aim of the survey was also to determine the knowledge base with regard to older women who were the victims of violence in their marital/partner relationships, that was available to the personnel of the aid agencies to whom this group of victims turn, or may turn to for help, as well as determining whether these institutions are appropriately prepared to work with older women – the victims of violence, what kind of help and support these older women are looking for, what they receive (i.e. what a given institution is able to offer) and

what kind of help they actually need. Gaining answers to the questions thus formulated was expected to provide a good diagnosis of the resources available to older women, which are at the disposal of each of the partner states participating in the project.

The survey in Poland was addressed mainly to social services organizations, homes run by social services, regional police headquarters, non-governmental organizations – it was considered that older women in Poland would be most likely to turn to these institutions for help in the event of falling victim to violence at the hands of their husbands/partners. In total 40 questionnaires were sent out to various institutions in Poland. Health service organizations, to which older women in Poland are likely to be referred for health reasons, were not included in the survey as they are unwilling to participate in empirical research of a social, rather than a medical nature.

Of the 142 institutions which replied to our questionnaire, 61 reported contact with older women who had been the victims of intimate partner violence (IPV) between 2006-2008 (a total of 916 victims were reported). In comparison to the situation before 2006 the number of victims of this kind is increasing, although it is still decidedly smaller in comparison to other categories of victim, e.g. in comparison to the number of child cases reported – victims of violence, or younger women who are the victims of IPV. The research findings demonstrated that older women are frequently the victims of violence from their sons – who are second only to husbands/partners as the most frequent perpetrators of violence against older women. The survey also showed that in the majority of cases, older women have been victims of violence over many years: in some cases the abuse has existed since the beginning of the marriage, in others it appeared during the course of the marriage. It is not unknown for women to fall victim to violence in their later years. Factors associated with violence include: the husband's retirement and the stress associated with this, alcohol use and life patterns established in the person's family of origin, fears and sexual disturbances, marital infidelity, the perpetrator's personality, psychiatric and physical illness, drug treatments and matters relating to property. Alongside these, it is worth mentioning factors associated with the victim's personality, as well as magical thinking, as irrational causes leading to violence. What is more emotional abuse dominates the picture, but other forms: physical, economical and sexual also occur. Older women, in contrast to younger ones are beaten less frequently; older people are physically less able, hence the aggressor tends to choose psychological abuse – which is more difficult to prove.

The third stage of the research consisted of interviews with the personnel of different aid agencies, who work (or have worked) on a day to day basis with older women who are victims of violence in their marital/partner relationships. These in-depth interviews provided a supplement to the information regarding the problem of violence against older women gained in the survey carried out beforehand. The aim of the interviews was therefore to provide specific and more detailed information on working with older women – the victims of violence, gaining an impression of the general opinion of the professionals working in these institutions regarding the older women clients attending their institutions – in particular, the aim was to specify a profile of these victims and if possible, to describe the characteristics and behaviours that are typical of them. The interviews were also intended to serve as an instrument for collecting information on the subject of co-operation between different institutions, which on an everyday basis are involved with the kind of violence examined in this research, as well as sounding out the opinion of the personnel on what still needs to be done, in order that those institutions to which older women who are victims of violence in their marital/partner relationships may turn for help, are better prepared to provide various essential services.

In Poland a total of 30 interviews were carried out. The interviews were conducted with participants from different areas of Poland. They included: social workers, lawyers, psychologists (therapists), consultants from the telephone advice services available to victims of violence and the police.

The personnel that took part in the interviews emphasized that older women are unwilling to seek help from any kind of institution, but if they do turn to anyone for assistance, it is, in the first instance to members of their family and to friends and only later do they seek help from institutions. In Poland the older woman's confidant is the priest, who represents the institution of the Church. Older women in Poland also vest a great deal of confidence in doctors. A somewhat different view is taken of the police or of social workers, who are perceived as having a different role. These social services undertake interventions, the aim of which is to solve the problems of violence. However, a number of factors prevent older women from seeking help from these services in order to change their situation; these include, first and foremost, feelings of shame and embarrassment, and the conviction that one should not talk about one's problems outside the realm of the family. The decision to consult outside agencies is aided by the support of family members (adult children) or friends. It is necessary to note however, that it is rare for the victim (mother/daughter) to receive unified support from all family members.

The interviews with personnel revealed that working with older women who are the victims of violence is a lot more difficult than working with younger women in a similar situation. Older women are exhausted with the entire situation and frequently demonstrate a passive attitude, as opposed to younger women, who quickly seek help from the appropriate institutions. Age is a factor leading to passivity, as is the victim's acceptance of her own fate (older women tend to remain in these toxic relationships), which is a state of affairs frequently determined by values shaped by the victim's family background, religious persuasions, rejection and resistance of anything new and fears regarding her partner's reactions. However, not all victims find themselves in this situation. Some of them decide to obtain a divorce and are sufficiently determined to see it through.

It should be also mentioned that interviews with personnel revealed that social services agencies are reasonably well prepared to work with the victims of violence, although there are insufficient numbers of trained specialists for working with older people, among these, women who are the victims of IPV. Social workers and other workers of social services agencies ought to be better prepared for working with the older victims of IPV. No special services are available for older people from the social service agencies.

The final, exploratory stage of the research consisted of interviews with older women who are victims of violence in their marital/partner relationships. As mentioned above, one of the aims of the project was to provide an opportunity for those most acutely affected by the problem of violence to speak for themselves. Thus, the in-depth interviews carried out in this stage of the research were an opportunity for older women to describe their experiences of violence, and to give vent to the emotions accompanying these situations, which allowed them to share feelings which had frequently, for many years, been bound up in secrecy and a conspiracy of silence.

In Poland a total of 13 interviews were carried out with the victims of violence. In 11 cases these were women aged 60 and over, who had experienced violence at the hands of their husbands. Two of the interviews did not meet the criteria for the research (in one case a daughter was the victim of violence at the hands of her elderly mother and in the other, a son had fallen victim to violence from his elderly father), hence these interviews were not included in the analyses.

The interviews with older women - victims of intimate partner violence revealed the use of violence proved to be a dynamic category. Victims of violence frequently declared that their situation had deteriorated with age: the use of violence by husbands increased and in one case, acutely so. In two cases, age

did not appear to have an effect on the husbands' behaviour: in one of these instances, the husband had been violent throughout the couples' married life and nothing had changed with age, in the other, violence and age had changed a great deal, but specifically for the victim – the wife, who had become seriously ill. Also those women - victims of violence, who had re-married after retirement age, claimed that their situation grew worse with every year. It was difficult to establish whether this had anything to do with the men's age, or whether these new husbands had in fact, always been the same. Only in one case, did the victim report that her husband had become more tempered in his behaviour and had become more submissive. In her opinion this was related to his having less strength than previously and to the fact that he still loved her. She was convinced of this. Victims mentioned different factors related to violence such as: the abuse of alcohol by the perpetrators of violence, retirement and the associated stress, the difficult situation of older women in Poland (financial, housing and emotional dependency) extremely limited knowledge of the victims regarding violence and their rights, the particularly difficult situation of victims from rural communities.

The information thus gained from a variety of sources with regard to violence against older women inflicted by their spouse or partner, was the subject for discussion for the group of experts involved in the project – which was the task for the final stage of the research planned within the framework for the project "Intimate partner violence against older women". As a result of pooling the information obtained during the diagnostic survey and the interviews with both the personnel working in the aid agencies and the victims themselves, it was possible to take a fairly broad view of the problem forming the focus of the research, as each of the stages of the research characterized a different point of view with regard to the question of interest. The material collected, together with the existing knowledge base in this area, made it possible to provide recommendations regarding future initiatives which should be undertaken by individual governments, as well as specific institutions in the partner countries – agencies providing services for older women who are the victims of violence in their marital/partner relationships. The preparation of guidelines for future initiatives, as well as undertaking the effort to convince the appropriate sectors of government or other significant institutions of the need for change in this area, enables us to hope that apart from the academic value of this project, a utilitarian aim may also be achieved. The latter involves determining and undertaking concrete initiatives, which may help to improve the situation of older women who are victims of violence in their marital/partner relationships.



It is our hope that the work carried out under the auspices of the DAPHNE III Project „Intimate partner violence against older women“ as the first research initiative in Poland to consider the problem of violence against older women at the hands of their spouse/partner, will provide the lead for a social campaign for improving the awareness of all citizens of the country to the problem, which should be resolved in an interdisciplinary way. Individual interventions undertaken by the police or different aid agencies are unlikely to solve the problem of violence against older women. Only a multi-faceted approach with support from both central and local government is likely to have the required impact. It is our strongest hope that the research we have initiated should be continued in the form of interdisciplinary co-operation towards improving the lives of older people and with their participation.

## II

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

### 2.1

#### Starting points and conceptual background

So far only little is known about older women as victims of intimate partner violence 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 Poland is highlighted. An international report (in English) summarizes the results for all countries [\*\*\*reference\*\*\*]. 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. Schröttle, 2008, for the US see Zink, Fisher, Regan & Pabst, 2005, Zink, Jacobson, Regan, Fisher & Pabst 2006, Bonomi, Anderson, Reid, Carrell, Fishman, Rivara & Thompson, 2007). Prevalence studies on the abuse of older

men and women by family and household members arrive at similar conclusions (Mouton et al. 2004, Gorgen, 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 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

<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, Larsson, 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.roteskreuz.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)

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 Poland, 440 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 Poland, 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 Poland, 11 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

## IPV against older women in context: Societal and cultural background factors

Polish society has already passed through the time of violent and frequent discussions on violence against children and domestic violence (mainly against women) is quite commonly discussed, while the subject of violence against the elderly is practically unrecognized. Thus the subject of analysis in the following chapter is violence against older women. Violence against the elderly – including older women – is one which – we think – will grow in importance in the nearest future. This is due to the aging of Polish society and an increasing number of elderly.

### 3.1 Traditions of gender relations and specific aspects relating to age

According to the Catholic Encyclopedia a woman is „a female human, occupying a particular social position and performing various social and religious functions conditioned by tradition, culture, religion and socio-economic development of the society.” (Encyklopedia Katolicka 2002, p. 223). This definition shows how varied the attitude to the problems of women can be.

The place and role of a woman in a society are conditioned by various factors both social and cultural. Socio-cultural gender is defined as a process of forming socio-cultural models of masculinity and femininity and functions as a cultural stereotype (Paprzycka 2008, p. 80). Naturally over the ages these stereotypes changed and “the gender stereotypes which were current in the middle of the last century have been metamorphosed” (Brycz, Sosińska- Białowąs 2006, p.404) – women started taking over some masculine roles and men – feminine roles. Nevertheless, despite the current changes in stereotypes, still in many areas of everyday life there remains the traditional view of femininity and masculinity.

*„According to the traditional concept of femininity and masculinity (...) social differences are unavoidable and permanent, because they stem from biological differences and therefore, occupying different places in society and performing different roles by men and women is “in accordance with their nature”. (...) Women are expected to perform an expressive role – providing children with care and safety and men with emotional support (...). Men on the other hand play an instrumental role – that of the breadwinner.” (Paprzycka 2008, p. 89)*

Furthermore, when analyzing the problems of cultural gender one looks at it “in the general cultural context of gender relations, that is the patterns of interaction between women and men in order to establish the influence of socially attributed roles on the behavior of women and men” (Giddens 2005, p. 80). These socially attributed roles indicate that “the main task, role and goal of a woman is to give birth to and raise children (a mother’s role) as well as caring for the husband and the house (the role of a housewife)” (Paprzycka 2008, p.90). This traditional model of marriage and family is still present in Polish society. Not only does it characterize the oldest generation, but is accepted by many modern pairs as the most appropriate. It should be noted however, that as the socio economic situation changes, leading also to changes in life style and conditions, the attitudes and behaviors of both men and women change as well.

In modern times people have a strong need to provide a proper standard of family life and to develop their careers. This applies also to women, who also continually care for their children and grandchildren. All this means that modern women have taken on too many tasks – both domestic and professional. Because of these numerous tasks, or perhaps in spite of them, in family life a woman does not always have the same rights as a man does. In many situations the man uses his dominant position in the family to express his displeasure. This may take the form of using sanctions against the woman, restricting her freedom and abusing her dignity and inviolability of the body (Kiziewicz, Łabieniec, Sawicka 2009). These may be incidental but also repetitive. Age is not a demarcation line here, which would guarantee safety and security in the thought “this will not happen to me”.

Old age, associated with well-deserved rest, for many women is not a time of peace. Among gerontologists there are opinions that the negative stereotypes of old age and the elderly, which are present in Polish society, may increase the chances of aggressive behaviors appearing in old age – both against women and men. On the other hand, a report of the Centre for Social Opinion Research of November 2009 (discussed further) indicates positive changes in the common

view of old age and the elderly in Poland. This leads to the question, whether these changes will be permanent.

The ageing process of men and women is different, but it has to be noted that the perception of ageing in both sexes is also different. "A gray-haired men with wrinkles is said to be 'august and dignified', women on the other hand are not given this chance – they are the ones who loose most from high standards of looks and age" (Petry-Mroczkowska 2005, p.26). As is clear from the little research that has been conducted in Poland (Halicka, Halicki 2010) women, including elderly women, are more than men of the same age in danger of being abused and/or neglected by their intimate partner, or other close ones. We do not, however, know to what extent is this conditioned by the cultural factors and social standards described above and to what extent by stereotypes.

### 3.2

#### The context of the specific welfare regime

When discussing prevention of domestic violence one has to note that Polish law does not contain acts pertaining specifically to protecting older female victims of intimate partner violence. There are also no specialized institutions which would focus on helping older female victims of violence. Organizations which deal with problems of violence often stress that they help anyone in need, regardless of age.

In order to discuss the characteristic of the social system in the context of preventing domestic violence it is stressed that there is a number of institutions in Poland dealing with issue; among these are: the police, social aid, commissions on solving alcohol problems, public prosecutors, courts, health services, NGOs, as well as churches and religious associations.

Some of these institutions (e.g. police and social aid) base their activity on interdisciplinary help. Stronger cooperation gives a chance to activate institutions which so far did not participate in preventing violence.

### 3.3

#### Cultural perceptions of violence against women in families

WHO in the „World Report on Violence and Health” of 2002 indicates that violence is one of the major social problems of today’s world. Everyday

intentional acts of direct individual or group violence lead to the death of about 4400 people around the world, including children, caregivers, spouses, partners and elderly" (World .... 2002).

In Poland one of the forms of violence, which had so far been hidden, and to which a lot of attention is being paid now is domestic violence. Research shows that domestic violence is increasingly common; it has become a serious social problem. Its appearance is proof that the emotional balance of the family has been disrupted. Analysis of the problem concerns various problems: various forms of domestic violence, its frequency and effects. There is also the subject of perpetrators and victims of domestic violence. As for the latter group, it has to be noted that scientific research, as well as police statistics or statistics from social aid institutions, indicates that the victims of violence are usually women. This is caused by various social, ethnic, cultural, and historical factors (Halicka, Halicki 2010, Kiziewicz, Łabieniec, Sawicka 2009).

In the words of A. Dakowicz

*"the marital relation is a relationship of a man and a woman which by design should last a lifetime, which through the creation of a multi-aspect life fellowship works for a common good (...). Regardless of the good will a couple is not always capable of achieving this model. One of the examples of a failure to realize the proper aim of a marriage is the appearance of physical violence. As a result of psychological stress and lack of understanding strength is being used, usually by the husband"* (Dakowicz 2009, p. 172).

These situations may be conditioned by many factors. For example, one cannot omit here the aforementioned traditional division into male and female roles in families.

It is also worth mentioning that research into the link between gender and various crimes indicates a connection between them, in other words "gender differences influence the type, number, frequency and character of perpetrated crimes" (Machel 2009, p.304). Women relatively infrequently perpetrate any forms of crime and are significantly more often victims of it, which is influenced for example by

*"the life of girls and women usually (traditionally) in conservative family structures which are dominated by traditional values and patterns of behavior; they are under more control from parents and husband, as*

*well as children, and they are strongly connected with performing a particular social role" (Machel 2009, p.304).*

Furthermore, as it was stressed earlier, female roles are mostly connected with the private sphere, i.e. the family: the role of mother, wife, which in Polish tradition is associated with the role of a guardian of family warmth. Female roles are thus associated with less responsibility than male roles. As a result a woman's place is at home and if she does take up a career, it should be subordinate to the good of the family and have a "feminine" character (Paprzycka 2008, p. 90). Thus, the cultural plane, commonly accepted standards and the social image of order suggest that women should be subject to men, they should be submissive towards their husband/partner, which makes him more likely to be violent. Stereotypical, yet still present in Polish society, concepts of what a man is allowed to do, feelings of shame (particularly strong among elderly women) caused by the violent situation, as well as fear of judgment by the community – are major obstacles stopping women from revealing the violence they experience.

Analyzing the subject of older female victims of intimate partner violence one should notice that the delicate problem of domestic violence is rarely discussed in the context of the elderly. Their situation is particularly difficult, even dramatic, because the problem of violence is accompanied by additional factors such as poor health, difficult financial situation, and dementia. These important elements of their life situation are often an obstacle in opposing the aggressor and prevent older victims of violence from effectively seeking outside help (Wróblewska 2009). Research, as well as police and social aid statistics (Halicka, Halicki 2010, Petelski, Cichoń 2010, Żuk, Sawicka 2010), shows that the average victim of domestic violence is a woman, who is abused by her intimate partner or one of her children. It seems very important that the perpetrator is usually a male family member. In view of the statistics of the Department of Prevention of the Voivodeship Police Command in Białystok, it turns out that the most frequent cases are that of respectively a husband abusing his wife (31% of cases) and a son abusing his mother (25%). The number of reports of both types of cases is increasing (Halicka 2010, p.13).

One should also remember that the elderly are reluctant to talk about the violence in their lives. The elderly remain in the traumatic relationship with the aggressor, afraid to disturb it out of fear of the consequences, which could befall the perpetrator, who is usually a close member of the family. They are also afraid of the consequences they might face themselves. Mostly they are afraid of institutionalization; victims of violence fear that they would not be able to

cope on their own without a caregiver, even a bad caregiver; they also feel guilty of having been bad parents (Halicka, Halicki 2010, Wróblewska 2009). Thus, the situation of elderly (including older women) victims of domestic violence, or that of female victims of domestic violence, is very difficult and problematic. Although in the common perception violence is not accepted, in a violent situation victims are more likely to assume a passive and secretive attitude, silently agreeing to the violence, accepting their fate in humility in the name of other, deeply rooted social concepts, such as keeping family problems hidden from strangers – “you do not denounce your own”. Thus they suffer in silence for years.

### **3.4 Cultural perceptions of aging women in society**

Before discussing the way older women are perceived by Polish society, it is worth referring to the results of 2009 research by the Center for Public Opinion Research, which concerned the attitude of Poles towards old age and the elderly (an older person is defined there as someone aged 60 and more or retired).

In view of these results the majority of respondents (87%) believe that the society needs the elderly, only 9% of respondents are of the opinion that they are more of a burden to society. What did the respondents consider to be the greatest benefit to society from the presence of the elderly? The time they devote to looking after grandchildren, their knowledge and experience – these were the answers given by 95% to 97% of respondents. The respondents indicated also important social aspects of the functioning of the elderly in their place of residence (Wądołowska 2009). Among the few respondents who believe that the elderly are more of a burden to society, almost all (94%) thought this was due to the fact that the elderly are more frequently and more seriously ill and their treatment costs more money. They also indicated dependence on other people (79%) and lack of contribution in economic development – passivity or ineffectiveness in the job market (57%) (Wądołowska 2009). Having in mind this perception of the elderly in Poland, it is worth having a closer look at the social image of one of the groups of elderly – ageing women.

Research done in recent years among Polish elderly allows us to indicate a few fundamental features distinguishing older women. And so, for example in the research on “Living conditions and needs of the elderly in Poland” performed in 1999-2001 by the Polish Gerontological Society (PTG), it has been shown that in boroughs in the eastern part of Poland the majority of elderly have incomplete

primary education, with men on average better educated than women. In all environmental research the percentage of people with incomplete primary education is higher in the older age group (over 75 years old) (Pędich 2003, Halicka 2004). The same research shows that the main source of income for over 93% of elderly in all analyzed rural communities is a retirement or disability pension. In traditionally agricultural areas this is the consequence of the introduction of the farmer's pensions act or receiving retirement benefits as a result of working outside of farming. This also applies to women (Pędich 2003). In some villages research showed that 5% to 7% of women did not have a pension and was dependent on their husband or children for support. More recent research, performed among the elderly in the Podlasie region in 2006-2009 as part of a project financed by the Ministry of Science and Higher Education, confirm the difficult financial situation of older women and show that the income of nearly half the respondents from an urban area – Białystok (49.7%) receive between 701 and 1000 zloty, while among men in an urban area the largest group has an income of over 1000 zloty (77.2%). Only 38.2% of women have a monthly income comparable to men. On the other hand, in rural areas both men and women usually indicated that their income does not exceed 700 zloty. However, the percentage of women in this group (61.7%) was higher than that of men (55%). Furthermore, men in rural areas with income over 1000 zloty per month formed a group almost three times larger than women (21.6% and 8.5% respectively) (Halicka, Halicki 2010).

The analysis of the research material gathered by PTG indicates that in men have a stronger position in family life because "in all analyzed communities the majority of men see themselves as the head of the family (between 43% and 79%)" (Pędich 2003, p. 241). It also has to be added that indicate themselves as the head of the family in 4% to 55% of cases and more frequently than men attribute this position to sons of sons-in-law, while men rarely indicate a woman as the head of the family. Research also shows that men have more influence on making decisions concerning the family than women (0% to 50% and 12% to 38% respectively) (Pędich 2003, p. 241).

Another feature distinguishing older women from men is perceived loneliness. The aforementioned research conducted in 1999-2001 indicates a significant correlation between loneliness and gender which is connected with widowhood.

*"The majority of men, almost three quarters (71%) only very rarely feel lonely. With women this proportion is quite different. Although in this group the largest part is also composed of those who feel lonely very rarely, but in comparison two men this percentage is significantly lower*

*– less than half of the respondents. The percentage of women, who usually feel lonely (20%) is almost twice as large as of men (11%). This prevalence of lonely women over men can be explained by a higher average age of female respondents” (Czekanowski 2003)*

Research conducted in Podlasie in 2006-2009 confirms that among elderly women in rural areas there is a large percentage of widows – over 49% in research areas. Among men on the other hand, there were only 14% widowers (Halicka, Halicki 2010). Because women in Poland live longer than men, the death of a life partner and widowhood may influence their feelings of loneliness.

Another distinguishing feature of older women is their higher – when compared to men – religiosity. Research shows that women participate more frequently in church services; they are also more concerned with communal prayer (Pędich 2003). For many women faith brings comfort and lessens their fears of mortality (Halicka, Pędich 2000).

The above results indicate that there are many features distinguishing older women from men. Some of them have cultural and social sources – such as lower levels of education or role in the family. Other features come from biological factors, or demographic change. It seems reasonable to suppose that the feminization of Polish society, which can be observed now, may in future lead to a change in the perception of the elderly, particularly older women.

### 3.5

#### **History and situation of services for victims of IPV in general and for older women in general (description of services and institutions)**

In Polish law there are no particular acts regulating counteracting violence against older female victims of intimate partner violence. The law clearly defines various procedures connected with preventing and eliminating domestic violence in general. There are no regulations which would take into account the age group, in this case 60 or more.

For a long time the main legal act regulating the issues of domestic violence was the Penal Code of 19 April 1969, particularly chapter XXV – “Crimes against family, care and youth” (art. 184 kk). The current Penal Code of 6 June 1997 (it entered into force on 1 September 1998) describes the problem of domestic abuse in chapter XXVI – Crimes against family and care - art. 207 kk. It should



be noted that the above acts define aggression against family members as abuse and for aggression to be a crime it has to be repetitive. Thus the term violence does not appear in the Penal Code.

In the area of social aid the term „violence” appeared for the first time in the act on social aid of 29 November 1990. It was introduced in the act of 24 July 1998 changing some of the acts determining the competence of public administration – connected with the political system reform (Dz.U. Nr 106, pos. 668). The above change also added art. 23a to the act on social aid, which stated that in order to prevent creation and increase of dysfunctions of people, families or communities, including those threatened by violence, crisis intervention can be undertaken.

One of the most important signals of a new approach to the problems of violence appeared in 1997, when the police, together with the State Agency for Solving Alcohol Problems, started testing the Blue Card procedure, which created a single procedure and documentation for policemen intervening in cases of domestic violence. Having received positive evaluation it was introduced in 1998 as commonly used by police forces countering violence.

In the case of social aid the Blue Card procedure was introduced by the act of 12 March 2004 on social aid, which states that in cases of domestic violence a social worker completes a special form “Social Aid – Blue Card”, which is attached to the family environment interview.

Another important stage in counteracting violence was the act of 29 July 2005 on counteracting domestic violence, which regulates the tasks ascribed to counteracting domestic violence, rules of conduct towards older victims of domestic violence, as well as those towards its perpetrators.

The above legal acts described over the years the rules of functioning for institutions dealing with the problem of aggression and domestic violence. Analyzing these acts one has to notice the important role of police in the system of violence prevention. Until 1998 it was the police who bore the brunt of action against domestic aggression. However, the role of the police is reduced to interventions, which aim to stop the violence and provide safety to the victims and one cannot expect that the police will provide them with other forms of help. That is why it is so important to include specialized institutions into the system of counteracting violence.

Since 1998 social aid was included in this system. At that time crisis intervention centers started to appear, aiming to provide psychological, therapeutic,

educational, and even broader help to victims of violence. As the act of 12 March 2004 on social aid entered into life, social workers were included into the Blue Card procedure. Thus, the number of institutions included in the process was increased, helping to look at the problem of violence from various perspectives and provide kinds of help appropriate to the situation.

Describing the institutions involved in the Blue Card procedure, it has to be noted that, apart from the police and social aid units, it also involves commissions on solving alcohol problems. This is the result of noticing numerous cases of violence by people under the influence of alcohol or addicted to it. This stresses the importance of solving alcohol problems and preventing addictions.

Domestic violence also lies within the area of competence of health services. Victims of violence often ask doctors for help, especially when they experience physical violence – which may result in damage such as lesions, bruises, wounds, broken bones – as well as psychological violence, which can result in depression, gloom or fears. It is important that a doctor can direct a victim to other institutions, which can provide other forms of help, apart from providing medical help.

Another group of institutions, which are in contact with violent situations, are the judiciary – courts and public prosecutors. In general one can assume that the task of the public prosecutor is to confirm, if a crime was committed, to secure evidence and apprehend the perpetrator. The courts on the other hand, depending on the kind of cases they handle, regulate among other things, issues of protecting the interests of children and families, separation and divorces, or issues of material possessions or eviction.

Analyzing institutions concerned with counteracting domestic violence one cannot omit NGOs and other institutions, which were and are very active in the field. One example is the Polish Nationwide Emergency Service for Victims of Domestic Violence “Blue Line”, which was created in 1995. Their first task was to open a nationwide free intervention-information helpline for victims of domestic violence. Their experience is now of help to many victims of violence and those who help them.

The system of counteracting violence is subject to constant change and improvement (e.g. in June this year the Polish parliament passed a modified version of the 2005 act on counteracting domestic violence). New concepts are being created aiming to cope more effectively with the described problem. The most important procedure for dealing with violence is the Blue Card, which is based on two elements. The first is the aid of police in emergency situations, the

other – psychological, therapeutic, material, financial and legal help. None of these two elements should be considered separately. Based on just one of them it is impossible to help victims of violence come out of their situation.

## IV

# Overview on existing national data on the issue

In Poland, the problems of violence against elderly have not been thoroughly researched. They have rarely been mentioned and usually in connection with other problems, such as intergenerational conflict (Piotrowski 1973, Synak 1976, Tryfan 1992). A particularly noticeable work is "The place of the elderly in family and society" („Miejsce człowieka starego w rodzinie i społeczeństwie” – 1973) by J. Piotrowski and "Problems of elderly farmers" („Problemy starych rolników” – 1976) by B. Synak. Based on empirical research, both authors discuss, among other subjects, family relations, which – as is found from the research – may lead to conflicts within the family. Their basis is often financial – e.g. transferring a farm for a pension often leads to a conflict (Synak 1976, s.227).

In the later period the problem of the elderly was the subject of interest for some researchers, but there are still few works on the subject. There are still few publications concerning the subject. It should be noticed that so far there are no studies which would take up the problem of IPV against older women. Although, based on the little conducted in Poland on the subject of abuse and neglect against the elderly, there are some attempts at analyzing the problems of women aged 60 or more as victims of violence. However, this is very rare. The problem of IPV against older women remains – so far – unknown in Polish literature.

### 4.1

#### Research questions, access to information, statistics and other data

In order to present the state of research concerning violence against older women in Poland – which is partly based on the analysis of the problem of abuse and neglect against the elderly in general, we analyzed the publications on the subject and other materials. Our aim was to obtain as much information on the subject as possible. However, as it was mentioned before, the question of violence against older women, or the elderly in general, is not the subject of detailed, large scale exploration. Therefore, it is difficult to talk about posing

research questions in our analysis. The material we found is mainly in the form of descriptions of the results of research conducted by specialists from various fields – usually gerontologists or researchers from medical universities. However, it should be noticed that the medical community in Poland does not pay much attention to the problem of violence against the elderly and the research conducted so far was based on methodology different than that used in social sciences, which makes it difficult to make comparisons and generalizations.

The University in Białystok is an important research center dealing with the problems of violence against the elderly; particularly the Institute of Educational Sociology and the Institute of Andragogy and Gerontology. The research done by these institutions will be described below, because they are the latest results concerning the problem in question.

According to the assumptions made by the project partners, one important source of information and statistics concerning violence against older women, or the elderly in general, are the police, courts and prosecutors' offices. As for the courts and prosecutors' offices it is difficult in Poland to obtain such information. In many cases the issue is protection of personal data or lack of information on the subject. The police violence victim registry on the other hand only includes one age criterion – whether the victim is 18 or more. The cases reported to the police are registered as either a crime against an adult or a child. Polish police use no other age criteria. Therefore it is impossible to obtain information on the number of victims of violence aged 60 or more. The Podlaskie Voivodship – which is represented by the authors of this report – is an exception from this rule.

In 2006-2009 the Institute of Andragogy and Gerontology and the Institute of Educational Sociology of the University in Białystok along with the Department of Prevention of the Voivodeship Police Command in Białystok have done a research project concerning violence against the elderly in the voivodeship. As part of this cooperation, the Voivodeship Police Command in Białystok makes statistics of elderly victims of violence. The results of the four years of observation will be presented below. The project also included the City Family Aid Centre in Białystok. It is a help institution, which in Poland is the main link in the social aid system, providing help to victims of aggression and preventing violence. The results of our research, as well as statistics – made by institutions participating in the project – will help to make a better presentation of the problem of violence against older women in Poland.

## 4.2 Findings

### 4.2.1

#### State of the research data concerning violence against the elderly (including older women) in Poland

The first systematic empirical research in Poland, concerning the elderly as the subject and object of social pathology was conducted at the turn of the 1980's and 1990's among three cohorts of old age in Białystok. The results confirmed the existence of a threat, as well as abuse and neglect against the elderly. Over 20% of 70-year-old men complained about lack of care and 13% felt isolated from family problems. Among women the main problems were care neglect (13 to 19% depending on age group). There were also many women who felt neglected in the psychological sphere – not being showed any feeling (from 5% in the 60-year-old group to 14% in the 80-year-old group). (Halicka 1992, 1995, 1996, 1997).

In the last 10 years more attention has been paid to violence against the elderly, including older women, which is shown by the publication of more works based on empirical research.

G. Orzechowska conducted in 2000 a research of 15 cases of domestic violence against the elderly, using an extended interview. The respondents were usually women, aged 60 -68, clients of the City Social Aid Center in a large city. Eight of them lived with their families, the rest lived alone. They experienced various forms of violence. "In 9 cases it was physical and psychological violence, 5 people were psychologically abused and neglected, while one was the victim of regular psychological abuse. (...) usually the perpetrators were the children of the elderly. (...) in 5 cases they were other relatives – ex-husband, husband, granddaughter, son-in-law, nephew" (Orzechowska 2000, s. 102-103)". It can be assumed that the research conducted by G. Orzechowska shed some light on the problem of older female victims of domestic violence.

Other research concerning elderly women as victims of violence was conducted in the Lubelskie Voivodeship by E. Rudnicka-Drożak and M. Latałski in 2004/2005 among 1047 patients aged 65 or more in 15 randomly selected GP clinics. The research consisted of analysis of medical and nursing documentation. The aim was to find the risk factors for violence against older women, including psychological, physical, material and sexual violence and neglect. Around 43% victims of violence were women living in a large city, 5% in small towns and 51% in rural areas. The main type of violence was

psychological violence (88.8%), material abuse (73.8%), 49.6% were victims of physical violence, while sexual violence was only found in 4% of cases. The perpetrator was usually a male member of the family (56.9%). "Stronger" forms of violence took place mostly in poor families, against older elderly with restricted mobility. Such a high percentage of various forms of abuse in the Lubelskie Voivodship is surprising to the point of incredibility. The authors themselves have noticed this and stressed that this type of abuse – in view of previous Polish publications – is much lower. It seems that these significant differences may be: advanced age of the victims, maybe greater trust the elderly feel for doctors and other medical professionals, the way information is obtained, or methodology problems (because both medical and nursing documentation was analyzed it is possible that the same cases were recorded many times). It is also possible that violence against the elderly in that region is connected to some specific environmental risk factors, not mentioned by the authors, which may have been a significant reason (Rudnicka-Drożak, Latałski 2006a, Rudnicka-Drożak, Latałski 2006b).

In 2007 E. Sygit and R. Ossowski conducted research in Bydgoszcz on a group of 70 people aged 60-85, which aimed to find how violence is dependent on sex, age and education. The respondents were the members of a seniors' club, clients of a day care home, patients of a GP clinic and students of the Third Age University. The authors state that women are more susceptible to overprotectiveness, while people with better education declare the lowest risk of physical violence, neglect and discrimination (Sygit, Ossowski 2008). Because the research sample was small (70 people representing four different environments) one should not rush to conclusions here.

B. Tobiasz-Adamczyk and her team conducted in 2007-2009 research concerning the perspective of violence against elderly from the point of view of the experience of medical and social workers in the Daphne II project. The research included 507 medical and social workers from care institutions in Kraków (117 clinical nurses, 67 community nurses, 58 geriatricians or GPs, 140 employees of Social Aid Homes, 125 employees of City Social Aid Centers). The research shows that almost 40% of respondents see violence against the elderly in Poland as a common problem, while only 7.3% admitted that they had to do with the problem in their work. The existence of psychological violence was noticed by 39.6% respondents, while 12.6% indicated that their clients had experienced it. It is similar in the case of the perception of neglect. Over a half of the respondents (55.7%) indicated neglecting care as a significant problem in Poland, while less than half of that (24.3%) noticed this problem in their work

(Tobiasz-Adamczyk 2009). The results of the Kraków research shows a large disproportion in assessment by professionals between the perception and the actual scale of the problem of violence against older women. The problem of institutional violence against the elderly should continue to be diagnosed on a national scale.

At this point it is worth noting the government report from the National Program for the Prevention of Family Violence of 2009, within which the Institute of Psychology of the State Science Academy conducted research concerning violence. This research shows that almost a half of Polish people know cases of physical, psychological and economic abuse against elderly in the family. However, the perception of the problem of violence against the elderly is not identical with its actual appearance. Almost 23% of respondents have encountered cases of sexual violence against the elderly. A difference was noticed in relation to all forms of violence between the number of people indicating it exists outside of their family (more indications, e.g. "isolating" – 46.7%) and in their families (fewer indications, e.g. "isolating" – 11.6%). The most frequently reported forms of violence against the elderly in the respondent's family were: taking away money (14.2%) and pointing out disability (13.2%). In the respondents' (professionals encountering violence in their work) opinions the victim of family violence against older people is most commonly a woman with primary or secondary education only. The perpetrators are most commonly indicated to be male relatives (Aktualności/MIPS: Połowa Polaków ... 2010).

#### 4.2.2

#### **Violence against older people (including older women) in the Podlaskie Voivodeship in scientific research**

M. Halicka and her team conducted empirical research in 2006-2009 within a project financed by the Ministry of Science and Higher Education, concerning violence against older people in rural and urban areas of the Podlaskie Voivodeship of various environmental, ethnic and cultural character. The research was done in three stages. In the first stage a diagnostic research was performed on the opinions of 560 people – students, constables, social workers and nurses – concerning their perception of violence. The second stage was community research among a randomly selected sample of 619 people aged 60 or more, living in urban (three districts of Białystok) and rural (three boroughs: Krynki, Kleszczele i Zbójna) areas of the Podlaskie Voivodeship. In rural boroughs the research included 314 inhabitants, while in the urban environment of Białystok 305 inhabitants were included. The research was conducted with the



help of a questionnaire and an unfinished sentences test. The third stage of the research was a case study describing in detail the abuse and neglect against the elderly. The extended interviews included 47 people declared as victims of violence.

In the Podlaskie Voivodship most of the elderly respondents were women (63.7%) and over a half of them (62.5%) were aged 65-74. Most of the elderly declared themselves to be Roman-Catholic (66.9%) and Orthodox (32.1%). They were married (58.3%) and had at least two children (59.4%).

To the general question whether they experience harm, aggression, or damage around 11% of women and 12% of men admitted to having experienced it. The following table shows in detail various forms of violence experienced by the elderly.

**Table 1: Family violence against the elderly and gender**

Forms of violence:	Sex			
	Female		Male	
	n	%	n	%
<b>Arguments</b>	50	12.7	29	12.9
<b>Verbal abuse</b>	38	9.6	21	9.3
<b>Pushing, shoving</b>	13	3.3	6	2.7
<b>Hitting</b>	13	3.3	6	2.7
<b>Expelling from the flat</b>	12	3.1	4	1.8
<b>Threatening</b>	9	2.3	6	2.7
<b>Restricting freedom</b>	5	1.3	2	0.9

It is noticeable that physical violence was used more frequently against women, while men were more frequently threatened. Other forms of violence appeared similarly often for men and women. Although usually both spouses blame each other for such behaviors, men indicate their wife as the perpetrator more often than the other way around (table 2).

**Table 2: Perpetrator of violence against an elderly and gender**

Who in the family uses violence?	Sex			
	Female		Male	
	n	%	n	%
<b>Spouse</b>	23	40.1	17	47.2
<b>Son</b>	13	22.8	13	38.2
<b>Daughter*</b>	15	26.3	3	9.1
<b>Grandchildren</b>	5	8.6	-	-
<b>Son-in-law</b>	3	5.3	-	-
<b>Brother, sister</b>	3	5.3	1	3.0
<b>Another member of the family</b>	3	5.3	3	9.1
<b>Daughter-in-law</b>	2	3.5	3	9.1

\* $p < 0,05$

It is noticeable that although sons are violent towards both fathers and mothers (although the father is in greater danger), daughters more frequently abuse their mothers, rather than fathers, which is not surprising. In the Polish model of a family the father has an established position and it is not only due to his physical strength. It should also be stressed that the victim of violence from grandchildren are grandmothers, from sons-in-law – mothers-in-law, while men (fathers, fathers-in-law) are more frequently victims of violence from their daughters-in-law and other members of the family, though such cases were very rare.

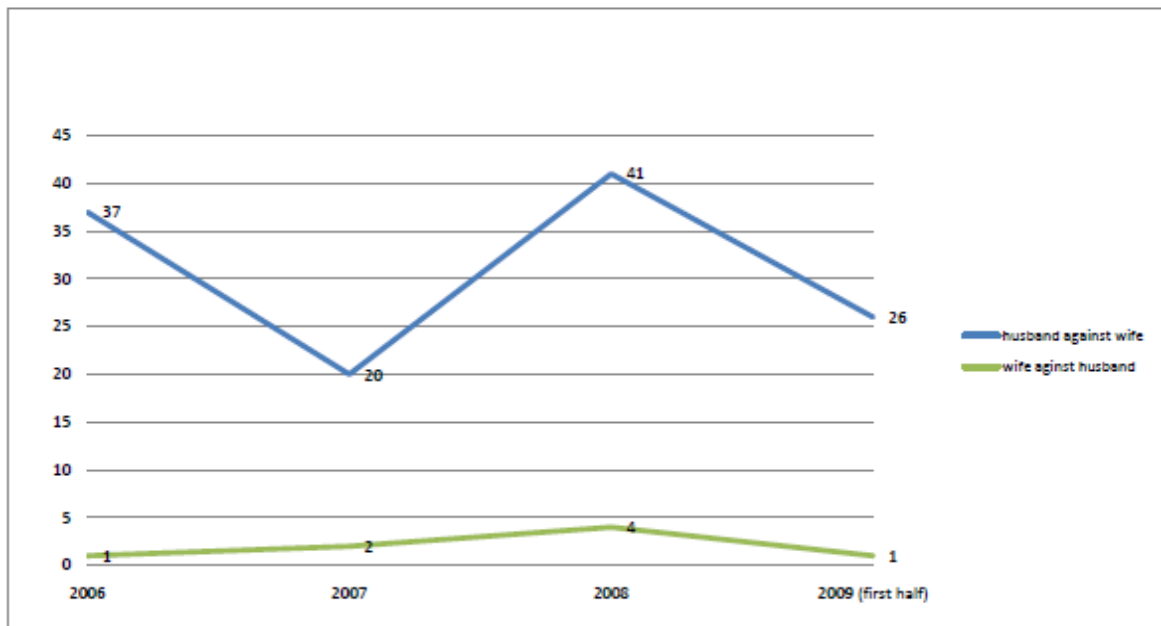
Place of residence was also connected with abuse against the elderly. People in rural areas were in greater danger. This may be connected with the difficult social and material situation of many Polish rural families, with alcohol abuse and cultural differences. It appears that communities which are ethnically and culturally uniform situations of psychological and physical violence against the elderly were most common (Halicka, Halicki 2010).

#### 4.2.3

#### **Violence against older people (including older women) in the Podlaskie Voivodeship in view of police statistics**

The data shown above does not differ from the observations conducted from 1 January 2006 to 30 June 2009 by the Department of Prevention of the Voivodeship Police Command in Białystok. Police statistics (chart 1) indicate that IPV is more frequently perpetrated by the husband (124 cases) than by the wife (8 cases), regardless of the year of observation.

