National Report **Germany**

IPVoW

Intimate Partner Violence against older Women

Barbara Nägele, Urte Böhm, Thomas Görgen,
Sandra Kotlenga, Fanny Petermann

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.

Göttingen, December 2010

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Deutsche Hochschule der Polizei
Zum Roten Berge 18-24
D-48165 Münster
Telefon +49 (0)2501 806327
Email: thomas.goergen@dhpol.de

Deutsche Hochschule der Polizei

Zoom – Gesellschaft für prospektive Entwicklungen e.V.
Theaterstr. 8
37073 Göttingen
Telefon +49 (0)551 508450
Email: info@prospektive-entwicklungen.de
www.IPVow.org

zoom
Gesellschaft für prospektive Entwicklungen e.V.

Intimate Partner Violence against older Women in Germany

Barbara Nägele
Urte Böhm
Thomas Görgen
Sandra Kotlenga
Fanny Petermann

Acknowledgements

Many people contributed to this project on different levels and we are very grateful to all of them for sharing their time, expertise, knowledge, experiences, thoughts and emotions with us.

We are grateful to the European Commission for providing the financial basis for this project by funding it within the Daphne III programme and we thank the German Federal Ministry for Family, Seniors, Women and Youth for the option to use data which were generated in the frame of the action programme SILIA (Living Secure in Old Age) also in the IPVoW study.

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

Of those involved in the project first and foremost we thank all the older women, who have experienced intimate partner violence in old age and who were willing to share with us their stories and experiences. For all of us it was challenging, moving and rewarding to hold such interviews. We also want to thank all the experts and professionals who helped us with national data and statistics, who were ready to complete the survey, and who talked with us in personal interviews and contributed to discussions on the topic.

Finally we want to thank all international partners for the exceptional and amicable cooperation. They reminded us that the own horizon of experience can only be fully understood and expanded in the reflection of other realities. We want to thank Tova Band Winterstein and Zvi Eisikovits sincerely and cordially for having been challenging, patient, helpful and inspiring associate partners in this project, although their task was sometimes not an easy one.

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Foreword

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

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

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

also a desire to explore the fact that IPV against older women appears to get lost between the two topics of that violence which is related to age and violence which is related to gender.

I
Executive summary

Supported by the European Commission in the Daphne III programme and coordinated by the Deutsche Hochschule der Polizei (German Police University), researchers at the universities of Bialystok (Poland) and Sheffield (UK), the CESIS Research Institute - Centro de Estudos para a Intervenção Social (Portugal) and Zoom – Gesellschaft für prospektive Entwicklungen e.V. (Germany), the Institute for Conflict Research (Austria) and the Hungarian Academy of Sciences explored the topic of violence against women older than 60 years at the hands of intimate partners and ex-intimate partners simultaneously in the six countries. Research tools were developed jointly and the methodological approach coordinated internationally.

The research programme comprised the following steps:

1. Evaluation of the data from facilities for protection against violence and counselling offices as well existing statistics (e.g. from the police) to determine the age structure of registered cases of intimate partner violence
2. Execution of a written postal survey with institutions which possibly are likely to have knowledge of cases
3. Conduct of interviews with experts having knowledge of cases identified by means of the written survey
4. Conduct of interviews with women currently affected by intimate partner violence or who have been victims of IPV in the past (selected through the media and specialists)
5. Development of recommendations for the national context involving relevant actors with the aim of improving long-term support possibilities for older women victims of intimate partner violence.

Institutional knowledge was surveyed and evaluated in research steps 1-3 and 5, while the women victims themselves were interviewed in step 4. In addition to information on the problem, its dimensions as reflected in institutional statistics, characteristics and traits of women victims of IPV, men perpetrating violence and the partnership, attention was especially focused on the help-seeking behaviour of the women, how the support system dealt with these cases and optimisation possibilities in this regard. In Germany 45 interviews were conducted with specialists and 11 interviews with women victims of intimate partner violence. This report sums up the results of the surveys in Germany.