**Chart 1: The variety of perpetrators of violence against family members in the period from 1 January 2006 to 30 June 2009 (in numbers)**



*Source: data provided by the Department of Prevention of the Voivodeship Police Command in Białystok*

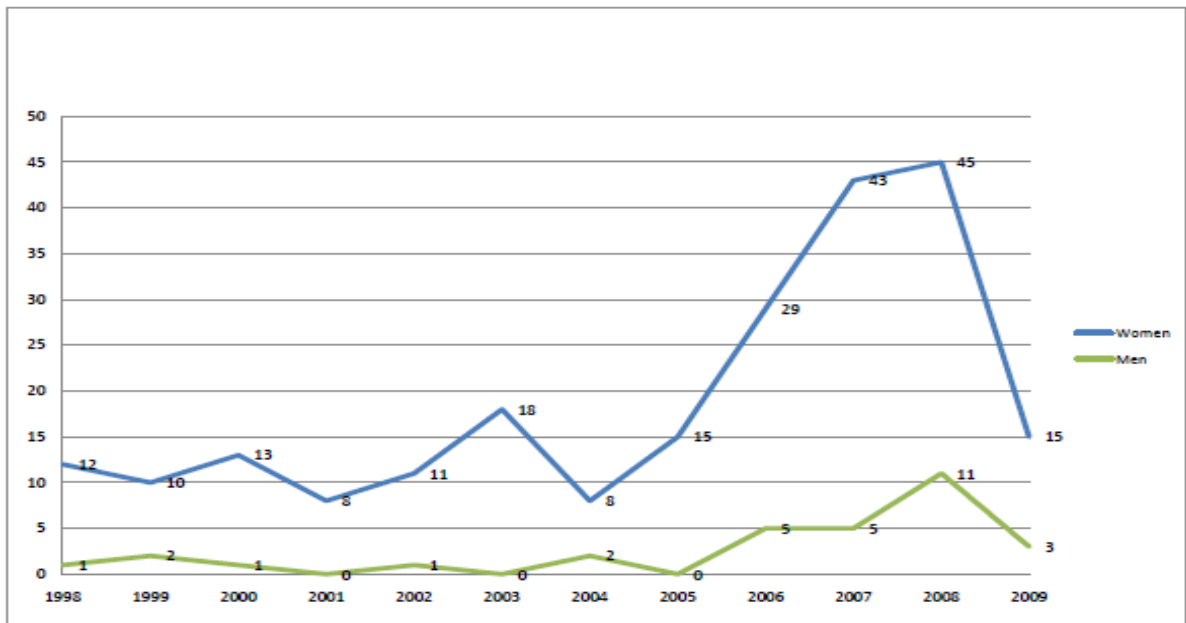
It is difficult to accurately assess the scale of the domestic violence problem in Poland. Each year only over a dozen thousands of such cases reach courts, but the police at the same time registers around a million domestic interventions. (Charakterystyka zjawiska ... 2008). Police observations indicate that the average victim of violence is a woman, who is abused by her partner or one of her children. It is particularly noticeable that the perpetrator is usually a male member of the family. As is seen from the above data, the most common occurrence is that of a husband abusing his wife (31% of reports), or a son abusing his mother (25%). The number of reports of both types of cases has a growing tendency. Abuse by one's close ones is a painful problem and usually kept secret. It should be stressed that an elderly community which has experiences violence is a closed community.

#### 4.2.4

#### **Violence against older people (including older women) in view of social aid institutions' statistics**

Violence against the elderly (including older women) is a problem of importance to those who have practical experience with it – social aid institutions or other support institutions. As is shown by an analysis of the documents of the Crisis Intervention Center in Białystok, in this age group most victims are women (chart 2).

**Chart 2: Victims of violence aged 60 or more (in numbers), gender and time period.**

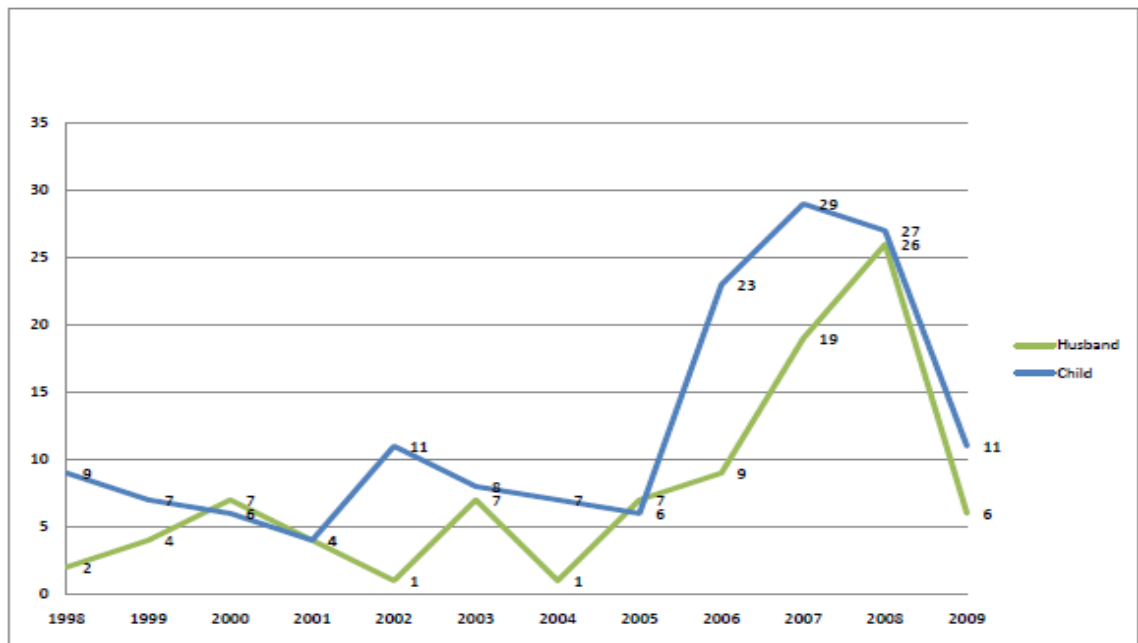


Source: based on the data gathered by the Crisis Intervention Centre of the Family Aid Centre in Białystok

The percentage of women in the overall number of elderly victims of violence in 1998-2009 was no less than 80%. It should also be noted that in 2001, 2003 and 2005 no cases of male victims of violence were recorded. The percentage of women and men in the overall number of elderly victims of violence does not have a clear rising or falling tendency. However, since 2004 there has been an increase in the number of female victims of violence (from 8 in 2004 to 45 in 2008). This is not accompanied by an equal increase in the number of men reporting violence. 2008 is particularly noteworthy, because there was a significant increase in the number of both male and female victims of violence then. This disturbing increase in the number of violence victims in 2004-2008 may be explained by the introduction in 2004 – through a social bill – of the “Blue Card” procedure. This procedure includes Crisis Intervention Centers in cooperation with the police. This improved the diagnosis of violence problems and the effectiveness of utilitarian activities, which is probably connected with the decrease in the number of acts of domestic violence in 2009.

The perpetrators were usually children (119 cases) and husbands (93). In 2005-2008 the number of victims was particularly high, with more acts of violence perpetrated by children (chart 3).

**Chart 3: Perpetrators of violence (in numbers) against the elderly in various years**



Source: based on the data gathered by the Crisis Intervention Centre of the Family Aid Centre in Białystok

As for the forms of violence, the most common was psychological and physical violence. In 1998 the Crisis Intervention Centre noted 13 cases of violence against people aged 60 or more and in 2008 – 56 cases. Violence against the elderly is always a complex phenomenon, which means that the elderly experience many forms of violence at once. Therefore it is difficult to indicate if any of the periods is characterized by particularly numerous reports of only one form of abuse and neglect. However, it is known that in 1999-2005 and in 2008 no cases of sexual violence against older people were noted. Furthermore, Crisis Intervention Statistics indicate that in 1998-2009 there was a total of 48 cases of financial abuse, 8 cases of sexual violence, 173 cases of physical violence and 239 cases of psychological violence.

Apart from the strictly gerontological publication there are also those which concern violence, but they mostly analyze the problem of domestic violence among adults (18 or older) without further age differentiation (e.g. Zjawisko ...2006; Niebieska Linia 2006, Polacy ... 2007, Jakubowski 2000).

Publications usually stress that the frequency of abuse against older women (or the elderly in general) is lower than that against children and women at home. The problem of violence is difficult to assess, because domestic violence is often treated as a private family matter (Falkowska 2002). Older people are much more likely to hide this problem than younger people. Such a situation is in

Poland quite common in rural areas. This is a result of a certain deeply rooted tradition of the functioning of a family, social and rules and customs in a given community.

#### 4.2.5

##### Legal regulations concerning the problem of violence in Poland

In Poland the problems of violence are regulated by national and international law. The main internal legal act in Poland is the Constitution of 1997, as well as regulations of the penal code. However, "(...) nowhere in the penal code are the elderly treated as a separate group under legal protection. They hide behind names such as: a close person (in the case of abuse), a helpless person (in the context of sexual abuse), a person who is cared for or dependent (in the context of abuse) (Laskowska 2009, s. 55).

In recent years, an important event connected with the problem of violence against older people was the adoption by the parliament on 29 July 2005 of an act on preventing domestic violence, which was amended this year (the amendment entered into life on 1<sup>st</sup> August 2010). The text of this act was published in Dziennik Ustaw Nr 125, poz. 842. It introduced a number of changes favorable for the victims: the protection of the victims is increased (through more effective separation of victims and perpetrators, e.g. restraint order, eviction from a common flat. It introduced free medical examination and obligatory therapy for perpetrators. It also introduced interdisciplinary teams to be created in every borough, to counteract violence more effectively (Aktualności MIPS: trwają prace ... 2010)

Another important event was a disposition of the National Police Commander of 18 February 2008 on violence (also against the elderly) and the "Blue Card" procedure. According to the disposition the "Blue Card" procedure is mainly realized by patrol and intervention services and constables. It describes in detail the tasks of the policemen undertaking an intervention, as well as the constables (Zarządzenie Nr 162 ... 2008).

As for institutional violence in Poland and its legal guarantees, it has to be admitted that so far no appropriate laws have been introduced, which would effectively prevent neglect and abuse in care institutions. The only instrument available to the voivod is imposing fines for lapses in standards of care. Works continue on changes in regulations concerning the creation and functioning of care institutions – particularly private care homes.

### 4.3

#### Summary and discussion

Research concerning violence against the elderly (and thus also elderly women) in Poland does not develop and is not as visible as research on other forms of violence. This is caused, among other things, by financial difficulties (in sufficient research funding), small number of researchers working on the subject, as well as poor theoretical basis and methodological inconsistencies. However, the rare, but already completed empirical research provide an initial insight into the problem of abuse and neglect of the elderly and it is clear that this is a very complex problem, which needs further organizational effort, research and reform.

## V

# Institutional survey

## 5.1 Research aims

Institutional knowledge about cases of intimate partner violence against older women was a crucial component of research in the frame of the present study. Professionals working with older victims can provide information on phenomena of IPV in old age as well as on help-seeking behaviour of older women, services offered, service usage, and case outcome. Since the study did not aim at representative data on prevalence and incidence but had its focus on older female victims' needs, help-seeking and service usage, institutions and professionals within these institutions were a primary source of information.

Following (and at the same time modifying) a strategy used by GÖRGEN, NEWIG, NÄGELE & HERBST (2005; see also GÖRGEN, HERBST, NÄGELE, NEWIG, KEMMELMEIER, KOTLENGA, MILD, PIGORS & RABOLD, 2005; GÖRGEN, NÄGELE, HERBST & NEWIG, 2006; GÖRGEN & NÄGELE, 2006) in a study on sexual victimization in older age, a questionnaire was developed. The instrument was directed at a broad range of institutions and professions with possible knowledge of cases of IPV against women in later life.

The survey approach in the participating countries can be characterized as follows:

- A fully standardized questionnaire was sent to a broad range of institutions and professions with possible case knowledge.
- This survey touched upon numbers and characteristics of cases of IPV against older women as well as on services offered to the victims. It then turned to perceptions of the problem of intimate partner violence against older women. Questions in this part could also be answered by respondents without case knowledge. It also includes data on the organization providing the information and the person completing the survey.
- At the same time, the survey served as a screening device for the interview study with professionals described in chapter VII. At the end of the questionnaire, respondents were asked whether they would be willing to take part in an interview on IPV in old age (and to provide their contact details in case they were interested). Since contacts to victims of IPV were



largely made via these interviews with professionals, the institutional survey had a second, more indirect screening function.

- In each country, the survey was done at a national level with regard to institutions that were regarded as possible key informants, especially women's shelters and institutions working in the field of violence against women. However, the range of institutions, organizations, and professions that may be in touch with older female victims of IPV is much broader. It includes medical and nursing professions, multiple counselling services and psychosocial institutions, clergy, legal professions and institutions of law enforcement. In order to take this breadth into account, additional local or regional surveys were conducted in each country.
- Finally, a long and an abridged version of the questionnaire were used. The idea behind the creation of the short version was that professionals and institutions with no or very little case knowledge might regard the long version as not relevant to them though they would be able to provide valuable information especially regarding perceptions of the problem.

## 5.2 Method

### 5.2.1 Instrumentation

Two versions of the questionnaire were developed by the partners and translated to the respective languages: a long one (15 pages) and a short one (7 pages). The long one was meant to be the regular one, the short one should be used for institutions which were supposed either not to be experts for the topic or not to be willing to invest much time in answering (see appendix). The questionnaires were sent out in early autumn 2009 by letter post or e-mail being accompanied by a two-sided description of IPVoW providing information on the project partners as well as on the project design.

In order to have a shared understanding of the topic the definition of intimate partner violence was presented in the introduction of both versions: "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 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).”

The long version consisted of four parts: part one focused on institutional/professional experience with older female victims of intimate partner violence. It was asked for the number of the respective clients or cases in the years 2006 until 2009, the development of numbers within the last ten years, and the proportion of older female victims of intimate partner violence among all clients. If exact numbers were not available, they should be estimated. The following questions concerned the forms of violence which had been experienced by the organisations’ clients, characteristics of victims and perpetrators as well as the type of intimate partner violence reported by the victims. Furthermore information should be given on how the organisation had obtained knowledge about the cases, how they had got in contact with the victims, what services were provided, and if they had also been in contact with cases of older men affected by violence committed by current or former intimate partners.

Part two of the questionnaire dealt with perceptions of the problem of intimate partner violence against older women. Various statements on the topic were presented and it was asked to what extent the respondents agreed or disagreed with them. In addition they should estimate the frequency of certain reactions on intimate partner violence among women aged 20 to 40 compared to women aged 60 and above.

In the third part information on the answering institution, like its focus, main topics, services offered and personnel employed, should be gained. Part four asked about personal data of the person answering the questionnaire (sex, age, professional background, position and duration of employment in the organisation). Finally the respondents should tell us if they or their organisations were interested in further information on the research project, if they were willing to be interviewed as well as if they were 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.

The short questionnaire also asked for the number of clients or cases from 2006 to 2009, the proportion of older female victims of intimate partner violence among all clients, and the relationship between victims and perpetrators. The same statements on partner violence against older women like in the long version were to be judged and the frequency of various reactions of younger and older women on violence should be estimated. In the end the respondents’ institutions should be described and they were asked about being interested in

further information and/ or participation in the ongoing discussion process as well as in being interviewed.

### 5.2.2 Sampling

The subject of research done as part of the "Intimate partner violence against older women" project (program DAPHNE III) was intimate partner violence against older women (60 or older). In the first stage of research a survey was done among institutions, which deal with the problem on a daily basis. The criteria of selection were as followed:

- taking actions connected with the problem of violence: prevention, intervention,
- taking actions connected with problems associated with violence,
- taking actions connected with other problems of the elderly
- the institutions area of operation

It should be noted that at the stage of sample selection it was assumed that organizations from all over the country will participate, especially ones from the Podlasie region. The aim of this selection was to research the problem and find a number of information on intimate partner violence against older women both throughout the country and in the Podlasie region, which would make it possible to refer and compare the scale of the problem. It was assumed that institutions will participate from both urban and rural areas, operating locally on all levels of local government (borough, county, voivodeship) as well as all over the country. To create the final registry of organizations specialists in the field of violence prevention were invited from the Crisis Intervention Centre of the City Family Help Center in Białystok.

The selection of institutions for the research started with defining the term "violence". For that purpose the definition assumed by the partners of the DAPHNE III project was compared with that from the act on counteracting domestic violence of 29 July 2005.

In the act on counteracting domestic violence, violence is understood as a single or repetitive deliberate action or negligence which violates the rights or personal interests of closest ones, as well as people who live together or have a common household, especially exposing the victims to risk of loss of life, health, violating their dignity, body inviolability, freedom, leading to psychological and bodily harm, as well as causing suffering and moral damage to the victims.

The definition assumed in the DAPHNE III project – above mentioned - defines violence as illegal, strong, deliberate and purposeful acts leading to physical or psychological harm. This includes using physical strength, causing wounds, lacerations, as well as emotional and sexual abuse, harassment, financial abuse or deliberate negligence (if the victim is dependent on the care and help from her partner or ex-partner).

The next stage of selection of institutions for participation in the research was the analysis of legal acts, which describe procedures concerning counteracting domestic violence. It was established that the basic legal acts concerning violence are: the Penal Code act of 6 June 1997, the act on social aid of 12 March 2004 and the act on counteracting domestic violence of 29 July 2005. (ustawa z dnia 6 czerwca 1997r. Kodeks karny- Dz. U. 1997 Nr 90, poz. 557, z późn. zm.; ustawa z dnia 12 marca 2004r. o pomocy społecznej -Dz. U. 2004 Nr 64, poz. 593, z późn. zm.; ustawa z dnia 29 lipca 2005r. o przeciwdziałaniu przemocy w rodzinie- Dz. U. 2005 Nr 180, poz. 1493, z późn. zm.)

Thanks to the analysis of violence definitions and legal acts it was possible to decide which governmental and local institutions in Poland deal with the problem of violence and which authorities may come in contact with victims of violence.

It was ascertained that the main strategy used within the legal system and concerning counteracting violence is the Blue Card procedure. This is an intervention procedure concerning domestic violence, which is composed of appropriate documentation and procedures used in cases or suspicion of violence. It has been used by the police since 1998 and in social aid since 2004. It is also recommended for use by the borough commissions for solving alcohol problems, if these accompany violence in a family.

The main aim of the Blue Card procedure is to recognize violence and improve the help offered to victims by various services in the local community, but also creating conditions for a systematic, interdisciplinary model of work with the family. The basis of the efficiency of the procedure and help is the cooperation of various services, which come in contact with the victims or perpetrators of domestic violence.

It was thus reasonable to include in the sample both the police and social aid and crisis intervention centers. These institutions cooperate and exchange information concerning communities where violence is noticed or suspected. Each of the institutions participating in the Blue Card procedure performs different tasks.

The police is often the first to find out about violent situations in a community. As part of their tasks and competence intervening policemen first of all provide safety to the victims, take preventive actions against the perpetrator and complete the Blue Card documents – which makes them a potential source of information concerning violence against older women. In the next stage the case is referred to the local constable, who monitors and recognizes the family situation and contacts social aid workers, who provide the family with psychological, social and legal support. Employees of social aid centers or crisis intervention centers are also able to open the Blue Card procedure. Therefore, social aid is an important part of the Polish system of preventing violence. Victims approach social aid institutions. It has to be added here that because social workers monitor communities of their clients, they also recognize other violent situations, the victims of which often do not themselves apply to any organization for help.

Apart from the aforementioned institutions, there may be other organizations created by local authorities, where inhabitants can receive information concerning prevention of violence and necessary help. They were included at the end of the list of organizations included in the research.

Governmental and local institutions working in the field of violence prevention include, apart from the police, social aid centers and crisis intervention centers, specialist support centers for victims of domestic violence, consultation points for victims, hostels for victims, country family aid centers, as well as the judiciary – district and regional courts, public prosecutors and probation officers.

The list was later expanded to include health care institutions, such as hospitals, specialist health clinics and general practitioners. Victims of violence often need medical help, so it was suspected that medical services may have information concerning cases of violence against older women.

The list was expanded further to include organizations which work with the elderly. This group, apart from social aid institutions, such as care homes for the elderly or elderly clubs, includes organizations which provide help in the form of care services (Polish Red Cross, Polish Social Aid Committee, Caritas) and NGOs. It was also considered whether to include in the research churches, religious associations and church organizations.

The overall list included institutions dealing with violence, as well as the judiciary, health service, institutions providing services for the elderly and other types of organizations. Thus the list of 1100 institutions included governmental

organizations, local authority organizations, churches and religious associations, and NGOs with both national and local range.

Because of financial restrictions, as well as considering the assumptions accepted by all the partners in the DAPHNE III project and the possibility of comparing results of research conducted in partner countries, it was necessary to reduce the number of institutions included in the research to around 400.

In creating the final list of institutions involved in counteracting intimate partner violence against women aged 60 or more it was decided to omit health service institutions. The experience of specialists from Crisis Intervention Centers shows that doctors do not participate in the system of notifying institutions about cases of violent abuse and suspicion thereof.

In reference to services using the Blue Card procedure it should be noticed that the help of alcohol problem solving commissions was not included because they mostly have contact with people abusing alcohol, some of which also use violence.

Another group of institutions excluded from the first version of the list were organizations operating within the judiciary – courts, prosecutors and probation officers. Based on the experience of specialists it was established that in the legal system violence is usually qualified and treated as abuse as described in article 207 par. 1 of the Penal Code. This means that usually a single occurrence, which could be qualified as violence is not defined as abuse. Only in rare cases is a single violent event considered to be abuse, but only if the harm is significant and prolonged. Thus violence and abuse do not necessarily have to be the same.

The initial list of 1100 institution was also reduced by removing churches and religious associations. This was caused by the fact that priests are restricted by the seal of confession. There was a risk that due to this the clergy may not be able to provide any information concerning intimate partner violence against older women – although the questionnaire does not contain questions which would require them to break the seal of confession. However, NGOs connected with the church and religious associations were included.

The final list contained 440 institutions which were asked to take part in research concerning intimate partner violence against women aged 60 or more.

A detailed analysis of the problem of violence against older women in Podlaskie Voivodeship included:

- county centers for family help - 14 questionnaires
- care homes for the elderly + homes managed by nuns in Suwałki – 12 questionnaires
- social aid centers - 118 questionnaires
- Voivodeship Police Command in Białystok - 1 questionnaire

Overall 145 institutions were selected in the region.

The following institutions were selected from other regions of Poland for the research:

- voivodeship police commands - 15 questionnaires
- Capitol Police Command in Warsaw - 1 questionnaire
- crisis intervention centers in urban counties - 55 questionnaires
- crisis intervention centers: city social aid centers in voivodeship capitols – 16 questionnaires
- Warsaw: social aid centers for various precincts - 25 questionnaires
- NGOs - 33 questionnaires
- rural boroughs in 15 voivodeships – 10 largest boroughs in every voivodship – 150 questionnaires

Overall 295 institutions were selected from all over the country (excluding the Podlaskie Voivodeship).

The overall number of institutions invited to take part in the research was 440.

### 5.2.3

#### Conducting the survey

The target group of the research was formed by institutions which have or may have contact with female victims of intimate partner violence aged 60 or more. The aim of the research was to find the answers to the following questions: how many women aged 60 or more are victims of intimate partner violence, what kinds of help and support do they look for and what do they receive, what forms of help do they need?

In the research only the longer version of the questionnaire prepared by the project partners was used, although we did have a shorter version. After consulting with specialists from the Crisis Intervention Centre it was decided that it makes sense to discard the shorter version of the questionnaire, because the selected institutions would undoubtedly possess knowledge concerning intimate partner violence against older women. Using the shorter version would make it impossible to gain valuable information, which can be provided by the

longer questionnaire. The full version of the questionnaire was sent to institutions and organizations in Poland, which in recent years may have had or may still have contacts with older female victims of intimate partner violence. The questionnaire included questions concerning the institutions' experience in this field. The research was concerned with a time framework of 2006-2009.

If institutions had no experience pertaining to intimate partner violence against older women, they were asked to answer the questions concerning their opinions on the subject.

Questionnaires, along with additional return envelopes, were sent in late September to the respondents by the post. The respondents were asked to return the completed questionnaire in the attached envelope by 18 October 2009. The number of questionnaires obtained by 19 October 2009 was 125. After the deadline e-mails were sent, reminding the remaining institutions of the deadline for returning the questionnaires, at the same time asking them again to take part in the research. Within the next few weeks another 17 questionnaires were received.

Out of the 440 institutions asked to take part in the research, 142 returned a completed questionnaire. Of these 60 were organizations from the Podlaskie Voivodeship (145 questionnaires were sent in the region) and 82 from other parts of Poland (295 were sent). Ten letters were returned because of wrong addresses.

## **5.3 Sample characteristics**

### **5.3.1 Institutions**

Institutions which agreed to take part in the research varied in respect to the scope of their activities. As is seen in table 3, the majority of the institutions taking part in the research, were public social aid institutions – general social service (101 organizations – 71.7%). The second largest group was made up of institutions, which described their activity as (domestic) violence services (38 institutions – 26.8%).



**Table 3: Institutions taking part in the research and their main activities**

Nr	Institutions and the range of their activities	Overall*	
		n	%
1	<b>(Domestic) violence service</b>	38	26.8
2	<b>Law enforcement/legal services</b>	7	4.9
3	<b>Health services</b>	2	1.4
4	<b>General social service</b>	101	71.1
5	<b>Services for the elderly</b>	2	1.4
6	<b>Other social services</b>	7	4.9
7	<b>Others</b>	5	3.5

\*The percentage was counted with regard to the institutions which took part in the research (n=142) and do not sum up to 100%, as the institutions could give multiple answers

Also among the 61 institutions which had contact with older female victims of violence in 2006-2008 the largest group was formed of organizations belonging to general social service and providing services with regard to counteracting violence (table 4).

**Table 4: Characteristics of the institutions taking part in the research, which had contacts with older female victims of intimate partner violence in 2006-2008.**

Nr	Institutions and their range of activity	Overall*	
		n	%
1	<b>(Domestic) violence service</b>	24	39.3
2	<b>Law enforcement/legal services</b>	1	1.6
3	<b>Health services</b>	0	0
4	<b>General social service</b>	39	63.9
5	<b>Services for the elderly</b>	0	0
6	<b>Other social services</b>	3	4.9
7	<b>Others</b>	3	4.9

\*The percentage was counted with regard to the institutions which had contact with female victims of intimate partner violence (n=61) and do not sum up to 100%, as the institutions could give multiple answers

It is worth noting that among the institutions, which had contact with elderly female victims of intimate partner violence in 2006-2008, none were found to describe their range of activity as health services or services for the elderly.

To the question „Is intimate partner violence against older women among the problems which your institution seals with” 51 respondents answered yes, 85 answered no, while 6 did not answer at all. When justifying their answers the institutions usually indicated that they provide help to everyone, regardless of age and that they have so far not had contacts with cases of older women. In answer to the question concerning providing special services for older female victims of intimate partner violence 25 organizations indicated that they have such services, 115 admitted not to have such services, while 2 did not answer this question. Justifying their answers the respondents usually indicated that provide care services, psychological and legal advice.

Analysis of data received in the research indicates that only in the case of 4 institutions older female victims of intimate partner violence are a distinct target group, 133 organizations admitted that elderly women are not such a group, while 5 failed to answer this question. The most common reasons why older female victims of intimate partner violence are not a distinct target group given by the respondents were those indicating that the organizations provide help to anyone who needs it regardless of age and that the elderly are a very small part of those who apply for help at the institution.

The respondents were also asked if there are any kinds of services which the institution would like to offer to older female victims of intimate partner violence as supplementary to the help they already provide; 36 institutions answered that there are such services which they would like to add to their offer, 90 respondents stated that there are none, while 16 organizations did not give an answer. Among the 36 organizations which would like to improve their offer the most frequent suggestions included: psychological and therapeutic help (7 institutions), support groups and institutional help (6 institutions), as well as hostels-flats, which would help separate the victim from the perpetrator.

Institutions taking part in the research are usually small. The largest group was composed of institutions employing from 1 to 9 people (67 answers), the second largest group included organizations with 10 to 19 employees (35 answers), and the smallest group (with but a few single answers) was of institutions employing over 20 people.

As for the question about the number of volunteers supporting the institutions taking part in the research, 11 respondents answered that they receive help from volunteers, 75 organizations do not use voluntary support, while 56 institutions failed to answer the question. The overall number of volunteers working in the institutions taking part in the research was 116.

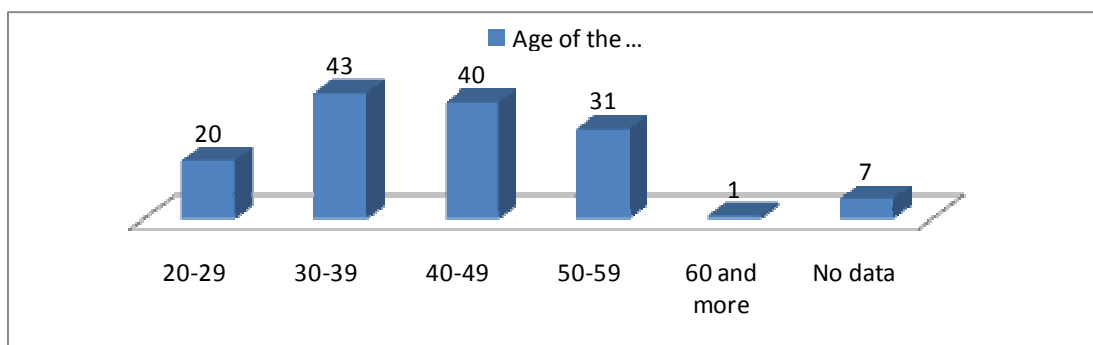
### 5.3.2

#### Respondents

The institutions taking part in the research were represented by 142 people. A definite majority of them were women (129 answers). Only in 7 cases was the questionnaire completed by men, while in 6 cases no answer was provided. This information confirms the high feminization of social aid professions in Poland.

Another feature was the age of the respondents. Chart 4 shows that the largest group consisted of respondents aged 30-39 and 40-49.

**Chart 4: The age of the respondents**



Analyzing data concerning the positions of the respondents in the institutions it should be noted that the largest group was formed of social workers at various levels of seniority in the profession – social worker, senior social worker, social work specialist, senior social work specialist (overall 67 respondents)

**Table 5: Positions occupied by the respondents**

Nr	Position:	Institutions*	
		n	%
1	<b>Managerial position</b>	35	24.7
2	<b>Social workers</b>	39	27.5
3	<b>Senior social worker</b>	14	9.9
4	<b>Social work specialist</b>	9	6.3
5	<b>Senior social work specialist</b>	5	3.5
6	<b>Psychologist</b>	5	3.5
7	<b>Therapist</b>	3	2.1
8	<b>Family work specialist</b>	2	1.4

9	<b>Prevention department employee</b>	3	2.1
10	<b>Career</b>	2	1.4
11	<b>Other</b>	16	11.3
12	<b>No answer</b>	9	6.3
	<b>Overall</b>	142	100

\* the percentage is calculated in relation to the number of institutions taking part in the research (n=142).

## 5.4 Findings

### 5.4.1

#### **Institutional / professional experience with older female victims of IPV**

Among the 142 institutions taking part in the research, there were 69 which had contact with female victims of intimate partner violence aged 60 or more. In this group 13 institutions noted cases of violence against older women in 2006-2008, 8 institutions noted them only in 2009, while 48 respondents answered that their organizations had come across such cases both in 2006-2008 and in 2009. Therefore, the overall number of institutions having contact with older female victims of intimate partner violence in 2006-2008 was 61 and this number was used as a point of reference in further analysis. This is due to the structure of the questionnaire, i.e. the detailed questions concerning violence against older women, which apply to 2006-2008. Eight institutions were omitted, which only noted cases of violence against elderly women in the incomplete year 2009.

What is noticeable is the large number of female victims of intimate partner violence. The analysis shows that in 2006-2008 as many as 916 cases were noted. However, it should be noted that most institutions could not give a precise number and only supplied estimates.

The data included in table 6 shows that in 2006-2008 among the institutions taking part in the research 61 had contact with older female victims of intimate partner violence aged 60-74 (759 women overall), while 28 noted that the victims were women aged 75 or more (143 women overall).

**Table 6: Data concerning contacts between the institutions and older female victims of intimate partner violence including the age of the victims**

Nr	Age groups	Institutions		Victims of violence in 2006-2008	
		n	%*	n	%**
1	<b>Contact with victims of violence aged 60-74 years</b>	61	100.0	759	82.9
2	<b>Contact with victims of violence aged 75 or above</b>	28	45.9	143	15.6

*Percentage does not sum up to 100 – institutions only provided estimates concerning the number of victims of violence in age groups.*

*\*- the percentage was calculated in relation to the number of institutions (61) which in 2006-2008 had contact with women aged 60 or more.*

*\*\* - the percentage was calculated in relation to the number of women aged 60 or more, who contacted the institutions in 2006-2008.*

It may therefore be assumed that there were situations when institutions had both younger and older female clients, so the number of institutions which come in contact with this group of victims is larger than the 61 organizations used in the analysis.

The number of institutions which had contact with victims of violence in the analyzed period does not sum up to the number of 61 used for further analysis, because some of the organizations had contact with people from both age groups. The reason why the overall number of victims of violence with relation to age group is not equal to the overall number of female victims of violence provided by the institutions, is that the data provided by some organizations are estimates.

It is noticeable in the data that there is a large disproportion between the numbers of violence victims in the analyzed age groups, because a definite majority of elderly women reporting being victims of intimate partner violence belong to the 60-74 age group. Victims aged 75+ inform the institutions much less frequently about the violence in their relationship. This disproportion is influenced by a variety of factors, such as life expectancy of men and women (perpetrators and victims), the health status of female victims of violence, greater activity of women aged 60-74, as well as their outlook, opinions, values connected with performing female social roles and marriage. As far as such factors as average life expectancy, health status and activity, dependent on the age of female victim of violence, seem understandable and need no further explanations, their outlook and opinion should be discussed in more detail. Among women aged 75 or more one can observe a more traditional approach towards marriage and the role of a woman in it, than among women aged 60-

74. These traditional views lessen the ability of these women to resist aggression. In Poland it is much more difficult for women to inform institutions of violence they experience from their husband when it is against tradition and may lead to destroying the marriage. Religious beliefs are also not without importance here as they suggest that marriage is not dissolvable and any evil experienced by the woman from her husband is her burden to be endured. It is only recently that some priests started noticing that violence is a breach of promise and an offence against marriage. This position of the clergy may become significant in counteracting violence.

Among women aged 60-74 there is significantly more people with a different attitude, who are able to take legal steps against their husbands, such as taking an abuse case to court, divorce or separation.

#### 5.4.2

#### Types of violence reported by victims

Institutions which took part in the research noted psychological and physical violence as the most common forms of violence (table 7).

**Table 7: Types of violence and institutions and number of victims**

Nr	Types of violence	Institution*		Victims of violence in 2006-2008**	
		n	%	n	%
1	<b>Physical violence</b>	57	93.4	547	59.7
2	<b>Sexual violence</b>	25	41.0	67	7.3
3	<b>Psychological violence/ verbal aggression</b>	60	98.4	828	90.4
4	<b>Intentional neglect (applies to care dependent victims only)</b>	36	59.0	133	14.5
5	<b>Financial exploitation</b>	42	68.9	388	42.4
6	<b>Sexual Harassment</b>	10	16.4	17	1.9
7	<b>Obsessive behaviors (stalking)</b>	26	42.6	149	16.3
8	<b>Other ...</b>	9	14.8	28	3.1

Percentage does not sum up to 100 – it was possible to give more than one answer

\* - percentage was counted in relation to the number of institutions (n=61) which had female victims of intimate partner violence aged 60 or more in 2006-2008

\*\* - percentage was counted in relation to the number of female victims of intimate partner violence aged 60 or more, who the institutions had contact with in 2006-2008

As is seen in the above table almost all institutions which had contact with cases of violence against older women, provided help to victims of psychological and physical violence, while only 70% dealt with victims of financial exploitation. Discussing the problem of physical and psychological violence one has to note that physical violence is almost never separate from psychological one, which explains the large number and percentage of institutions which note both forms of aggression. It is hard to imagine a situation where the perpetrator hits the victim, kicks her, strangles, yanks her hair and yet preserves a verbal calm, does not call her names or humiliate her. It is frequent however for the victim to be at first, as the tension grows, only abused psychologically, through name-calling, humiliations, criticism, and threats, which in the violent phase increase and sometimes turns into physical violence. This is not to say that psychological violence is in any way "better". This thinking is the result of stereotypes. In practice, victims of psychological violence often say that they would rather *be hit once, rather than listen for hours to what the perpetrator says, because that would heal more easily. It'll hurt a bit and then it'll stop.* This quote shows how painful psychological violence can be, how it can influence its victims. And it is treacherous, because it strikes at the victims psyche, destroying her will to oppose the perpetrator, lowers her self-esteem and makes her subject to the perpetrator.

This last element is apparent also in the case of financial abuse, which mainly takes the form of taking away the victim's money, preventing her from taking up a paid job, or not fulfilling the victims basic material needs of the family. These situations make the victim financially dependent on the perpetrator and thus make it very difficult or even impossible for her to free herself from the violent situation.

The other forms of violence (table 7) which were reported to or noticed by the employees of institutions taking part in the research were: intentional neglect, defined as constant failure to fulfill physical and emotional needs, which can have symptoms such as lack of interest, malnutrition, low weight, inappropriate and/or dirty clothes, or signs of insufficient medical care. Subsequently the institutions mentioned obsessive behaviors, sexual violence, sexual harassment, and other forms of violence.

There were 828 victims of psychological violence, which is 90.4% of all female victims of violence. There were 547 victims of physical violence, which is almost 60% of older female victims of intimate partner aggression, while over 42% of all cases were connected with financial exploitation (388 women). Subsequently, organizations indicated obsessive behaviors (stalking) (149 women – 16.3%),

intentional neglect (133 women – 15.5%), sexual violence (67 women – 7.3%), other forms of violence (28 women – 3.1%) and sexual harassment (17 women – 1.9%). It should also be noted that the number of victims does not sum up to the assumed number of 916, because of the coexistence of various forms of violence.

Information collected in research concerning kinds of violence indicate that institutions diagnosed one-way violence from a male intimate partner almost twice as often as mutual violence (50 institutions – 82% as opposed to 26 institutions – 42.6%). The number of victims of one-way violence was almost six times larger (604 women – 65.9%) than the number of mutual violence (92 women – 10%) – table 8.

Frequent acts of violence experienced by elderly clients of the organizations taking part in the research were reported by 49 institutions (80.3%), while violence as single or unusual occurrence was reported by 19 of them (80.3%). In the first case, the number of older women reporting this kind of violence was over seven times higher than the number of women experiencing violence as single or unusual occurrence. Table 8 also indicates that long lasting intimate partner violence, which continues for one year and more, was reported by 52 institutions (85.2%), while 16 organizations (26.2%) reported that they had contact with older women who were victims of intimate partner aggression for less than one year. The number of victims was respectively 561 (61.2%) and 39 (4.3%).

It should also be noted that according to the information coming from the research, there were almost three times more cases where violence started before the women reached the age of 60 (48 institutions – 78.7%) than cases where violence started after they reached this age (17 institutions – 27.9%). In the period 2006-2008 there were 638 women (69.7%) who approached the institutions reporting violence which started before they reached the age of 60 as opposed to 87 (only 9.5%) women who experienced intimate partner violence after they reached this age (table 8)

**Table 8: Type and duration of violence and the number of institutions and victims**

Nr	Type and duration of violence	Institution		Victims of violence in 2006-2008	
		n	%*	n	%**
1	<b>One-way violence from/by victim's partner or ex-partner</b>	50	82.0	604	65.9
2	<b>Mutual violence</b>	26	42.6	92	10.0



3	<b>Frequent acts of violence</b>	49	80.3	470	51.3
4	<b>Intimate partner violence as a single or unusual occurrence</b>	19	31.1	63	6.9
5	<b>Long lasting/ enduring intimate partner violence – (one year and more)</b>	52	85.2	561	61.2
6	<b>Short history of intimate partner violence (less than one year)</b>	16	26.2	39	4.3
7	<b>Intimate partner violence started before the woman reached the age of 60</b>	48	78.7	638	69.7
8	<b>Intimate partner violence started after the woman reached the age of 60</b>	17	27.9	87	9.5

*Percentage does not sum up to 100 – it was possible to give more than one answer  
 \* - percentage was counted in relation to the number of institutions (n=61) which had female victims of intimate partner violence aged 60 or more in 2006-2008  
 \*\* - percentage was counted in relation to the number of female victims of intimate partner violence aged 60 or more, who the institutions had contact with in 2006-2008*

Based on the above data it can be assumed that among older female victims of intimate partner violence approaching the institutions, there is a majority of those, who are victims of frequent acts of violence. This situation has lasted more than one year and started before the woman reached the age of 60. Therefore, people who reach the institutions are strongly involved in the violent situation and can take it no longer. This makes work with this group of victims much more difficult, as more effort and time goes into strengthening the victim of violence psychologically to make enable her to defend against violence in the future. There are significantly fewer older women, who report the problem of violence shortly after it has appeared.

**5.4.3 Characteristics of the victims**

The analysis of data concerning significant characteristics of older female victims of intimate partner violence indicates that the respondents usually had contact with people who needed support in the form of human contact or help with household activities (table 9). The above problem was indicated by 44 institutions and, significantly, applied to 401 elderly female victims of intimate partner violence.

**Table 9: Characteristics of victims and the number of institutions and victims**

Nr	Characteristics of victims	Institutions*		Victims of violence in 2006-2008**	
		n	%	n	%
1	Were from an ethnic minority / were migrants	2	3.3	3	0.3
2	Did not have a permanent legal residence status in Poland	2	3.3	3	0.3
3	Required nursing care	35	57.4	106	11.6
4	Were physically handicapped	40	65.6	132	14.4
5	Were mentally handicapped	18	29.5	33	3.6
6	Required other forms of support, such as human contact or help with household activities	44	72.1	402	43.9
7	Suffered from dementia	16	26.2	81	8.8
8	Suffered from other mental illnesses	22	36.1	63	6.9
9	Had a substance misuse problem/ were addicted to alcohol or other psychoactive substances	23	37.7	61	6.7
10	Were homeless	7	11.5	37	4.0
11	Lived more than 50 km away from the institution taking part in the research	5	8.2	28	3.1
12	Were stressed/ strained in other ways, namely ..	8	13.1	92	10.0
13	Had other special characteristics	7	11.5	82	9.0

Percentage does not sum up to 100 – it was possible to give more than one answer

\* - percentage was counted in relation to the number of institutions (n=61) which had female victims of intimate partner violence aged 60 or more in 2006-2008

\*\* - percentage was counted in relation to the number of female victims of intimate partner violence aged 60 or more, who the institutions had contact with in 2006-2008

The respondents also noted that many elderly clients were physically handicapped (40 institutions – 132 women) and in need of nursing care (35 institutions – 106 women). There were significantly fewer female victims of violence addicted to alcohol or other psychoactive substances (23 institutions), suffering from mental illnesses (22 institutions), mentally handicapped (18 institutions) or suffering from dementia (16 institutions). The number of victims in the above categories was below 10% (table 8). It should also be stressed that among women aged 60 or more, who approach institutions because of the

violence they experience from their intimate partner, those who belonged to ethnic minorities (migrants) or had no permanent legal residence status in Poland were the least numerous group of clients in the institutions taking part in the research (2 institutions and 3 elderly victims in both cases).

Summing up, it has to be stressed that the largest group of older female victims of intimate partner violence, who apply to institutions, were women who needed help from other people because of "somatic diseases". It is less frequent that they are addicted to alcohol or other psychoactive substances, suffering from mental illnesses, or mentally handicapped.

#### 5.4.4

#### Perpetrator of violence

From table 10 shown below it is clear that the perpetrators of violence against women aged 60 or more were most frequently a spouse or cohabiting partner. Almost all institutions registered such cases (59 institutions – ca. 97%).

**Table 10: Perpetrators of violence and the number of institutions and victims**

Nr	Characteristics of the perpetrators of violence	Institutions*		Victims of violence in 2006-2008**	
		n	%	n	%
1	<b>Spouse/cohabiting partner</b>	59	96.7	672	73.4
2	<b>Non-cohabiting partner (e.g. from a loose, dating relationship)</b>	17	27.9	46	5.0
3	<b>Former partner</b>	19	31.1	55	6.0
4	<b>Perpetrator is caregiver of the victim</b>	19	31.1	99	10.8
5	<b>Perpetrator receives care from the victim</b>	9	14.8	26	2.8

Percentage does not sum up to 100 – it was possible to give more than one answer

\* - percentage was counted in relation to the number of institutions (n=61) which had female victims of intimate partner violence aged 60 or more in 2006-2008

\*\* - percentage was counted in relation to the number of female victims of intimate partner violence aged 60 or more, who the institutions had contact with in 2006-2008

The number of older female victims of violence from a spouse or cohabiting partner was 672, which is 73.4% of all cases. Further, relating to 19 institutions (31.1%), the respondents indicated the victim's career as the perpetrator of violence. This group includes 99 older victims of violence. However, in the case of violence perpetrated by a former partner, the number of victims in these 19 institutions is lower – 55 women. Respondents from 17 institutions had worked with victims of violence from a non-cohabiting partner – the number of victims

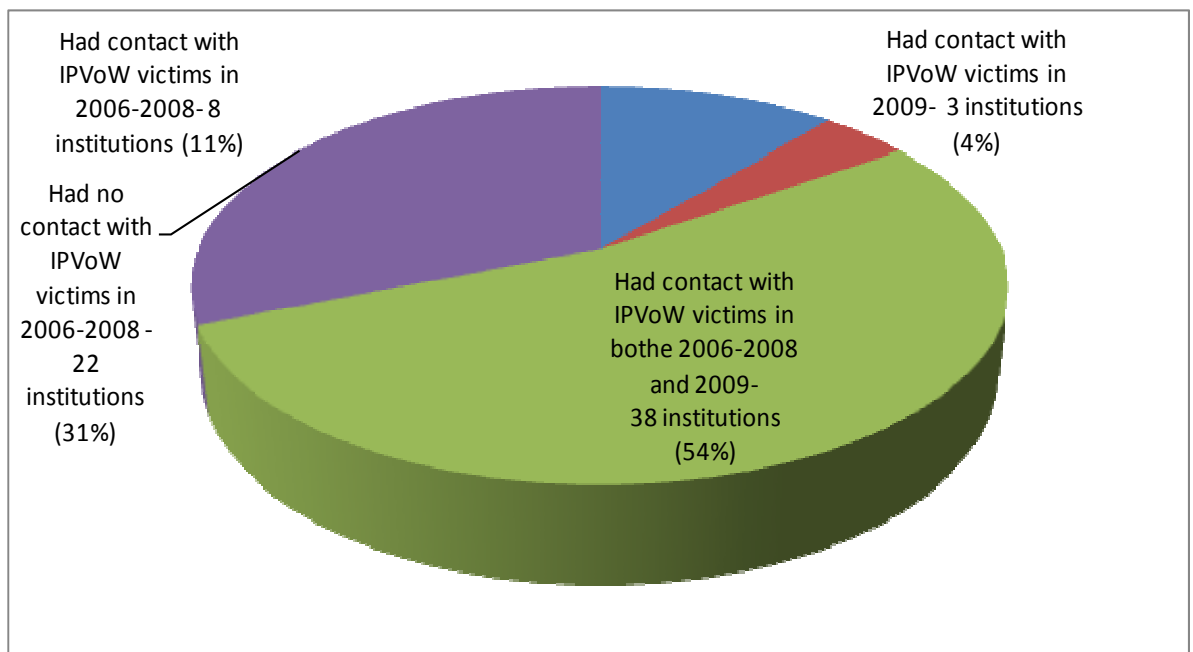
was 46, which is 5% of all cases of violence against women aged 60 or more. The least numerous group is that of perpetrators, who are in the victims care. This was reported by 9 institutions and related to 26 women.

#### 5.4.5

#### Other perpetrators of violence

Research in the institutions shows that older women suffer violence not only from their intimate partners. From the overall number of 142 organizations taking part in the research, 71 indicated that they had contact with cases of older women experiencing violence from other close people. The total number of such women was 720. However, it should be stressed that there were situations, when a given institutions worked with both older female victims of intimate partner violence and elderly female victims of violence from other close people (chart 5). Among 71 institutions which had contact with such women, 8 institutions (11%) also had contact with victims of intimate partner violence in 2006-2008, while 3 organizations had contact with them in 2009 (4%), 38 institutions had contact with cases of intimate partner violence against older women in both 2006-2008 and 2009 (54%), while 22 institutions had no contact with such cases (31%).

**Chart 5: Institutions which had contact with older female victims of intimate partner violence from other close people**



*IPVoW stands for Intimate Partner Violence against Older Women*

This data does not make it possible to ascertain the number of cases of women, who experience violence from both their intimate partner and other close

people. However, it may be assumed that among women, who had contact with the institutions taking part in the research, there were some such cases.

Undoubtedly, sons are the largest group of perpetrators of violence other than intimate partners (table 11). Out of 71 institutions as many as 62 indicated that they had contacts with elderly female victims of violence from their sons. The number of victims in this category is was 372. It also has to be added that 31 institutions noted violence perpetrated by the victims' daughters (77 female victims of violence), 24 noted violence perpetrated by the victim's grandsons (63 women), 21 noted violence perpetrated by the victim's daughters-in-law (79 women) and sons-in-law (56 women). The lowest number of cases of violence was recorded as perpetrated by granddaughters (12 institutions – 14 women), other relatives (9 institutions – 27 women), neighbors, friends and acquaintances (7 institutions – 26 women), or other people (6 institutions – 6 women). However, this was not sexual violence.

**Table 11: Other perpetrators of violence.**

Nr	Characteristics of the perpetrator	Institutions*		Victims of violence in 2006-2008**	
		n	%	n	%
1	<b>Victim's son</b>	62	85.9	372	51.7
2	<b>Victim's son-in-law</b>	21	29.6	56	7.8
3	<b>Victim's daughter</b>	31	43.7	77	10.7
4	<b>Victim's daughter-in-law</b>	21	29.6	79	11.0
5	<b>Victim's grandson</b>	24	33.8	63	8.8
6	<b>Victim's granddaughter</b>	12	16.9	14	1.9
7	<b>Other relatives</b>	9	12.7	27	3.8
8	<b>Neighbors, friends, acquaintances</b>	7	9.9	26	3.6
9	<b>Other people</b>	6	8.5	6	0.8

*Percentage does not sum up to 100 – it was possible to give more than one answer*

*\* - percentage was counted in relation to the number of institutions (n=61) which had female victims of intimate partner violence aged 60 or more in 2006-2008*

*\*\* - percentage was counted in relation to the number of female victims of intimate partner violence aged 60 or more, who the institutions had contact with in 2006-2008*

As it can be seen, older women are also in danger of violence from very close people – children, grandchildren – which must be particularly painful for them. Older women often deny that their children and grandchildren use violence

against them. They try to explain their behavior in order to protect them. The numbers found in the research are surprising and may indicate a large scale of the problem of violence against elderly women perpetrated by their close ones.

#### 5.4.6

#### Ways in which institutions receive information about victims of violence

The institutions, which took part in the research, usually find out about new cases of intimate partner violence from personal contact with victims (55 institutions – 546 women), less often information comes from the police (29 institutions – 133 women) and a person close to the victim (27 institutions – 143 women).

**Table 12: Ways in which institutions find out about victims of violence.**

Nr	Type of contact	Institutions		Victims of violence in 2006-2008**	
		n	%	n	%
1	<b>The victim herself contacted me/my institution.</b>	55	90.2	546	59.6
2	<b>Observation form the part of my institution/ from my part lead to the suspicion of IPV.</b>	14	23.0	36	3.9
3	<b>A person close to the victim contacted me/ my institution.</b>	27	44.3	143	15.6
4	<b>I/ my institution was informed by the police.</b>	29	47.5	133	14.5
5	<b>I/ my institution was informed by the legal system (e.g. a court).</b>	3	4.9	7	0.8
6	<b>I/ my institution was informed by a GP, specialist or other medical services (e.g. hospital)</b>	11	18.0	19	2.1
7	<b>I/ my institution was informed by other organizations.</b>	10	16.4	83	9.1
8	<b>Other ways of obtaining case knowledge, namely...</b>	8	13.1	36	3.9

Percentage does not sum up to 100 – it was possible to give more than one answer

\* - percentage was counted in relation to the number of institutions (n=61) which had female victims of intimate partner violence aged 60 or more in 2006-2008

\*\* - percentage was counted in relation to the number of female victims of intimate partner violence aged 60 or more, who the institutions had contact with in 2006-2008

Taking into account the fact that older victims of violence are often ashamed to talk of their experience, the above data may be surprising. If one assumes that in this situation violence is reported by victims, who can take it no longer and

decide to take steps to change their situation despite their shame, the above data may indicate that the scale of the problem is much larger and involves many more women.

Special notice should be given to the relatively small number of institutions which receive information concerning older female victims of intimate partner violence from other organizations. This applies most of all to the legal system (3 institutions informed about 7 cases) and medical services (11 institutions, 19 cases). However, while in the case of the legal system it can be said that they are often the last to learn about a case of violence (the reason being that in most cases victims can take no legal steps without prior psychosocial support, which is connected with the victim's aforementioned entanglement and dependence from the perpetrator), the lack of involvement from the medical services is surprising. This is a serious gap in the system of diagnosing cases of violence, since it is the medical services, who are often the first to come in contact with victims of physical violence.

#### 5.4.7

#### Help given to victims of violence

The research done in institutions shows that the kinds of help most often given to elderly female victims of intimate partner violence are: psycho-social support/counselling – 50 institutions, legal advice – 45 institutions and crisis intervention – 41 institutions. As is apparent from table 13, almost 640 victims of violence received psycho-social support in 2006-2008, while crisis intervention was performed in 515 cases.

**Table 13: Kinds of help provided to victims of violence**

Nr	Kind of help provided	Institutions*		Violence victims in 2006-2008**	
		n	%	n	%
1	<b>Crisis Intervention</b>	41	67.2	515	56.2
2	<b>Psycho-social support/counselling</b>	50	82.0	636	69.4
3	<b>Giving information on other appropriate institution</b>	36	59.0	251	27.4
4	<b>Therapeutic support</b>	27	44.3	332	36.2
5	<b>Legal advice</b>	45	73.8	396	43.2
6	<b>Support with daily living activities (accompanying clients to public authorities etc.)</b>	23	37.7	79	8.6
7	<b>Provision of nursing care</b>	11	18.0	33	3.6
8	<b>Provision of a bed in a shelter/refuge for victims of violence</b>	14	23.0	28	3.1
9	<b>Provision of medical service</b>	17	27.9	54	5.9

10	<b>Support with moving to a care home (e.g. social care home, hostel)</b>	10	16.4	20	2.2
11	<b>Handing over/ referring the case to another institution</b>	19	31.1	76	8.3
12	<b>Financial aid</b>	26	42.6	89	9.7
13	<b>Conducting criminal investigations</b>	19	31.1	54	5.9
14	<b>Issuing restraining orders by courts or the police</b>	21	34.4	65	7.1
15	<b>Filling complaints</b>	17	27.9	175	19.1
16	<b>Controlling adherence to restraining orders</b>	7	11.5	24	2.6
17	<b>Convicting the perpetrator</b>	4	6.6	9	1
18	<b>Imposing fines</b>	0	0	0	0
19	<b>Court verdict</b>	4	6.6	4	0.4
20	<b>Other forms ...</b>	6	9.8	104	11.4

*Percentage does not sum up to 100 – it was possible to give more than one answer*

*\* - percentage was counted in relation to the number of institutions (n=61) which had female victims of intimate partner violence aged 60 or more in 2006-2008*

*\*\* - percentage was counted in relation to the number of female victims of intimate partner violence aged 60 or more, who the institutions had contact with in 2006-2008*

As it can be seen, these are short term, ad hoc actions, usually providing temporary help. There are fewer victims using long-term help (e.g. therapy for victims). It is also noticeable that victims of violence often use legal advice. There is also a large number of institutions handing over/ referring information concerning communities where violent acts occur to other institutions. This may mean that the organizations taking part in the research cooperate with other institutions, and thus it is not impossible, that the problem in a given community is considered from various perspectives, which may help the creation and functioning of the so important interdisciplinary teams. What may be worrying is that only in four institutions (in four cases) help provided was a court verdict.

#### **5.4.8**

#### **Perception of intimate partner violence against older women**

The research tool used in institution research also related to the problem of the perception of violence against older women. The representatives of the institutions were asked about their opinions expressed by relating to several statements concerning the problem of intimate partner violence against older women using a scale of 1 to 6, where 1 meant "I strongly disagree" and 6 meant "I strongly agree". These statements are presented below.



**a. Older women become victims of intimate partner violence less often than younger women**

The respondents state that it is not true that older women are less often victims of intimate partner violence than younger women. This conviction was expressed by 95 respondents (29 strongly disagree, 30 disagree and 36 rather disagree). As it can be seen, in most cases the respondents believe that the number of older female victims of IPV is the same or larger than the number of younger victims of IPV. It should be noticed that 6 institutions did not state any opinion.

**b. In older couples, women are more often perpetrators of IPV than in younger couples.**

Analysis shows that the respondents disagree with this statement. This opinion was presented by 114 respondents (63 – strongly disagree, 27 – disagree, 24 – rather disagree). However, representatives of 20 institutions had a different opinion and stated that older women are more often perpetrators of IPV than younger women. It should be noticed, that only 6 people strongly agreed with this statement (7 agreed and 7 rather agreed), 8 organizations provided no answer.

**c. The number of older female victims of IPV will grow in the future.**

In the opinions of most of the respondents, the number of older female victims of IPV will not increase in the future. A total of 80 respondents expressed this opinion, with the largest group (38 institutions) choosing answer 3 – rather disagree. Of the representatives of institutions taking part in the research, 51 agree that the number of older female victims of IPV will increase in the future. Of these 20 respondents answered "I agree" and 19 answered "I rather agree". Respondents from 11 institutions gave no answers.

**d. Intimate partner violence against older women is a topic no one really wants to deal with up to know.**

Most of the respondents (91) agree with this statement. The opposite opinion was expressed by 45 respondents, while 6 did not answer this question. Thus a definite majority of institutions notice the insufficient of attention paid to this problem.

**e. Older female victims of IPV need other types of support and assistance than younger women.**

This statement is true in the opinions of the representatives of 99 institutions (47 strongly agree, 33 agree, 19 rather agree), while the opposite view was expressed by 38 respondents (11 strongly disagree, 19 disagree, 8 rather disagree). Five of the respondents had problems with evaluating this statement. It can thus be concluded that organizations see the need to develop special forms of support for older female victims of violence, which suggests that current methods are insufficient.

**f. Women in all stages of life are threatened by IPV – women in later life are not exempted from this.**

The majority of respondents believe that women in all stages of life are in danger of IPV and that older women are not exempted from this. This opinion was expressed by 114 respondents (77 strongly agree, 25 agree, 12 rather agree). Only 20 respondents expressed an opposite point of view (8 strongly disagree, 2 disagree, 10 rather disagree), while 8 institutions failed to express an opinion about this statement.

**g. Intimate partner violence against older women should be of higher importance in professional training for psycho-social and medical professions.**

Most organizations taking part in the research see the need for changes in the education for psycho-social and medical services, which would aim to bring more attention and importance to the problem of IPV against elderly women (a total of 110, where 63 strongly agree, 21 agree, 26 rather agree). It can therefore be assumed that these institutions notice flaws in the system of education, which may influence work with the elderly and the way in which help is given to them in coping with IPV. It should be noted that 9 institutions did not express an opinion concerning this statement.

**h. Older female victims of IPV need more support than is provided up to now.**

Noticeably, as many as 112 respondents believe that older female victims of IPV need more support than is provided up to now (57 strongly agree, 27 agree, 28 rather agree). The experience of people working with victims of violence also indicates that that older women are less susceptible to therapy than younger women. Therefore, effective work with them requires more effort. The above data shows that institutions notice the need to provide the elderly with more

help in order to motivate them to prevent acts of violence. Nine institutions did not express an opinion concerning this statement.

**i. Only a few older women become victims of IPV.**

Acquired data indicates that 86 institutions disagree with this statement (12 strongly disagree, 30 disagree, 44 rather disagree). This may indicate that the employees of these institutions notice the large scale of the problem.

Furthermore, the experience of professionals working in this field indicate that because of the difficulties older women have in asking for help, there may be a large group of older women, who never notify an institution about a problem of violence, even though they experience it. In the case of 8 institutions, no opinion was expressed concerning this statement.

**j. Older female victims of IPV face particular difficulties in the breaking-up a long-term abusive relationship.**

A vast majority of the respondents (117 overall) stated that older female victims of IPV face particular problems when they need to break-up a long-term abusive relationship (75 strongly agree, 28 agree, 14 rather agree). There is a number of reasons for this state of affairs. Some of these are: dependence on the perpetrator, believing in the permanence of marriage. All these elements can certainly make it more difficult to end a relationship, even in face of drastic violence and may cause the victim to give up any further steps, which could end the violence. Ten institutions failed to answer this question.

**k. Younger female victims of IPV more often permanently separate from their abusers than older women do.**

Most of the respondents believe this statement to be true (107 overall, 66 strongly agree, 30 agree, 11 rather agree). Differently from the previous statement, in the case of younger women there are more situations where they decide to break their relationship. It seems to be influenced by a less traditional attitude towards marriage, expressed in the opinion that a marriage is not unbreakable, a greater awareness that they are not responsible for the violence, greater concern for their own needs and interests, as well as less dependence on the perpetrator. No answer was provided by 9 institutions.

**l. IPV against older women often occurs in the context of dependency of care.**

As it turned out the most frequent answer was to agree with this statement (91 overall, 29 strongly agree, 38 agree, 24 rather agree). Undoubtedly, in such cases older women are much more susceptible to violence than someone who is

fully able-bodied and does not have to rely on other people's help. Sickness or disability severely restricts the ability to prevent aggression and makes the victims dependent on the perpetrator. In 10 institutions no opinion about this statement was obtained.

#### 5.4.9

#### Institution experience. Respondent's opinions concerning violence

The respondents were asked to express their opinions on the subject of IPV against elderly women, based on their professional experience. Their opinions were marked on a scale of 1 through 6, where 1 meant "I strongly disagree", 2 – "I disagree", 3 – "I rather disagree", 4 "I rather agree", 5 – "I agree", 6 – "I strongly agree". These opinions are presented below.

**Chart 6. Existing support systems are adequate for the needs of older female victims of IPV.**

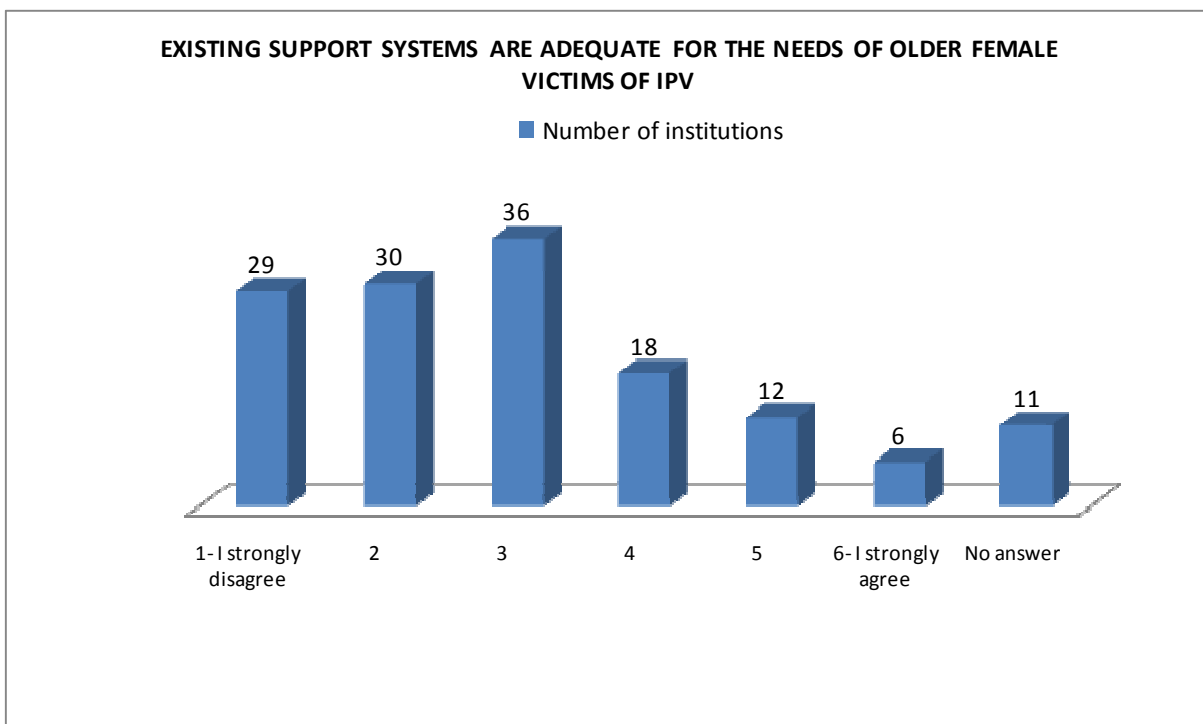
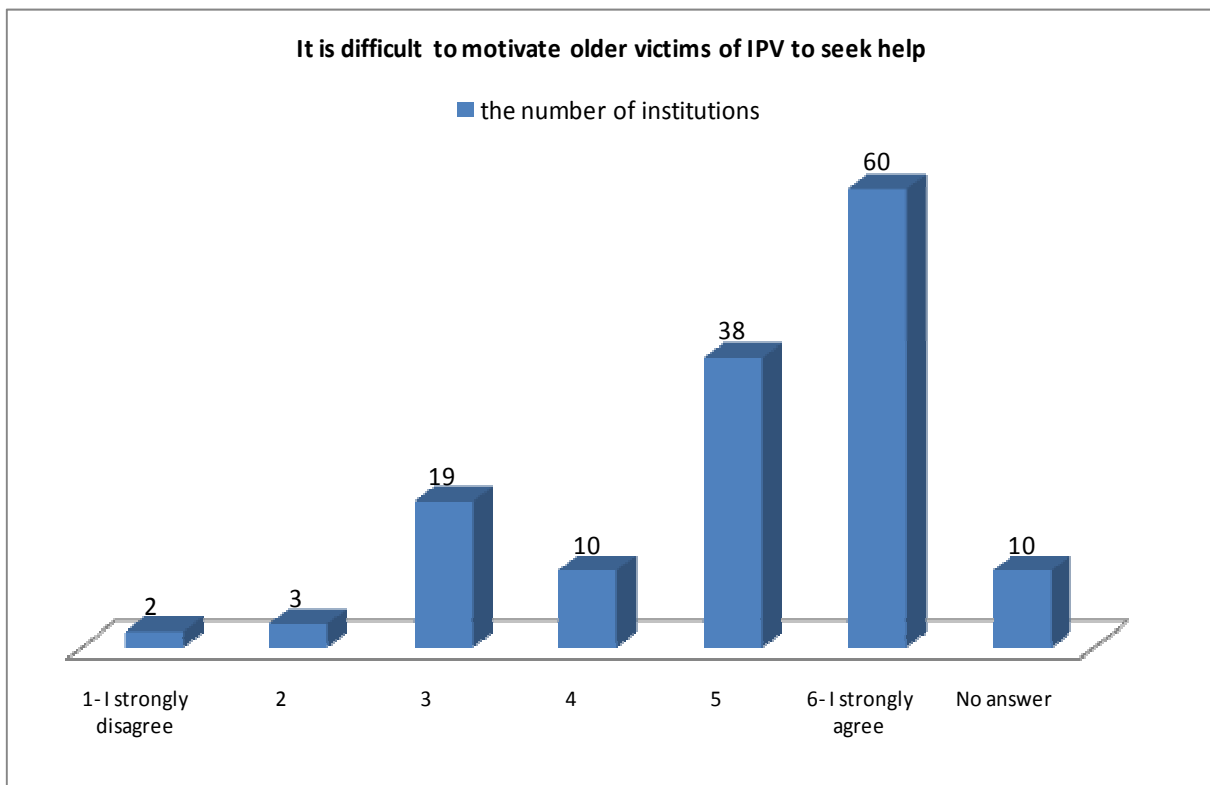
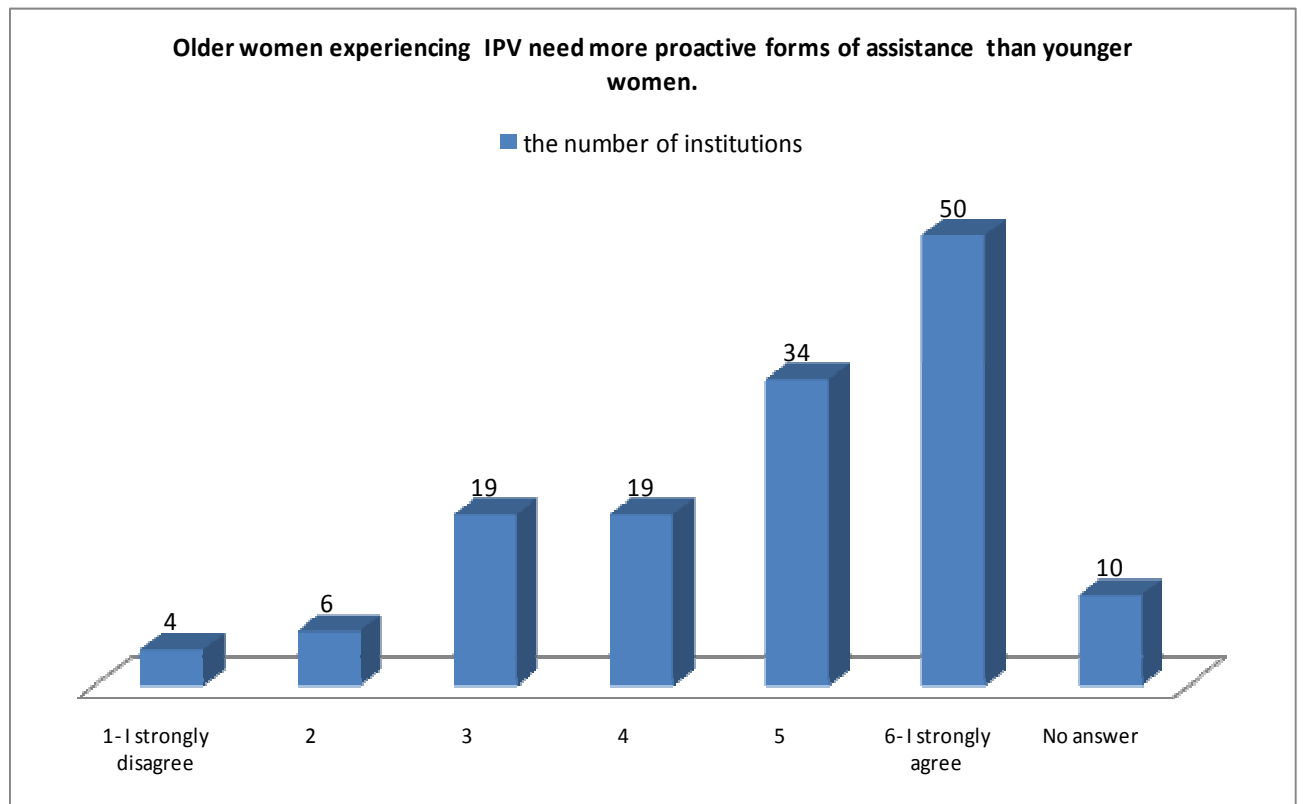


Chart 6 shows that most institutions disagree with the statement. However, it should be noticed that the largest number of institutions (36) rather disagree, while the smallest number (only 6) agree. It may therefore be assumed that in the institutions which took part in the research there is a need to develop and adapt the forms of support to the expectations of both the victims of violence and the organizations supporting them.

**Chart 7. It is difficult to motivate older victims of IPV to seek help.**

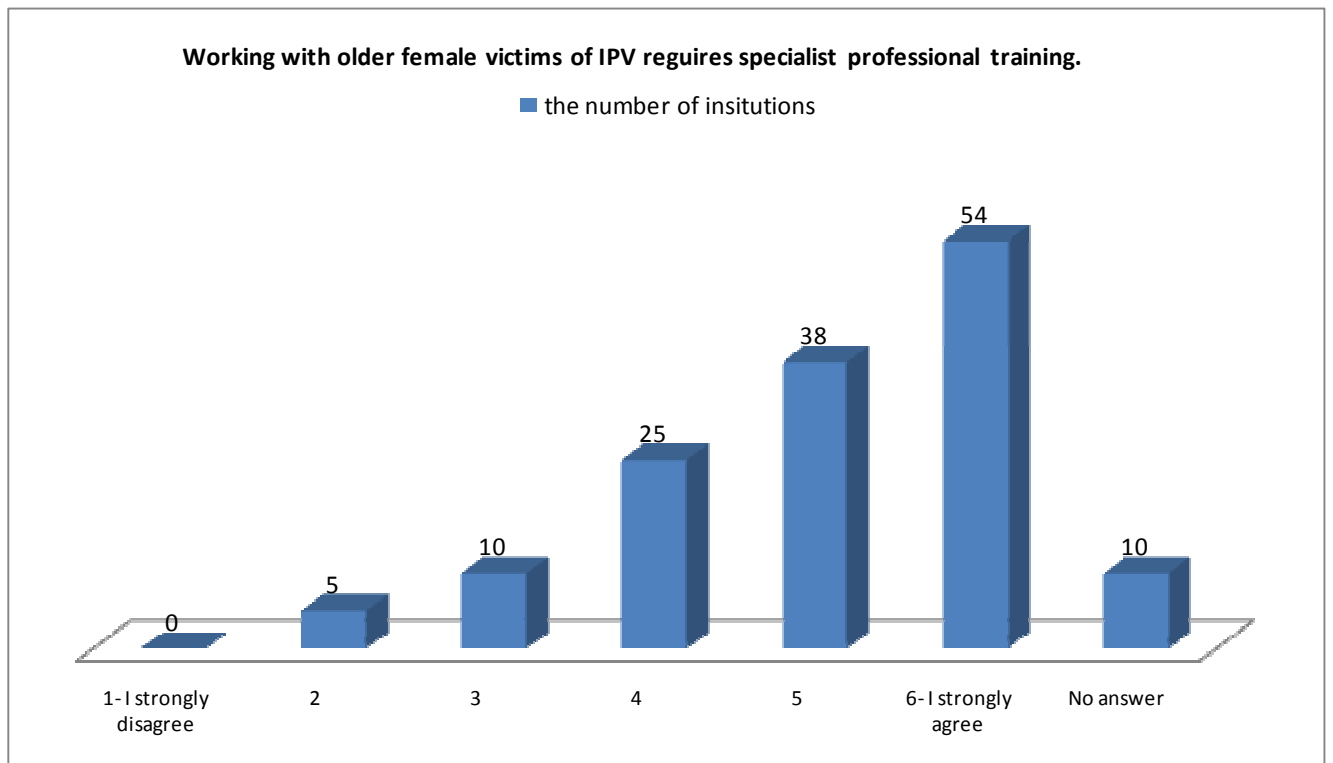
Information contained in chart 7 shows that the employees of most institutions believe that it is difficult to motivate older female victims of IPV to seek help. Their experience confirms that that it is very difficult to convince to take any steps to stop the violence and even if a woman does report her problem, it is very difficult to lead them out of their situation. The reasons for this situation include passivity, shame about what has happened, the victim's view of a woman's role in marriage, as well as the so called toxic bond to the perpetrator. All this means that work with elderly female victims of IPV may be more difficult and time consuming than work with younger women.

**Chart 8. Older women experiencing IPV need more proactive forms of assistance than younger women.**



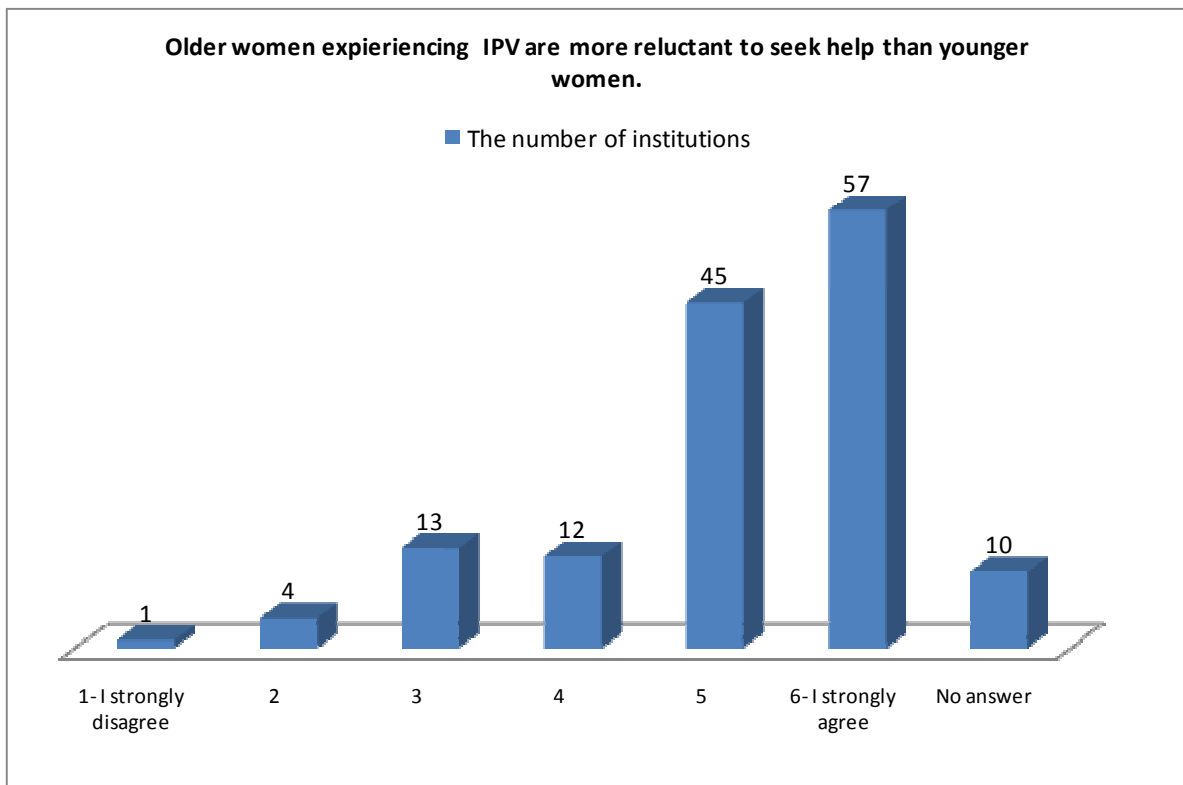
The respondents' experience indicates that older female victims of IPV need more proactive forms of assistance than younger women. This confirms the suspicion that work with older women is different from work with younger victims of violence. Employees of the institutions taking part in the research notice that the same activities which are taken up for the benefit of younger victims, do not bring identical effects when used with elderly women.

**Chart 9. Working with older female victims of IPV requires specialist professional training**



Most institutions expressed the belief (graph 7) that working with older female victims of IPV requires specialist professional training. It could be concluded that the institutions are aware of the need to improve knowledge concerning the problem and see the insufficiencies in the education of professionals working with older female victims of IPV. It seems that in order to effectively help older victims of IPV it will be necessary to expand the specialist knowledge concerning working with the elderly including elements specific for it.

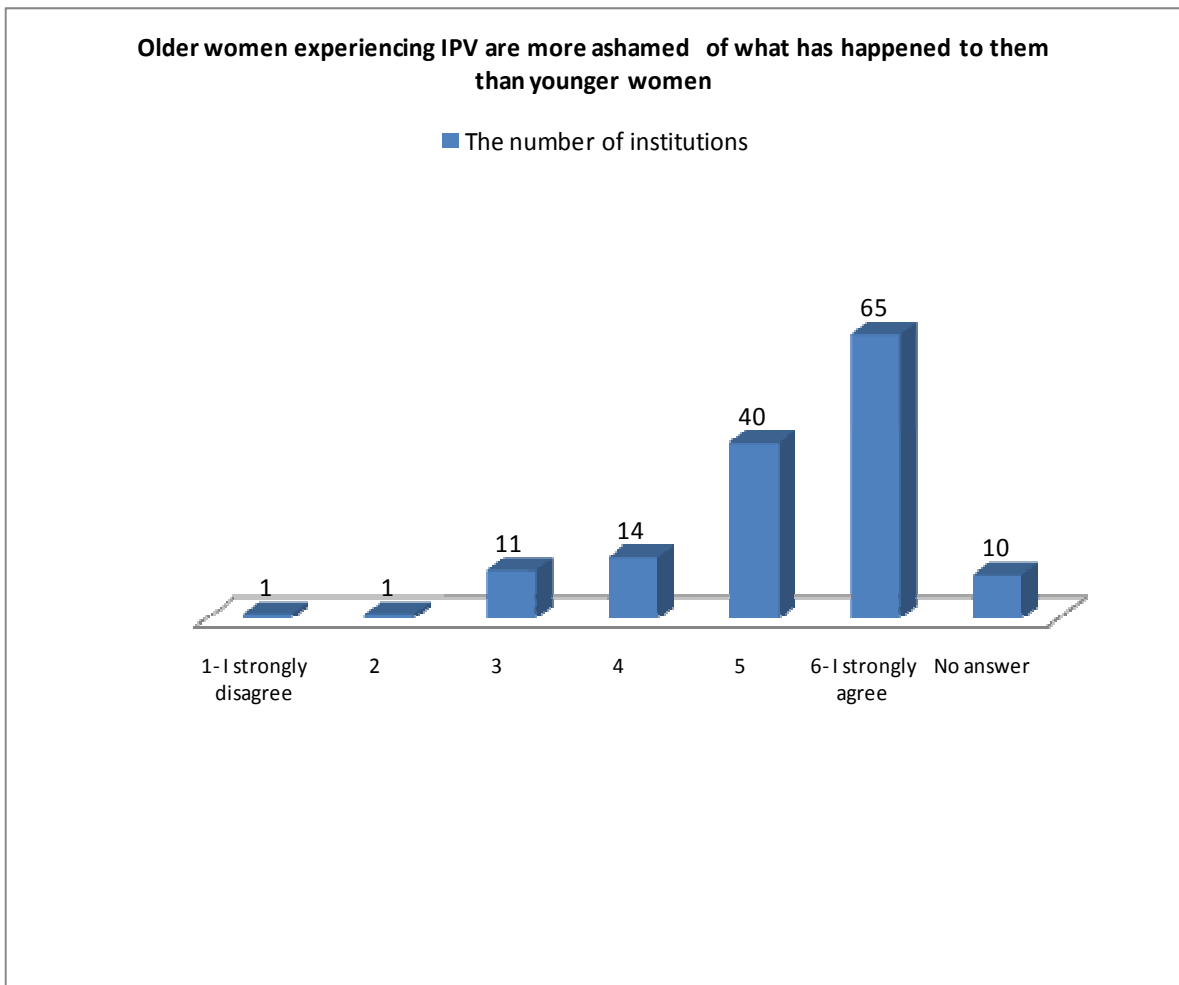
**Chart 10. Older women experiencing IPV are more reluctant to seek help than younger women**



In the respondents' opinions (chart 10) older women are more reluctant to seek help than younger women. This subject was already covered in previous chapters. Nevertheless, it is worth analyzing the problem from the point of view of the helpers. The respondents' experience shows that the elderly, much more often than younger people, do not look for help and do not want to apply to appropriate institutions for support. This often means that they are left in a violent situation with no help and thus no hope of change.



**Chart 11. Older women experiencing IPV are more ashamed of what has happened to them than younger women**



The respondents believe that older female victims of IPV are more ashamed of their situation than younger women. Thus the feeling of shame becomes one of the main hindrances to them applying for help to an institution or people dealing with preventing violence. Therefore, many older female victims of violence do not decide to take any steps. On the other hand, for those who apply to help organizations guilt makes it difficult to talk about their experience and becomes a serious obstacle in resolving their difficult situation. Younger women have a different attitude towards IPV – they are more likely to take steps aiming to resolve the problem of violence. It seems that among younger women there is less of a feeling of guilt and shame connected with what has happened to them. It should also be noted that younger women have a different future perspective – they are going to live longer with an abusive partner. This may be another

reason why they are more willing to take steps which they follow consequently, improving their chances of ending the situation of violence.

## **5.5 Summary and discussion**

To sum up, it should be stressed that the research conducted in institutions is the first characteristic of the problem of IPV against older women conducted on such a scale in Poland. It has provided a number of information concerning the experience and opinions of those who help victims of violence aged 60 or more. It characterizes the scale of the problem, as well as showing the deficiencies of the current system of prevention, which makes it more difficult to provide effective help to the victims.

The results of the research show that the elderly may become victims of aggression from their close ones. Because of their declining health, as well as environmental reasons, older women are particularly susceptible to such attacks. It should be stressed that the ideas presented in this chapter by people representing institutions, concerning violence against older women may also be an important point of reference for future analysis of the problem of violence with particular attention to more effective help for older female victims of violence.

## VI

# Victim interviews

### 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 find out about their perspectives. Hence, interviews with older women affected by intimate partner violence are one core element of this study - thus following a general trend in criminal justice procedures as in criminological and victimological research to give victims an immediate voice and let them speak on behalf of themselves (cf. Hotaling & Buzawa, 2003; Morris, Maxwell & Robertson, 1993; Shalhoub-Kervorkian & Erez, 2002)

The interviews with victims aimed at exploring characteristics of older female victims and perpetrators, characteristics of violent relationships in old age, risk and protective factors, causes of abuse, characteristics of violent acts (dynamics, situational factors) and contexts of abuse. Of special interest was the help seeking behaviour of older victims, perceived barriers for 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 demands for certain basic ethical principles 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 consideration with regards 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. Following international standards (Ellsberg & Heise, 2002, WHO, 2001, Elcioglu, 2004) the partners discussed and fixed internal principles for ethical issues related to victim interviews.

## 6.2. Method

### 6.2.1. Instrumentation

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 to the respective languages. This interview guide covered four main fields of interest: (a) life history, (b) experiences of violence during life time, (c) changes in violence in old age and (d) help, needs and rights. The interview guide worked with open questions and narrative impulses and gave 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 violence 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 older than 60 years.” In this introduction it was also explained how the interview would be carried out, we asked the permission for recording the interview, explained what would happen with the information and the record and declared confidentiality. The interview partners were asked to sign an informed consent form and received a signed confirmation that their information would be treated confidentially. In the last section of the interview, interviewees were asked if they were informed about the regional support services available and if they knew about their rights and the legal framework. Interviewers had this information at hand and were prepared to give necessary information. Partners also had two social data forms at hand, one for the women and the other for violent partner(s) or ex-partner(s). Interviewers checked, whether all relevant information were given during the interview and asked the interviewee for missing information at the very end of the interview.

At best immediately after the interview interviewers were due to fill in a interview postscript form. This form asked for basic information on the interview (date, duration, access, interviewer, disturbances etc.) and information given to the interviewer before and after recording. Leading first analytical steps interviewers were also asked for central messages of the interview, eye-openers, possible starting point for analysis and interpretation and other noticeable features, problems and impressions. In the last sections interviewers should give ratings of key interview features (interviewee's perceived openness, quality of interaction, concreteness of information, perceived reliability and perceived strain of the interview partner).