Following this executive summary (**chapter I**) the study and the questions posed are presented and conceptual and methodological considerations explained in **chapter II**. The research team and the individual steps of the survey are described in detail.

Some framework data on the living situation of older women in Germany is first of all presented in **chapter III**. This shows a picture of a large group in terms of numbers – approximately one-third of the adult female population in Germany is over 60 – which, broken down, is very heterogeneous. Only a small percentage of older women require nursing care before the age of 75 and most older women live in partnerships until about 70 years of age. The percentage of women living alone as well as the need for nursing care rise steeply at more advanced ages 85 and over. The historical development of role model images for marriage and gender arrangements are examined and how intimate partner violence / violence against women is addressed as a topic is discussed in chapter III as well. It will become evident that a well-endowed support system exists in Germany when it comes to the issue of domestic violence, with properly functioning inter-institutional cooperation networks, while a paradigm shift has taken place through the 2002 Act for Protection Against Violence with the aim of facilitating women victims of IPV in their efforts to stay in their home and strengthening their rights. Aside from the pro-active work carried out by the intervention centres, which learn about the cases in part through police operations and in part without the consent of the victims and then contact them, inform them about their legal options and offer them counselling, the existing structure is based, however, on a "you come to us" approach, which relies on women's individual initiative in making use of help.

Chapter IV compiles the data and statistics of various facilities for protection against violence and the police which have been collected and evaluated within the course of the data research. Statistics from several Bureaus of Criminal Investigation of the *Länder* (*Landes+kriminalämter*) show that older women are affected by intimate partner violence registered with the police on a much lower scale. The number of victims per 100,000 in the group of women 60 and over is usually in the area of 15 to 20 for one year, while the number of victims for the ages 18 to 59 is around 200 to 500. The percentages of older women among all women who make use of support facilities in the context of domestic violence are also low. Approximately 3 to 4% of women using intervention centres are over 60, while the percentage of older women among all residents of women's

shelters according to various statistics is even below this level: 1% to 2%.[1] Empirical studies which touch on this topical field have also been evaluated; the data situation in Germany is characterised by the fact that data on the number of IPV victims who are older women has also been generated by a prevalence study on violence against women. Generally speaking, older-aged women are significantly less often victims of physical and sexual violence than younger women, which is also reflected in significantly lower numbers of victims of intimate partner violence registered with the police. Approximately one in every ten women aged 60 to 74 living in a couple relationship, however, experiences violence at some point during the partnership, although nothing is known about the exact time when this occurs. Older women and younger ones also experience psychological violence in their partnerships on a similar scale. Older women are less aware of existing support possibilities than younger ones and they also make use of these less often. The special field of murder-suicide reveals an above-average high number of murder offences by older men on their female partners followed by suicide being committed by the male. In general the data situation in the area of support services on offer is rather bewildering with considerable room for improvement as a result of the Federal system. In the area of police data, the restructuring of the Federal criminal statistics of the police will make it possible, however, to map perpetrator-victim relationships in a sufficiently differentiated manner.

Chapter V presents the evaluations of the survey of institutions. In a national sample, all organisations were asked about support in cases of domestic violence, and letters were written to a broad spectrum of organisations and professions from the nursing care, medical and psycho-social areas as well aslaw enforcement agencies. On the whole, filled-in questionnaires were received from 427 organisations (total response rate 29.8%), whereby the response rates are higher for those organisations which also have larger case numbers – i.e. above all the police, women's shelters, women's counselling services (against violence), helplines, intervention centres and offices providing counselling to victims. A total of 77.3% of the organisations surveyed had relevant knowledge of cases over the years 2006 to 2009; a total of more than 4,196 cases were reported. With few exceptions, individual facilities only become aware of few cases – 50% of all institutions stated that they had dealt with 4 or fewer cases in the said period of time. Intervention centres, women's counselling offices (against violence) and combined services become aware of most of the cases. The median figures for these are 17, 11 and 7. Nursing care counselling services and