### **6.2.2 Sampling and conducting the interviews**

The sample selection for the third stage of research followed these criteria: the interviewees would be female victims of IPV aged 60 or more. We reached the victims mainly through staff interviews. We had numerous telephone conversations with the employees of institutions all over Poland concerning the possibility of interviewing victims of violence. However, this was no easy task, because not all of the employees we interviewed were interested in helping us with finding victims of violence for the research. Another difficulty came from cases, where we were allowed to interview a victim, but at the time of the interview the she would not appear, providing various explanations. We noticed that in some institutions the employees went out of their way to help us, while in others no great efforts were made. We reached 11 victims through institutions and contacted two more with the help of some students of our university.

The interviewed victims of violence lived in various regions of Poland. The interviews were conducted by a woman of age and professional experience, usually at the victims place of residence. In two cases the interviews were conducted in the interviewees home, where the conditions were right: in one case the husband (perpetrator) was evicted in the other he had died. One more interview was conducted in the private flat of another person. In the other cases it was an official conversation place, like a City Social Aid Center, University etc. Only in one case was the interview briefly interrupted (around 3-4 minutes). The break was caused by the recorder stopping (the battery depleted). In the meantime another employee entered the room briefly to reach the first-aid kit.

Before the interview each respondent was informed in detail about the research and its purpose. It was explained to them that the interviews would be recorded on tape and therefore they were asked to give their written consent, which all

the respondents did. Overall, a 13 women aged 60 or more were interviewed. However, as it turned out, two of the interviews did not agree with the concept of the research. One was a case of violence perpetrated by an elderly mother against her daughter, another of violence perpetrated by the father against his son. Therefore, these two interviews were not included in the analysis. The interviews were recorded. The duration of the conversations varied. The shortest interview took about an hour and a half, while the longest lasted over two and a half hours. On average, an interview took about 1 hour 50 minutes. The interviews were later transcribed, with the shortest transcription including 21 pages (around 45 lines per page) and the longest – 38 pages. The Interviews were conducted from March through August 2010. For the purpose of protection of personal data and of the anonymity of the respondents, their statements are written in cursive with the following bracket containing first the number of transcript, second the age of the victim

### 6.2.3

#### The researchers' opinions concerning the interviews

Usually victims of violence were honest and very open in what they said. Contact with them was very good, although also very moving. The information they provided was specific, which is an indication of their reliability. For all women the conversations were stressful, although its intensity depended on the person and the facts she related. Nevertheless, all women were moved and cried during the conversation. A 63 year old woman was particularly noticeable: calm, composed, elegant, but at the same time sad and scared about the future, because after all, despite being married, they still live together. When talking about her past life, she was moved and cried, because these were beautiful years in a good relationship. However, as they aged, the husband experienced what the narrator called a pathological increase in sexual drive, which she was unable to meet. Despite her many attempts, the marriage could not be saved.

## 6.3

### Sample characteristics

Victims of violence are women aged 60-79. The detailed structure age of the sample is as follows: 2 women aged 60, 2 women aged 61, 1 woman aged 63, 1 woman aged 65, 1 woman aged 70, 1 woman aged 73, 1 woman aged 74, 1 woman aged 79, 1 woman aged 85. As for education, 5 women had primary education, 1 – vocational, 3 – secondary, 2 – higher. The sample included 5 divorced women, 5 married women and one widow. All victims have adult

children, some more than one. Two of the respondents did not have children with the perpetrator. In both cases he was the victim's second husband. Interestingly, there were two cases where the victim's child had died – in one case her daughter died aged 58, in the other her son committed suicide at the age of 48. All victims have contact with their children, although not with all of them. There were some cases, where the perpetrator, who is in a better financial situation, divided the family. Probably financial reasons caused some of the children to take their father's side (there were two such cases). In one case, alcohol connected the father and son, who abused the victim (wife and mother) together. All victims used to work, for various periods of time – from 21 to 40 years. All victims also had their own sources of income – retirement or disability pension. The amount of income is noticeable – from around 700 zloty (less than 250 euro) to around 1400-1800 zloty (351-450 euro). Most women still live with their husband or ex-husband. Their situation was so complicated, that despite being divorced, they still live in the same household. In practice, these women have no chance to improve their situation, by complete separation from the perpetrator. They cannot afford to buy their own flat and Polish law – so far – is very lenient towards perpetrators of violence. It is the victim of violence, who is forced to run away from her home or find some other situations, which would make her feel safer, just as one of the victims had done, who in order to feel safe at home (after a divorce) rented out a room to a student. This stopped the perpetrator's aggression.

Eviction of the perpetrator is the right solutions, but impracticable in the case of older women. The evicted has to be provided with a temporary flat for three months. The financial situation of older women in Poland makes this impossible. In a situation where a constructive solution is hard to come by, these women are forced to live with the perpetrator. There are also those victims, who, apart from the perpetrator, also live with their children and grandchildren. However, it also happens that victims of violence live for a short time with their children. In the sample there were also: one woman living in a hostel, one with her sister, one with her mother. Regardless of their age, all the victims suffer from serious health problems (e.g. hypertension, neuralgia, depression, allergies, heart and thyroid problems). However, only some of them – in their own assessment – need help (rather sporadically) with everyday activities. However, they all require medical attention. The respondents describe themselves as believers, who regularly attend church.

Based on the opinions of the victims about the perpetrators, a very general image can be sketched out. According to the victims their husbands

(perpetrators of violence) are usually men aged 60-81 (in three cases the perpetrator was a few years younger than the victim), with various levels of education and qualifications, around a half of them are still professionally active, with some of them both working and receiving retirement pensions. Excepting two perpetrators, all of them have children with the victims, but not all of them have contact with their children or only have contact with some of them. Their monthly income is far higher than that available to the victim (from 250 to 1500 euro). The only exception is a man who has an income of around 138 euro (sickness pension). Their health situation varies, but in some cases it is – in the opinion of the victim – not very good. Among the perpetrators there are men who are churchgoing believers, but most of them either do not attend church or are non-believers.

## 6.4 Survey findings

### 6.4.1 Experiencing life in violence

#### a. Duration of violence

The situations of violence, that the respondents are involved in, can be divided in two groups, with regard to duration. The first consists of the victims, who experienced violence from the start of their marriage. In the other group violence appeared later<sup>7</sup>. Let us have a look at the women suffering violence in the first group. One of the narrators said that she had been beaten by her husband all her life. *He would become angry easily, he would get angry and take it out on me. He also abuses alcohol. My husband was nasty all his life [...] I regret not leaving him in the first year.* [10, 61] Violence lasted for 39 years in this relationship.

Another respondent talks about a situation of violence, which started even before the marriage took place. The respondent was pregnant when she was getting married at age 22. Even before they were married, her partner would abuse her verbally and physically. After the marriage, the violence increased. *Since the marriage, since the first or second day of marriage it was like this. I just didn't stay home, the kids were little, different things happened, I fought back, we fought.* [1, 73]

<sup>7</sup> The narrators' statements will be italicized, the number of transcript and age of victim are given in brackets.



Another woman became a victim of violence shortly after she got married. When she was young she dated a boy, whom she later split up with. Her parents tried to marry her off to an elderly man. She ran away from home with her ex-boyfriend. *And this – as she said – influenced my whole life [...] Because my first husband accuses me that I was indecent [...] which is certainly not true.* About two years after they got married her husband started to abuse her physically and psychologically. He did this under the influence of alcohol. *We got married in 1959 and in the 60s we had [...] no place to live. His family was also poor, they lived, if I remember, they lived in this lean-to next to the stables. So we went to... [another city]. We were there maybe a year or more. And I was beaten twice.* Her husband kept bringing up the subject of her first boyfriend. He still does. He was also angry at his wife for the fact that other men noticed her. He was jealous. When she became pregnant, she believed a child would change his behavior, but the change never happened [7, 74].

Another respondent, who was a victim of IPV almost from the start of her relationship, knew her husband since primary school. They went to different secondary schools and lost touch. When she was 23, she met him again and this started their relationship. After two years they decided to get married in August. The narrator remembers that in December that year, her husband hit her for the first time. This is how she describes it: *Oh, and it is also very important, that I wasn't a virgin and that's what he hit me for that first time. And in front of my mother too, in front of my stepfather he revealed it. It hurt, because I believed that such things are between two people. [...] I felt terrible, insulted, abused, I don't know how to describe this.* A year later, the first child was born. *But he kept making rows about it, [...] even though he couldn't have sex with me (he had problems with erection) he accused me that it is my fault. [...] Even when, when he had a problem, he pushed me of with scorn and said: go you bitch, I can't even get hard on you [8, 60].*

Another narrator experienced violence from the start of her second marriage. In her opinion, her first marriage was a real partnership, where they made decisions together. Everything started after her husband died. Her father-in-law's sister introduced her to an elderly man living alone. *So she sais to him, look (...) I have a wife for you. And that's how it started.* The narrator relates that shortly after their first meetings the man started urging her to get married as quickly as possible. She was 63 at the time. *He went and ordered the wedding [...] so that I knew nothing. Just for two days he would walk around the flat and keep saying: I did something, I did something. What did you do? - I say. I won't tell, I won't tell. But later he told me [...] that the wedding will be in*

*this and that month, this and that day. So it started, you know and later one had to live somehow. She hardly knew the man. Before marriage her second husband seemed nice and resourceful, afterwards he started to drink more and when he was drunk, he would become aggressive. When he was sober, which in the narrator's opinion was increasingly rare, he was a different man. And when sober [...] An invaluable man. He would help with stuff, peel potatoes, this and that, he'd go, he'd do the shopping [...] When he drank, he was completely... And needed to drink. There was precious little of this kindness... The violence lasted 7 years, until the husband's death. I had to bear him for 7 years, but [...] that was my torment, it's only now that I can rest [5, 70].*

Another respondent suffered violence in two relationships. The first, when she was a young woman and the last, which started in old age. Therefore, she can be said to have extensive experience. Her first husband was 5 years older than her. She was 18 at the time. She knew he was a drinker, but she hoped he would change. The husband abused alcohol and beat his wife. After twenty years, they got divorced, at the husband's request. The direct reason was his affair with another woman. The divorce case lasted over three years. The respondent said that her husband was a very good employee (he worked in a managerial position) but very bad for her. *I don't know how, but at work he worked. Not that he would screw up, he worked solid. But at home, he was a bastard. Constant rows and always his friends in for vodka. After the divorce, when she was 41, she was afraid to commit with another man. In later years she lived alone, pestered occasionally by the problems of her daughter and alcoholic son. When she was 70, she met an 85 year old man, who was in need of care. He was single, childless, ill. He needed care, I needed peace. She married the man. Six years later, her husband died. Shortly afterwards, she met another man, 5 years younger than her. He proposed after three years. At the start, she had could find no flaw with him. He doesn't drink, he doesn't smoke, I think that's a big plus. After the wedding it turned out that he was more interested in her flat, than in her. When she realized what his true intentions were, conflicts started and aggression from her partner. She applied for divorce. I got the divorce [...] and the judge deemed us both guilty, so I could not chase the bastard away. Because he should have moved out after the divorce, because he had absolutely no right to this flat. They told him so in the office, cause he kept going there, asking them to give him a flat, or [...] to throw me out, because wants so and this lasted for 4 years. Four years since the summer of 2006 up to now, the 26<sup>th</sup> of May, when he was finally evicted. [9, 85]* This was the only case of efficient eviction, because the narrator had enough savings to pay for her ex-husband's 3-month stay in a hotel.

The second group of respondents includes women, for whom violence started later in their marriage. The first of them became a victims of IPV a few years after getting married. The respondents married in 1973. Five or six years later, after her two sons were borne, her husband started to abuse alcohol. He would get drunk. He would spend all his wages on alcohol. She would go to his workplace herself, to take his earnings. At the time *the beating started and the name-calling and the children went to high-school*. After twenty years of marriage he was convicted for abusing his wife, but was on probation. The respondent said that in practice, she spent 37 years with a drunken man, although the situation improved slightly in recent years [11,61].

Another respondent started experiencing violence about twenty years after she got married. As in the previous case aggression was brought over by alcohol. Her husband was always aggressive when drunk and could not resist drinking. It increased a few years after he returned from Moscow, where he worked on his PhD for a few years. *I think he became an alcoholic there. It's just the tradition there*. Shortly after He returned he beat his wife for the first time. *The first time must have been a long time ago, when he studied in Moscow where life was good for him [...] he became really bossy*. The incident was witnessed by their 16-year-old daughter [3, 74].

Another woman who became a victim later in her marriage, places the first aggressive incident around 17-18 years after she got married. Their relation began to break down after the death of their 16-year-old daughter. The respondent met her future husband at her sister's wedding. Their relationship developed quickly. *It went quickly [...] cause he was a friend of my sister's husband*. Aged 27, the narrator got married. It quickly became apparent that her husband liked to drink, he would often get drunk. However, he would claim that he was sick. *Something always would make him sick*. For 15 years since they got married he was a good husband. He could do a lot of things, he helped his wife a lot. The respondent believes that their marital problems became more pronounced after the death of their 16-year-old daughter, who was run over by a streetcar driven by a drunk driver. *I wasn't the wife I used to be [...] Men get over such things, but I unfortunately... I got ill, I was ill for a long time [...] Like I was a bit mentally ill*. The respondent suffered from deep depression. Her husband was always drawn to alcohol, but after their daughter's death he started to drink increasingly more. Initially he tried to perform his role of a husband and a man of the house, but with age and alcoholism he found it increasingly difficult. Alcohol led to violence. *But it increased so much, this five*

*years it increased so much, that I can no longer handle it [...] These 5 years have been terrible [4, 79].*

There are two women in this group, who became victims of violence from their husbands after 30 years of a satisfying marriage. In one marriage things started to deteriorate after the husband became ill, just before he turned 60. First he suffered from depression, fears, he was afraid to see a doctor. He started accusing her wife of having affairs – meeting men in a hotel. He increasingly wanted to control her, her contacts, even phone calls. The real conflict between the couple, as well as physical and psychological violence from the husband had a sexual background. As she grew old, the respondent felt a decrease in her sexual drive, while her husband's needs started to increase rapidly, up to the point of abnormality. (...) *I asked him, as a woman, for it to be once a week, I could bear that. But not twice a day, or even every day. he just couldn't take that in. He believed I was cheating, but I wasn't.* There were incidents of rape. It couldn't be otherwise, because, as she put it *My husband became crazy about sex.* As the narrator admitted, there were no problems with this for thirty years, they got along, it was successful marriage. *And then the depressions started, he would lock himself in his room, I knew there was something wrong, I watched him.* Despite the respondents efforts, the marriage could not be saved. The problem was that the husband would not to agree to normal treatment – i.e. going to a doctor. He did however make use of sexual therapy from many other women, of various age. In the end they had to separate. However, despite getting a divorce, the problem was not solved, because they live in the same house. He disturbs the peace in various ways. Although he does not resort to physical violence, but he humiliates her and nothing can be done, because of property laws [6, 63]. She never expected something like this would happen to her in her old age.

The other respondents, who started to experience IPV in old age believes that her marriage was quite happy, *we brought our children up well, we built a house.* She cannot remember any major conflicts, only minor ones. When they got married she was 21, he was 26. Her relations with her husband changed when he, already as an elderly man, started meeting with another woman. A few years ago he told her, *that now we will live separate lives: each for themselves.* The husband changed radically. He became aggressive [2, 65].

### **b. Situation of violence, symptoms and effects**

Husbands used various forms of violence against their partner. Usually it was physical and psychological violence, less frequently sexual and financial abuse.

Let us first have a closer look at the cases where they used physical or psychological violence.

A typical situation of violence, which is currently experienced by a 74-year-old respondent, consists of name-calling and beating and when the police comes, the husband claims that the wife provokes him. *And the beating was terrible [...] On the stair, kicked on the stairs, once he jumped me from the kitchen corridor, I forgot to lock up and grabbed my hair, pulling my hair.* Another case of violence described by a respondent was much more brutal. *I came back from church at 17.00, I was putting the bike in a cellar and he grabbed my hair. One hand here, the other to my forehead [...] and he bloodied my nose, so that I was covered with blood. My head started spinning, cause he was pulling my hair. I felt this pulsating and my head was spinning, I fell, after some time I got up and went to a neighbor [...]. When she saw me covered in blood, she called the police. The police came and quick. They called an ambulance, they took me [...] I got stitches here.* The respondent believes that physical violence is hard for her, but the name-calling is no less drastic. *He stood on the road for five minutes calling me a whore and a bitch and other, in full voice, full voice. [...] He stood on the road abusing me, I was on the sidewalk, at the bus stop. And he walked up and down the street calling me names. These are drastic situations. [...] Well, but the neighbors know me, they know how I behave, although some also laugh, they can add to it.* She does admit that brought to the limits of her endurance, she took decisive action. *I was cooking dinner [...] Than he came and was standing there abusing me, calling me names. He stood by the kitchen [...] and he spit into the dish. He spit again, I could see. And he looks at me. That wasn't enough for him [...] when I was going by, he spit at me. [...] I was coming back, he spit at me again. I wouldn't react, like nothing happened, finally [...] he spit in the dish, into the soup I was making. Than I could take it no longer, I took the soup and spilled it on his stomach. Well, he was dressed of course, but nevertheless... (speaking unintelligibly). So now ha says: she burned me. Well, but what was the reason that he brought me to this situation, that I could no longer take it. Judge that for yourself. [7,74].*

Another respondent stressed that psychological violence is very hard to bear. As an example, she describes a situation when her husband gives her no money for everyday expenses, while they both have income. *He would not give me money, I wouldn't do the shopping, there would be nothing to eat. He has nothing to eat, because I didn't do the shopping. This gives him reason to hit me or something. [...] If I don't get money, I won't do shopping. I don't have to do shopping and cook for my own money every day. And then he tells everybody, even strangers, that at his home there is nothing to eat, no one looks after him.*

*Because, I think, you have to consider the psychology of the people who abuse others. [...] that they cannot free themselves from it. Because there is this spiral, I don't know, I'm no psychologist (laughter). But there is something going on, something frightful.* However, the standard situation of violence consists mainly of physical violence. The husband, being stronger, tried to hit. There were no particular places he selected. He just hit wherever he could. This accompanied by threats, especially saying that he would kill the respondent. She described the most drastic incident: *when he beat up my daughter and granddaughter [because they defended her]. This was really something I didn't expect. This was a shock for me, a shock I cannot shake off [3,74].*

Another respondent relates that her husband hated being opposed. When she expressed a different opinion he would become aggressive and started rows. These would usually end in physical violence. The narrator adds that it was accompanied by name-calling. The most drastic situation took place when she woke up at night and saw him over her with a knife. *I started screaming, my God how I screamed. To this neighbor, she opened the door, [...] So I tell her, didn't you hear me scream. She was also fast asleep. [...] I tell her, he stood over me, with a knife I open my eyes and there he is, in his pajamas, with a knife, like just standing there [5,70].*

Another case is particularly noticeable. The respondent, suffering violence from her husband from the start of their marriage, describes a number of situations of physical violence and psychological abuse. She notices that usually occurs after the husband had drunk alcohol, while name-calling happens when he is both drunk and sober. Physical violence consisted of pushing and beating. He once beat her so much that she had to take sick leave from work. However, she did not notify a court doctor. She described another situation: *he's always calling me names, as if he had forgotten my name (...). He beat me up and called me names and my daughter heard it and came in and just said: dad, don't call mom names. he had drunk 8 beers that day and got so angry, that he went for her, wanted to hit her. I stood between them and he hit me and broke my nose.* As it was already mentioned, physical violence was usually accompanied by psychological abuse: name-calling, accusations, abuse. The man belittles the wife's work. He says that everything belongs to him. But she felt most humiliated in the following situation: *He spit in my face, pressed my hands to the wall, he spit not with spittle, but secretions from the throat. He pushed me over and waved the cleaver over my head and threatened me. I didn't realize, I didn't take it seriously, somehow his threats didn't reach me. He*

would always say, that if he had killed me, he would have got out of jail already [8,60].

Another narrator was hit by her husband for the first time after he returned from a holiday, which he spent with his lover. The reason was a sharp exchange between the women. *I called her a bitch. When he came, he made such a row, he grabbed my throat and told me he would strangle me and then with the accusations.* Later – as she says – any little problem was enough for the husband to abuse her. *He beat me up, because the TV was too loud and used abusive language.* He was particularly sensitive to criticism addressed at his lover. When he called his wife a “whore”, she did not hold back, which created a very tense situation. This is how the respondent describes it: *As I say, I’m not the kind of person, you have this person who breaks up marriages, that’s how you call her. How he went after me, I don’t know what he didn’t hit me with.* The husband humiliated the narrator, constantly stressing that everything they have is thanks to his work. Once he said that he has too little money in his wallet and accused the respondent of theft. *He said that there was too little money and said, that he would kill me and I spent the whole night in my room and I thought that my heart would break, but I should have called the police [2, 65].*

A 61-year-old respondent divides the history of violence in her marriage into two stages. The first, early in the relationship, when there were incidents of brutal violence connected with alcohol abuse. This is how she describes this period: *He would just beat me terribly, beat me, locked me out of the house. There were children and that’s what really kept me from, you know. That’s why there was this abuse case. He was sentenced (...), I don’t know to what, but was left on probation. And since then at least there was no physical violence, cause like, he kicked me, well, I just bruise easily, but that’s nothing like before, when he would beat me, through me out the door, lock me out of the flat.* The second period was much quieter, essentially free of physical violence, dominated by psychological violence, which still occasionally happen. What the narrator finds most upsetting is that her husband makes her feel guilty. Here is a typical situation described by the respondent: *When he is badly drunk, he can bring me down by telling me I’m the reason he drinks and he’s going to lose his job because of me, because I’ll go and tell his boss, or I don’t know what, because he doesn’t know what I’ll do. He just puts the whole blame on me, like everything’s my fault. I just boil inside, how can this man say that it’s my fault, that this is my fault? This is the worst, that he does this [11,61].*

Apart from physical and psychological violence there was also financial abuse. The husband of a 73-year-old respondent would invite friends to their home for vodka, than became aggressive towards his wife, hit her on the head, strangled her and threw out of home. A year ago he broke her hand. This was accompanied by financial abuse. He would take her money without her consent [1,73].

In the case of three respondents the aforementioned forms of violence were accompanied by sexual abuse. Sometime a situation of violence would be completely unexpected. The husband of a 63-year-old respondent perpetrated violence for the first time, when she was returning from her daughter and son-in-law. *I came back home, it was dark inside, I was sure he wasn't there. But he was watching in darkness, I came by car, my son-in-law brought me, but not in his father car, not his own, and my husband didn't know the car. So I come in the door. I had those eggs with me, I got some farm eggs. And he comes up to beat me up. I tell him... (incomprehensible). He raised his hand against me, that was a shock.* The respondent was beaten by her husband three times. Her account shows that there was no set pattern of violence. Three times she was grabbed from behind and strangled. The worst however, were the rapes. *this was forced sex, really at the cost of my health. A cried from pain, there was no pleasure, only suffering. This was drastic. And I suffered for 4 years, until I finally said stop, I can take it no longer, I'm at the limit of my strength.* Then she was harassed with letters. *I would open the door, come into the room and there would be 2-3 letters every day. Something that I steal from him [...] that I read some diaries of his and listen to him talking on the phone.* Another form of harassment was recording conversations. *And then [...] harassing me and recording what I say. [...] And he just recorded and then deleted what he said and only left what I said. And you know, when you're upset, well (...) you say something, but of course I try to keep it under control.* The respondent felt hounded. She likens it to being led on a leash. She tolerated it so long as the leash allowed her some movement, but when it started to get tighter, she started to feel strangled. *And I started to put things right – she sais – to the prosecutor here [6,63].*

Another respondent lists a number of ways the husband abuses her in: hitting her on the head with his fist, kicking and sexual abuse. *There was sexual abuse – she sais – cause without it there would be no life at all.* This was accompanied by threats and verbal abuse. The victim stresses that her husband had always been easily angered, he had always humiliated and disdained her. *I always treated him like a man, while he was always angry with me, there was always something he didn't like. Everything really. He just called me a rascal and I*



*worked my hands off [...]and still he would call me a bum, tell me everything belonged to him, that he worked alone for it all [10,61].*

In the case of an 85-year-old respondent the dominant form of violence was financial abuse. Her husband simply wanted to take over her property. When she found out he wanted take over her flat, the violence started. He abused her, called her names and even pushed and hit her, which caused bruising which was noted by a doctor. She took the case to court. *He was accused of abuse. He was sentenced, maybe if he killed me, he would have gone to jail, but since I'm alive (...), he was left on probation.* She also accuses him of attempting fraud. *Once he even, when I had this last heart attack, the third one, he called the ambulance, cause I felt really bad, I thought I was going to die, I was taken away by an ambulance. Before they came, he gave me this piece of paper and a pen and told me to sign at the bottom. So I look at it, it's an empty piece of paper that he tells me to sign. I turn it over and its clean, nothing there. So I ask, what am I suppose to sign. It wasn't quite bad at the time. You know, you go to the hospital, I may have to get some stuff done, I don't know how long you'll be there. So he tells me, sign. What for? Why did he tell me to do this? Well, how could I live with that man?* With rather more amusement than fear, the respondent also reports incidents of sexual harassment. *This is what happened once, I was locked in, it was late [...] There is knocking on the door, well I know it's him, who else. I tell him, what do you want? Open, something's happened. What happened? There is water all over the kitchen. Well I was afraid it was the sink or something. So I open the door and there he is, all naked. Jeez (laughter) I was so scared, I got angry, I tell him, you dirty pig (laughter).* Having experienced all that, she demanded divorce [9,85].

A strange relation developed between another 79-year-old respondent and her husband. Although there is no physical violence, apart from threatening her with a knife, but there is psychological violence and – according to the respondent – sexual deviation. *It's awful, this abuse, his behavior is terrible and he's simply perverted. He harasses me when he's drunk and his behavior, you know, is disgusting. [...] And now he [...] I shouldn't be saying that, but he walks around naked, shows himself to me. It's revolting, simply disgusting.* On the other hand, the respondent feels sorry for her husband, although she cannot cope with his abuse. *This psychological abuse, which I can't take any more. I'm scared, when he is away for a long time, that something's happened, you know. After all, he's still human, right [4,79].*

IPV against women, which appeared in the situations presented above met with various reactions from the victims. Let us now take a look at how the victims react to violence.

### c. Reactions to violence (of the victim and perpetrator)

Only two of the eleven respondents tried to actively oppose the violence from the start. One of them actively opposed verbal abuse from her husband. She went into polemics with him. In effect, he blames her for his failures. *I may be humble, I'm not quick-tempered. But neither am I a saint. Sometimes I say something that, you know, I just affront him. On the other hand, when I call him a drunkard, he tells me it's my fault, that I made him a drunkard.* The respondent believes that he is not entirely aware of what he is doing. It happened occasionally that he would apologize after an incident. *But it happens that he apologizes, buys me flowers. Often he would buy flowers, apologize, promises that it won't happen again. So he doesn't know what he's doing and that's a sign of a brain warped by alcohol [4,79].*

The second respondent also wasn't passive in the situations of physical and psychological violence. As she said herself: *I could hit back, sometimes I just had enough of it [...] I certainly had some aggression in me, this breeds aggression, I was just physically too weak. [...] There certainly was aggression and you know this aggression was me rebelling, because I really felt nothing for this man, it all burned out.* Sometimes she was desperate, that she was ready to commit a crime. *I even wanted to kill my husband, I just had enough, enough of this stink, this dirt, you know, this drunkenness.* The only thing that prevented her from going this far was responsibility for her children [11, 61].

However, the majority of respondents presented a defensive attitude towards their situation. One of their methods was to ignore the aggression. One woman reacted to psychological violence and verbal abuse by concentrating on other matters. *For example, he would call me names, abuse, shout at top of his voice. So I would lock myself in my room [...] take "Pan Tadeusz" and over time I learned a whole book, I could quote it right now, and another one too. This was my defense, so as not to hear these ridiculous, stupid words [7,74].*

Another respondent tried not to say anything in conflict situations. She simply said nothing to her husband. *I didn't talk to him, he called me trash, he said I was nothing, trash. I try, cause we have a large room, I try to avoid, I don't even look at him.* Meanwhile the husband blamed her for the whole situation, humiliating her and making her feel guilty. *One is like a snail (...) sitting in her shell, afraid to come out, afraid to stand out, afraid of all this because she feels*

*humbled, humiliated and guilty. [...] Yes, I am guilty. I don't know what of, that he met her, everything, it's all my fault. Maybe too fat, maybe too ugly, maybe too stupid [2,65].*

Three of the respondents simply ran away from home, when there was a conflict. When her husband was drunk, a 61-year-old woman usually ran away from home. The man never felt guilty. *He was always innocent, always innocent, he did his thing, he was a good man, only other people were ban, he was good.* After one of his assaults she had broken ribs. However, she would not call the police and told the doctor, she fell of the stair. *I kept things in my whole life.* When the husband humiliated her, abused her dignity, she felt bad. *I was like [...] always nervous, I cried all the time, I had this regret, why do I have to suffer so much. You know, I was always crying. [10,61].*

Running away was also a reaction to violence. One of the narrators went to friends or family. *I went to my children. To my younger daughter, she washed me and cut off the hair to clean the wound, she said.* Sometimes she wandered around staircases in other blocks of flats. Her husband never apologized for his actions. He behaved as if nothing had happened. He never reflected over what he was doing. She was so scared of her drunken husband that even after his death she was afraid to stay alone in her flat. *I'm scared, I couldn't go into that flat. [...] I come in, I see him, I come in and, and I see him coming. And he's not there. But my eyes deceive me [5,70].*

Another woman also fled in response to violence. The respondent fled to her sister or neighbors. It would also happen that she slept in a shack. Here is her statement: *The neighbor went and called, I went to her, washed off the blood and slept at her place, didn't go home that time. Once I slept in the coal shack, hid under the bushes.* Usually the husband ignored the incidents, although occasionally he would apologize. But this attitude was temporary. *Now, he broke the arm, I could hear it crack. He kneeled, I'm sorry, and then he's over me again, that's what he would do, for him it was only for a minute or two and he'd do his thing again.* Earlier, when the respondent was younger she tried to actively defend. *I was a strong woman, I could fight him (silence), I had to fight back, he grabbed me by the hair, I grabbed him. [...] When he grabbed me, I try to catch him and pull down and push away and run, cause otherwise I couldn't [1,73].*

Another narrator, after first trying to notify the police, simply moved out. *For a year I lived alone with my daughter in my mother's house, right? But after a year he came, like humbled, I felt sorry and he moved in.* After some time he

made new attempts to use force against her. She tried to leave home, did not allow herself to be dragged into discussions, because she realized that this is deliberate provocation. After some time she started calling the police to every incident. In this violent situation the husband never felt guilty. *He was provoked. He never feels guilty, never, not once. Like nothing happened* [3, 74]. The narrator says he never heard the word "sorry". having experienced violence she just closed up, avoided talking. She just remained silent. She learned not to talk and not to react.

Another respondent used a similar strategy. At first she tried to talk to her husband, because she understood he was ill. They even went together to a psychiatrist, who prescribed appropriate medicine, but the husband never started the treatment. Later, in order to avoid conflicts, which usually ended with physical violence, she moved to another room and would lock herself inside. Another strategy was to leave home. *I ran, usually I went out of home, I ran, I disappeared, because I was simply afraid. And then I came back quietly.* After the incidents there was no remorse from the husband. *He locked himself in his room and set there* [6,63].

Yet another respondent suffered both physical and psychological violence in silence. She told nobody, because for her it was a shameful problem. She simply accepted it. *I suffered all this, I told no-one, because it was shame for me.* The husband never apologized after the incidents. However, the respondent noticed that he was more helpful towards her mother. This is how she characterizes her feelings in the situations when she was disrespected, when her dignity suffered. *I felt helpless, my own stupidity, that for so many years I allowed myself to be treated like that. I still feel guilty for not doing anything* [8,60].

The perpetrator would occasionally apologize for the situation. This happened in the case of an 85-year-old respondent, but a moment later he would become aggressive again. The most frequent behavior of the partner after the act of violence was silence. To the questions posed by the woman he would answer rudely, using vulgar language. This was very upsetting for the respondent. *I felt very bad, I felt so wretched, that I wouldn't want to live any more (crying)* [9,85].

#### **d. Causes of violence**

The question about the causes of violence seems important. The interviews with the victims indicate that two main causes of IPV against women might be mentioned. The first may be described as the qualities of the perpetrator, that is

the features of his personality and those resulting from the process of socializations. The respondents describe it usually as the husband's bad character and patterns of behavior he brought from his own home and upbringing. The other type of causes stems from the partner's behavior, e.g. abusing alcohol, affairs, phobias and sexual disorders, or the thought of material gain, such as taking over the wife's property (house/flat). Apart from these two main types, there are indications of causes stemming from the personality of the victim and irrational external reasons such as witchcraft. Let us have a closer look at the various types of causes.

The first type, described as the qualities of the perpetrator is undoubtedly presented by a 60-year-old woman. In her opinion, violence in her relationship was caused by her husband's character flaws. *This was this sort of euphoria with his own person – she thinks, because she gave him no reason to abuse her. She worked, she looked after the house, their daughter and him. However, later, when the violence escalated, any reason was sufficient to lead to violence. Not swept, not dusted, windows not washed, empty fridge, anything, yeah? Just as long as there was any reason, right?* [3,60].

Another respondent puts this more directly. *He was always bad-tempered, he was bad-tempered and unloaded this temper on me. If he was so short-tempered, he should have got some treatment for it. But he just unloaded all these nerves on me [...] you get a nasty man like that, your whole life is worthless* [10,61].

The first group also includes patterns of behavior gained from upbringing. This is accompanied by jealousy and a deepening lack of love and understanding.

One of the respondents believes that violent situations took place because at some point there was no more love and understanding, because after all, these people were in love once. Besides, there were similar behaviors in the family, which could have been an example [11,61].

Another believes that the main reason behind violence perpetrated by her husband was jealousy. This was accompanied by sexual conflicts. The respondent was forced to have sex with the perpetrator. *Like maybe sometimes I wouldn't want to go to bed with him, because well he slanged me, was arrogant, you know how a woman reacts to these things, don't you? So that made him even more... more aggressive. So he would just take me by force. This was disgusting.* This is complemented by patterns of behavior from his home. *There was a time when I thought about it. Like I say, he had no example at home, because his dad was probably like this. Because, as far as I know, my*

*mother-in-law also suffered. So he inherited it, in his genes, yes. Like that. The respondents believes that the violence pushed her away from him. She also expresses some more general ideas about domestic violence. She believes it comes from lack of consideration. Besides, the perpetrator believes that when he „unloads“, he will feel better. But in truth, he hurts not only the victim, but himself as well. Because, he who is beaten has bodily injuries, yes there is something left in the heart too. But he who does violence, he I think pushes himself deeper into it, because he doesn't work on it, with his mind [7,74]*

The next respondent names two causes of violence in her relationship. The first was jealousy. *Yes, he was jealous of me, but let himself go. This was strengthened by an irrational cause in the form of evil spells cast by her mother-in-law. I had these situations because of that mother of his, who did this witchcraft, like I say, he howled like a wolf [...] The mother died, my mother-in-law that is, he became a bit better, but I hear from their family, like when someone does this magic, and does not put it on someone, she cannot die. If you saw that mother before her death, she looked worse than a witch, hair tangled and all [1,73] .*

Another cause of violence which may be attributed to the qualities of the perpetrator were the husband's excessive sexual needs, which led to a sharp difference between the sexual needs of the spouses. *I had health problems, so I just started treatment, and his, so to speak, testosterone went up, my needs decreased, his increased. [...] Nothing is important, just sex, there is nothing else. 24 hours sex, well come on, at our age? [...] That's what I said in court and I was forced to engage in intercourse for four years. I said enough, because I could take the suffering no longer [6,63].*

Another respondent mentioned a similar cause of violence. On one hand she believes that her husband's aggression was caused by his impotence, while on the other hand she made herself feel guilty that perhaps she breeds this aggression in him. She also expresses regret because of wrong decisions made in the past. *In my case, I think, that if I had been more mature in this relationship from the start, when I was 24, than I would have said immediately that I don't like this behavior and these accusations. You have a choice and I have a choice, we have no children: goodbye. But both he and me behaved like idiots [8,60].*

Another kind of causes, which come from the partner's behavior, is represented by the following cases. Two of these have to do with husbands abusing alcohol. However, this does not mean that alcohol was the cause of violence. *He wanted*

*to drink and like anyone, if he wants it, he drinks and once he's drunk, he doesn't know what he's doing – one of the respondents explains [5,70].*

*Alcohol was also the cause of violence in another respondent's opinion. It was maybe 5 or 6 years after we got married, I had our second son then [...] and then my husband started drinking so much, nothing would stop him, I even had to go and take his wages, cause he had debts. [...] He started beating and abusing me, well the children were in high school. He wouldn't go to parents meetings because the children were ashamed to have drunkard for a father and he was drunk every day. He worked, but came home drunk day in and day out. He didn't drink on Saturday, uhmmm Sunday, to be sober on Monday. [...] Later [...] I really had to cope myself, because sometimes he worked, sometimes he didn't, sometimes he got the unemployment benefit, cause that's when it was introduced. So there were various situations, like I even got word from the neighbors during work hours, that my husband [...] is drinking with his pals. So I would rush home, kick them all out. [...] I had so enough of this, this stench, this dirt, this, you know, drunkenness. [...] I had no relationship with him, just that we lived in one house and had children. He was sentenced for abuse, because he went so far as to beat me, was let loose on probation [...] because he beat me terribly, he beat, he even wouldn't let me into our home.*

*And since then at least there was none of this terrible beating, because like he kicked me, well I just have this body that bruises easily, but it's nothing like before, when he would beat me, chase me out of home, wouldn't let me in. [...] Maybe he's scared? I don't know if he understands. But I only live with him cause [...] I'm too old to divorce and even if I could do something with the flat, cause we share a flat, maybe I would leave then, because the worst thing is when you come back home and there is this stench [11,61].*

*Another cause which fits within the second type is the partner's affair with another woman. The respondent believes that all evil started with this. She puts more blame on the husband's lover. In 2008 [...] he said that from now on each of us will have their own lives and he is going away for the weekend and his cell-phone will be off. I thought he was joking. But he met her ... She had him fall for her [...] And he started cooking for himself [...] But I said the sacrament is valid and he said: I like to sin. [...] a friend tells me, leave him, he carouses with he in sanatoriums [...] people saw him, he was with her twice last year. The whole summer, weekends he spends with her, they travel, to the sea, holidays. And he'll do what he wants, wherever she wants to go, he'll go [...] I thought he'd break up with her and thins will go back to normal. Because we had a good life [...] I'm ready to leave this home, but where could I go at my age? [...] Well,*

*he's ready to have me, I'm so psy... I'm simply, (hint) psychologically tired [...] I built the house, but I'll throw you out you piece of trash. [...] And not only did he beat me up, later he abused me, abused me with these words, which I noted down [...] he even shouted: you piece of trash, start gathering money for the coal for the winter, cause I won't pay for a thing [2,65].*

An equally important cause connected with the perpetrator's behavior was material gain. When it turned out that the respondent will not give her flat to her husband's daughter, a whole series of violent conflicts started. The violence – the respondent believes – was caused by impotence. *Out of anger, that he can do nothing about me, he tried to force me to do what he wanted [9,85].*

#### 6.4.2

##### Old age in violence

The research shows that violence used by intimate partners was usually a dynamic category – it changed over time. In most cases the respondents said the situation deteriorated with age. One respondent was forced to relate the case to court. *I applied to court and he still has the sentence [...] He got three years, on probation [6, 63].* In another case the respondent related that her partner's age influenced the violence he perpetrated against her, because there was no violence earlier [2,65]. Another respondent notices that within the last five years the violence perpetrated by her husband increased. She could not cope on her own. *The problem increases [...] so I called the constable, to do something about him [the husband] [4,79].*

In another case the violence increased drastically. The respondent believes that the husbands aggressive behaviors increased with age. *I think that in the first period he controlled himself somehow. Maybe not always, but I had the feeling that he did.* The situation changed later. *And now [...] he has no control over this aggression. His face changes, like a wild animal.* The narrator used to believe that the husband is aware that he is doing wrong when he hurts her. However, recently she is increasingly convinced that he completely misunderstands her reactions to the violence. For him, his behavior is normal. *He doesn't understand that he's hurting me. I tell him and he says, how often do I push you or hit you? I tell him, once is enough, but I'm scared, when you come home drunk, when I see you're angry. I tell him, how would you feel, if you were in one room with a dog, which reacts in various ways: once it's friendly, once it barks. How would you feel? And he says, he'd feel nothing.* The narrator notices that she and her husband are becoming strangers [8,60].



In only one case was it different. The respondent believes that the husband became less violent. He became more docile. [...] *now, when he is drunk, he has no strength [...] I'll go and lie down in the other room.* Furthermore, the respondent added some more thoughts. *I know that he still, he certainly still loves me, I know it. Because he would be lost without me. He knows it, he is aware that he would be totally lost* [11,61].

In two cases age had no influence on the husband's behavior. One narrator said that her husband abused her all her life and nothing changed with age. She particularly stresses the contempt her partner felt for her family. *My family was worthless. He was always the most important* [10,61]. The other respondent claims that age had no influence on her husband's behavior, but without doubt it has influenced her behavior. *I got diabetes and thyroid problems. An I must admit that I deflated. I just felt that I have no more strength to fight him alone* [3,60].

In the case of two other narrators no comparison could be made, because they entered into their relationships in old age. In the opinion of one of them the situation deteriorated with every year. The respondent does not know if age influenced this deterioration, or if her partner had always been like that. The fact is that *the hate and malice increased*. This experience caused her to rethink her partner's previous marriage. She even talked to his ex-wife. *She says, I suffered with the bastard for 27 years* [9,85].

In the other case it is difficult to say whether her partner's age had any influence on the intensity of the violence, because she only experienced it from her second husband in old age. However, the situation undoubtedly deteriorated with time [5,70].

As some of the narration shows, violence developed over time. The victims most frequently indicated that their situation deteriorated with age: the violence increased, in another case it exacerbated dramatically. This could be connected with becoming retired (no longer working). As is seen from the characteristic of the perpetrator and the relations of the victims, some of the retired perpetrators have more free time to fill, which in the case of men may lead to increased stress, which in turn causes more conflicts and violence. On the other hand other perpetrators continue both work and violence, which can be connected with other causes described earlier.

### a. Ways of coping with violence [e.g. lives with the perpetrator, has left the perpetrator, various partners]

The women had various ways of coping with the violence they experienced. Some of them remain in their toxic relationships, others opted for divorce. Let us first have a look at those of the respondents, who decided to get divorced. One of them decided to separate from her husband when it became possible to live alone. This was around 15 years after she got married. Before that she had nowhere to go. *Because my husband behaved the way he behaved, I moved out.* twenty years later, she applied for divorce [7,74].

Another respondent also showed a determined attitude in obtaining divorce. She got divorced, but the court decided that the blame was on both sides, which she found unjust. On this ground her ex-husband continues to live in her flat. *I took him in, he didn't pay a dime, because everything I had, I had a clean flat. All I had, not a curtain was needed, he didn't put a dime into it.* [9,85]. It was only after four years of court trials that her ex-husband was evicted. In difficult situations, when his behavior deteriorated (including violent behaviors), she would call the police.

Sometimes, even in view of the violence, divorce was a surprise. A 63-year-old respondent notices that four years after things had gone bad in their marriage, her husband sued for divorce. *I would rather expect death than divorce at my age, but he went, sued, which I didn't know, I was in a sanatorium. So I just signed and that was that* [6,63].

Another respondent, who experienced violence all her life finally decided to get a divorce. However, she was not consistent enough. For five years she lived alone in a rented room. However, some time after the divorce she returned to her husband. *After the divorce I got back to him [...] All my work, my savings. I went and withdrew everything. You see how well I did? [...] Because he told me he'd be a good man. Some good man he was, like all his life before.* The woman is frustrated with her mistaken decision. *I lost all my savings, all my work, lost. But maybe there is something belongs to me there, I'll tell him in court to pay me off. We have some common land we bought together, maybe something for that land [...] a tractor we bought and a car.* This situation moved her to reflect on her whole marriage. *Now I regret that I hadn't left him in the first year. I was with a priest, I talked that so many years I suffered with this awful man. And the priest told me: had you gone from him in the first year, the marriage would have been dissolved by the church. So the priest said. But so you suffer all your life.* Religion was a great support for this woman in her difficult life. *I prayed a*

*lot, prayed and asked for patience, said the rosary, kneeled when he was not home. Maybe the Lord helped me. I went to church, never missed a service [10,61].*

Another narrator, despite the violence she suffered for so many years never took any steps towards changing her situation, mainly for housing and financial reasons. When she was young she simply had nowhere to go. Later she understood she had no way of supporting a house and four daughters. Besides, she had a strong feeling of guilt. *I think that this guilt about our marriage [...], that's why I stayed [...] Also, for other people, for other women, even his friend said he was a gentleman. But not for us. Well, and this led me to believe that something's wrong with me.* Looking back at her life she came to believe that she had given in to violence and accepted it as her fate. *I just came to terms with it. I had to get up, take the children to school, to kindergarten. Go to work. And I didn't think about what was yesterday.* Now she thinks that her attitude may have been a mistake. *And now, looking back I feel that this behavior and giving in to his abuse cost me my mental and physical health.* The respondent takes sedatives, her husband works abroad, so they only see each other every few months. Every time he comes back she feels great anxiety. Lately she sued for divorce. She moved in with one of her daughters and hasn't seen her husband in half a year [8,60].

Some of the respondents, despite their difficult situation, did not decide to divorce their husbands. They had various reasons not to take that step: the values they received in their upbringing, religion, unwillingness to enter a new situation, or rather fear of the unknown or simply fear of the partner's reaction.

A sixty-year-old woman, despite the violence she suffered from her husband, did not think of divorce for a long time. *That's just the way I was brought up, that for good or bad, you live together, not divorce. [...] My mom said that this is not how it should be, that we have a child, you have to sacrifice for the good of your child, a child has to be brought up in a family.* Furthermore, she believes that when it was really bad, when she had various doubts, there was no one there to support her, to give advice, while she herself felt that her struggle was futile. Although now she lives with her husband, but leading a separate life she tries to cope. *No, I don't see it as loss or gain, but as trying to survive. Simply as an attempt to live through my old age in dignity.* Other people do a lot to help her regain balance and faith in herself. *Certainly a year of therapy with a psychologist, that's when I started to cope somehow, because I don't think I did before. Certainly home from Mrs. A, who just showed me what rights I have, what I can do in my situation [3,60].*

Another respondent was deeply ashamed of her situation. She also partly blamed herself for it. Sometimes she regretted not taking any radical steps. *Had it been possible, I certainly wouldn't have kept this relationship.* Now, when her husband frequently abuses alcohol, she also often thinks of divorce. On the other hand, she knows that a divorce requires a lot of effort and may not change much. *I'd have to divide the property, I have to give something to him, after all this is all common. And then what? Well, pay off half the flat, maybe he would move out, maybe he wouldn't, but on the other hand, where would he move? And so you struggle on, struggle on.* There are also other reasons, which she uses to explain why she stays with a violent alcoholic husband. *I think [...] I won't sin, that's one thing, another is, the kids will have a father and mother. Because I don't see how it could be otherwise. They will have a more or less normal family. Because at least once in month, once in six months even, they'll see their parents together.* The woman believes that what helped her through these hard experiences was work and duty to her children. *Definitely work when I had it, that I had to go to work, that I had responsibilities. Certainly the fact that the children had to be prepared for school. That someone had to give them some breakfast and dinner. So always having something to do, always something, not that I would just sit down and think about what's going to happen [11,61].*

Another narrator, even though she lives with her husband in one house, has a separate household, because the husband gives her no money. They live apart although they are not formally divorced. The respondent hasn't considered divorce, *because it has not been that bad so far. I was self sufficient, I worked, as you know. Simply put, if not for work, It could have been far worse. But there I had to get to grips with myself, I had responsibilities.* She believes that it's too late for any radical steps. It would simply not help anything [4,79].

There were also other reasons preventing respondents from obtaining a divorce. One of the women, even though her friends encouraged her to divorce, never made the decision, because even after obtaining divorce she would have to continue living with her husband. *Try to divorce and pots will fly in the house – she says.* The situation solved itself. Her partner overdosed alcohol and died of a heart attack [5,70].

Coping in difficult situations connected with violence requires support from other people. A sixty-five-year-old narrator believes that she would be unable to cope on her own in her difficult situation. Support is necessary. *Well, now I am... I know that I should call the police every time, I know I can go to the CIC, I'll need a psychologist too [2,65].* In the respondent's opinion there is no way to

cope in a difficult situation if one avoids talking about it openly. Problems shouldn't be hidden, because this leads to no good. Hiding a problem does not lead to solving it.

### 6.4.3

#### Needs of victims

In difficult situations connected with violence people usually look for help from their family. How much support can the family provide? Research indicates that uniform support from the whole family is rare.

#### a. Family as a source of support

In coping with violence from her husband a 73-year-old woman is exceptional, because she receives support from her whole family: children and sister. In court they all testified for her. *My daughter described everything, my son described his behavior, he even went at my son with an axe. My daughter-in-law described everything, my sister told how she had to hide the children, how he came, wanted to be let in, tried to make a row [1,73].*

Another respondent, aside from the support she received from her sons, had no help from the rest of the family. Her mother treated her situation as a cross one needs to carry. *She explained that everyone has their cross to carry and maybe that's why so long, under my mom's pressure, I didn't rebel. [...] you know, later, when you come to understand, I don't know, maybe thought things through and started doing things, I don't know. But to begin with, I was quiet as a mouse. Moreover, her husband's family criticized her for calling the police when he came home drunk and started rows. When the family found out, especially his family, that he was arrested, well that was my fault. My fault and all. She does not blame her mother. No, I don't blame her. She just always said that you'll see, one day your life will turn. Mom's dead, she died this year, she was 93. Your fate will change she used to say [11,61].*

Another respondent may expect the support of her daughters, but not from her mother and brother. Lack of understanding from her mother is particularly painful for her. *And my mother upset me, I worked, but she would say that he gave me the money [...] she let me know that it was from him this money. And so she accepted him, because he helped her out at that allotment of hers. The worse he was for me, the better he was for her. [...] I even had that difficult period when I was really angry at her and tried to figure it out, why? And I came to believe she didn't really understand the situation [...] And she doesn't fully understand me, what I feel, what I go through. That's why I was angry. And that's why I'm more understanding now. Not so angry at her anymore. Just as I*

*didn't understand many things before, so she still doesn't understand. Her brother is also – in her opinion – too lenient towards her husband and just as her mother does not understand the whole situation. My brother, when I said I won't be home for Easter, because there is this situation that my husband is coming, he says, well so he's got nothing else to do but drink. I tell him, whether I'm there or not, he will drink if he wants to. So he also doesn't fully understand the problem. Some diplomat. But in this sphere he seems to believe it obvious, that I should be the guardian of his drinking, suffer his aggression. I don't have the strength and health for that [8,60].*

In difficult situation a 79-year-old narrator can count on the help of her more distant family, but not her own son. *I have very good contact with my family. After all, when I broke a leg, unfortunately there was no one to look after me. I broke my leg at the hip, so I had to lie for a long time. My sisters came, they stayed for two months. [...] They were with me because I couldn't count on him.* She cannot expect help from her son because – as she says – *my son and me, we're good, but he just doesn't have my character [4,79].*

In the case of another narrator her son and his family are the main source of support. When she found herself in a difficult situation, the respondent called her sister. *First thing, when things started to go wrong, I phoned my sister [...] But she hung up and didn't even want to talk to me.* In this difficult situation that narrator was helped by her son. *Because now he's helping me [...] this is my goal in life. I have someone to live for, I have a son, a daughter-in-law, who for now is really great [6,63].*

Sometimes however, a son may support the aggressor. In the case of another respondent, her son joined her violent husband. *And now, since our son moved in and they shook hands and he exacerbates [the conflict], that's why I started to defend myself [7,74].*

Another respondent had no family except a daughter, who separated herself not only from her violent father, after she was beaten by him, but also from her mother. Therefore she has no one to count on. She has to cope with the situation alone. *No one is going to do all this for me. If I'm not strong enough, no one is going to do it for me. Someone may advise me, give some hints, but I don't think, that someone could do anything more... [3,60].*

Another narrator also struggles with the problem alone. *I've lived here for a moth now, I left, I told no one where I'm going. Didn't even tell my daughters.*

*Because [...] they'll start dragging me to court with their father. She relates that her daughters tried to reconcile her with her violent father [10,61].*

Sometimes, the conflict between the female victim and her husband splits the family. As a 65-year-old respondent relates, her older son and his wife believe their father. *This older daughter simply doesn't believe me, not at all. Because I'm bad. He [the husband] can manipulate facts, describe everything in such a way that, like I'm lying.* The younger son and his wife understand the mother's difficult situation. *My younger son and daughter-in-law, they're with me.* The respondent believes that her husband supports their older son and his wife financially [2,65].

## **b. Institutions and organizations as a source of support**

In solving their marital problems the respondents received help from the police, social aid center, crisis intervention center, alcohol commission, court doctor, lawyer and support groups.

## **c. Contacting an institution (barriers)**

Women reached help institutions in various ways. Often it was string of activities. In the case of violence caused by alcohol it usually started with a police intervention called in by the victim of violence. This is how one of the respondents describes it: *Than I went to the police [...] I went immediately, the next day, because it was late. The next day I told the police [3,60].* The police would direct a case to a Crisis Intervention Centre or Alcohol Commission. *The social aid? I just learned when this lady [...] came to me. I didn't know a thing, the police handled it all [1,73].* This chain of events took place in six of the eleven analyzed cases. One of the respondents suffering violence from an alcoholic husband came to the crisis intervention centre herself. This is how she describes her actions: *Well, I got here from the start [to the Crisis Intervention Centre]. [...] I knew that there is something like this and I really just came and knew that there is this social aid here [...] But I didn't know if they handle such cases or not. So I asked [...] do you help in cases like domestic violence [4,79].*

The situation is different when violence is not connected with alcohol, or it is only one of the causes of violence. A separate example in this group consists of two cases, where the cause of violence is infidelity or sexual violence. The first narrator, after she realized that her husband had an affair, which he didn't even attempt to hide, was unable to cope with the new reality. She thought he would come to his senses. An urgent need for help appeared when it became apparent that her husband wants to deprive her of her property. She started looking for

help by visiting a lawyer. Next, after she was beaten by her husband, she came to a Crisis Intervention Centre. She received information about it accidentally, from a young woman working at court. *So she gave me this telephone number, that there is this place [...] from young girls. The older ones don't know...* [2,65].

Another woman – victim of sexual abuse from her husband – also found out about the existence and work of a Crisis Intervention Centre by accident. As she says, she got the information *from people who had used this institution, who had violence before. Although they were younger* [6,63].

Among the interviewees there are also two women, who were looking for help under severe stress caused by fear of their husbands. This fear caused them to suffer in silence for years. The first of them, brought to the edge by physical and psychological violence ran from her husband and sued for divorce. For the process she needed a certificate from a psychiatrist. This is how she describes the chain of events which followed: *I got treatment from this doctor [...] And I went to him to ask for the certificate. I told him about my life, because he knew me well, I've been going to him for years. And he wrote it down for me, where the place is I should go. And he directed me to this centre where I live now* [10,61].

The other narrator, who lived in fear of her husband, was convinced by her daughters to take look for help. *And they mobilized me, to go to the court doctor, to have an examination, to go to this, this therapy with this support group. [...] I felt so helpless about what I was going through. And I went there. I knew there is this centre near to where I live and I called them. And the man told me to come... And because I said that he did it while he was drunk and I don't know if that's where I should go [...] and he said we'll see. And I stayed there* [8, 60]. It should be added that she was keeping all this secret from her husband.

Yet another case of abuse in marriage is an attempt to take over the wife's property. This caused many forms of violence, including physical violence against the respondent. She came to the police herself to ask for help. The policemen sometimes advised her on what to do.

#### **d. Evaluation of the institutions**

Among the answers evaluating the functioning of various institutions supporting elderly female victims of violence the largest number of positive opinions was connected with the Crisis Intervention Centre, while the police received much fewer positive opinions. One of the respondents complains about the work of the



police. Being in a difficult situation, suffering violence from her husband, she received no support from policemen. Twice they refused providing help. *Twice I heard from a policemen [...] if you can take it no longer, move out. [...] Tell me: I'm supposed to move out of my own home? I have nowhere to move to [7,74].*

Another narrator also complains about the way police works. She believes, that if she doesn't help herself, it is hard to count on help from the police. *The police, if he killed me, then they would intervene. Well I won't allow that.* On the other hand, she expresses positive opinions about the Crisis Intervention Centre. She particularly stresses that she receives help from a lawyer and psychologist for free, because *any advice anywhere costs [6,63].*

Two other women also express positive opinions about the work of the Crisis Intervention Centre. One is very happy with the help she received. It is particularly important for her that the conversations at the Centre changed her view of herself, her husband and their problems [2, 65]. The other is especially thankful for legal advice, because she has no experience in this matter [8,60].

Another narrator has a very good opinion of the work of the Crisis Intervention Centre, especially the women working there. She values not only the legal advice, but also the possibility of receiving help from a psychologist. Since she came in contact with this institution and particularly the person overseeing her case, her husband, who so far felt safe from punishment started to be afraid. The respondent expresses regret that information about help for older victims of violence is practically inaccessible. *Yes, the subject of violence against children is fashionable now, there are many posters, with telephones you can call [...]. But I've never seen any information about violence in the family [3,60].*

The same respondent is at the same time very disappointed with the police. When she first reported being beaten by her husband many years ago, the police did nothing. Later policemen were more inclined to believe the perpetrator than the victim. This is how the narrator describes the situation: *because he pretended at the time, because he had bypass surgery, right? So he pretended to be very sick. The police were fooled every time, they called an ambulance in. And I was treated like the wife who abuses a husband after a heart attack and bypass surgery. [...] But because there are only guys on police patrol, he was treated leniently, but I was treated as a bad wife. Once, just once, there was a woman with the patrol [...] and that's when he got the blue card. Because besides nothing was ever done to him. Because he's a very good psychologist, he can really fool anyone, anyone. He can even go to the constable and cry, because no one understands him. Which the constable believed and also had it*

*against me. I say, there don't have to be just guys in these patrols. There should be a woman, because thanks to that woman he really had the blue card made and there was peace for a time. A longer time. Because it was enough for a male patrol to come, he would fall unconscious and it was over. Because an ambulance would come and the case was off. Of course that with a heart disease and bypass surgery, he could have felt worse. But that's what the police has breathalyzer, to test him for alcohol. [3,60].* The respondent believes that the fact that there was any intervention in her case was thanks to the policewoman, who turned out to be a very sensible and energetic person. She initiated the blue card procedure, which led to nominating a probation officer from the City Social Aid Centre. Before that, when a male police patrol came, the officers would not even talk to her, even though she was the victim, they only talked to her husband. This strange behavior the respondent explains by the constables personal experience – his wife left him, *so he simply attributes any failure in marriage to the woman [3,60].*

The work of the police was also criticized by another 61-year-old respondent. She evaluates the steps taken by the police in cases of violence against a wife or intimate partner as insufficient. She believes a lot more should be done, after all the police does have appropriate resources. The perpetrator of violence should simply be prosecuted and sentenced as quick as possible. Nevertheless, in the respondents opinion, the situation is much better now than it used to be. She gives her case as an example *Even my husband said. A colleague [...] or some acquaintance was on duty, what, a woman got you locked up, I'll let you go in a moment. That's what it was like. It's certainly better now. No doubt, because at least they get these blue cards or whatever, these blue cards they get.*

She does not however see much of a difference between the actions of a policeman and policewoman. This is how she sums it up: *I can't say I saw any difference, because the man handled things the same way. Not like he strongly defended the man who is violent, rather not.* Apart from police intervention the respondent also received support from the commission on combating alcoholism, because the violence she experienced was connected with her husband's alcoholism. She believes the commission is doing what it can. It can only ask or recommend treatment and check if the perpetrator of violence takes part in Anonymous Alcoholics meetings. In her opinion courts should send violent alcoholics to receive treatment and as quick as possible. The respondent has serious doubts concerning the methods used in addiction therapy in closed wards. *I had this experience, when my husband was in treatment in a closed institution, I told the doctor that when he's out, I'll come for him to work, to*

*take him home, so that he doesn't go drink. And she told me you don't do it, because he has to fall to the very bottom and get up himself. So if you do fall that low and get up, you can get out of it, but otherwise there is no chance. And I believe, I'm really upset about them, about this institution treating people like this [11,61].*

The other respondents criticized the judiciary and in one case the attitude of the employees of the City Social Aid Centre, which is not the same as the centers work in general. The work of both the police and social aid centers, and especially crisis interventions centers, are evaluated positively.

One of the narrators cannot say that the employees of the City Social Aid Centre took no interest in her, but she believes that their concern was not enough. *I often hear on TV that social aid this, social aid that, give advice, organizes stuff, well they didn't organize anything for me.* Her husband, because of his age (81) was a client of the same Social Aid Centre and she sees this as the reason why they did not treat her case properly. She believes her husband threatened the employees involved with her case and they were unable to oppose it. This is how she describes the situation: *[...] when I sued for divorce, he told one lady when he was there [...] tell my wife to give up on the divorce, cause if she doesn't, I'll finish her off, I'll destroy her. How do I know, he told it to her not me. She called and said: [...] come to us, I have something important to tell you, so I went, cause I didn't know what it was about. So I went and she told me,. repeated it. She tells me, you be careful, cause this is what he said. I said, what if I need to have you as a witness that he said this and threatened me. [...] so I had her in court, they came, sure they came, but they did not speak for me. The judge asked if he'd said this and that. Well, I can't remember, one says [...] can't remember, he comes so often and always shouting, she says they even had to call the security once, because he had some problem with them. I don't know, I don't remember. How can you not remember something like that? I can't remember. And I had to speak up and I say [...] but you told me that, how else would I know? But you said that to me? Why won't you say the truth? So later, well maybe he said something, but I can't remember how it was. That's it. But maybe the judge did include that.* This fact turned the respondent against the employees of the City Social Aid Centre. After the trial she talked to them about their testimonies. Here is her relation: *I asked them why they wouldn't say the truth. So they told me: you know, we were afraid that he might harm us. I tell them: what harm can he do to you? Does he know your addresses? He doesn't know where you live. What harm can he do to you? And that was that.*

The work for the judiciary also is in her opinion imperfect. She has no fond memories of the judge, who handled her divorce case. His lack of kindness she attributes to the fact that he is a man. *Well, because they also have experiences, they're judges and prosecutors, but life is life, like private? Well, maybe he has rows with his wife, or something and he is angry at women, I came to this conclusion, that he is angry at women.* She has no objections to the way the police works, because *they always came, they always told him off, scared him a little and so on and reported it to the prosecution* [9, 85].

Another respondent is satisfied with police interventions and the help she received from the officers. She also praised the employees of the Crisis Information Centre. She described them as friendly and competent. She is particularly satisfied with the legal advice received there [1,73].

Another respondent positively evaluated the help she received from the police and the City Social Aid Centre. She relates that she felt more self-confident, hoping that maybe someone will finally help her. And she did receive help. She would not have been able to cope on her own. This is how she evaluates the work of the women working at the City Social Aid Centre: [...] *I said, I assess them very well, because they helped me, helped, really helped me. They advise me and the lawyer, because I needed a lawyer for the court, they gave me the address...* She does not in any way feel discriminated by the employees of the centre. She is treated similarly to much younger people [4,79].

Another narrator also positively evaluates the help she received from the police and the Crisis Intervention Centre. She is in good relations with one of its employees. Also her contacts with the police, especially the constable she evaluates positively. However, she is not satisfied with the work of the public prosecutor. She complains about the tardiness of their work. This is how she describes the work of one of the prosecutors: *Musty be, three times I went there, waited for hours. And he'd talk, say a few words and still do nothing. And so it stayed [...] later I went to him again and he'd done nothing, nothing, no interest at all* [5,70].

Another positive evaluation of professionals in the field comes from a 61-year-old narrator, who is very positive about the work of the Crisis Intervention Centre. She is happy that she does not have to live with her husband and can stay in their hotel. Even though she shares a room with another woman and her two children, her life is much more peaceful than at home. *We have everything and you can get a bath every day. Not like home where my husband would cut off the water, cause I didn't pay for it. Like I don't pay for the water and energy.*

*Here I can have a bath and do the washing [...] I would like, God help me, I would like a piece of my own room, I would like to be able to live in peace [10,61].*

#### 6.4.4

##### Message from the victims

In one of the open questions the respondents were asked to give advice, based on their own experience, which would be helpful for people in similar situations. Two main themes appear in their answers: promoting active attitude towards the perpetrator and caution. Promoting an active attitude means encouraging people to act, which is connected with having to take one's problems out, further than just among neighbors. *Because everyone knows that going to your neighbor won't solve the problem. Your neighbor will tell you, there, there, get a divorce. But divorce doesn't solve anything because you still live together. It's not like he'll be evicted, cause he won't. Often it's even worse after the divorce, because there are these two old people, who try to destroy one another [3,60].* An active attitude is fighting for one's own rights. *You can't let, you have to fight for your rights, I still do* – another narrator says [6,63].

Another narrator indicates the need to look for help and support, because a woman cannot cope alone. Violence which takes place outside is noticed and punished, but violence at home is different, because it is usually seen and evaluated by two people only. She stresses the need to confront the opinions of others about oneself. Not doing this leads to a situation, which the respondent characterizes as follows: *Even me, I started feeling and I'm too fat and stupid. I think [...] what is wrong with me, I blame myself. I blame myself... [2, 65].* This support requires an appropriate infrastructure. This problem is mentioned by another narrator, who stresses the need to go out with one's problems. However, she indicates certain barriers. One of the most important is lack of knowledge concerning institutions supporting elderly female victims of IPV. After all, she believes there are many ways of propagating this information. *Whether through the press, or radio, or posters, that these women are not alone. I think that there should even be more of such support groups for women at the psychologists. Just like when there is an alcoholic's club and masses of information about AA clubs, maybe they'll stop drinking. but I think, that there should be really a lot of things for women, who are not always able to cope in the given moment, such support groups [3,60].*

A woman living in the city, who is aware of her situation, presents both an active attitude and some radical views on the relation of victim and perpetrator,

formed by an unease, painful life. In her opinion women should not be afraid to talk about the violence they experience from their partner. The shame which restricted her came from the fact that the mentality of women used to be different. In the respondent's opinion, calling the police about her husband used to be seen as improper. *And earlier they say: he brings the money in, and the woman should stay put. And if she gets it? Well, she deserves it. And unfortunately. If this was my situation now, if I were 30 years younger, my marriage would surely not survive, but I was ashamed of ending up like this.* The respondent wonders what could come from her experience. What advice could women in a similar situation receive. *What can they learn? That you can't let it go, you have to fight, fight, just fight earlier. You have to bring it out of light and early. But not in front of the children, they shouldn't have to see it. Because my children did. If possible, it's best for them not to see. Solve it as soon as possible, if nothing helps, because a man can be weak, can make mistakes, but if he makes the same mistake time and again, there is no chance. You have to solve it.* She ends her message with brave and sharp words. *What would I want to say? Not only for women, but also for men, because men are also victimized, so there should simply be this law that the perpetrator has no rights. If you cannot live in a family, if you hurt the other person, you hurt your close ones, [...] your wife, or your husband and children and abuse alcohol. Because alcohol is for people, not for animals, so yes, you drink too much, then you have to be aware, that there would be this day, when you will have to pack your stuff into a bag and get out, and in five minutes too. Not dragging it for who knows how long, because there is court, there is the interview, there is something. A man might be good at work, but unfortunately, he's bad in the family and has to live this family unconditionally. No extra conditions. You may be the best at work, you may be a director, professor, I don't know who, but you are no good in life, you're no good as a husband, wife, or father, mother, unfortunately, you leave your home as you stand. This should be the law. That's what I think, no extra conditions [11,61].*

Another narrator advocates extreme caution in making key decisions in a relationship. This is about not allowing a problem situation to arise. One narrator notices that a woman should get to know a man well, before she becomes involved with him. One cannot make hasty decisions concerning marriage. It is well to ask for opinions from people who know the candidate. However, in her opinion, not everyone is willing to talk. She herself experienced a situation, which led her – aged 65 at the time – to make a bad marital decision. It is only the consequences of this that led her to reflect upon it. *I should've checked, but people won't talk. Very, some will talk, some will not [5,70].* Another narrator

believes, that a woman should know that if a man is violent once, he might do it again. Then one should talk to him. *If he cannot cope with his emotions, with his aggression, than this is the condition, let him get some therapy. Either I stay with you, but you have to get therapy, because this damages you as a human. [...] Or, if not, then split up... because this is damaging for you, for the children [...] Don't hide it, but talk to your partner, offer terms and, well, solve problems, not destroy one another, because such things stay unsolved* [8,60].

Another respondent formulates her message as a warning to women, *to be careful of men, to get to know about them well. But you cannot always do that. Cause they change* [9,85].

One of the narrators [7,74] even though rather tries to oppose her husband, believes it is worth to recommend rather a way of bearing the difficult situation than improving it. Here is her advice: *Everyone has their own take on their problems. For example I suffer, I control myself. A good book helps me here, putting this foolishness aside, because I say this is not important. Patience, patience and giving yourself to God if there is one. Maybe it's invisible, but it works, so I believe in it to some degree.*

Here is how another respondent formulates her message: *I don't know, maybe if I was in different situation, maybe I would tell something, but like this I don't know what I could advise. If had didn't have this flat, our own flat, but other men, you'll see, leave their women and go, but not mine, mine won't leave the house now* [1,73]. It is clear that she cannot draw any useful conclusions from her experience and is unable to generalize. She can only describe particular situations. It seems that her thinking concentrates on these particulars.

Some of the respondents are unable to give any message. One of them cannot give any advice to others. She just complains about her fate and stresses that her situation was the worst in her village. *This life of mine, people would just look on and weep with me, they wouldn't want a life like mine. Like what I had* [10,61]. There is clearly an attitude of resignation.

Similarly, another respondent, who also has problems articulating her message: *A really difficult question. Difficult, because it is not up to us, if we can. For example if I could. If I could... dissuade my husband. I tried various things and nothing works. Nothing can work* [4,79].

## 6.5 Summary and discussion

The information presented in this chapter, coming from female victims of IPV aged 60 or more, shows how complex and difficult to solve this problem is. The interviews "opened our eyes" to many issues, which have not been written about in Poland. The victims indicated various issues which were cause for alarm if not fear for their lives. However, the active victims were of the opinion, that one can successfully oppose the perpetrator if the victim is determined, knows what she wants to achieve, is not afraid, believes that she can do it and has the money. She needs to be financially independent of the perpetrator. The past is important here, more precisely, the victims childhood. On one hand, women who had a complicated childhood, i.e. they were raised by distant family (sister, grandparents) or strangers, not by their parents, had to grow up quickly and learn to be independent. These people are more independent, more resourceful also in a situation of violence in old age. On the other hand, because they have emotional deficits (lack of parental love), they have a strongly developed need to care for someone, because they have not experienced motherly love and care in their own childhood. One may pose the question here: can a person with emotional deficits be a good mother? Yes, such a person can be a good mother, as is exemplified by the good relations these women have with their children.

It seems right to stress that a situation of violence in analyzed marriages usually lasted a long time (over ten years or even their whole life), although in the cases of remarrying it was much shorter (a few years). The respondents experienced all forms of violence and abuse, i.e. physical, psychological, financial, sexual. However, in their opinions, the psychological violence is the worst. They were also victims of neglect. However, as is shown by the research conducted by the European Commission in February and March 2010, in Poland the awareness that the problem of violence against women is "very serious" is very low in comparison with the EU (**Eurobarometr 73.2**).

Usually elderly victims of violence had a passive attitude towards the perpetrator and for a long time did not look for help. This attitude was connected with many factors: they were afraid of their partner, his aggression, or even threatened. An important reason was also shame. Other factors connected with violence and victim attitude include belief that they would be unable to survive and bring up children without their partners financial support, as well as religious beliefs on the permanence of marriage, deep feelings for the partner, a feeling of guilt, or the belief that nothing can be done.



There are many reasons for violence, but based on the research results they can be put into a few groups: the first includes the features of the perpetrator (such as his character or values drawn from his upbringing), the other includes particular actions taken by the partner (alcoholism, adultery). Apart from these factors reasons were also indicated which come from the victims personality or irrational outside reasons (witchcraft).

Interviews with the victims of IPV also showed the importance of education, religion, material status, as well as various phobias and sexual disorders, or material issues, such as the perpetrator wanting to take over the victim's property. Victims of violence are afraid for their future, they feel afraid and helpless. But they also form a message (a warning) for other women. They urge women to get to know their partners and be cautious when making decisions.

## VII

# Staff interviews

### 7.1

#### Research aims

It is proposed that the range of services available to older women who experience IPV needs to be researched in order to identify potential areas for future service development. It is also important that research investigates the barriers that prevent older women from accessing the support they need and the difficulties professionals experience when attempting to meet the specific support needs of older women. This phase of the study, therefore, aimed to collect information on the services available to older female victims of IPV and the types of support available to them. This element of the study also aimed to investigate the difficulties professionals and services may encounter when providing support to older women who have experienced IPV and the challenges posed by such difficulties.

### 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). 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). 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). 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.

The material presented in the following chapter will be an individual interpretation of the analyzed problem, performed by professionals, preserving individual narration style and signed in italics in the following manner: questionnaire number (1, 2, 3, etc.), position held (e.g. social worker), place of employment (e.g. Crisis Intervention Centre).

### 7.2.2 Sampling

The respondents in the second stage of research worked for various institutions, which provide everyday help and a variety of services for victims of domestic violence, as well as for the elderly. Some interviewees declared their willingness to participate in the interview in the questionnaire which was sent to them in the first stage of the research. However, because there were only 10 such cases, conducting the remaining interviews was only possible due to good cooperation with local institutions, as well as thanks to the interviewees themselves, who indicated, during the interviews, people (e.g. co-workers), who would be willing

to participate in the research. Thus it was possible to achieve the target sample of 30 respondents.

### 7.2.3

#### Conducting the interviews

A total of 9 direct and 21 telephone interviews was conducted. Of that 28 respondents agreed to the recording of the interview, while in 2 interviews notes were taken, as the interviewees did not agree to recording. The interviews were conducted from March till the beginning of May 2010 by scientific workers from the University of Białystok. From all 28 interviews that were recorded transcripts were drawn up. The length of each transcript was diverse and depends on the interviewee. On average, the typical transcript consisted of fifteen pages.

The respondents worked in such institutions as:

- **Crisis Intervention Centre** – (10 people) – a publicly financed institution, which works to prevent violence and provide 24-hour services and support for people in crisis situations, e.g. normative, traumatic, chronic, psychosocial; a crisis is a situation with which the person is incapable of coping; it may apply to individuals, families and groups; a crisis may be caused by the death of a close person, sickness, unemployment, financial and housing problems, marital problems, family problems, violence; the help is provided in the form of an intervention, so it focuses on the here and now situation, with the aim to prevent negative consequences of the crisis and preventing destructive attempts at dealing with it; the institution also provides a hostel.
- **(City/Borough) Social Aid Centre** – (8 people) – a publicly financed help institution, which provides multi-dimensional social aid to families with various problems, mostly financial ones caused by unemployment, homelessness, parenting problems, disability problems, as well as problems experienced by victims of violence. The institution grants benefits, care services, financial help, support in situations of crisis, material help; it also provides psychological and social support; it cooperates with many other institutions.
- **County Centre for Family Help** – (1 person) – a publicly financed help institution, which provides help mostly to foster families and the disabled.
- **Polish Nationwide Emergency Service for Victims of Domestic Violence “Blue Line”** – (5 people) – a non-governmental institution providing help for victims of violence; its mostly intervention work aiming to stop the violence; the institution provides various forms of support for victims of domestic violence (psychological, legal, psychological and

psychiatric consultations); it provides telephone and e-mail advisory, organizes support groups for victims of violence; it also educates – through programs, projects, personnel education – its and outreach help offer.

- **Society for the Prevention of Violence in the Family „Blue Line”** – (2 people) – it was created in 2005; deals with broadly defined prevention, help for victims of violence; the employees of this institution work with the victims and perpetrators of violence, contacts witnesses, organizes individual consultations and therapy, trainings, advisory; it is a non-governmental institution.
- **Ombudsman for the Victims of Violence at the Office of the Marshal of Kujawsko-Pomorskie Voivodeship in Toruń**–provides (legal and psychological) help to victims of crime; it coordinates the work of a team of lawyers and psychologists; it also organizes trainings on prevention of domestic violence, making social interventions, conducting media campaigns; it cooperates with universities, courts and other institutions; it oversees the work of the telephone helpline for victims of domestic violence “Blue Line” in Toruń.
- **Police – the Department of Prevention of the Voivodeship Command** – (3 people) – it oversees and coordinates the work of city and county commands, especially with regard to the Blue Card procedure.

Among the employees of the above institutions there were:

- **social workers (7 people)** - their jobs include: work in the field, i.e. facing the problem of domestic violence in its environment (interventions); helping people (and families) in trouble, unable to cope with life; identifying the local environment and people in difficult life situations, qualifying for various benefits and other forms of support, integrating the local community to work on a case, initiating the Blue Card procedure; preparing documents for various institutions, appearing as a witness in court, conducting community interviews.
- **psychologist (5 people)**– the psychologists’ work includes the following tasks: psychological help in the form of direct interviews (therapeutic sessions) as well as indirectly (through telephone conversations), leading support groups (e.g. for female victims of violence or perpetrators of violence); visiting people who cannot reach the institution, trainings for institutions (e.g. policemen from the department of prevention), organizing meetings in schools or for students.
- **therapist (2 people)** – conducts individual therapy for people who turn to the institution for help; during meetings a goal is established and then work proceeds on the resources and needs of the client; a way is established for

solving the problem, as well as strategies, which help to survive the problem.

- **consultant (4 people)** – consults people, who are noted as clients of the institution, i.e. people with various problems, e.g. victims of domestic violence; the consultant conducts and interview, diagnosis, interventions, organizes help; leads a support and therapy group for victims of violence.
- **family work specialist (3 people)** – takes care of: individual therapy for victims and perpetrators of domestic violence (including interventions), leads support groups for perpetrators, helps people in crisis situations (these may include unemployment, parental ineptitude); help in resuming normal life in a society.
- **lawyer (3 people)** – the lawyer’s tasks include: providing legal advice to people approaching the institution for help, helping to write legal documents; helping institutions with documents, court summons etc.; conducting training, workshops, discussion panels.
- **coordinator for the problems of addiction (1 person)** – the coordinators tasks are: helping people and families with problems caused by addictions, victims of domestic violence, supporting families, contacting various offices, interventions, mostly concerning children, sometimes taking children from the parents.
- **teamwork specialist (2 people)** – consults situations reported by social workers concerning domestic violence, controls the work of social workers (evaluation), conducts field actions – if a social worker does not know how to continue working with the family, provides support, advises social workers; organizes trainings, workshops for people participating in socially useful work – i.e. for long-term unemployed, for whom the workshops are a chance to quickly return to the job market.
- **policeman in the Department of Prevention, including a Blue Card procedure coordinator (3 people)** – oversees the documents completed by neighborhood policemen, mainly the Blue Card procedure (the Blue Card is note written by a policeman concerning domestic violence); the coordinator checks if it was justified to create the Card, how it is filled, etc.; he checks whether the instructions of the regional command on the Blue Card procedure, as well as many others, are followed; he sets tasks, constructs preventive program, which are realized by subordinate units, takes part in conferences or meetings on the problems of violence and its prevention.

Direct or telephone interviews with the employees of various institutions, which have everyday experience of working with older women – victims of intimate

partner violence is a very interesting experience, which is at the same time a great source of knowledge on this subject. Because among the interviewees there were representatives of various institutions, as well as occupying various posts, it was possible to conduct multi-aspect research.

In general the interviewees showed a positive attitude and were willing to share their experience and thoughts on the subject. Information they provided was sometimes surprising, but it also happened, that information from one interview repeated in others. On the other hand, some observations (especially those, which were not mentioned before) were discussed during other interviews, which provided a fuller picture of the subject.

Because the interviewees have many tasks and responsibilities, the interviews often had to fit in a limited time, which could unfortunately influence their quality. Some interviews had to be shortened and it also happened that some people, who first agreed to an interview, would change their mind, when informed about its length. However, those interviewees, who took part in the research were deeply interested in the subject and therefore were more involved in the conversation and thus it was possible to have a more detailed discussion on intimate partner violence against older women.

### **7.3** **Sample characteristics**

Among the 30 interviewees there were 25 women and 5 men. They were either young or middle-aged (the youngest was 26, the oldest 54). The respondents stated that they have higher education in pedagogy, psychology, law, sociology or administration. Additionally most of them confirmed that they were raising their qualifications with respect to work with victims of violence during specialist trainings and workshops. In most cases the interviewees were employed full time (40 hours a week), a few of them worked part time (20, or 30 hours a week) or were contracted. As for their experience, answers were varied – some had worked in the profession for many years, others started recently. It is worth mentioning though, that almost all respondents had since the start of their employment contact with the problems of intimate partner violence and it is an essential part of their professional duties. However, the problems of old age and the elderly were not always part of the main problems the interviewees dealt with in their work. The respondents indicated that older people rarely apply for any kind of institutional help – thus they have little contact with this client group. Nevertheless, if an older person approaches and institution for help, the

employees indicate that they are mainly people with financial and material difficulties – e.g. they want to revoke a gift (in legal sense) or apply for a benefit. The interviewees also work with older female victims of violence, but they are more frequently victims of violence from adult children, than from an intimate partner.

## 7.4 Findings

### 7.4.1

#### Violence – definition and associations – in the respondents' opinions

Because of the specifics of the respondents' profession, as well as the help they provide, it was interesting to see how they understand the concept of violence against older women, as well as what they associate with it.

The respondents mainly used the definition of violence from the act on counteracting domestic violence from 2005 (Dz. U. , Nr 180, poz. 1493). Therefore, the interviewees indicated that violence can be defined as intentional action or lack of action, which infringes on the dignity of other people through harm to their physical or mental health. Aggressive behaviors are also often connected with inequality of strength between the victim and the perpetrator. The perpetrator wants to achieve dominance over the victim in order to reach a specific goal. Here are the statements of two respondents. *I understand violence as an action against the dignity, the dignity of another person, which abuses the inequality of strength between people. Not necessarily physical strength sometimes connected with economy, sometimes with strength, psychological strength, that is that one person is decidedly stronger and abuses it in this negative way. Causes suffering, to the other person.* (29, psychologist, Social Aid Centre). Another woman stated that: *Well for me violence is above all something intentional, that is the person who uses violence really wants to use it. It's not like it's an accident, there certainly has to be some inequality of strength, obviously in various meanings. It doesn't have to be physical inequality, but it can be psychological, economical.* (1, lawyer, Blue Line Helpline)

The fact that the respondents have a similar understanding of violence indicates that the legal regulations for social aid are known and realized. Presumably, this fact indicates that there are common trends in help activities in all institutions, regardless of their level and positions occupied by their employees.



It turned out that what the respondents associate with the problems of violence against older women is dependent on their own experience and duties. The interviewees stressed that the society is not aware of the problems of aggression against the elderly (not only women), which may influence its dynamics and duration. One of the respondents indicated that: *(...) if I could somehow put aside my professional experience, it would be a very surprising truth for me. Because this old age is rather associated with this calm, retiring person, who maybe functions somewhere quietly in the society, but there is violence here too. How could older people summon the strength to use violence against each other, even sexual abuse sometimes. However, if I look at it from the point of view of my professional experience, than really, maybe these are sad cases, but they are real.* (3, family work specialist, Crisis Intervention Centre).

Professionals also stressed that they associate violence against older women with violence from an intimate partner or children, as well as one that is hidden for a long time. Here is one of their opinions: *My first association is that there is this group of women, who after many years, because it's usually many years. After many years in a relationship with an abusive partner, who often is an alcoholic, come for help at a time when they themselves say they can't take it anymore, that they had hoped for so long. They say they wanted to work on their relationship, they tried to do something, to answer the partner's needs, but it doesn't work.* (8, consultant, Blue Line Society). Because of these circumstances the elderly often do not want to admit, that they are victims of violence and seek help only as a last resort. Many respondents also stressed that they associate violence against older women with the need to help this group of victims, who are unable to cope with the situation themselves. One of the interviewees indicated that when she hears the phrase "violence against older women" *this light goes on in my head, that something has to be done, to help, you know, those families, those people. Because I know very well that these people can't help themselves, so violence is not just this word, it arouses emotions, right?* (16, social worker, Family Help Centre)

Violence against older women is also associated with a passive attitude, which is caused mainly by cultural factors, connected with the position of a woman in the family and society. *I think these older people belong to a generation, which doesn't like to talk about their situation at home. Especially a situation such as this. These are people from a different generation and they maybe only seek a solution to their problem, when there is no other option. Generally, they have this assumption that a marriage is for good and bad times, and for life. (...)* that

*is probably why there is so little said about this violence.* (20, social worker, City Social Aid Centre).

#### 7.4.2

##### Further exploration of cases of IPV against older women

Starting a deeper analysis of the problem of intimate partner violence against older women, the narrators were asked how many older women they worked with in 2006-2009. The answers were varied – some had only one case of an older female victim of intimate partner violence, others indicated around 10 cases within the last 3 years, while some institutions dealt with over 20 cases. It has to be mentioned, that one institution mentioned an astonishing number of 300 elderly women, who indicated problems with violence from their intimate partner.

Interviewees were also asked what the situation was like before 2006 – if there were more or fewer cases of older female victims of intimate partner violence who approached the institution. Most of them indicated that there were significantly fewer older female victims of violence before 2006 than there are now. When asked why they thought this was the case, respondents explained that shame and the *feeling of wasted life* (as one respondent called it) play a major role here. *Well, also not wanting to admit failure in life, because that's how people often see it. Also lack of information on effective help, but also often health problems.* (19, ombudsman for victims' rights, Marshall's Office). Another respondents noticed that before 2006 there may have been fewer identified cases of older female victims of intimate partner violence because *it's only for some time now, that in the questionnaire of the community interview conducted by social workers there is a question about violence; there is the act on counteracting violence, which was introduced in 2005. And the media campaigns have somewhat influenced the awareness.* (18, team work specialist, City Social Aid Centre). Increased awareness of the problems of violence and calling particular behaviors as violence was also mentioned by another narrator, who said that *well, I generally think that this awareness is increasing, so much is said about it on TV, we launch those programs. Certainly people know more about it, talk about it. That is why there seem to be more victims.* (9, social work specialist, City Centre for Family Help). It has to be added that some respondents noticed that in their opinions the number of older female victims of intimate partner violence approaching their institution did not change and that 2006 is no way a turning point. Others could not answer this question, for example because they did not work in the institution prior to 2006.