[1] Surveys of Canadian and American women's shelters (Montminy & Drouin, 2004, Vinton, 1992, Hightower, Smith, Ward-Hall & Hightower,1999) and the study of users of Domestic Violence Services in Illinois have produced similar percentages (Lundy & Grossman, 2004).

clerics do not report any knowledge of cases, while nursing care, medical facilities, municipal social services, other counselling services and programmes for senior citizens are aware of low numbers. The vast majority of the institutions characterise the exercise of violence in the cases they have become aware of as frequent and one-sidedly committed by the intimate male partner. The women in these cases are usually under 75 and in most cases violence has been committed by the partner for more than a year and violence began before the woman turned 60. The institutions surveyed usually became aware of cases either through the women victims themselves or through the police. Some of the institutions surveyed are rather unsatisfied with the services they offer to the target group. For most of the institutions the topics of older women and intimate partner violence against older women are more of secondary importance as a result of the low number of cases. An additional important aggressor-victim constellation cited by the surveyed institutions was the mother-son relationship. The results of the interviews with victims are provided in chapter VI. A majority of the eleven women surveyed (the majority of them were already separated) had not made use of the help system for domestic violence – they were by no means helpless, however. A large portion of them received support from their adult children and in part their other social ties and also sought out support in a targeted manner – they underwent medical treatment, gained experience with psychotherapists or consulted with attorneys and tax consultants in the course of divorce procedures. The importance of the specific experience this generation of now older women has had, the many barriers which prevent separation and age-specific influential factors which contribute to intimate partner violence occurring or escalating in old age became evident in the interviews. The surveyed women vividly described their attempts to understand the quality and nature of their personal experience, the attempts to preserve the relationship while at the same time finding a way to put an end to the violence and, finally, the hardships associated with a new beginning in old age, the opportunities associated with this and the new quality of life they gain. It is clear that serious illnesses cause the violence experienced to come to a head, but that this also offered opportunities for change because the need for separation became patently obvious and the women received the support they needed for such a step in the course of medical care.

The results of the interviews with specialists are provided in **chapter VII**. The specialists surveyed overwhelmingly report about cases in which the exercise of violence relates to the context of the exercise of control. They confirm many of the findings cited with regard to the relevant constellations of violence. The special needs of older women for counselling and support became evident. In the evaluation of institutional approaches and optimisation possibilities, the domi-

nant position of the police in the institutional structure could be seen with respect to the cognisance, initial support and referral of cases of intimate partner violence. As a result of the scarcity of resources and institutional specialisation, however, some of the cases referred to them by the intervention centres could not be adequately processed. Facilities in the health-care system and nursing care frequently do not recognise problems like these and do not always deal with them adequately. Women's shelters and women's counselling offices offer important components for the support of older women affected by intimate partner violence.

Recommendations to improve the support possibilities for older women affected by intimate partner violence are forwarded in **chapter VIII**. There is a need to create better access for these women to the support system and to optimise the processing of cases. Particularly with respect to cases which the police become aware of, intervention chains without any gaps in them need to be established, while institutions should assume responsibility for cases in a reliable manner which is able to provide long-term, reach-out and comprehensive counselling, which can if need be develop prospects which include both partners and address the situation as regards their everyday needs. Crisis intervention is not sufficient in these cases. In addition to the integration of intimate partner violence in initial and continuous training of professions in the field of nursing care and aid to older people, systematic attention to the target group of older women in public-relations work and strategies of organisations for protection against violence are urgently required in this area. Especially in cases where the man or the woman require nursing care, fast-track procedures for determining what agencies are to bear the costs and if necessary for the provision of legal counselling are needed.

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 women victims of intimate partner violence. In this report the situation in Germany is highlighted. An international report (in English) summarises the results for all countries. Like the reports from all other countries it is available on the website www.ipvow.org.