When asked how they come to know about cases of older female victims of intimate partner violence the interviewees answered that there are a few information channels. A social worker usually learns of the case during an intervention. Sometimes they receive information from the police within the “Blue Card” procedure and either learns about the situation or goes into the community with the police. For psychologists and therapists the social worker is the source of information. Some respondents also mentioned that it happens that a victim comes to the institution and then the person on duty, e.g. a psychologists, talks to her. They also indicated that there is an increasing number of anonymous telephones or letters informing of a violence situation in a specific family. It also happens that someone from the family, friends or neighbors report a case of an older female victim of intimate partner violence, but it is still rare.

### 7.4.3

#### Characteristics of cases of IPV

Interviewees were asked to discuss selected cases of older female victims of intimate partner violence. The criteria of selection were varied – some had only worked with one or two victims and therefore talked about these cases, others mentioned the cases which were most memorable, others yet chose the most “typical” cases. Some respondents indicated that they chose cases they had worked with the longest.

Based on the cases of older female victims of intimate partner violence described by the interviewees, as well as their opinions, one can indicate several general conclusions, among others with regard to the duration of a violent situation or the forms of violence experienced by older women. Furthermore, one can attempt to ascertain the sources of violent behavior, as well as the profiles of both victim and aggressor.

#### a. Duration and sources of violent behavior

Experience gained by the interviewees while working at their institution, as well as their characteristics of older female victims of violence indicate that in a vast majority of cases women aged 60 and more are victims of many years of violence. According to the respondents it is very rare for violent behavior to appear for the first time in old age, although such cases do happen. This raises the question why the behavior of an intimate partner changed, why he became an aggressor at this age. It turns out however not to be an easy question. As one respondent has stated: *it's not like that, that violence has a direct reason* (5, family work specialist, Crisis Intervention Centre) and further: *unfortunately,*

*so it happens that because of various inner frustrations, often fear, also uncertainty as to one's own identity, one's own problems... There is also this underlying will to dominate and control, as well as this general feeling of acquiescence; that they are allowed to do this. This causes stress to build up in a person. And someone in a normal situation releases this stress in some way, which is not harmful to others. They may talk about their emotions, articulate them, release them in some form of activity (...). However, perpetrators of violence generally do not vent these frustrations where and when they happen, but bring them to this place, these people who they should protect and love and then they hurt them, because they feel, that the victims are weaker, dependent on them, so they can take it out on them. (5, family work specialist, Crisis Intervention Centre). This statement helps to understand the specifics of a violent situation. Another respondent makes a similar comment: we rather say that violence is a tool, a means to realize some goals. So it's not about reasons, because we can't find reasons, we can only talk about why someone uses violence, what they want to achieve. And usually they want to fulfill various needs. I want my wife to look after the house, because I have these values, that a woman's place is at home, so when she doesn't listen to me when I ask her once or twice, she still has these ideas, that she wants to go to work, well I'll show her place. Sexual violence, well it's usually so that the perpetrator wants to fulfill his sexual needs, when his partner refuses, he takes what he wants by force. When we talk of economic abuse, the aim, the need is usually that he wants to drink and has no money for alcohol. (8, consultant, Blue Line Society)*

Based on these remarks, as well as the opinions of other respondents, it is worth attempting to describe the factors, which can foster or even trigger violent behavior against an older woman from an intimate partner.

The narrators indicate that both partners becoming retired may be a factor, which could lead and leads to first acts of violence in old age. For men it is a particularly difficult time, when lifestyles change and aggression may appear. One of the interviewees stated that *all you need is lack of work, boredom and alcohol* (6, psychologist, Crisis Intervention Centre). Other respondents based on both their professional experience and particular cases, confirmed that becoming retired is often connected with abusing alcohol and in consequence violence. One of the interviewees describes a situation: *A man is retired and in his retirement he starts to spend more time on a park bench, and the women describes this problem, that this is where his alcohol problem developed. Which increased violent behavior.* (18, team work specialist, City Social Aid Centre). Furthermore, retirement gives partners more free time and more importantly, more time together, *they start to see various things and start to be*

*malicious, so to speak.* - in the words of one of the respondents (26, educator, Crisis Intervention Centre). Not without importance is also the fact that adult children leave the house. The partners are left alone, they start to reorganize their daily lives – without the children they had to look after. And unfortunately it happens that violence enters this new lifestyle. The husband pours out his frustrations on his wife. One of the interviewees said that: *when the children moved out, the mother became the victim of brutal physical violence from her partner, the children's father. So much so, that he once put a hot iron to her face, she was beaten, kicked, humiliated, he went so far and their sons didn't even know.* (26, director, Crisis Intervention Centre).

Among other reasons for aggressive behaviors, which appear in old age, respondents mentioned taking medicines by the perpetrator. Medicine taken caused side effects in the form of aggression, especially verbal. Interviewees had also worked with older women who violence from their husbands because of their excessive jealousy – Otello syndrome – constantly suspecting them of betrayal. There may be many causes for this, but among the elderly the most probable one is andropause.

As it was mentioned earlier, violence experienced by women aged 60 or more, is most commonly one which has lasted for many years, often starting right after marriage. The above analysis indicates the reasons for violence appearing for the first time in old age. Now it should be explained what causes or caused years-long aggressive behaviors. Although the respondents notice that with lasting violence it is often difficult to find out where it started, it is worth analyzing some of their observations.

Alcohol plays an important part in violent situations, but as one respondent explains *we cannot say that alcohol is the reason behind violence, this is absolutely a myth. But it certainly is a releasing factor. Unfortunately it leads to degradation, so to speak, of various organs, including the brain, which somehow has effect in this use of violence.* (1, lawyer, Blue Line Service). Another respondent expressed a similar opinion: *alcohol isn't really the reason behind violence, it's just a catalyst for it to appear in other circumstances* (5, family work specialist, Crisis Intervention Centre). It seems however that in many marriages, not only elderly, alcohol is an important factor “pushing” the perpetrator to violent behaviors, particularly against his wife. *Because most of this violence – states one of the respondents – is caused by often prolonged alcohol abuse by the husband or partner.*(28, lawyer, Blue Line Service)

Another important factor, which is inductive to violence is the model of marital and family life learned at home. According to the respondents it is frequent for

the perpetrator to had been himself brought up in an atmosphere of aggression, arguments, conflicts. One respondent said: *most often these factors are... very often, models learned at home. I mean such a model of the perpetrators family where the father is dominant, the mother is dominated and believes that it is as it should be, that the woman should be subservient. Some level of agreement to this subservience, at the same time this shows the son a model of how he should behave in his relationship. He sort of brings it from his home. And later he recreates this model in his own relationship. This model is sort of reinforced* (14, psychologist, Crisis Intervention Centre). Another respondent related the words and situation of a particular older female victim of violence: *This lady indicates the way the man was brought up. That he was from this patriarchal family and the wife had little say in anything. (...) At least that's what she says. Because he used vulgar language, abused the mother in front of her sons. Now she is worried that her children will copy that behavior with their girlfriends or wives.* (6, psychologist, Crisis Intervention Centre). On the other hand, the respondent shares observations from working with victims of violence and states that: *but I also believe, that upbringing is not everything, yes, that we also have some norms, rules, which somehow, in some way, facilitate this. Also some dissatisfaction from the abusers. Instead of talking, changing their behavior, or resolving a situation, they turn to violence.* (6, psychologist, Crisis Intervention Centre). It seems therefore, that the process of socialization of the perpetrator is really very important.

In one interview another factor was mentioned which stimulates long term violence from an intimate partner – low self-esteem of the victim. One interviewee relates: *From the beginning, this problem really started in their youth. When they met, she was a person with very low self-esteem. And he was this handsome guy and he dominated her. She was not aware, that she was worthy of him and throughout her life she wanted to earn him, so the he is worthy of her, or rather that she is worthy of him. She treated him in this relationship like a deity, like someone very attractive, who noticed her. Despite all the consequences which were in this relationship.* (26, director, Crisis Intervention Centre). In a further part of the interview the respondent added that: *she was really crazy about her husband, she loved him very much. With this sick, toxic love. She couldn't imagine life without him. Besides, he abused her dignity, like with her physicality, he kept telling her she's ugly, awful, that nobody would want her, that she is worthless.* (26, director, Crisis Intervention Centre). Thus a woman's low self-esteem, which is in itself probably a source of problems and pain, can also become a "trigger" for violence from an intimate partner.

## b. Forms of violence

It is characteristic of violence that it takes many forms, the perpetrator does not use only one form of violent behavior, but many of them at the same time. According to the interviewees psychological violence dominates among the elderly. One respondent stated: *I think it's mostly psychological violence – name-calling, verbal abuse, threats, criticism, ridicule, with regard to feelings, beliefs, religion, it's also often isolation, right? It's also saying bad things about the victim, slander. It's often accompanied by various forms of physical violence, right? It's usually, most commonly, pushing, tugging, kicking, hitting.* (5, family work specialist, Crisis Intervention Centre). It also should be added that physical violence is more impulsive and therefore difficult to foresee, which makes it more difficult for the victim to defend herself.

The respondents also noted the appearance of another important form of violence – sexual abuse. One of the consultants explains: *When I think about it, there is quite a lot of this sexual violence. Not what we usually associate with it, like rape or some forced sexual behavior, but rather forcing the victim to talk about sex, to the point where it somehow seems abnormal, that the perpetrator connects every subject to sex and it was also often difficult for our clients.* (29, consultant, Social Aid Centre).

When talking about the forms of violence most frequently experienced by older women, the interviewees noted, that the fact that psychological violence “dominates” may come from the fact that *well, at this age, people are not that fit any more and physical violence, less frequent, though I'm not saying it's not there.* (1, lawyer, Blue Line Service). It is also not without importance that there is greater awareness of penal consequences of various actions, *and since psychological evidence is hard to prove – one respondent explains – it's safer for the perpetrator, that he uses this psychological violence and as I said it's often connected with long-term abuse of alcohol* (8, consultant, Blue Line Society). It is also worth noting the comments of a policeman – coordinator of the Blue Card procedure: *from what I've read and analyzed, I have this image, that the younger people are, the more often they use physical violence and I wonder if this is connected with reduced fitness of the elderly. Because they are less afraid of the consequences, both from the authorities and institutions, but they also worry less about the consequences of what they do. They are more impulsive so to speak, it's hard to explain like this, because it's connected with alcohol, very strongly.* (21, Blue Card procedure coordinator, Voivodeship Police Command).

### c. Older female victims of violence: an attempt to describe a profile

The situation of older female victims of intimate partner violence varies greatly, therefore it is not an easy task to create a profile of this group. After interviewing 30 employees of various institutions, who have contact with this group on a daily basis, two distinct types of older female victims of intimate partner violence seem to emerge, with characteristic behaviors, attitudes and beliefs. It can therefore be assumed that among these women a majority consists of those who have a passive, withdrawn attitude, who accept their fate. The second, much smaller group, consists of women, who take steps to change, or at least improve, their situation. The interviews show that there are many factors influencing the behavior of the victim. One of them is certainly the duration of violent behaviors. Women who have been experiencing violence for years are more passive, less prepared to change, not to mention "freeing themselves" from the abuser, than those who are for the first time in such a situation. Although it is not a rule. Further on, there are descriptions of these two types of elderly female victims of intimate partner violence.

### d. Older female victims of intimate partner violence, who show a passive attitude to their situation

This attempt at describing the passive victims of violence may start with the following words of one of the respondents, describing her general conclusions from her experience working with women aged 60 or more, who are victims of intimate partner violence: *they don't believe in themselves. They don't their so called instinct, or feeling that something's wrong. These are often women who have symptoms of depression, they don't see sense in their lives, they feel they had wasted it. This often leads to health problems, like hypertension, neurosis, depression. There is also this phenomenon of learned helplessness, which results from years of violence, these people through their life experience and failed attempts to help themselves, to stop the violence... it sometimes happens that they tried to apply for help and did not receive it. This leads to this learned to this learned helplessness, a belief that there is no sense in doing anything, because it won't bring any good, it won't change anything.* (8, consultant, Blue Line Society).

This statement includes many of the features noticed among many older female victims of violence. The aforementioned lack of belief in themselves, in their own strength is connected with extremely low self-esteem. This low self-esteem may be a feature of personality (and may therefore be a stimulant to aggressive behaviors from the perpetrator, which was already mentioned) or it may be a result of years of violence and constant humiliations by the perpetrator. One of



the respondents said this about a client: *changes in her self-esteem were significant. She completely lost any sense of her own value. This is also typical for victims of long-term violence.* (19, ombudsman for victims' rights, Marshall's Office). As the interviewees stressed, methods used by the perpetrator, like *brainwashing, bringing the victim to such a state, that she doesn't really know what is appropriate in a given situation* (8, consultant, Blue Line Society) often cause older women to feel helpless, quiet, afraid, they have no opinions of their own. This perception of themselves and their situation results in particular behaviors. Therefore older women do not believe they will receive any help and do not trust in proposed changes. This unwillingness to change anything and in effect a passive attitude of an older female victims of violence was stressed by many respondents. In the words of one of them: *This is probably mostly a psychological process in a person, especially an older one, that they are afraid of changes. Changes are stressful for anyone, but for her it was so stressful that she was afraid of any change. Because even if things are bad in a relationship, it is a known situation. Whereas if she took actions according to these new ideas, that would be something new, and if it's new, it's dangerous, frightful* (14, psychologist, Crisis Intervention Centre). One could say therefore that older women agree to their situation, they are often in this position of stagnation, so they take no steps to change their fate, and even if they approach an institution for help, they quickly withdraw from cooperation. The opinions of the respondents on the shortness of contact with older women and the reasons thereof are well exemplified by this statement: *thinking generally of elderly women. These are people, if I were to make a general statement, these are rather shorter contacts than longer; I think that it stems somehow from their fear of change. Because what we propose here is change, taking steps, approaching institutions, calling the police. Well, I think that, I have this observation, that it is difficult for them to take steps.* (11, psychologist, Blue Line Service). Besides the aforementioned low self-esteem there are also other factors influencing the passive attitude of victims. Which of these were noticed by the respondents?

Victims of violence often take no steps, which could improve or change their situation, because they are afraid of the perpetrator, are afraid of an increase in violent behaviors. One of the interviewees gave this statement: *This woman took very long to decide what to do, she had serious doubts, right? Should she leave? Should she stay? But the main factor, which bound her to this situation, was a paralyzing fear. She was simply afraid of him (...) this fear was also justified by him being diagnosed with mental disorders* (5, family work specialist, Crisis Intervention Centre). Another respondent said this of one of her clients: *She desperately wanted to feel safe, she was terribly afraid, that*

*something may be revealed, that her husband will learn, that she is seeking help. Her visit to our institution was a secret. She claimed she was going to the doctors, she was also very sick. She actually did go to a doctor here, but even if she didn't have a visit that day, she said she did, she was constantly afraid.* (15, family work specialist, County Social Aid Centre). This fear is often so strong that it effectively stops older female victims of violence from taking any steps against the perpetrator. This results in a submissive attitude towards the aggressor, conforming, developing behaviors, which may protect the woman from outbursts of anger and aggression from her intimate partner and in some way follow their expectations. Furthermore, older female victims of intimate partner violence often mostly seem to care about the situation "not getting worse", which was also mentioned by one of the respondents: *Very often these women, their motivation to be in this relationship is fear that it may be even worse, that if I leave I won't manage on my own.* (5, family work specialist, Crisis Intervention Centre). This thinking – "let it not be worse" – comes from the fear of the aggressor but also from their old age. Respondents often stressed that older women see their situation from the perspective of their old age, thus they often state: *I probably won't live long anyway, so why should I try to do anything* (8, consultants, Blue Line Society) or – also another quote – *because I'm so old, why should I start go to court at my age* (13, social worker, City Family Aid Centre). The respondents noted that may in fact be a hindrance in taking any steps, because it brings physical and material restraints (health problems and financial dependence on the perpetrator), as well as legal, although it is not always so. It may be therefore said that older women tend to agree to their fate and situation and are willing to tolerate it, as long as the violence does not increase. There appears however the question – to what extent does a woman's age actually hinder attempts to find help (for example in institutions), or is it just an excuse for her passive attitude. To what extent do various negative stereotypes about old age prevent her from asking for help, even though she maybe wants to do it.

Apart from fear of the perpetrator, victims of violence are also afraid that their community (e.g. neighbors) will find out what is going on in their home. This social pressure – the respondents claim – is a very strong factor preventing older women from taking any steps, because *what will people say, how will I be judged?* (5, family work specialist, Crisis Intervention Centre). It is inextricably connected with the feeling of shame that something like this happened. And so for example in many interviews there appears the subject of older women's unwillingness to call the police when they are threatened by their partner's violent behavior. One of the respondents explains: *There is also this thinking that police is for these women a last resort, that there is this feeling of shame*

*here, that if there is police, that is a great shame, but to go see a psychologist, or some way not involving authorities, well than they can go. But when there is police involved, than it is a serious problem* (17, therapist, Social Aid Centre). Another interviewee confirms this observation: *because the elderly... there are neighbors, why would I call the police, the neighbors will start talking.* (13, social worker, City Family Aid Centre). Respondents also noticed that even multiple encouragement for the older victims of violence to call the police does not work, as is exemplified by this statement from a social worker: *Still the woman won't call the police, if there is something wrong going on in her home, if there is a row. She still doesn't want to call, it's to shameful for her* (10, social worker, Social Aid Centre). It is worth mentioning here however, that unwillingness to call in the authorities is specific not only for women, but also for elderly male victims of violence. This was mentioned by an interviewee, who had contact with an older man abused by his wife. She said: *this gentleman came, approached us perhaps after the second intervention from the police, because he asked us to look into his case, so that he was not dismissed, that he is a man and a victim, because it was difficult for him to tell the policemen, that he is the victim. As you can probably understand, gender is very important here. It's difficult for a man to call the police. He was probably afraid that the policemen will dismiss the fact that he is the victim not the perpetrator.* (4, specialist from the Department of Prevention, Voivodeship Police Command). There is one conclusion from this: generally older people do not want to call the police, even if they are being hurt, unless the situation is really difficult. This unwillingness is caused by shame, although, as we see from the above statements, this shame may have various sources and may be conditioned by various things in the case of men and women.

The aforementioned fear of the community's opinion, of having the family situation exposed, depends on many factors. The respondents often mentioned the importance of upbringing, or values which were passed down in the process of socialization and which the current generation of elderly have been following all their lives. And among the neighbors or acquaintances of the older female victims of violence are also people their age, who were brought up in the same time and with the same values and examples. One of the respondents, when asked why older women do not approach various institutions for help, answered: *I think that most of all it's because of traditional values they believe in. People who are now over 60 were brought up, yes, primary socialization took place in the 50's, when there were different values, which were passed down to these people, things were different. And somehow it stays in their thinking, or in their behavior and that is, I think, the explanation* (21, Blue Card procedure coordinator, Voivodeship Police Command). Another respondent made an

interesting comment on this subject: *in this generation – which I can say – 60 plus, one can see the influence of the community. The influence of family, relatives, religion and such an implying factor is also the belief, enforced by the perpetrator, that it is her burden to carry, that she is responsible for her husband’s behavior, that she should be submissive, that she should forgive everything, that she should tolerate everything. Such information she gets from her family, relatives, friends.* (5, family work specialist, Crisis Intervention Centre). The important role of “instilled” values was also stressed by another respondent, who stated: *the reaction of the community was usually such that ... that actually, well ... well, it’s this social norm, that a woman, from time to time, has to endure and suffer something like this.* (24, psychologist, Blue Line Service). And another statement from a respondent talking about a client: *Like this lady told me, at her home her mother did not go to work, she was at her husband’s every beck and call, she looked after the children and the house. All responsibility rested on her. She was also taught at home to look after her children and husband. She must be at his beck and call, so that he feels well, so that everything is prepared. It must be force of habit and later, in old age, she could not change herself, nor somehow influence, to stand up and change these relations.* (29, social work specialist, Crisis Intervention Centre). And so upbringing, we may say: traditional upbringing and the role of the cultural transfer may be decisive of the victims attitude. It is also worth quoting an interesting comment on such victim’s behavior: *I think that it is, that the elderly have many more stereotypes, like, well, it’s like styles of upbringing, our national history, so to speak, that in the times of a difficult social system, one did not talk about violence, this was personal, shameful (...). It was always the woman who was responsible for the husband beating her. Or rather, he would beat her, because there was social acceptance and, well, women would work out various strategies, but mostly to survive.* (22, consultant, Blue Line Society). Cultural background includes also matters of faith and religion. They should be discussed in more detail.

During conversations the employees of various institutions expressed many opinions on the role of faith, church or the priest on the victim’s attitude towards her situation. The respondents stressed that traditional morality, very simple, literal and unquestioning acceptance of the teachings of the church often caused an older woman to not even consider the possibility of ending this difficult and painful situation. One of the interviewees stated: *These women say that on the one hand a lot of women are stuck in a violent situation because of their religious beliefs, that marriage is for good and bad, that they made vows, that if they divorce they would be excluded from the Catholic church.* (22, consultant, Blue Line Society). It also seems that particularly Polish rural areas have people

with very strong attachment to tradition, God's and church commandments. The following quote indicates this: *listening to her I came to the conclusion that this is not faith accompanied by an understanding of theological rules, or certain moral rules, but it's this kind of village faith, so to speak. This traditional faith, where in her village she also had the same message from other women, that whatever what happens, the wife should stay with her husband. Although, as far as I know, the church does not promote this if there is violence involved. However, the problem is that these women seem unable to reach these certain health rules of faith, but function, have this thinking based on this very rigid system.* (14, psychologist, Crisis Intervention Centre). It has to be added that the church, confessional, priest are often some of the first if not the first places (or people) where older women turn for help, or talk about their problems. When asked what they can say about the attitude of priest towards the problems of older women, on the basis of their experience with their clients, the respondents gave varying answers. The experience of some interviewees indicate that there are still priests who tell a victim to keep carrying her burden, because she had taken the oath. But according to other respondents, the thinking of priests is changing and it happens that they tell a victim where to look for professional help, which will help her survive a hurtful relationship. One narrator stated: *Here also faith plays a big role, because they believe it's a sin, that it is not right, that they should persevere for the good of the family. And often when they contact priests, well that's what they hear. Sometimes they receive contradictory messages, right? That this is how it has to be, that she has to suffer and "carry her cross", or they hear that she should do something, that she should break it, because they had both taken the oath, right? So, so there are many signals.* (5, family work specialist, Crisis Intervention Centre).

Apart from talking to a priest, prayer plays an important for victims in surviving aggressive behaviors of an intimate partner. In talking to God they seek consolation and strength to persevere at their abusive partner's side. Here are some quotes from the respondents: *Faith often gives these women the strength and hope to survive* (22, consultant, Blue Line Society). *What helps these elderly is turning to faith, belief in God, prayer, going to church, that's something. Such spiritual values rally help maintain a will to live, to continue with this life.* (8, consultant, Blue Line Society) And another quote: *she was a believer and a churchgoer and related everything to God and church (...); what I mean is that this woman did not give up, but had this strong faith and it helped her overcome her fears and maybe some dark thoughts.* (16, social worker, County Family Aid Centre). Other respondents also stressed that taking part in parish life, belonging to rosary circles and therefore frequent contacts with other people often provides a sense to the difficult life of these older women. This is

where they found support, a good word, and signs of kindness. One of the respondents explains: *The live rosary group played an important role, because this lady at the church, she also focused on prayer, on this religious group, which supported her.* (26, director, Crisis Intervention Centre). This analysis indicates therefore a strong connection between the victim's religious beliefs and adopting a particular behavior and attitude towards their situation. Is this specific for Polish elderly? The respondents suggest it is.

Another characteristic of older female victim of intimate partner violence, connected, or maybe stemming from the process of socialization of modern day elderly, is protecting or idealizing the behavior of the perpetrator. This is a particular attitude of the victims, who deny that their partner had done something wrong, or that it can be called violence. And again, this can be explained by a number of reasons. It can be assumed that the belief that a woman should be subject to a man, that violent behavior is acceptable, acquired at a young age, lead older women to protect the perpetrator. They therefore take no steps to improve their situation; they are probably also ashamed and afraid of the opinion of their community, which may criticize their actions (after all this is a wife's fate) and therefore victims of violence have a passive attitude. One narrator stated: *I think that it is, that the elderly have many more stereotypes, like, well, it's like styles of upbringing, our national history, so to speak, that in the times of a difficult social system, one did not talk about violence, this was personal, shameful (...) It was always the woman who was responsible for the husband beating her. Or rather, he would beat her, because there was social acceptance and, well, women would work out various strategies, but mostly to survive.* (22, consultant, Blue Line Society). Another thing which causes older women to idealize the perpetrator is denial and not allowing themselves to think that something is wrong. This is well exemplified by the statement of one of the respondents: *it's obvious that they idealize, they all idealize, because otherwise they wouldn't be in these relationships if they didn't.* (12, therapist, Crisis Intervention Centre). Some respondents noticed that every person has the natural need to feel the warmth and good coming from another person. This is similarly, or even more visible in violent relationships. If the aggressor consciously or unconsciously shows kindness or does something good for the woman, whom she normally beats or insults, *than these acts done by the perpetrator are seen as marvelous, for even happening. But they also need moments when they can draw something positive from the relationship. Everyone wants to get something positive from the other person and if the other shows at least a bit of interest, when no interest has been shown before, than for this woman this is so gratifying and wonderful, that for the moment it lasts.* (12, therapist, Crisis Intervention Centre). It can thus be assumed that this

idealization or protecting the perpetrator is a way of coping with the situation and maybe justifying one's own passive behavior.

Housing problems are another reason why older female victims of intimate partner violence do not decide to take steps to improve their situation. Very often older women simply have nowhere to go, nowhere to live and therefore continue living with the perpetrator under one roof. It happens that a woman gets a divorce, but because she cannot afford to buy a new house or flat, she still lives with the perpetrator, with the only difference being that the house is divided into two parts – his and her. So far, Polish law does not allow to effectively evict the perpetrator from a house or flat. Therefore, being aware that in fact little will change even after a divorce, older women often do not take any steps, assuming that there will be little or no effect. On the other hand, one way of dealing with the problem is having the door to one's room locked with a key. Victims believe this to be an effective means – they would feel safe even though they still live with the perpetrator. Belief in the effectiveness of this method leads older women to give up on any other attempts to improve their situation. In some cases locking the door is in fact effective protection from the perpetrator, but unfortunately not always.

What else is characteristic for older female victims of violence with a passive attitude? According to the respondents, the elderly simply do not know where to look for help and turn for advice on what to do next. This is particularly visible in rural areas. *Especially in rural areas people have a very big problem with finding out about legal options, generally in taking any actions.* (4, specialist from the Prevention Department, Voivodeship Police Command). They are not aware of what they can do in their situation, they do not know what the procedures are, so they do not apply for help anywhere, often assuming that *they've suffered this guy, as its said, for 30 years, they'll suffer him for another day.* (21, blue card procedure coordinator, Voivodeship Police Command). On the other hand, the respondents explain that if a woman feels she can no longer cope with the situation, or when something happens to really frighten her and she starts thinking about looking for professional help, than usually her first confidants are: the priest, her doctor, or sometimes even a policeman. The priest or doctor are the people with whom the elderly have most frequent contacts, thus they come up with the idea of talking to these people about their situation, because they do not know any other "professionals". The role of priests was already discussed and one should also add here that older women *often open up before a doctor; that is looking for help with general practitioners* (27, social work specialist, Crisis Intervention Centre). Older women believe a doctor can help them. One interviewee explains: *They have somatic problems and that's the*

*kind of treatment they look for.* (11, psychologist, Blue Line Service).

Respondents said that older women ask, for example, for sleeping pills (because they can get no sleep at night) or other medication and it is often in the doctor's office that they start talking about their difficult situation. Often they just want to talk to someone, because they do not know what else they could do. And a policeman? It was mentioned earlier that older women are reluctant to call the police even if they are in danger and this is of course true. However, what one should notice is that victims call at a police station "in secret", a day or a few days after the incident. It is significant that an older woman does not want to "put" her partner behind bars, but hopes that the policemen would "put some fear into" him, as he would feel respect for the uniform. One respondent said this: *the police however is an organization which is associated with strength, with force, with making people do something. That is what police is in part associated with and perhaps that is why they come to us first, after the fact so to speak, ready to report the incident and hoping that we will make some immediate change, they often come with this kind of thinking, that things will change right away.* (4, specialist from the Prevention Department, Voivodeship Police Command).

Respondents mentioned the financial dependence of older women from their husbands – because all her life the woman did not go to work, but looked after the household and therefore she does not have her own means of support. And because of that they do not even consider the possibility of leaving the perpetrator, because he is what he is, but at least they have means of support. Even though they often receive very small amounts and it is barely enough, it still is some means of support. Furthermore, older people often think that by approaching an institution for help, they will cause trouble for someone, and they do not want that. Not to cause anyone any trouble older female victims of violence stay quiet and suffer in secret, assuming that there are more important things than their problems. One could guess that this is a sign of humility – a feature very characteristic of the current generation of elderly, which stems from their life and national experience.

The above characteristic indicates how very complex and often difficult is the situation of older female victims of intimate partner violence. As it has already been stated, the majority of such victims have a passive attitude and do not fight for a change in their situation. However, this is not a rule. Respondents also mentioned cases of women experiencing long term violence, who despite their age decided to make changes in their lives. They had various motivations.



Some respondents noticed that: *as long as no serious harm is done, they will not call. This has to be some really serious situation* (21, Blue Card procedure coordinator, Voivodeship Police Command) for these women to ask for help. What is important, after some drastic incident *their motivation is that, at this moment, right after this incidents, they begin to think that this has to change, that they can no longer live like that, that they have to change something, do something* (4, specialist from the Department of Prevention, Voivodeship Police Command). Other respondents indicated that sometimes women are so tired with the violence they experience, that they can take it no longer and start looking for help. This feeling of weariness with what is happening and wanting to stop the situation may be caused by another act of aggression from the husband, which is mentioned by one of the interviewees: *coming here, there was this moment that there was some row at a time when they can take it no more and come to report it.* (4, specialist from the Department of Prevention, Voivodeship Police Command). Some other reasons are, for example, the appearance of – so far not experienced – sexual abuse. This is for a woman a clear signal that something is definitely wrong with their relationship. And then, despite years of suffering violence from their intimate partner, older women take steps to change their situation.

#### **e. Older female victims of violence with an active attitude towards their situation**

As it was already mentioned, among older female victims of intimate partner violence there are those who show an active attitude and often after the first incident with their intimate partner as an aggressor they seek help and make attempts to prevent such situations in the future. Who are these women? Unfortunately there are not many of them, therefore it is difficult to draw a picture of this group of victims. However, based on the information from the interviews, some features can be presented.

From what the respondents say it can be concluded that the “active” victims of violence are usually those, who have experienced intimate partner violence for the first time at the age of 60 or more (the previous paragraph details the reasons why violent behavior appears in old age). They are usually better educated (often with higher education), have a keen intellect, as well as a strong personality and openness to change. The interviewees also stressed that these victims are more resourceful and emotionally composed. Female victims of violence who have an active attitude usually have a wide circle of friends and acquaintances, who support them in their struggle for a calm and violence free old age. What is more, these older female victims of violence have *support from their children, they said that it cannot be like this, that she can do something*

*about it.* (8, consultant, Blue Line Society). Such encouragement means that a victim makes an earlier approach for help to an institution, where they can receive much needed support, learn what they should do, where to apply for particular forms of help. One of the interviewees, when talking about a client, stressed that: *she became more sure of herself, of having her own opinion and that she can finally say no.* (15, family work specialist, Borough Social Aid Centre). Thus, women who are quick to react to the first violent incident and approach an institution, receive appropriate encouragement in the form of advice or hints on what to do next and do it. However, not everything can be solved the way the victim wants. The aforementioned housing problems mean that often, despite a divorce, the victim and perpetrator live under one roof. These and other difficulties may cause victims to withdraw from their earlier decisions – this has already been mentioned. Nevertheless, victims with an active attitude try not to give up and keep fighting for their rights. The respondents say that many active women try to organize their lives so that they spend as much time at home as possible. For example, they become socially active, meet with friends. One respondent said this about her client: *she organizes her time so that she is generally out of home. She is active with the church. She also does a lot for other people... Also has a lot of friends.* (23, family work specialist, Crisis Intervention Centre); or this quote from another respondent: *she has a lot of support from friends, she has people to meet, places to go and this makes her an active person.* (25, psychologist, Blue Line Service). Victims of violence who can be described as active often help their children – for example looking after their grandchildren – thus organizing their lives out of home. However, it should be stressed that, as the respondents said in the interviews, the perpetrator often tries to discourage the victim and remind her of his presence, for example by destroying her things left in the house or flat they share. Therefore, the respondents explain, only those women have a chance of freeing themselves from a violent situation and starting their lives anew, who are constantly supported by their friends and loved ones.

To sum up, it has to be stated that among older female victims of intimate partner violence we can distinguish two groups. One is the passive victims, who show no willingness or strength to change their lives and who agree to the continuation of the violent situation. The other, far less numerous group is made up of women who fight for the respect they deserve and, with help from institutions, family and friends, effectively oppose the perpetrator and free themselves from him. Bearing in mind this characteristic of older female victims of intimate partner violence it is worth having a look at the profile of the perpetrator.

## f. The perpetrator – attempt at describing a profile

The respondents knew little about the perpetrators of violence. The narrator based their conclusions on what they heard from their clients and one thing specific for older women – which will be discussed further – is that they do not want to talk about the perpetrator. Thus a reliable description of the profile of a perpetrator may turn out to be difficult.

A key problem connected with the aggressor, which appeared in many interviews was alcohol/alcoholism. In many cases the husband/partner behaving aggressively towards his wife/partner abused alcohol. Some respondents mentioned “sober violence” where alcohol does not play a role, but there were few such examples. Alcohol problems are conditioned by various factors: sometimes it is used to reduce frustration caused by stressful work, although on the other hand, a man’s unemployment and the poverty that follows it may lead to alcohol abuse. To complete this image one has to add that such situations often took place among people living in former kolkhozes (in Polish PGR - state owned agricultural holding). One narrator stated: *These are obvious cases when the police knows these, these men, these torturers (...) well here these obviously are people from post-kolkhoz areas, so obvious poverty, alcoholism, unemployment, unemployment which is also a cause for alcoholism.* (15, family work specialist, Borough Social Aid Centre).

The perpetrator is usually a despotic person, head of the family, a man with a leading position in the household, who holds all the power in his hand. He does not like to be opposed and wants to control other members of the family. He wants to control everything and make all the decisions. One of the respondents gives this description: *This characteristic, based on what the women say..., so my first association is that these are men, who are despotic and have really always been, they want to, or need to, control the situation in the family, household, but not only, they are often who show this need to control outside also, I have this image of these neighborhood activists, social activists, who on one hand take care of various problems, social problems, and on the other hand they enforce their will somehow; most of them are like that.* (29, consultant, Social Aid Centre). The respondent also added that this strong need to exert control and preserve order is characteristic for men working in uniformed services, who have this instilled rules about obedience, which they transfer to their private, family life. *I effect people from the uniformed services, such as retired soldiers, or policemen, to a very large extent, are perpetrators of violence, we have had many such cases.* (29, consultant, Social Aid Centre).

The despotism characteristic for the perpetrator of violence is connected with another characteristic of his, indicated by the interviewees – a very limited emotionality, the inability to show emotions, lack of empathy. One of the respondents explained: *In then cases we are talking about – of the elderly – these men, these partners of these women, are people with very limited emotionality. Like, from what they say – right? – they have no empathy, they are convinced that a man is God, he is someone who governs, who has great power.* The interviewee also added that: *They have no respect for their children, wives or partners, they live in this conviction, that one does not need to show feelings, but that respect is best earned by making someone in the family to fear them. So they have these strict rules, like they force people to do things.* (5, family work specialist, Crisis Intervention Centre). Respondents also mentioned that emotional disorders are often connected with psychological problems and personality disorders, because the perpetrator of violence is usually to personalities in one person. The social image of the perpetrator is very positive: among neighbors, friends he is regarded as a nice, friendly, clean person – an older gentleman – *generally thought, by friends, neighbors, to be a quiet, calm person, who does not draw attention, is kind, but does not have social contacts.* (26, director, Crisis Intervention Centre). But this positive characteristic changes the moment he crosses the door of his household – here this elderly gentleman becomes violent towards his intimate partner.

Another thing which can be said about the perpetrator is that he assumes the aggressive role gradually. He probes how far he will be allowed to go and, as one narrator states, *if he encounters submissiveness, he will go further. Right? And it's a sort of a norm in this situation, unfortunately. The women than, they saw it like... that if there were any symptoms of violence, they did not see it as such, they wouldn't call it violence. (...)* So in their opinion, they usually took this position – *I'll be submissive, I'll calm down the situation, than everything will somehow be all right. If I make him happy than there will be peace, there will be quiet. Well, unfortunately this strategy would turn out to be a short term measure, because he wants more and more and it grows and at some point becomes a kind of tradition.* (5, family work specialist, Crisis Intervention Centre). When the perpetrator sees the passivity of the victim, saw her cry and retreat, when he sees that his behaviors goes “unpunished” he does not stop, but often goes even further. What is also typical for these situations, is the perpetrator looking for causes to unload the stress he feels, in a way felt most painfully by his wife. One narrator said: *So as I observe cases of violence against women of various ages, maybe over ninety percent, I would say that they provoke situations which they use to justify the violence. These may be anything, there is stress and he seeks a cause. The soup was too salty, or there*

*is no salt, or the soup was cold.* (5, family work specialist, Crisis Intervention Centre).

The importance of socialization for the future behavior of a perpetrator was already covered in the paragraph on reasons behind violence. It is only worth mentioning here that the aforementioned personality disorders may have to do with childhood experience. The respondents noticed that many perpetrators learn about violence in their childhood, because often in their families, the father abused his wife. It may therefore be said that growing up in a more or less pathological family is reflected in the future relations between the aggressor and his own family.

And another interesting piece of information relating to the behaviors of the perpetrator – the reaction to the victim's attempts at changing or improving her situation. The respondents often stressed that the perpetrator is always surprised by the women's behavior – the fact that they had the courage to ask for help or talk about their situation to an outsider. Visits from a social worker or a constable to tame and often end aggressive behaviors. One respondent said this about the effects of her work with a client: *when he started talking to her like that, like with some vulgar language, she told him, that if only, if he as much as touches her, she'll call the police (...) whereupon, he looked at her, he waved his hand, like he wanted to hit her and she said: just touch me, the police are waiting. Just touch me. So he was actually scared of what happened, what happened to her. And from then on, yes he would so to speak abuse her verbally, but he would not touch her. (...) He changed his behavior.* (15, family work specialist, Borough Social Aid Centre). However, unfortunately such brave and active victims are still a minority and many perpetrators are allowed to harm their partners unpunished.

#### **g. Younger women and older women – comparison of attitudes and behaviors of victims.**

Wanting to get a more complete image of older female victims of intimate partner violence, the interviewees were asked to describe – based on their own experience – younger female victims of violence and older women. It turns out that there are many differences between these two groups of victims. No one mentioned any similarities between them.

The first key question is readiness to ask an institution for help. On the basis of earlier analysis and descriptions we know that older women are unwilling to ask other people for help, unless something so traumatic happens that professional help is unavoidable. On the other hand, respondents mentioned that: *older*

women, aged 60 or more, they are more likely to come with this problem of violence from a husband or partner, but if it is violence from their children, than this is like a more painful problem, which they find it difficult to resolve, more difficult than in the other case. (25, psychologist, Blue Line Service). What is more, if an older woman makes the decision to seek help, she would be more likely to ask her family or friends, rather than strangers, such as an institution. And if she looks for help in institutions than – as it was described earlier – the first people they talk to are a priest or a doctor. Young women have a very different attitude. Right after the first violent incident a young victim would look for help and advice – usually in appropriate institutions and not among family or friends, to stop this situation from repeating itself. Unlike older women, young victims do not care what people will say, their actions are not restricted by shame, as it is often the case with elderly women. The respondents explain this attitude among younger women with their greater awareness of how the situation can develop, different mindset of younger women, whose socialization took place in different conditions and was often based on different rules than in the present elderly generation. It has to be noted at this point that they are more open to change, because obviously someone looking for professional help notices a situation, which has to be changed and therefore must agree to take actions which would lead to change. This is another factor which prevents older women from asking for help from an institution – older female victims are afraid of change – unlike younger ones.

In the case of older female victims of intimate partner violence there is *this serious dilemma, which I call: how to cope with this life balance sheet – I invested and got nothing out of it.* (24, psychologist, Blue Line Service). Many respondents noticed that older women cannot cope with the fact that they evaluate their lives as a failure. And because of that it is often *more difficult to motivate these people to change something in their lives, because they tell us repeatedly "it's too late", "nothing good will happen to me anymore", "it's too late to change my life" (...) this reckoning is often so overwhelming that they cannot detach from it and tell themselves: this is still a good time to change something, I will not allow this, I will persevere, I will find help and so on.* (24, psychologist, Blue Line Service). It is different for younger women, who have a lot to lose, if they do not react in time and do not show the perpetrator that they know what to do, where to go to stop his aggressive behaviors. Furthermore, there are also housing problems. Women aged 60 or more do not want to leave the house or flat, which are often their main "possession", something they have been building, creating throughout a major part of their lives. And again there is the question – where will I go? Naturally, younger women may have similar dilemmas and also ask themselves: what next? Where will we live? It seems

however that the emotional load connected with the same question is differs greatly between groups of various age.

The respondents reports show that older women, even if they do approach an institution, they very often have a passive attitude and hope that someone will do something for them. One of the narrators relates: *there is often this request: "change something in my situation", so what they actually mean is "do it for me", "do something, because it's too difficult for me".* (24, psychologist, Blue Line Service). Many respondents mentioned that working with older women one has to do a lot of things for them, because they cannot do it, for example reduced mobility makes it impossible for them to take up a particular action or her mental state means that she is unlikely to do something. Women aged 60 or more also have problems gathering evidence, which are necessary in court, in order to win a case. Respondents said: *when we explain that if during the proceedings there are situations like this, they should for example try to record them, many elderly women have never used a recorder, not to mention a walkman, so they are unable to, they do not know how to gather evidence. It's also not a natural situation for them, because they feel like they have to stalk their partner, spy on his behavior and it's just not natural for them. I think, that for most younger people have no problem with this, it's natural for them that if something like this happens, evidence is needed, if there are no witnesses.* (4, specialist from the Department of Prevention, Voivodeship Police Command). Of course, it is not a rule, as the respondents explained that there are also some young women who are passive or have problems gathering evidence. Nevertheless, these behaviors are much more often associated with and observed among women aged 60 or more.

The respondents also noticed that female victims of violence aged 60 or more need more time to agree to any particular actions, to accept and start introducing changes. *They simply need more time to get acquainted with something new. Also with a certain change in thinking, changing their own image. I mean their self-esteem. Younger women more frequently have a higher self-esteem.* (14, psychologist, Crisis Intervention Centre). Furthermore, the respondents' statements show that older women tend to give up actions, which they had previously decided to take up. One narrator explained: *Very often a woman would make some decision after an hour talking, she was ready to do something and after a week she would come and go back on it. Even if she took up something, if she had some idea, she simply also had a lot of this desire to run away from it, not to do it.* (14, psychologist, Crisis Intervention Centre). Younger women have an opposite attitude, they have more motivation and determination to do something about their situation.

What else makes younger and older female victims of violence differ? From what the respondents say it appears that older women, if they approach an institution for help, usually come along with someone – a neighbor or maybe an adult child. According to many respondents younger women prefer to come alone, although again – this is not a rule. Furthermore, older women, when they come for professional help are often embarrassed by the whole situation, they believe that maybe the staff have more important things to do take care of than them and their problems. Younger women have a radically different, demanding attitude. Younger women know what can be done, what help they are entitled to (because maybe they looked for information in the Internet), they have a plan, which they want to implement with the institution's help and if they find reluctance or lack of agreement to particular actions, they do not hesitate to manifest their dissatisfaction. Respondents stressed that older women are not very talkative, they are not very talkative, they do not want to talk about their problems, they say very little about the perpetrator and all information has to be "extracted" from them with questions. Younger women on the other hand present their situation in detail, with all the facts and devote a lot of attention to the perpetrator.

#### **h. Other comments from the respondents about older female victims of IPV**

In order to achieve a deeper analysis of the cases older female victims of intimate partner violence, the respondents were asked how elderly female victims of long term violence coped with their situation.

As it was already noticed, older female victims of intimate partner violence have a submissive attitude towards the perpetrator, they do everything *so to speak, in perfect order, just to avoid the husband's aggression and violence*. (19, ombudsman for victims' rights, Marshall's Office). Therefore, victims of long term violence learn certain patterns of behavior, which allow them to survive their situation. One of the respondents explained: *This basic intuitive method which victims of violence use is to adapt to the situation and avoiding confrontation with the perpetrator, (...) so that he is not upset, his slippers placed as he likes them, to place them, so that he is not upset. Saying yes when they know full well that he is wrong and so on. For example, adapting in such a way, so as not to provoke, although it has little to do with provoking, getting out of the way*. (11, psychologist, Blue Line Service). This "getting out of the way" may also take the form running away from home, because many respondents noticed that older women decide to leave their homes for extended periods of time, for example to their children or, in summer, to an allotment garden, in order to, if possible, separate themselves from the perpetrator. Although on the other hand



they feel great discomfort and unease about what will happen with the house/flat in their absence.

Another way of coping with a violent situation is denial, constantly telling oneself that everything is ok, that this is not the kind of violence they talk about in television, but a single incident, which later turns out not to be single. Still older women do not allow themselves to think that they are victims of violence, they go into denial and this helps them to bare the situation.

What is seen in other statements from the respondents is that older women, who want to handle their situation, ask the help of their adult children, friends, acquaintances, maybe neighbors, and only later do they ask outsiders, for example a priest, doctor or policeman. What kind of help do they expect when they turn to and appropriate institution for professional help?

The respondents stated that older female victims of intimate partner violence very often simply come to let out their frustration, talk it off and complain. They want someone to listen to them and since they do not want to trouble their closest ones or acquaintances, they would rather talk to a stranger. The interviewees notices that older women often cannot specify what kind of help they want, why they have come to the institution, besides wanting to talk to someone.

In many interviews there appeared information indicating that elderly women come to an institution hoping that its personnel will somehow "fix their partner". Narrators often mentioned the unrealistic expectations *that we, in some miraculous way, will change their partner and he will stop calling her names, stop abusing her.* (4, specialist from the Department of Prevention, Voivodeship Police Command). It may be concluded from the interviews that this is a way to place responsibility in someone else's hands and a sign of the helplessness and passivity of the victim. Because, as one respondent explains, *they do not want to make some drastic changes to their lives here, they definitely do not want to get divorced, they want to continue living with their partner, they very often love him. But they want him to change. It is difficult to explain to them that we don't have that much influence on their partner changing.* (4, specialist from the Department of Prevention, Voivodeship Police Command). One might say that older female victims of violence want their intimate partner to calm down, they want to continue living with him, but on different terms, they want to have some peace, which would be provided by the institution's intervention without the victim having to become too involved.

One of the other needs and expectations of older female victims of intimate partner violence approaching institutions for help is to make sure that what they are experiencing is certainly violence. One narrator reported: *They come to see if this is not it (...) Now there is a lot of talk on TV about various things, you can read stuff on posters and such, there are leaflets, there is more talk about it. And we're generally at this stage that I see that this violence is often talked about on the news. Thus they begin to see, but it's often like this that we push the bad things away, because it is a threat and that is why we tend to add to it, not to see it in connection to us, that how can it apply to me.* (12, therapist, Crisis Intervention Centre). The mechanism of denial has already been discussed. The above quote shows that some victims decide to confront their knowledge and outlook on the problem with expert knowledge.

Many narrators also said that older women refer to institutions expecting psychological help, legal help (e.g. writing a legal paper, application or petition to some institution), or financial help in the form of a benefit, because they cannot afford medications or fuel. The more active and resourceful women aged 60 or more, who want to do something about their situation themselves turn to aid institutions for telephones or addresses of institutions where they will receive the kind of help they need most at the time. So they have an idea of what they want to do, but do not know how to reach the appropriate institutions. Therefore, the needs of older female victims of intimate partner violence are various, however some of the respondents stated that in fact one can find many similar needs or expectations from both older and younger victims of violence.

The respondents were also asked about the behavior of the victim's family, neighbors, acquaintances, who probably knew that there were violent situations in the family. From what the interviewees say, these reactions are greatly varied.

As it was already mentioned, some older female victims of violence had great support from their close ones – usually adult children, mainly daughters. It is they who encourage mothers to use professional help and sometimes they achieve results. Mothers came with their children to an institution and received help and support there. Nevertheless, from what the respondents say it is clear that there are also many situations where adult children *already had their own lives, so they did not get involved* (11, psychologist, Blue Line Service) into what was going on. Thus it is often so that *these women are left alone, as if forgotten, in the sense that very often their children have their own families or, now more often, they're not in Poland, these are people, who are abroad* (8, social work specialist, Blue Line Society). It happens that adult children tell their

elderly mother that she has to do something, but show no initiative to help their mother actually do anything.

Some neighbors, acquaintances and friends have a similar attitude. They give good advice, encourage activity, but are not willing to participate in it. Narrators noticed that very often people from the victims closest surroundings, who hear shouts, arguments, see what is going on at their neighbors place, do not want to testify in court or help the victim in any way, which would require some greater involvement. There is one explanation: it is not my problem, I do not want to get in trouble with the perpetrator. But there are exceptions here too, because there are in fact kindly neighbors, who support the elderly woman in her struggle for a dignified old age and perform as witnesses in court.

The aforementioned positive social image of the perpetrator means that the immediate social environment of the victim does not believe her tales that this elegant gentleman may be violent. One of the narrators relates: *The community does not accept the fact that something might be wrong in this family, because they know them in person or heard about them and usually there are opinions that it's impossible, because I know this man, because he is a calm person, because I had contact with him, or worked, or there is something else, we know each other. They simply do not believe that there is something like this happening within the walls of that house.* (27, social work specialist, Crisis Intervention Centre). In face of this disbelief from their neighbors or acquaintances older female victims of intimate partner violence loose even more hope of changing their situation – after all, no one believes them any way.

#### 7.4.4

#### Working with cases of IPV against older women

Among the institutions employing the respondents there were both those financed by the state and those with independent means of support – thus treated as NGOs. However, as it will be shown in this part, the extent of their services is similar. As is the way in which they prepare to work with older female victims of intimate partner violence.

In the respondents' opinions the institutions they work for are adequately prepared to work with older female victims of violence. Most of them even stated that their institutions provide a very high quality of services. Here is one of their statements: *I think that [the institution] is very well prepared, because there are specialists, who have worked with these people for years, so I think that also because these psychologists specialize only in these things, or not only*

*in this, but it's one of the aspects. These are not people who go to the first available, but who deal with this and study for it. (1, lawyer, Blue Line Service).*

Factors influencing a high evaluation of services provided by the institutions are thought to be mainly due to the competence of the personnel. According to the respondents the professionalism of the employees comes mainly from their special education and a constant training system, which allows them to keep improving their knowledge and skills. According to one of the respondents: *Following the assumed aims and tasks, this institution is very well prepared, because here are work, our competence is something that we acquire in various training and from our education, but also we are varied in age and work experience. (consultants, Blue Line Society).*

Only five of all the respondents indicated that the institution they work in is not appropriately prepared to provide help for older female victims of intimate partner violence. The reasons for this situation were seen to stem from insufficient office space and lack of basic knowledge on the functioning of the elderly. *Well, I would say our institution is rather poorly prepared. In the sense of the knowledge of the staff, I think that I know a lot about the problem and the other specialists probably have some knowledge, more or less. However, the social workers have no knowledge, are not prepared specifically to work with the elderly. They have knowledge applying to violence, but no deeper knowledge. (29, psychologist, Social Aid Centre).* As for office space, the problems were insufficient number of rooms for meetings with victims of violence and architectural barriers, which made it difficult for elderly to enter the institution. *No, we are not prepared, mainly because of office space limitations. We do not have enough appropriate rooms, therapeutic rooms, where people would have enough intimacy. These are the main problems and also for it to be on the ground floor, with easy access, no barriers so to speak. Because it often happens that there is an older person, who cannot move on her own during interventions, so we have this model, where we go to a client. (...) but it would be good if this was a friendly place. Without barriers (19, ombudsman for victims' rights, Marshall's Office).*

Analyzing the answers from the respondents on the functioning and work of their institutions with older female victims of intimate partner violence, one has to start by describing the services provided by aid institutions. The kind of help and support for victims of violence depends on the type of institution and the area of activity. These factors influence the financial capabilities, material resources and the number and qualifications of their staff. According to the respondents, publicly financed institutions, functioning within the frame of the

social aid system, have the greatest possibilities. It has to be also stressed that institutions do not diversify their offer. A similar range of services is offered to all people in need of help, but on an individual basis. Every person is treated as an individual with special needs, to which the services have to be adapted. Thus, elderly women are not a group for which there are specially developed forms of support.

In the opinion of the respondents, the basic aim of all help activities and support for victims of violence is to provide security, because fulfilling this need conditions effectiveness. Let us have a look at the kinds of help and support provided by particular institutions. Crisis intervention centers, social aid centers and NGOs (Blue Line Service and Society) offer older women psychological aid, prevention, intervention, information and the help of specialists from various fields. This is a quote from one of the consultants: *What do we offer? Therapeutic, individual and group meetings, interventions in the victim's community, legal help, contact with other institutions, which could for example help in obtaining social or council housing. Setting out the help plan, so to speak, but if it's needed, also accommodation if needed. If there is an extreme situation, you can come here any time of day or night and even stay here, if there is the need.* (5, family work specialist, Crisis Intervention Centre).

It starts with a conversation which helps provide appropriate support to the victim and an intervention, which aims to provide safety to the victim as soon as possible, there is also information given to provide the victim with basic knowledge on what can be done in their situation. Psychological help is also important, aiming to provide general moral support, as well as introducing a permanent change in the victims perception of the situation and most of all improving the victims self-esteem. Many clients also need free support from specialists in many fields. What many respondents stress is the particular importance of legal advice. Another important service is providing shelter or a flat for the victims.

All institutions also cooperate with other institutions, as part of their own offer. In a situation where their limited resources do not allow them to provide the required help and support, they contact other institutions, because the most important thing is for the victim to receive any help she needs. This includes for example care services and financial support, which seem to be particularly important for older victims of violence. Only social aid centers can provide these kinds of services.

The police and institutions attached to state administration have more limited possibilities. One policewoman indicated that help from the police concentrates

mainly on interventions when people are in danger and prevention. *Like I said this is generally issued information, some leaflets on prevention, or information about institutions with telephone numbers and addresses of places where you can receive help. Alternatively there are trainings, but not for the victims themselves, but for the helpers, so to speak, not for the victims.* (7, policewoman, Voivodeship Police Command). Respondents also indicated that the police provides the victims with information on what they can do in their situation and what other institutions can help them. During interventions policemen often contact also other help institutions (crisis intervention centers, social aid centers) in order to provide interdisciplinary support to the victim.

Within police structure there are also special units which have the task of preparing prevention programs for particular groups of people living in a given area. One of the three policemen taking part in the research noticed that in his community there were such programs for the elderly. *There were these prevention programs, which were directed at the elderly. This wasn't about violence in particular, more like avoiding mugging, theft, prevention matters and I think they are still being organized in some units. Once there were similar ones with a broader range, that was maybe 2001, or 2002, we made contact with various churches, or bishops in the region, to have priests read out an appeal to the elderly, there were some leaflets distributed, something was done. Usually things are done when a problem is on the increase.*(21, Blue Card procedure coordinator, Voivodeship Police Command).

It seems that institutions working within the structure of local or state administration have the least ability to directly provide help to the victims. In the opinion of the ombudsman for victims' rights the support provided by her office is restricted to legal and psychological help. More frequently there are preventive actions on a regional scale in the form of trainings, media campaigns or cooperation with other institutions. Here is her opinion: *So as I said, legal and psychological help. Unfortunately we have no money to provide social aid. We can only mediate and sometimes we do, but not always to good effect. Then, if it's about some financial help, support, well then you unfortunately have to apply to the borough, to a Social Aid Centre. Sometimes we talk to local authorities about a flat or something of the sort. It's easier for me, because I get the support of the marshal's authority. It may not be encouraging, but the aim sometimes justifies the means.* (19, ombudsman for the rights of victims, Marshal's Office).

Similarly as with the kinds of help, the ways of providing aid depend on the type of institution and the professional experience of the respondents, as

psychologists, social workers and therapists each have different ways of working with older female victims of violence. The reason for this is that the methods of work depend on the tasks connected with particular positions. Social workers indicated that they work mostly in the victims' community or are on duty in their institutions. Their work mostly consists of regular home visits, conversations building trust and relation with the victims, as well as providing information on the possibility of improving or solving their situation. Here is a statement from one of the social workers: *On my part this is most often a home visit, conducting a conversation with client and the husband if he agrees. Hearing what she has to say, giving her hints on where she can seek help, what she can even do in her situation, what she is entitled to, directing or convincing her to try and use psychological advice, or support, just to come and talk.*(27, social work specialist, Crisis Intervention Centre).

Consultants, therapists or psychologists work in groups or individually with the violence victim. The way they work depends, in the opinion of the respondents, depends on the victim's openness and needs. Sometimes both forms of cooperation are used. In group meetings participants work together on their problems and exchange experience. Individual therapy makes it possible to develop an action plan and help in solving the victims' immediate problems. *We offer psychological help, therapeutic meetings in various forms, individually and in groups, in our offices, but also we can go to the person. We often develop such a help plan with the victim, what she can do in her situation, as if we adapt our possibilities to her situation, (...) so it is this information, reaching out to the person, directing her to other institutions, but it also happens that we write various notices.* (29, psychologist, Social Aid Centre)

The work of the lawyers with older female victims of violence is based mainly on providing legal information and help in writing legal documents. In the respondents' opinions older women often need this kind of support, but rarely make use of the suggested solutions (e.g. filing a divorce or alimony suit). Here is a quote from one of the lawyers: *In this case our work is to provide legal advice here in my office, it's not somehow diversified between groups. Maybe I'll say this, while younger people are better in writing documents for a lawsuit, so really with older people it's different, because sometimes it's really me who is writing it. (...) So than I write the document, because normally I just help out. But with older people you know they also don't have or can't use a computer, so then I do it myself. This client comes and gets a finished document.* (28, lawyer, Blue Line Service)

The work of the police and policemen mostly entails informing older women about the possible courses of action and organizing information campaigns. One of the policewomen stressed that help for such victims is based on providing information in a very reliable and clear way. *I mainly inform about what we, the police, can do, what I personally can do; I try to find out if the person who comes to us is taking it all in, if she understands what I'm saying to her and what she agrees to. Secondly, I inform the person what right she has, where she can go and ask for help, what she can do in her situation and very often I write down the institutions on a piece of paper, because I think it's important to show where, in what place what kind of help can be found – that's the first thing. Secondly, what the person can do in her situation. I write it out step by step. Usually telling these people to take one step, they don't have to do everything all at once, but it's important for them to take some steps.* (4, policewoman, Voivodeship Police Command)

Whatever their tasks and position the respondents stressed that there are no significant differences in the methods of work with older female victims of intimate partner violence and other groups of victims. The differences lie mostly in the fact that the style of work has to be adapted to the abilities and limitations of the elderly. In the opinion of the respondents work with this group of victims is slower, requires more patience and understanding. On one hand this situation is influenced by geriatric changes causing biological, psychological and social dysfunctions. On the other hand, upbringing, standards and values of the elderly play a major role, all but compelling the victims to remain with their partner "for the good of the children or the whole family", as well as forbidding them to talk about the problem because "these are private problems of the family, which are not to be discussed with anybody".

Furthermore, half of the respondents stated that the way of work with older female victims of violence has not changed. The same methods and forms of work with victims of violence continue to be used. *It [the way of work] hasn't changed at all, because from the beginning work is based on a relation. I try to help as I was taught and as professional as possible, so whether it's a child or an older person, my main consideration is to give them a feeling of safety.* (26, director, Crisis Intervention Centre). It should also be stressed that a large group of respondents noticed some changes which took place in work with older women. Some of them saw their source in better cooperation with institutions which also work to prevent and moderate the effects of violence, as well as changes in the social awareness of the problems of aggressive behaviors in general. *I think it [the way of working with older female victims of violence]. There is definitely a greater understanding – from the employees I think and the*



*society in general that this problem actually exists. Policemen also I think now look into it [violence against older women]. How to proceed, how to notice. Thus I received information from constables or an invitation to cooperate. (29, psychologist, Social Aid Centre). However, in most cases, the change in ways of working with older women were attributed to the effect of the respondents' professional experience. The way they work evolves constantly as they improve their knowledge and gain new skills. One of the respondents noticed: *It did change in some ways. It still evolves in me. Because when I started working with victims I was so open and wanted to help so much and I thought that I can do more than they can do themselves and that I can help them so much. And when I saw that there is really not so much I can do, as long as they don't want to do something for themselves, than I felt helpless (...). However, with the number and perhaps the quality of various trainings which I took in the meantime, my work is a bit different. (...) Also the character of this work changes all the time, that's my feeling.* (4, policewoman, Voivodeship Police Command).*

It turns out that the opinions of respondents on the changes in the way they work with older female victims of intimate partner violence are divided. A similar number of respondents have noticed changes, while some claimed that over the years they have worked in the same way, considering the methods they use to be appropriate.

The methods of work used by the respondents can be evaluated also in relation to the reactions of older female victims of intimate partner violence. In the respondents' opinions the way older people react to the help and support they receive depends on the way in which a given person has reached the institution. If older women were looking for help on their own, their reactions were positive. If, on the other hand, they were forced to contact the institution (by a police intervention, family or neighbors), they often refused to make contact. According to the respondents, however, usually the reactions of the victims were positive. They are thankful for the time devoted to them, for the help and interest in their problems. *The reaction [of older women] is positive, I hope, at least that's how I see it, after a conversation I sometimes get feedback, for example that they were able to do something. It happens – well maybe rarely – but sometimes it does. I get the feeling that the reception is positive, they always thank me for talking to them, for devoting my time, for the card or leaflet they get, telling them where they turn to.* (4, policewoman, Voivodeship Police Command).

The respondents stressed that it is important that no decisions are made without or against the older women, which influences their reactions. It is also not without importance that the elderly feel respected and accepted by the staff, which is clear from the following statement by one of the respondents. *Mostly they are grateful. Very often they are used to not being treated seriously, that what they say is imaginary, so there is gratitude and disbelief that someone has helped them, effectively and free of charge. Because there is also this misconception, especially among the older people, that help, a lawyer, has to cost. Young people are more demanding attitude. But not the elderly. They are grateful for being treated seriously, for the help and for the help being free.* (19, ombudsman for victims' rights, Marshall's Office).

The reactions of older women to help from the respondents changed when their contact with the institution was not of their own decision, but forced by various circumstances (e.g. an intervention from the police or their neighbors). In such cases the victims were often dissatisfied and did not want the help and support of an institution. Here is a statement by one of the respondents: *In most cases the reactions are positive (...). Although I did have a few cases where I would enter this environment and not be let into the house and the lady would tell me that she doesn't want us to deal with her family, to come and look into what's going on there.* (27, social work specialist, Crisis Intervention Centre). However, in the respondents' opinions these were not frequent situations, as they occurred only in about ¼ of all cases of intimate partner violence against older women.

Another factor which seems to be important for the effectiveness of the respondents' work with older female victims of intimate partner violence is their satisfaction with it. Most respondents were satisfied what they were doing for the elderly, saying that they try to work with older people as best they can and help as much as they can. They were also satisfied with the contacts they had with older women, which often motivate them to work, as well as to change the thinking and behavior of the victims under the specialists' influence. The respondents stressed that the elderly prove to them that there is always time for change, regardless of age. One of the social workers said: *Well, there definitely is some satisfaction when a victim starts to do something; that it's not only our actions but that they actually change the way they think and start doing something and then there is this satisfaction from having achieved something. That is, not for me, but for this woman, that I was able to help her, that she changed her attitude.* (2, social worker, Crisis Intervention Centre).

Some of the respondents noticed that they are satisfied with their work with older women, but their satisfaction is to a large extent dependent on its effectiveness. *It's difficult to assess satisfaction. I think that my satisfaction may have a lot to do with the effects I get. And there are effects, because they resolve the situation, in their own time and in their own way, which is the most possible for them, and acceptable, right? They resolve their situation, each at a different speed and at a different time.* (5, family work specialist, Crisis Intervention Center). If there are no effects it makes it difficult for the respondents to assess their work as fully satisfactory. Two respondents indicated they found it difficult to evaluate their work and did not decide on a final assessment.

The respondents, although they were generally satisfied with the methods and effects of their work, they also indicated areas for improvement. These were mostly organizational matters. The most frequent suggestion was to increase the number of trainings concerning violence in general, as well as gerontological subjects. Equally often they mentioned material and office space problems, which the institutions face. The indicated problems lead to understaffing, lack of necessary office space needed to receive clients. In the opinions of the respondents more attention should also be paid to educating the society and older women on the subjects of violence as well as adapting legal procedures which make it difficult to combat aggression against the elderly (appointing an attorney from an institution handling a particular case and strengthen regulations concerning the isolation of the perpetrator from the victim). One of the social workers also indicated that it would be a good idea for preventing violence and improving their work with the victims to have regular research in the local community. This would improve the effectiveness of attempts to reach the victims and work with the elderly.

#### **a. Cooperation with institutions as part of work with older female victims of violence**

To improve the effectiveness of work with older female victims of intimate partner violence it is important to cooperate with other aid institutions. Cooperation provides an interdisciplinary approach to the problem as well as a comprehensive and multi-aspect support for the victims. In the respondents' opinions cooperation is also an important aspect of work in the case of older female victims of violence. When asked if they cooperated with other institutions helping violence victims, all respondents answered yes.

The institution, which is mentioned most often, turned out to be the police. Almost all respondents stated that they are in constant contact with constables

as part of their tasks. *First of all, it's cooperation with the police on cases of older people. This is foremost the police, we inform each other to start with. If I'm the first to receive such information, I inform the constable in the area. If the constable receives information that there is violence in this relationship, he informs us, or me, the institution and somehow together... Sometimes we plan actions together, sometimes each of us works in their field. We often open the Blue Card procedure, or I do it and inform the policeman, or he does and informs us. Sometimes there were joint interventions, that is we go, not interventions even, but visits, so we arrange it with the constable.* (27, social work specialist, Crisis Intervention Centre). Cooperation between institutions and the police consisted mainly of exchanging information and joint interventions in the victim's environment. Its quality was generally well evaluated, as shown by the following quotes. *As far as the police is concerned, it's OK. Our cooperation goes very well, we notify them, that is, they notify us, we consult with them. There has been an interdisciplinary team in our institution for a year now (...). We also go into the field with the police. The police also often take us along and we have a particular case, a particular person and for example two institutions can work on one case in the field together.* (15, family work specialist, Borough Social Aid Centre). *In my opinion it [cooperation] is good. I think that the police are very committed, the public prosecutor's office also does not ignore such situation, I think that they check it immediately.* (3, family work specialist, Crisis Intervention Centre). This does not mean that respondents do not see room for improvement in cooperation with the police. *Generally, as far as cooperation with the police is concerned, it could maybe be improved, you'd have to go deeper into their organizational structure, but our interdisciplinary teams, which involve constables, are less important for the commanders than, say, protecting a procession or something, because that's the information I get when I have an appointment with the constable for a team meeting or field work. The constable calls practically at the last moment and tells me that he was just sent to secure some event or to some intervention, so as I understand this, our case is less important for his commander, because the constable doesn't make the decisions himself.* (29, psychologist, Social Aid Centre).

It also has to be noted that the police is often not treated as an institution which is notified about cases of violence, but more often as a partner for joint operations. When asked how often the institutions notify the police about a case of violence, there were very few confirmations. Respondents stressed that they do not do this, because a police intervention must be due to an independent decision of the victim and not of the institution. This process is supposed to be a form of therapy during which the victim decides to take some steps. *Notify, well*

*maybe not, but we cooperate, because sometimes the victim herself, encouraged by us, calls in the police, or contacts the constable and here this 80%, what we report is, I don't know, maybe fifty-fifty, it varies. Sometimes the victims report themselves, so our report is unnecessary. There is cooperation later, even if the person calls the police herself, after our suggestions, than later, we sort of cooperate with the police, exchange information.* (29, psychologist, Social Aid Centre). The respondents stress that cases of violence are only reported to the police if there is danger to the victim's health or life. In another situation help institutions inform the police about the problem, to make the constables aware of the particular case of an older female victim of violence.

Other institutions mentioned were: social aid centers, courts and probation officers. Two respondents cooperate with a general practitioner and another two with NGOs helping the elderly. Only one interviewee indicated cooperating with a school as part of their work with older female victims of violence. It should also be stressed that in the respondents' opinions cooperation with other institutions was often initialized by the respondents. This refers mainly to the judicial authorities, doctors or NGOs. It seems therefore that not all institutions feel the need for working together for a multi-aspect prevention of violence towards older women and perhaps they lack the appropriate knowledge of the subject.

When asked what forms the cooperation takes, most respondents indicate that there are joint operations for particular cases, institutions exchange information and cooperate in interdisciplinary teams, composed of specialists from various fields. *How I cooperate – like I said earlier, I mainly do interventions, I'm in contact with a given institution. We cooperate here to improve, change the situation of the victim, we debate what and how we can do. What actions would be most effective at this time and situation.* (8, consultant, Blue Line Society). Only a few respondents confirmed that they cooperate through team efforts, not to mention work in teams of specialists. Respondents from the police also mentioned as a form of cooperation joint trainings organized in order to improve the effectiveness of various services and organizations. *We are very glad that they [cooperating institutions] train our staff. So they can provide us with training for policemen from another point of view, not from the point of legal procedures, but from a psychological standpoint. Last year we organized a series of trainings: work with the perpetrator and work with the victim. Psychological aspects of working with the victim. Then there was another training on creating interdisciplinary teams.* (21, Blue Card procedure coordinator, Voivodeship Police Command).

Evaluating cooperation with all institutions the respondents indicated that they are generally satisfied. They also noticed that this does not mean that they do not see room for improvement. *In general I have good cooperation and I didn't have such cases where there would be any problems here. Maybe the most problems, if any, I had with probation officers, because there are sometimes problems, but they are rare and possible to overcome, because they are either temporary, like we can't meet, because of other plans, but it was really rare, so in general, at least for me, there is good cooperation, we don't have any major problems.* (27, social work specialist, Crisis Intervention Centre).

According to the respondents the main issue which would require improvements is the way of thinking and lack of appropriate knowledge on violence against older women among the society in general, as well as support services. *So I wouldn't want to generalize. Sometimes the cooperation is very good and sometimes there are policemen, who don't have the appropriate knowledge on preventing violence, who not only do not know the rules of the Blue Card procedure, but also other legal issues, while they try to do things according to the law they don't know and it's a hindrance to cooperation and helping the family.* (17, therapist, Social Aid Centre). It turned out that an equally important problem is the shortage of staff, due to which people have to wait longer for help, as well as the absence of specialists from many fields in interdisciplinary teams.

Two other of the most frequently indicated problems impeding cooperation between institutions were legal procedures, which are not tailored for the situation of older women and excessive bureaucracy slowing down procedures. Here is a statement from one of the respondents: *There is an awful lot of "red tape", but it's unavoidable, no. I call a man and tell him "we're going into the community", the constable for instance. He says: OK, this and that time, I'll have a car, or he says "you know what, I don't have a car", than I tell him we'll take mine, right? No problem and we'll do what we have to do, but he has to send an official document, must make a note, I have to make a note, I have to send back the official paper, even though the case is simply simple. There is a lot of documentation.* (23, family work specialist, Crisis Intervention Centre).

The respondents, apart from the aforementioned requirements concerning cooperation with institutions, noticed that they could work more effectively if other services would also get involved in work on the cases of older women. It turned out that the organization which is the least interested in helping victims of violence is the health service. Two thirds of the respondents gave such an answer. *I think that the health service could get more involved – general*

*practitioner, community nurse. I think that they are the first to know that there is something wrong in a family. Elderly women often open up before a doctor. (27, social work specialist, Crisis Intervention Center). Another person added: We definitely feel the absence of the health service. They are completely unprepared to handle violence at all and especially in the case of violence against children and elderly. I think that there is a lot of work to be done here, develop some training modules for them. Not only doctors, but also community nurses. Very rarely... I'll put it otherwise: just once in 10 years did a doctor notify me that he suspected there may be a violent situation. I think this shows the scale of the problem. (19, ombudsman for victims' rights, Marshall's Office)*

This situation is both interesting and disturbing; especially that it is commonly known that the elderly, because of their health problems, make frequent visits to the doctor. Furthermore, doctors and nurses enjoy a high level of deference and trust among older people. The health service is the primary institution as far as frequency of contacts with the elderly and influence on their opinions are concerned. Their involvement in diagnosing and preventing violence would be priceless.

A few respondents indicated also that either no institutions are missing from the cooperation, or that it lacks the involvement of the police, judiciary, probation officers and local authorities. These answers referred to the professional experience of the respondents, connected with their cooperation with various services and institutions. Not everywhere was there someone missing in the cooperation. There were situations, where all necessary services are involved in actions for the benefit of older female victims of intimate partner violence. Sometimes on the other hand, the cooperating services did not meet the respondents' expectations, who would like changes and more cooperation.

#### **7.4.5**

##### **Possibilities for improving the situation of older female victims of IPV**

One area, which according to the respondents needs improvement, apart from cooperation with other institutions, is reaching older female victims of intimate partner violence. It turns out that only a few cases of older women reach an institution, which is not caused by there being few cases of violence against them. Older women, often because they believe family matters should be kept secret and want to preserve the family structure, rarely apply to appropriate institutions, or look to friends or family for help. This situation masks the real scale of the problem and makes it impossible to provide efficient help and support.

In the respondents' opinions the most efficient way of reaching older female victims of intimate partner violence are educational social campaigns. These would both educate the society about the problems of the elderly and inform the older people on various problems (including violence) and institutions providing help and support in crisis situations. Respondents indicated that violence against older women is rarely reported because there is not enough awareness of the problem in the society and the elderly do not know where they can receive support. The media, which are the main source of information for the older people, could play an important role in bringing attention to the problem. One of the respondents said: *The awareness of the people needs to be changed, improved. In my experience these women very often read newspapers and find out that they can receive help. I often hear on the phone that "I read an article and there was this telephone number". But I think that through some promotion, social campaigns. Here media such as TV and newspapers. From what I see, these are the main sources of information. Than on the other hand, how can we reach people? We see an important role here for the witnessed – close ones or neighbors. These people should react. If things are not good, these people should inform the appropriate institutions. So information, campaigns, which would allow us to increase the awareness, that is use so called prevention, so increase the awareness that it's worth reacting to violence, which could cause the witness or close one, who sees an older person in a difficult situation, to react, because they would know who and where to call.* (8, consultant, Blue Line Society). In the case of the older people it would also be important to circulate leaflets and posters, which would contain the necessary information (on where and how to obtain help). These could be distributed by various institutions such as social aid centers, crisis intervention centers, but also churches, neighborhood clubs, out-patient clinics, etc.

According to the respondents another way of reaching older female victims of violence would be by organizing trainings on the subject of violence addressed at both the employees of help institutions and the elderly themselves. A few interviewees suggested creating special positions at institutions for employees who would be responsible for finding victims of abuse and informing the older people on various questions, including problems. Here is a suggestion provided by one of the respondents: *Sometime in the early nineties, if I remember, there was in Social Aid Centers the so called recognizing post-productive age – social workers had addresses of people in the post-productive age and would systematically visit these people, enter the community and ask about their health, sources of income, if they were doing OK, if they needed help and what kind of help if at all. This was a kind of reconnaissance and if it happened that a family needed help, we could act. While now we don't have this recon system,*



*so it would be good to prepare something like that, develop a program of diagnosing the community, to research those post-productive, retirement age, find out what the scale of the problem is, because during this reconnaissance, entering the family, in this conversation a lot of information would come out, I think that this is the only possibility of analyzing this [violence] (27, social work specialist, Crisis Intervention Centre).*

Unfortunately, even though the respondents notice problems connected with reaching older female victims of intimate partner violence, most institutions do not plan on introducing any measures which would change the situation of this group. When asked if any undertaking connected with this problem, over a half of the respondents answered that they knew nothing about it. The most frequently indicated activities turned out to be educational meetings for the elderly and programs addressed to them. It's also worth mentioning that two respondents indicated that in the nearest future their institution will distribute leaflets concerning the rights of the older people, while in one community and society will be created which will work for the benefit of the elderly.

However, what seems important is that the respondents were aware of the needs of older female victims of violence and suggested regulations on this basis, which would improve their situation. According to most respondents the most important needs of older women can be reduced to providing peace and safety. *They need peace; it's a special need, because in almost every case, when we come down to it and I ask "what do you want?", "what do you need?" – the answer is: "nothing but peace". (6, psychologist, Crisis Intervention Centre).* It turned out that it is equally important to provide victims with support and understanding, which they often do not receive in a violent situation. This is confirmed by one of the respondents: *they [older female victims of violence] first of all need warmth, understanding, empathy. Well, and most of all, for someone to listen to them. But equally often they retreat and this is where a therapist is needed, or a psychologist, to strengthen their self-esteem, so that they do not go back on a decision. (19, ombudsman for victim's rights, Marshall's Office).* According to five of the respondents the main need of the elderly victims is the need for company. They refer here to lonely people, who have nobody to share everyday problems with.

When talking of regulations which could help meet the needs of older women and also improve the situation of the elderly in general, respondents indicated two aspects of these. One concerned organizational regulations and the other, legal. In the first group of solutions the most frequently mentioned were the ones connected with the work of the staff in help institutions and the changes in

social awareness. The respondents suggested increasing the number of employees and developing a special training offer for them, as well as carrying out educational campaigns concerning problems of the elderly in general.

It seems that the respondents attributed a lot of importance to legal regulations. This may have been influenced by the fact that when the interviews were conducted works continued on the act on preventing domestic violence. Most of the respondents expressed positive opinions about the proposed changes in the law. From their point of view it would be very important to isolate the perpetrators from the victims, strengthening the laws on expelling the perpetrator from the house and restraining order. Here is one of such statements: *You know what, I see a great need for updating the act on preventing domestic violence, which first of all includes this regulation on cooperation between services in interdisciplinary teams. With older people it's simply essential for services and the elderly to cooperate, they can't defend themselves on their own. Like, for instance, in these proposed changes there is the project to change the penal code concerning the restraining order issued by the public prosecutor not by a court. So that this can, this restraining order on the perpetrator, so that it can be issued by the prosecutor, so that it happens quickly. So that older victims don't have to take it to court, battle in court for 3 years for the perpetrator to be convicted, this has to be a simple quick procedure, also institutional.* (11, psychologist, Blue Line Service). Some people stressed the need to modify the court procedure, which is so long that it often makes it impossible for the victim to free themselves from the violence for years.

#### 7.4.6

#### **Subjective feelings of the respondents about working with older female victims of intimate partner violence**

Because of the significance of the problem discussed it seems important to analyze the subjective observations of the respondents concerning their work with older female victims of intimate partner violence. The personal motivations and thoughts influence their way of work and attitude towards the victim. In order to draw up the subjective response to violence, respondents were asked what this work means to them, what induced them to take up this line of work and what in particular they could learn from this group of clients. Let us have a closer look at the answers.

Most of the respondents indicated that the most important aspect of their work with older women is the experience which they gain. This includes experience improving their effectiveness and methods of work with similar victims of

violence, as well as experience changing their outlook on life. Here is a statement from one of the respondents: *I think that for me personally it's drawing on the incredible years-long life experience of these people. This enriches me, it gives me this image of marital relations, family relations, the role of women, the role of mothers. This is great experience, insight and understanding, which allows me to act better, more efficiently and have more awareness in future cases.* (5, family work specialist, Crisis Intervention Centre). In the case of a few respondents work with older female victims of violence was connected with wanting to give help and was a challenge, which had to be taken up for the good of the victims. Respondents indicated that they have an inner aversion to violence and thus feel a strong need to help, educate and increase the awareness in this area. Furthermore it is important to be able to feel the satisfaction coming from achieving effects, especially in the case of older female victims of intimate partner violence. Four other people, on the other hand, noticed that help involves really nasty situations which no one should experience, especially elderly people, who particularly need peace and safety.

When asked what made them take up work with older female victims of intimate partner violence almost everyone indicated wanting to help other people. One of the respondents said: *What made me take up this line of work? You mean what made me start work at the center? I wanted to work in this area of help work from the start. First I worked as a social worker in the field a long time ago, so it was mainly social work and maybe not a calling, but somehow realizing my own goals, somehow use it as well.* (3, family work specialist, Crisis Intervention Centre). It was also stressed that work in help institutions entails work with people of various ages. The staff have no influence on who they work with. The situation and particularities of the profession means that one has to work with whoever needs help and support. *What made me [take up work with older female victims of violence]? I just get information and have to do something. It's not like I can choose which case I want or don't want, because I'm more interested in problems of the elderly. Each of us is on duty sometime and if a case like this comes than the person on duty handles it. So it's not like something specific induced me to work with older victims of intimate partner violence.* (9, social work specialist, City Family Aid Centre).

Only one person decided during her career to work with the elderly and for some time only provided help to this group of people. She now works in a social aid center and her responsibilities are not limited to this group of people. Here is what she said: *There was this idea, in my previous place work, for a program like this. I thought about it then, because I had this idea to take part in it. I thought about it, like if it's this area where I would feel well and actually I think,*

*what convinced me, was my personal evaluation that I can communicate with these people and understand them. (29, psychologist, Social Aid Center).*

Even though respondents were not limited to working with older female victims of intimate partner violence, they stressed the particular values which they could learn from them. Most often they indicated patience, calm and humility which older victims of violence show in dealing with the hardships and problems of everyday life. Both of these features are at the same time admirable and the main challenge in working with older women, because what often allow them to survive causes them to remain for years in a violent situation, almost getting used to it. Here is how one of the respondents describes this problem: *There is this humility towards life it even sometimes seems extreme, because they take these blows so patiently and do nothing, but there is something in their attitude, that the elderly, they have less of this need for revenge, hate, anger. Feelings that would be very normal for victims of violence. In these people somehow such reactions are weaker. (3, family work specialist, Crisis Intervention Centre).* Another person added that she learned patience and understanding towards the needs and everyday functioning of older women. *(...) I think now that what I learn from them [older female victims of violence], or in contact with them, is definitely patience and understanding. Patience, or this kind of humility towards the fellow man, the hurts which they suffer. I also think that in general work with such people teaches a bit of humility, teaches understanding, because, as I said at the beginning, I also felt anger and irritation in contact with them, so after all these tears I learned that this is not the way. After years of working with them I have more understanding for people, more patience and understanding that this is their life as well, this is something they experienced in life and you can't just be angry with them just because they live their lives, even if in my opinion they didn't do anything with their life. I think that working with them teaches that and if it's from them or just through contact with them, it's really hard to say. (29, psychologist, Social Aid Centre).*

The other frequently indicated values which the respondents learned working with older women was courage in the face of changes in spite of advanced age and knowledge about people. Respondents stressed that the elderly give them the feeling that it is never too late to change, that even after years of violence one can find the strength and will to change one's life. It turns out that contacts with older women allow the respondents to gain knowledge about human possibilities, rules people follow and mechanisms which direct their behavior. One of the respondents said: *Oh, I think that I can learn a lot of things. This work gives me some knowledge, I don't know if this can be called learning, but it shows a lot of the consequences of various decisions. It makes me understand*

*that these are long term consequences and that that some decisions, consequences last for years. It makes me understand and teaches me that one should enjoy life, in the sense that you should make conscious decisions, sometimes spontaneous, sometimes thoughtful, thinking about the consequences. I think it teaches a wise way of life, a thoughtful attitude to life, to many things. I can think of lots of people I work with now and I think that if I were to say specifically what I learn; something else from everyone, but it really is a mountain of knowledge. (29, psychologist, Social Aid Centre).*

#### 7.4.7

##### The respondents' thoughts after the conversation

One of the final questions concerned the narrators' feelings and thoughts after the conversation.

Generally it has to be admitted that the interviews and their subject were positively received by all respondents. *It's good that there are initiatives like this* – said one of the narrators (19, ombudsman for victims' rights, Marshall's Office). Many respondents also stressed that their observations show that the subject of the elderly is often omitted in debates or operations planned by various help institutions and this is an important and increasingly large group of social aid beneficiaries. One of the narrators stated: *It's good that someone took this subject up, because it has been completely neglected and no one really researched it in detail. Various people do research, but they research the general scope of domestic violence, regardless of age. And this can also give some information on the awareness or the scope of violence against older people. And maybe something will be created and it will be the basis for some actions, or campaigns. Some institutions or organizations. (17, therapist, Social Aid Centre).*

Some narrators said that the problems and organization of research has the extra value of involving professionals from various fields, various institutions, which increases the chance that the results will allow for a deeper, multi-aspect description of the analyzed problem. One of the narrators said: *It's interesting, to be honest how other professionals might answer, how the police see it, how social workers see it. I think that they may have a different perspective. (11, psychologist, Blue Line Service).*

The subject of the interview, as well as asking the narrators to describe particular cases of older female victims of intimate partner violence meant that the respondents went back in their minds to meetings with a particular client, which often caused some emotion. At the end of one of the interviews the

interviewee said: *This whole interview was a bit emotional for me, because I was trying to remember all those situations which I experienced, all those people. This is a very difficult subject for me.* (27, family work specialist, Crisis Intervention Centre).

Narrators also added that the interview is complete, meaningful and the questions are very detailed and insightful, while having a certain degree of generality, which allows for multi-aspect and thorough answers. On the other hand there were also comments concerning the length of the interview – some respondents thought that the subject is in fact interesting, but maybe the number of questions could be reduced. Others noted that some questions were difficult and answering them would have been easier had the respondents known the questions beforehand. They would thus have time to think certain things through and prepare to the interview, which would improve its quality. Another factor which made it more difficult to give logical answers to the questions was the fact that the interview was being recorded. Nevertheless it has to be admitted that the undoubtedly pioneer research into the problems of intimate partner violence against older women met with great interest and a positive response from the participants.

## 7.5 Summary and discussion

Subject analysis of the interviews with employees of various institutions in the second stage of research in the DAPHNE III project, shows how complex and at the same time interesting and still little understood is the subject of intimate partner violence against older women.

Intimate partner violence against older women is not, in the opinions of the respondents, a new concept, although it is one that is increasingly often noticed in their professional experience. It does not change the fact that the number of older women approaching institutions is still small, although when compared to 2006 there is a noticeable increase. It seems that it is not without importance that the older generation was brought up believing above all else in keeping all family problems secret.

In the respondents' opinions older female victims of intimate partner violence have been in their situation for a long time, almost from the start of the relationship. Cases of women aged 60 or more, who have experienced intimate partner violence for the first time in old age are much less frequent. The situation is also made more difficult by the fact that intimate partner aggression

takes various, often cruel, life-threatening forms. The dominant form is psychological violence accompanied by physical aggression, often economic or sexual abuse. Many reasons can be named for the intimate partner's aggression. In the respondents' opinions one factor which increases the risk of violence against older women is the fact that both partners stop working and in consequence spend more time together. Furthermore, the interviewees listed the husband's alcohol problems, as well as diseases and psychological disorders. Other important factors are the model of family/marital life learned by the perpetrator at home and the victim's low self-esteem.

The material presented in this chapter indicates that the attitudes of older female victims of intimate partner violence can be divided into two types: passive and active. The first group are usually victims of long term violence, agree to their fate, believe that they promised to stay with their husbands till death and therefore make no attempts to stop this hurtful relation. They do not want to any institutions for help, unless something so traumatic happens that they decide to tell someone about their situation. However, making the effort and applying to an institution does not mean that the victim changes her passive attitude. The respondents noticed that this group of older female victims of intimate partner violence often come with an "order": do something, because I have no strength and do not know how to do it. On the other hand, women belonging to the active group have usually experienced intimate partner violence for the first time in old age. Not agreeing to this situation they immediately act, look for help and ideas, in order to prevent this incident from repeating. These women have stronger personalities, they are often well educated and, what is more, can count on the help and support of adult children or other people they trust with their problems and secrets.

The image of the perpetrator also has a few major features. First of all these are despotic personalities, who want power and have a tendency to control everyone and everything. They also have a poor emotional sphere, lack the ability to show feelings or empathize with another person. Although the social image of the perpetrator is very positive – the community sees them as gentlemen, nice and helpful – but this is merely a front. Only a few people, the closest family, especially the wife know the truth.

Experiencing violence means that many older female victims of intimate partner aggression develop certain mechanisms and ways of coping with what they are part of every day. They learn particular behaviors, which will agree with the perpetrator's expectations; they become meek, withdrawn, quiet, and subject to their intimate partner. They convince themselves that what they experience is

not the kind of violence they here about on TV, because after all there is social agreement to the husband having greater power over his wife. According to the respondents some older female victims of intimate partner violence complain to a neighbor or other people they trust, which give them some relief. Also prayer is important for them, because for many older women it is a source of strength.

All the above factors, features and attitudes of older female victims of violence make it difficult for the respondents to work with this group. Even though, in their opinions, the methods and forms of influence are no different from those used with other groups of clients, individual and special attitude is needed. This is mainly due to the abilities of older people and the changes in their psyche and organisms.

It turns out therefore that according to the respondents work with older women is a relation that changes all involved. It is a basis for modifying the situation of the victim, as well as the behavior and experience of professionals working to prevent violence. Based on common practice, all people involved in working with older women can support, help and develop.

From what the respondents say, it also turns out that in order to improve the effectiveness of work with older female victims of intimate partner violence it is important to take some actions. They mostly mentioned gerontological trainings for employees of help institutions, as well as educational social campaigns aimed at the society in general, as well as older women. Without these it is difficult to reach older victims of violence, as well as working on changing their situation.

It is also important that institutions cooperate on cases of older female victims of violence. It turns out however that this important cooperation between various services is both common and a challenge to these institutions.



## VIII

# National networks

### 8.1

#### Cooperating agencies and organisations

The Institute of Andragogy and Gerontology and the Institute of the Sociology of Education, have for many years worked in co-operation with a number of institutions – at both local and national levels – which, on an everyday basis, are involved in working towards solving the problems faced by older people, and include the problem of violence towards older members of society.

#### 8.1.1

##### National Institutions

An important national institution, with which co-operation has been established, is the Office of the Ombudsman for Civil Rights. This is a constitutionally defined body, entirely independent of other government or state institutions in its activities and set up to defend civil rights. The Office of Civil Rights has increasingly devoted more time to the problems of older people. An indication of this are the various teams of experts appointed to work alongside the Ombudsman for Civil Rights, which have been appointed to provide expert opinions on a variety of important social problems. In 2008, the team of experts working on the problems of older people produced a report on the extent to which older peoples' rights were being respected in Poland. The report was published in 2008. One of the planned priorities of the current Ombudsman for Civil Rights is to ensure that the rights of older people are respected and protected. The Office of Civil Rights is currently preparing strategies for the fight against poverty.

Another national institution with which co-operation is long-standing is the Polish Gerontological Association (PGA). One of the most recent research initiatives undertaken by the PGA at a national level over the period 1999-2001 was a project entitled "The life conditions and needs of older people in Poland –current conditions, directions for change and tasks for social policy", which was financed by the (National) Committee for Academic Research. The publication summarizing the results of this research, in which the Institute of Andragogy

and Gerontology took an active part, is one of the most up-to-date sources of information concerning senior citizens in Poland.

As regards other national institutions which are involved in the problems of older people on an everyday basis, and in particular, are concerned with the problems of violence against older people, it is necessary to pay particular attention to the Nationwide Emergency Services for Victims of Family Violence "Blue Line" an organisation whose aim is to work towards the prevention of violence in families and the non-governmental organisation *Forum 50+. Senior citizens of the XXI century*. Representatives of these organizations take part in conferences and meetings organized by the Institute of the Sociology of Education, and the Institute of Andragogy and Gerontology where the problems of older people are discussed. The interdisciplinary character of the co-operation between academic researchers and practitioners allows exchange of knowledge and experience gained from working with older people to assist in the formulation of interesting, new ideas concerning the welfare of older people and to introduce them into everyday practice with the benefits that they might have for older people in mind.

### 8.1.2 Local Institutions

Institutions at a local level, which have become significantly involved in the research initiatives undertaken by the Institute of the Sociology of Education and the Institute of Andragogy and Gerontology include the Voivode (Regional) Department of Prevention in Białystok and the City Centre for Family Assistance in Białystok – in particular, the Crisis Intervention Centre which is run by the latter. From 2006 to 2009 these institutions participated in a research project designed to examine the problem of violence against older people in the Podlaskie region of Poland. This involved an analysis of the problem of violence with respect to older people from a variety of different aspects, based on both qualitative and quantitative research. In the period from January 1<sup>st</sup> 2006 to 30<sup>th</sup> June 2009, the Department of Prevention compiled statistics regarding the number of people (aged 60 and above) who had fallen victim to violence. It is important to emphasize here, that nationwide there are no police statistics concerning the problem violence in which age categories of 60 or above are specifically registered. In Poland, police statistics with regard to the victims of violence are registered only with regard to two age categories: 13 years and 18 years. These refer to crimes against children (up to the age of 13 years) or in relation to persons under the age of 18 years and those above. As a result of co-operation with regard to the present research, the Department of Prevention

of the Regional Police Department in Białystok undertook to compile statistics concerning the victims of violence with the inclusion of a further age category, namely those aged 60 and above.

A similar process was undertaken by the Białystok Centre for Crisis Intervention (CCI). As a result of their involvement in the research, the CCI workers carried out an analysis of the documentation held by the Centre in relation to victims of violence who had attended the centre, from its formation in 1998 to the end of the present project, i.e. 30<sup>th</sup> June 2009. The material thus collected made it possible to provide an improved diagnosis of the problems of abuse and neglect in relation to the senior citizens of the Podlaskie region. In addition, the research also helped to arouse greater awareness and sensitivity among social workers to the problems of violence in relation to those older people, who were clients of the CCI.

Furthermore, members of the Białystok section of the Polish Gerontological Association (PGA), which includes members of the Institute of Andragogy and Gerontology and of the Institute of the Sociology of Education regularly organise meetings, during which various local issues relating to older people in the Podlasie region are discussed. At the local level, we are also developing co-operation with the Regional Centre for Social Policy and with the University of the Third Age.

Thanks to the harmonious development of co-operation with the institutions and organisations mentioned above, it has been possible to set up a team of experts at the local level which has made its task to further the debate concerning the problem of violence in relation to older people (with particular reference to older women) and to find ways of helping to prevent this problem.

## **8.2 Mode of co-operation, methodological issues**

The specific character of the institution which is the Polish partner in the international research project DAPHNE III „Intimate partner violence against older women” in the form of the University in Białystok, and more specifically, the Institute of the Sociology of Education and the Institute of Andragogy and Gerontology – to a significant extent determines the direction and the model for co-operation with other institutions. The institutes – as academic bodies – organise various conferences and fora for discussions, during which matters

lying within their sphere of interest are raised. The aim of every academic dispute is not only to exchange views on a given subject, but also that participants may be mutually enriched by each others' experiences, gained in the course of their professional work or various forms of social activities in which they are engaged. The intention is that a given issue for discussion is not only analysed from an academic point of view, but that efforts are also made to find solutions to the problems under discussion, so that theory is converted into concrete practical activities.

The aims and principles outlined above, as well as aspirations towards developing recommendations for future interventions were discussed at meetings of the team of experts, which were organised by members of the Institute of the Sociology of Education and the Institute of Andragogy and Gerontology in a number of Polish towns, including Kielce and Wrocław (in the City Social Services Department, July, 2010) in Białystok (at the Department of Pedagogy and Psychology of the University in Białystok, September, 2010), and in Warsaw (at the Department of Journalism and Political Sciences of the University of Warsaw, October, 2010). These were extremely valuable interdisciplinary meetings with people for whom issues concerning violence towards older people, and in particular towards older women, form the substance of their daily, professional work.

Meetings of the National Networks of Experts, for such they came to be called, began with participants acquainting themselves with the DAPHNE III, project i.e. the project partners were presented, along with the aims of the project, its research premises and its successive phases of realisation. The point of entry for a discussion of the recommendations for future action was a brief description of the most important results obtained during the realisation of the different stages of the project. The conclusions and remarks which resulted from an analysis of the material collected, as well as questions arising from analysis of the materials, were presented to the participants of each meeting. Members of the team work in a variety of different institutions on a daily basis, and this allowed a multi-aspect view of the issues and questions presented to be taken. For example, those participating in the meeting held in Białystok, included experts from the local community, such as policemen and women from the Department of Prevention of the Regional Police Authority, representatives of the regional authorities in Białystok (the Voivode Department), a geriatrician, a chaplain, academic members of the Law Department and the Department Pedagogy and Psychology of the University in Białystok.

The meeting in Warsaw was attended by representatives of many nationwide organisations including: the President of the Polish Gerontological Association, the Director and staff of the Nationwide Emergency Services for Victims of Family Violence "Blue Line" a representative of the Association for the Prevention of Violence in Families "Blue Line", the Spokesman for Victim's Rights from the Voivode Marshal's Office of the Kujawsko-Pomorskie region of Poland, a geriatrician from the Medical University of Poznań, a lawyer from the Prison services in Poznań, a representative from the Institute of Work and Social Services in Warsaw and numerous academics – social policy advisors from the University of Warsaw and the Main Business School in Warsaw.

The discussions which were prepared and carried out within the expert groups provided a convenient forum for more detailed and complex reflections on the problem of older women who fall victim to violence in their marital/partner relationships, and offered the opportunity for a greater understanding of the enormous complexity and difficulty of the problem under consideration, along with ways of providing recommendations for future initiatives for dealing with the problem, which might be undertaken at both local and national levels. The participants had a wealth of professional experience of working with older people and years of working with older people and for older people, resulted in numerous observations relating to shortcomings that are currently evident in the functioning of the social services system and other state provisions. A major subject of discussion concerned indications for ways of improving the system for the prevention of violence against older women. Members of the National Network considered together what should be done and what proposals should be instigated, in order that the health service, social services institutions, the Church, the Police, the Courts and the Prosecutor's Office might be better prepared to work with and help older women who are the victims of violence at the hands of their husbands or partners.

## **8.3 Recommendations**

### **8.3.1 General remarks**

One of the most fundamental comments, which was reported as being an imperative for future action which should be directed not only at the social services sector, health services and the Police, but also many other institutions which are in daily contact with older people, was the need for training in the

area of gerontology and violence against older people. Members of the National Networks, both at a local level and those whose work was at a nationwide level, emphasized the necessity of preparing and carrying out a series of workshops or seminars, during which participants from various institutions would have the opportunity to learn more about the problems of older people, about the specific nature of the life stage defined as old age and about ways of working with this group of clients. Particular attention needs to be paid to the subject of abuse and neglect of older people, because – as the professionals from different institutions themselves claimed – the staff working in social services departments, the health service, the police force and church leaders are often not aware of the problem of violence against older people. The experts believed that this was due to their having insufficient knowledge in this area. Thus long-term and interdisciplinary educational initiatives are required in order to disseminate knowledge on the subject of the risks that threaten in old age, their specific characteristics and basic nature and ways of working with people affected by them – which includes the need to propagate basic information, above all in the area of psychology, sociology, pedagogy and law, but also in the area of public health and theology.

The field work carried out for this Project and the direct interviews with older people themselves, as well as meetings in the frame of National Networks made clear to us the need for educating senior citizens themselves. It is essential that they should have information concerning the problem of violence in old age, and furthermore, the geriatricians who participated in the meetings drew attention to the need for disseminating information on the subject of sexual behaviour in old age. Sex education is essential to planning strategies for the prevention of violence in marital/partner relationships in old age. Older people should be made more aware of the changes that occur in their sexuality and that of their partners as they grow older. Understanding the transformations that occur and the needs of the other person might help to prevent aggressive behaviour which occurs against a sexual background.

The experts also indicated that a foundation should be set up to take care of the needs of senior citizens. In their experience, this was considered to be a good way providing background support to the existing aid systems, which although necessary, are not able to do a great deal. The participants of the meetings drew upon the example of a foundation concerned with protecting children against violence and neglect on the part of adults, which was extremely effective in its activities. Activities undertaken by this foundation resulted in initiating and carrying out various campaigns whose aim was to make people aware of the existence of the problem and ways of helping to prevent it. This also helped to

stimulate a number of agendas for the government in order to take appropriate action, so that the call instigated by the campaign to help children who are victims of violence, became more than a mere slogan. Similar activities might be undertaken in order to protect the welfare and interests of older people, and in particular, of older women.

Members of the National Networks also felt that there was a need to set up interdisciplinary teams, which would concern themselves with the problems of older people and would make a contribution to a multi-aspect analysis of the difficulties associated with old age and towards developing ways of helping the oldest members of society. These teams should consist of representatives from different institutions e.g. social services, the health service, the police, religious leaders as well as older people themselves. The teams might also provide a good forum for discussion, on the basis of which it might be possible to draw up and carry out the training programmes for public services or senior citizens, referred to above. The experts' view was that the workshops or training programmes should be prepared professionally and, moreover, concrete standards for this type of training need to be worked out. In Poland, educational deficiency (irrespective of age) are to be found in particular, in rural communities.

A wide selection of firms currently provide training programmes for the staff of different organisations in a variety of disciplines; unfortunately, this frequently means that the standards of the training offered are very different, despite the material being similar. It is therefore essential to arrive at a set of concrete standards, which need to be observed in providing the appropriate training for improving the qualifications of public sector workers involved in providing assistance to older people.

### **8.3.2**

#### **The social services sector**

One of the tasks facing social services agencies, and which might be a form of help as well as assisting in the prevention of aggressive behaviour towards older people is the development and implementation of an aid programme for the victims of violence. One of the best forms that this might take would be in the formation of support groups for the victims of violence – and in particular for older women who are the victims of violence. The empathic support of another person, feeling that one is understood, feelings of trust, are extremely helpful in overcoming difficulties. This is especially important in situations of violence e.g. experienced from those who are closest. Hence the need for support groups, which ought to empower those participating in them and help them to see that

they are not alone with their problems, because there are others, who will help them to overcome their situation. Support groups are also able to promote well-being among the victims of violence, who by sharing their experiences with others, may have the feeling that they are able to help others, who are at the beginning of the road, which they themselves have already travelled. Support groups may thus give older people who are the victims of violence the feeling that they are still needed by others, which may help them to see themselves and their experiences in a different light, and assist them in overcoming their difficulties.

Social services agencies might also be able to organize different types of meetings or support groups for family members, from those families suffering from violence – i.e. courses directed towards adult children of older women who have suffered violence at the hands of their husbands/partners etc. Experts attending the organized discussions emphasized the importance of ensuring that older people receive support in a variety of different forms, in the battle against their experience of violence. The experience of the professionals demonstrates that older people are likely to withdraw from co-operation with the agency wishing to offer them help, often resulting in dire consequences on both sides. People in these circumstances are very much in need of support, not only from independent outsiders – professionals from aid agencies, but also from members of their family, those closest to them and people whom they can trust etc. Thus it is worthwhile undertaking initiatives e.g. in the form of regular meetings, to help raise the awareness of those involved in the domestic situation of abuse to the needs of the victims of aggressive behaviour – in particular to the need for feeling safe, the need for support and help from those who are closest to them. Institutional support in itself is not enough. Co-operation with the family, the domestic environment of the victim, is necessary.

Some experts drew attention to the need for increasing the numbers of social workers. It was emphasized that social workers carry a very heavy work load, but that their earnings are quite low. In the opinion of the experts, it is essential that the duties of social workers should be organized in such a way, that they specialize in different disciplines. According to the experts, in order that social workers may be able to provide services to the benefit of their clients, they should be responsible for a specific (limited) set of tasks/activities and not have to deal with every kind of problem that is referred to them „just a bit”. Separating pure social work from providing financial assistance – which is one of the main services provided by social workers – might result in a better quality of the work carried out by social services agencies and, equally importantly, lead to greater satisfaction in the services provided.



### 8.3.3

#### The Health Service

According to the National Networks, the health service belongs to that part of the public sector, which is most resistant to changes of any kind and its employees are unwilling to undergo additional training in areas other than those of medicine. In the experience of the participants, numerous attempts to initiate cooperation with doctors, nurses and other medical personnel did not meet with the expected interest or willingness to participate. The results of the research and the information provided by the experts, demonstrates however, that older women who are the victims of violence at the hands of their husbands or partners frequently turn in the first instance to the health services for help. Thus it is especially important to take steps in order to encourage or require health service personnel to take part in the kind of training described above, in the form of workshops and seminars.

It is necessary to raise awareness among doctors of the abuse and neglect that occurs in relation to older people, and to convince them, that dismissing the symptoms with which a patient presents, i.e. deliberately failing to recognise the symptoms as the signs of aggressive behaviour, does not provide a solution to the problem. Indeed, doctors must be aware of their legal duty to undertake appropriate steps in suspicious circumstances which might indicate that violence to the patient may have occurred. From the experts' account it emerges that health service personnel, and sometimes even social services personnel, do not categorize a given case or specific injuries as being associated with domestic violence intentionally (as a means of avoiding participation in court hearings or having to give evidence as witnesses). It would seem appropriate therefore to undertake certain initiatives, either in the form of regular meetings, or possibly in the form of providing written information e.g. brochures etc., in order to make the personnel of all the appropriate services aware of the consequences of their failure to act in circumstances which to some extent at least, form part of their responsibilities.

Participants attending the meetings of the National Networks also proposed that action might be taken to ensure that community nurses have, as part of their duties, responsibility for filling in a specially prepared questionnaire, which would be a useful instrument helping to diagnose the problem of violence against older people. The frequency with which such questionnaires should be filled in and their content remains to be decided. Nevertheless, it is worth introducing an instrument, which might be constructed so as not to take more than about 10 minutes to fill in, and at the same time, would provide a means

for the early identification of situations experienced by older people which raise concern.

A further improvement, which, if introduced, might help to raise the level of safety and quality of life of older people is nursing insurance. Everyone would be required to pay a monthly contribution from his/her salary. However, the likelihood that this kind of measure might be introduced is relatively small, as it would be difficult to convince all those, who have as yet not come into contact with the problems of older people who have lost their independence or are sick, that they need insurance of this kind.

Another idea that might be implemented with the help of the health service is the introduction of a regular campaign known as the senior citizen's balance sheet. During regular health-checks (the frequency of which is to be established), doctors who have been specially prepared for the task, would be able to diagnose the victims of abuse and neglect, and older people would have the opportunity to obtain information on the availability and types of help that exist, ways of recognising violence and means of preventing it. As a result of introducing the senior citizen's balance sheet, it might be possible to highlight the problems of older people, and in particular, the problem of violence against elderly people.

#### **8.3.4**

#### **Other institutions which could become involved in activities helping to prevent violence against older women.**

An institution, which in the opinion of the personnel involved, is/might become a significant partner in the process of helping older women who are the victims of violence at the hands of their husbands or partners is the Roman Catholic Church in Poland, as well as various other communities or trade unions. A specific characteristic of Polish society, its culture and history is that the Church in Poland still holds an important position in society, and the clergy are held in high esteem by the majority of Poles. Thus it is especially important to include the church community in the work of preventing violence against older people. Priests and those training for the priesthood should receive training in the area of the abuse and neglect to which older people may be exposed. They ought also to have information on the possibilities for assistance from aid institutions and on their ways of functioning. It is also recommended that priests should become involved in the interdisciplinary teams and undertake various forms of cooperation which would encourage older people who are the victims of violence to attend those agencies which are able to offer them systematic support and help. The experts emphasized that priests are still held in high regard by older

people and are regarded by them as authorities. If therefore, priests inform people about the forms of help that are available, or encourage them to take constructive steps in order to resolve the situation in which they find themselves, the offer of help available from various institutions, and more generally that guaranteed by the Polish state, is likely to reach a greater number of those in need.

Another institution, whose work would benefit from improvement are the law enforcement agencies and in particular, the prosecution service and the courts. There can be no doubt that this part of the public sector would also benefit from training in the area of gerontology, receiving information concerning violence against older people and the specific characteristics of working with older clients, as well as some basic psychology. The experts also recommended that court procedures should become more individualized. Participants of the meetings from different agencies indicated that court proceedings take the same form for all citizens – which in principle, is not a bad thing. However, it would be worth considering adaptations to the law which might be made for older people, as they are citizens who do not have the perspective of many years of life ahead of them, indeed, their time is limited. Thus it is necessary to consider ways of shortening the legal procedures, which might be shortened and simplified, and as a result, older people might be able to expect a satisfactory conclusion to the legal proceedings and be able to look forward to living out the final stage of their lives in peace.

A further idea, connected with improving the situation of older people - it is necessary to interest younger people, e.g. students, in the problems of older people. Young people in their twenties are sufficiently socially aware and at the same time reasonably sensitive to the fate of other people. Thus it is worth proposing the introduction of a procedure in which a carer for older people – the victims of violence might be established. The role of carers might be taken on by young people – students. The involvement of young people in voluntary activities with senior citizens would bring about various benefits: the older person would have help, company, a person to talk to, and this would help him/her to feel wanted and safe. On the other hand, young people, as a result of being in the company of older people on an everyday basis and seeing the problems that appear in the later stages of life, would gain a greater sensitivity towards a range of problems and difficulties that occur in old age and the useful guidance that they might receive from older people who have experienced a great deal more than them, would be something they could then pass on to others. The present-day cult of youth and everything that is associated with it (strength, vitality, beauty) appears to deny that the stage of life which is old age

does indeed exist. And yet, this of course, is not true. We live in an ageing society, in a society of older people, and as a result, the problems associated with old age and the consequences of society's growing older can only increase. It is therefore important to raise awareness among the younger generations in relation to these issues. This may be achieved in part, by introducing the procedure for establishing carers of older people –the victims of violence.

## 8.4 Summary

Despite the fact that various circles in society are increasingly addressing the issues of older people and of ageing, there remains a great deal to do in the area of helping and supporting this group of citizens in our society. Ideas for doing so may come fast and furiously, but of course, it is not merely a question of inventing new challenges which then cannot be realistically put into practice. The greatest asset as far as ideas are concerned is their ability to be put into practice.

The proposed recommendations would seem viable in terms of their implementation and their realisation ought to improve the conditions of those older people who have experienced aggressive behaviour from their husbands/partners or other persons close to them. And if there are ideas, and it is clear what, where and how to implement them, then the proposals for change described here, should be of interest to those who are in a position to initiate the successful introduction of procedures to assist and support older people, and in particular, older women. Above all, this refers to the policy-makers who shape the social policy of the state. However, as yet, Poland does not have any social policies regarding older people.

We believe that our membership of the European Union and the necessity of developing standards for social policy among the member states will help to bring about social policies in our country that are more beneficial for older people. A sign that this may be happening is the formation of a Parliamentary Committee for dealing with the affairs of older people which came into being on 25<sup>th</sup> June 2008 and consisting of Members of Parliament and Members of the Senate who represent the Polish parliament. The Parliamentary Committee is aware of the need to develop a long-term strategy for taking advantage of and strengthening the human capital of older people in Poland and guaranteeing support to all of those older people who are disabled or have lost their independence. We hope that in the not-too-distant future we will be able to say

with pride, that Poland has a social policy for and with older people, and that it is a social policy that benefits older people.

## IX

### Summary and discussion

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The issue of intimate partner violence against older women is a very difficult problem and almost entirely unrecognized in Poland in terms of empirical research. There are no Polish publications concerning this subject. Noticing this gap in knowledge concerning intimate partner violence against women aged 60 or more, partners from 7 countries (Germany, Austria, Great Britain, Portugal, Hungary, Poland and Israel) took up – as part of the DAPHNE III project – steps towards diagnosing the problem of violence against older women – victims of intimate partner violence. It was the aim of the research to both assess the issue of IPV against older women and to promote the information gathered, as well as produce advice, which, if put into practice, could bring about real change in the situation of older female victims of IPV.

One of the research questions considered the degree to which older female victims of IPV make use of the existing help institutions. The answer to this question was obtained in the first stage of empirical research – the institutions questionnaire. The gathered data indicates that a half (61) of the 142 institutions taking part in the research had (in 2006-2008) contact with female victims of IPV aged 60 or more. It should also be added here that information obtained in the second stage of research – interviews with professionals – indicates that the interviewees noticed that before 2006 their institutions noted significantly fewer cases of older female victims of IPV. They also stressed that older women less frequently than younger women want to look for “outside” help in their situation. If an older woman makes the decision to seek help she will first turn to her family or friends, rather than to strangers, such as a support institution. And if she does look for institutional help, the first people she will approach would be a priest or a doctor. Younger women have a different attitude. According to the respondents, immediately after the first violent incident, a young victims starts looking for help and advice – usually in appropriate institutions and not among family or friends – in order to prevent such situations from repeating. Steps taken by younger women are not restrained by being ashamed, by wondering what other people might think, as the elderly often are. Being open to changes also should be mentioned here, because someone who looks for professional help notices a situation which has to be changed and therefore must agree to making changes. This is one more thing which stops older women from applying for help from an institution. Elderly victims are afraid of change. The interviews with the victims also show

that they do not have the appropriate knowledge concerning professional support. That is maybe why the most important professional confidants are for them priests and doctors.

Institution research, as well as interviews with their staff and victims indicates however, that among older female victims of violence there are also those who overcome their fear and look for help in institutions. However, it takes them too long to make this decision, often years or even decades. The research shows that there are significantly more women aged 60-74 (759 women) among the clients of help institutions, than women aged 75 or more (143 women).

The research also helped to create a profile of an older female victim of IPV. Both the institution research and interviews with staff and victims indicated that the victims usually experience long-term violence. According to the respondents there are few cases of "first-time" acts of violence among the elderly, although such situations also occur. What the respondents said in the interview, it can be found that there were almost three times more cases of violence which started before the victims reached the age of 60 (48 institutions – 78.7%) than ones where it started after she reached this age (17 institutions – 27.9%).

Frequent acts of violence experienced by older clients of the institutions taking part in the research were reported by 80.3% of the institutions, while violence as a single and rare event was noted by 31.1% of them. In the first case, the number of older women reporting such violence was over seven times larger than that of women experiencing violence as a single or rare event. Interviews with the victims confirms these observations, although in two cases violence appeared in old age, which was connected with remarrying. In one case the person was a victim of violence in both her first and second relationship.

As for the forms of violence, both the questionnaire research and the staff and victims interviews indicate that there are cases of not only psychological, but also financial, physical and sexual abuse. There were various reasons of violence. The main factors include: alcohol and patterns of behavior derived from upbringing, the stress of becoming retired, phobias and sexual disorders, adultery, the character of the perpetrator, passivity of the victim, matters of property.

Almost all institutions, which had contact with cases of violence against older women, provided help to victims of psychological and physical violence, while almost 70% of them provided help to victims of financial abuse. The interviewees noticed that the dominant form of violence was psychological. In their opinions it is caused by the reduced physical fitness of the elderly. A

greater awareness of the legal consequences of violence is also not without importance – psychological violence is harder to prove, which makes it “safer” for the perpetrator. The victims also stated that as a result of physical violence they received professional medical and legal help.

It should also be noted that the analysis of data concerning the significant features of older female victims of IPV indicates that the respondents usually had contact with people who needed support either in the form of human contact or of help in household activities. This problem was indicated by 44 institutions and more importantly applied to almost a half of older female victims of IPV. The respondents indicated also that the largest group of older female victims of IPV approaching institutions consisted of women, who needed help from other people because of health problems and physical disability. Slightly frequently do note older clients addicted to alcohol and psychoactive substances, or suffering from mental disorders and mentally disabled. Victim interviews indicate that these women need any and all kinds of help. Because of the ongoing violence from their husband, their helplessness often reached terrifying proportions. This refers to victims who feel beleaguered, hounded. It was well put by one of the victims, who said: *I'm a good subject for being a victim.*

Attempting to systematize the information concerning older female victims of IPV one may say that there are two types of victims, with characteristic behaviors, attitudes and beliefs. It may therefore be assumed that among these women the significant majority includes those who are passive, withdrawn and agree to their fate. The other, much smaller group includes women who take steps to improve their situation, their fate. However, these attempts were only partial solutions, because so far, Polish law did not fully protect the rights of the victims. It was only thanks to an amendment to the act on preventing family violence of 2010 that such possibilities were created. The perpetrator may be evicted from the flat he occupies with the victim, which is a major problem in Poland. There are few interim flats (hotels) for violence victims, and obtaining a flat of her own by the victim is out of the question, due to financial difficulties.

The perpetrators of violence against women aged 60 or more were usually husbands or cohabiting partners. almost all institutions noted such cases (59 institutions – ca 97%). The respondents could provide little information concerning the perpetrators. They relied on what they learned from their clients and one of the specific things about older women is that they do not want to talk about the perpetrator. Therefore it is difficult to present the characteristics of the perpetrator. The respondents indicated such features as despotism, poor emotional sphere, inability to show emotions, lack of empathy. What else can be



said about the perpetrators and their behaviors is that they assume the role of an aggressor over time – the respondents stressed that the perpetrator slowly checks how far he can go in his actions.

On the basis of victims interviews it is possible to draw up a more detailed profile of the perpetrator of IPV. These are men aged 60-81 (in three cases the perpetrator was a few years younger than the victims), with various levels of education and professional qualifications, around half of them are still working, while some continue working even though they receive retirement benefits, except for two cases all perpetrators have children with the victims, but not all remain in contact with them. Sometimes the perpetrator only has relations with some of his children. Their monthly income is higher than that of the victims (from 250 to 1500 euro). There was one exception – of a man with 138 euro monthly income (sickness benefit).

The research indicated that older women are also victims of violence from other close ones. After husbands/partners, the largest group of perpetrators are sons. Out of 71 institutions, 62 indicated that they had contact with a total of 372 female victims of violence from their sons. It should also be added that 31 institutions noted violence perpetrated by the victims' daughters (77 female victims of violence), 24 noted violence perpetrated by the victims' grandchildren (63 women) and 21 by daughters and sons in law (79 and 56 women respectively). The problem violence from her husband and son was indicated by one of the interviewed victims.

Another research question was concerned with older women and the forms of violence provided to them. The point was to verify the opinions concerning the degree to which various institutions are prepared to work with this specific group of clients. The research results indicate that most institutions disagree with the statement that the existing forms of support are well adjusted to the needs of older female victims of IPV. Therefore, it may be assumed that in these institutions there is an urgent need to develop and adapt forms of support to the expectations of both the victims and support organizations.

The experience of both help professionals and victims indicates that older female victims of IPV need more attention and activating forms of support than younger women. This confirms the assumption that work with older women differs from work with younger female victims of violence. Employees of the institutions taking part in the research believe that the techniques which are used with younger victims do not bring identical effects with older women. Most respondents believe that work with older female victims of violence requires special professional training. The respondents themselves noticed the need to

constantly improve their skills by acquiring new knowledge on the subject. They notice the deficiencies in the education of people who work with older female victims of IPV. It seems that in order to effectively help older victims of IPV it will be necessary to expand specialist knowledge concerning work with the elderly, including its specific elements. Some of the victims also expressed criticism of the work of police, courts and prosecutors. They mentioned so called "male solidarity", which influences the way in which matters connected with punishing the perpetrator are resolved. The victims also complained about the course of court cases against the perpetrators. The elderly are intimidated by their situation, do not understand legal language and will not ask again what is meant. Not understanding the situation of an older victim of violence causes such bad practice and experience to discourage the victims from looking for help and support in public institutions. The victims were more positive about the work of the employees of Crisis Interventions Centers.

Thanks to the institution research it is known that the most frequently provided forms of help are: psychosocial advice/support – 50 institutions, providing legal advice – 45 institutions and crisis intervention – 41 institutions. These are short-term ad hoc activities, usually providing temporary help. There are fewer victims receiving long-term help, such as therapy. Staff interviews indicate that older women quite often withdraw from cooperation, which would help change their situation. This is connected with them being used to the violence and belief that this is their fate. What is noticeable is that victims of violence often receive legal advice. However, this attitude is characteristic for active victims. One of the victims emphatically stated: *I'll go to God himself if I have to.*

There is one more issue included in the research – the chance to improve the forms of help and services for older female victims of violence. The question concerning this problem was posed to the employees of institutions taking part in the research. In their opinions, apart from cooperation with institutions, improvements are required in the ways of reaching older female victims of IPV. It turns out that few cases of older women reach institutions, which is not connected with the low number of cases of violence against this group of victims. On one hand, older women rarely approach institutions or look for help among family and friends, because they believe that family matters should be kept secret and the family structure preserved. On the other hand older female victims of IPV do not have enough knowledge concerning the available professional support. The elderly know very little about the tasks of social aid and other support institutions. This situation hides the real scale of the problem and makes it impossible to provide effective help and support. Therefore, information and education are needed.

In the opinions of the respondents the most effective way to reach older female victims of IPV is through educational social campaigns. These would aim to both make the society more aware of the problems of the elderly and inform older people about various problem situations (including violence) and institutions providing help and support in crisis situations. One of the ideas for improving the quality of services would be to provide training on the subject of violence for both the staff of help institutions and the elderly. Furthermore, the respondents suggested increasing the number of employees in social aid institutions and developing a special training offer for them.

Unfortunately, even though the respondents notice problems connected with reaching older female victims of IPV, most institutions did not plan any activities which would change the situation of this group. When asked if they knew about any undertakings, which would be connected with the subject, over a half of the respondents answered that they knew nothing about it. The most frequently indicated activities turned out to be educational meetings for the elderly and programs meant for them.

The victims of violence themselves encourage to take an active attitude and call for no rights to be given to the perpetrators. But there are also victims, who are marked with suffering and take it with humility offering their difficult life to God.

Summing up, it has to be stressed that research done in institutions which (may) have contact with older female victims of IPV, as well as interviews with the staff of these institutions and the victims themselves are the first characteristic of the problem on violence against older women done in Poland on such a scale. For this reason they bring a number of information concerning the experience and opinions of the institutions working with the problem of violence against women aged 60 or more, while at the same time showing many unidentified problems and difficulties.

The results of the research indicate that not only children or middle-aged people are victims of aggressive behaviors from their close ones, but so are – maybe especially – the elderly. Some factors which may overcome the moral restraints against harming an older people<sup>9</sup> are their helplessness, poor health and many others. Since the research indicated many issues, which cannot remain unnoticed if we want to improve the situation of the elderly in Poland concrete steps have to be taken to solve the diagnosed problems and thus make the lives of the elderly – especially female victims of IPV – better.

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# Appendix

## Appendix 1 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	(approx.) _____ victims

care dependent victims only)	
<input type="checkbox"/> sexual harassment	(approx.) _____ victims
<input type="checkbox"/> stalking <sup>8</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>9</sup> ?	(approx.) _____ victims in 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

<sup>8</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>9</sup> This mainly refers to limitations in social interaction and communication and in performing household chores below the threshold of care dependency.

<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-partner	(approx.) _____ victims
<input type="checkbox"/> mutual violence	(approx.) _____ victims
<input type="checkbox"/> frequent acts of violence	(approx.) _____ victims
<input type="checkbox"/> intimate partner violence as single or unusual/infrequent occurrence	(approx.) _____ 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 practitioners, specialists or other medical services (e.g. hospitals).	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation was informed by other organisations, namely <input type="text"/> (please specify)	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other ways of obtaining case knowledge, namely: <input type="text"/> (please specify)	(approx.) <input type="text"/> 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.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation contacted the victim directly.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation contacted the victim via other persons with case knowledge (family members, other organisations)	(approx.) <input type="text"/> victims
<input type="checkbox"/> There was no direct contact between me / my organisation and the victim because <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other, namely: <input type="text"/>	(approx.) <input type="text"/> 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	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> psycho-social support/counselling	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> giving information on other appropriate organisations	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> psychotherapeutic support	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> legal advice	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> support with daily living activities (accompanying clients to public	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims

authorities etc.)		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
<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
<input type="checkbox"/> victim's granddaughter	(approx.) _____ victims
<input type="checkbox"/> other relatives	(approx.) _____ victims
<input type="checkbox"/> neighbours, acquaintances, friends	(approx.) _____ victims

<input type="checkbox"/> Other, namely: _____ (please specify)	(approx.) _____ victims
---	----------------------------

**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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older female victims of intimate partner violence need other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

types of support and assistance than younger women.

Women in all stages of life are threatened by intimate partner violence – women in later life are not exempted from this.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

The importance of the problem of intimate partner violence against older women is underestimated up to now.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Intimate partner violence against older women should be of higher importance in professional training for psycho-social and medical professions.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older female victims of intimate partner violence need more support than is provided up to now.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Only a few older women become victims of intimate partner violence.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older female victims of intimate partner violence face particular difficulties in the breaking-up of a long-term abusive relationship.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Intimate partner violence against older women often occurs in the context of dependency of care.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <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>
	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	
Existing support systems are adequate for the needs of older female victims of intimate partner violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
It is difficult to motivate older female victims of intimate partner violence to seek help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working with older female victims of intimate partner violence requires specialist professional training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professionals working with older female victims of intimate partner violence should themselves be middle-aged or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Older women experiencing intimate partner violence are more reluctant to seek help than younger women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Older women experiencing intimate partner violence are more ashamed of what has happened to them than younger women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**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"/>
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?

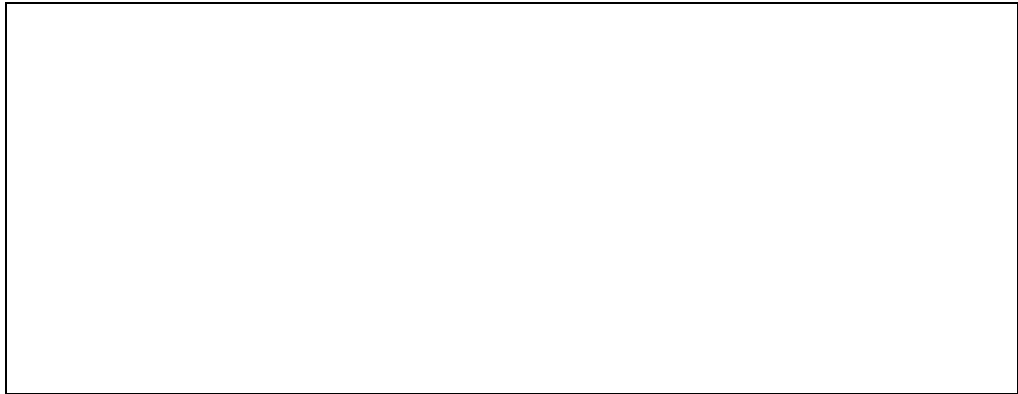
no  yes If yes, please provide your email-address

\_\_\_\_\_

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 2 Institutional survey (short 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) and what kind of help and support they seek. 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, organisations and professions that may have been in contact with older female victims of intimate partner violence in recent years. Our main goal is to find out, what kind of organisations older female victims of intimate partner violence turn to for help. We would be very grateful if you could fill in the questionnaire, even if you do not have experiences with these kind of cases.

It will take you about 5 minutes to fill in the questionnaire. Please send back the completed questionnaire as soon as possible, preferably until [\*\* date four weeks after sending out the questionnaire \*\*].

Following this survey of organisations, we intend we intend to conduct interviews with professionals who have case knowledge. Should you have experiences with cases of intimate partner violence against elderly women, we would be very pleased if you would be willing to participate in such an interview, fill in a more detailed questionnaire or discuss the results with us. Please provide your contact details 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 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 non-legitimate forceful tactic, intentionally employed to cause physical and/or psychological harm. It includes the use of physical force and

infliction of injuries as well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (if the victim depends on care and support by the partner or former partner).

We look forward to receiving your information and thank you for contributing to the success of this research. Yours faithfully

Date of completion of the questionnaire \_\_\_\_\_

**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 *Please proceed to question 6 on page 3*
- I do not know *Please proceed to question 6 on page 3*

**2.** Among the cases you have been / your organisation has been in contact with, how many older women were affected by intimate partner violence?

*(If you do not have the exact numbers, please estimate the numbers)*

**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

**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. 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.) <input type="text"/> victims
<input type="checkbox"/> former partner	(approx.) <input type="text"/> victims
<input type="checkbox"/> perpetrator is caregiver of the victim	(approx.) <input type="text"/> victims
<input type="checkbox"/> perpetrator receives care from the victim	(approx.) <input type="text"/> victims

**5.** What was the **proportion** of older female victims of intimate partner violence among your clients / the clients 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 female clients with experiences of intimate partner violence, the proportion of older female victims of intimate partner violence was (about)  **percent**

**6.** 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

are not exempted from this.

The importance of the problem of intimate partner violence against older women is underestimated up to now.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Intimate partner violence against older women should be of higher importance in professional training for psycho-social and medical professions.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older female victims of intimate partner violence need more support than is provided up to now.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Only a few older women become victims of intimate partner violence.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older female victims of intimate partner violence face particular difficulties in the breaking-up of a long-term abusive relationship.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Intimate partner violence against older women often occurs in the context of dependency of care.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

**7.** 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].

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)

**8.** 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/reg'ligious 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 institution
- NGO or not for profit organisation for older people
- \_\_\_\_\_ (please specify)

- Other, namely: \_\_\_\_\_
- (please specify)

**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.

**9.** 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

\_\_\_\_\_

**10.** Are you willing to fill in a more detailed version of the questionnaire?

- no  yes If yes, please provide your email address

\_\_\_\_\_

**11.** 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**12.** 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 level? Possible contributions are to give written comments on a draft of recommendations.

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 Victims' interview guidelines

### 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>10</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?

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:

---

<sup>10</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.

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

Help seeking 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 4 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?

\_\_\_\_\_

## Appendix 5 Staff interviews guidelines

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### 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 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)

***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!

Co-financed by the European Commission  
within the Daphne III programme  
by DG Justice, Freedom and Security