An initial glance at older women 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, Görgen, 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[2] specifically addressing the issue of IPV against older women and reports related to service provision for older victims[3] have been published mainly in the USA, Canada and Australia, with important contributions also coming from Israel (Band-Winterstein & Eisikovits, 2005, 2009). For countries of the European Union first steps to describing the phenomenon and identifying service and research gaps have also been taken in the Daphne programme. The Daphne research project "Recognition, prevention and treatment of abuse of older women"[4] 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)[5]. The Daphne projects "Breaking the taboo"[6] and "Care for Carers"[7] 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 infor-

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

[3] 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 Bonnie Brandl (Brandl, Hebert, Rozwadownski & 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

[4] See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2000_125_w_en.html

[5] See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2001_215_w_en.html

[6] See http://www.roteskreuz.at/wien/forschungsinstitut-des-roten-kreuzes/projekte/abgeschlossene-projekte/breaking-the-taboo/

[7] See http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2005_2_068_w_de.html

mation for service providers and policy-makers. The two-year project (2009 – 2010) was financially supported by the Daphne III programme of the European Commission. The project involved partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal and was coordinated by the Department of Criminology and Crime Prevention at German Police University, Muenster.

The project had a number of specific objectives. First, project partners intended to gather, compile and analyse 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 women victims of IPV use services for victims of domestic violence (women's shelters/refuges, hotlines, counselling services) and other services, analysing characteristics of older women 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 ex-

perts' 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 women 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 (Görgen, Newig, Nägele & Herbst, 2005, Görgen, Nägele, Herbst & Newig, 2006, Görgen & 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 bring-

ing 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 analysed available data in order to obtain an overview of the number of registered older women 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 women victims of IPV make use of services and as a basis for an initial explorative analysis of the phenomenon. It was also used as a screening device for institutions and staff with case knowledge.

(3) Staff interviews: Face-to-face interviews were conducted with professionals who had case knowledge and appeared to be of interest to the study. The sample of interviewees was mostly drawn from the institutions involved in the institutional survey, usually adding some other institutions the research team had been in contact with. In Germany, 45 interviews were conducted with professionals.

(4) Victim interviews: Partners used different ways to access older women victims of intimate partner violence as interview partners. Mostly access was made possible via professionals from organizations involved in the institutional survey, the interviews, or national expert networks (see 5). In some cases part-

ners searched for possible interview partners via newspaper articles. In Germany, 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

Hierarchical gender-based power relations and ways of life influence how intimate partner violence comes about, at the same time creating the framework within which women can end a violent relationship. To understand the situation of 60-year-old women today, it is therefore necessary to not only look at age, but rather above all traditions which are specific to particular generations. The life models of women who are now over 60 were decisively moulded and shaped by the gender model of the war and post-war years. These are at the same time linked to underlying conditions having a material impact, in which the women who are today over 60 began and lived their marriages. For Germany, it is also necessary to examine the existence of two German states between 1959 and 1990, with in part contrary gender models. In the following chapter, some general data is first provided on the living situation of older women in Germany; this is followed by a discussion of the historical development of models for marriage and gender arrangements, the history of attention devoted to intimate partner violence and laws and the support structure associated with it.

3.1
General data on the living situation of older women in Germany

Residential population: According to the Microcensus (Statistisches Bundesamt, 2010) women 60 years of age and over accounted for 33.5% (2010) of the female population aged 18 and over in Germany as of 31 December 2008. There are a total of (2009) 11,891,062 women over 60 and 4,614,112 women over 75 in Germany (Statistisches Bundesamt, 2010). At the same time, women 60 and over account for 56.1% of all the members of the age group (male and female). This percentage is even greater among women over 75 at 63.4%. The number of older women (and men) declines significantly and at a constant rate beginning at 75 years of age. While in the cohort of 75-to-80-year-olds there are 1,773,138 women, the number of 85 to 90-year-old women is only 978,446.

Foreigners or non-German women account for 4.1% of of all women over 60, while this figure is only 2.5% for women over 75 (Statistisches Bundesamt, 2010).

Need for nursing care: A majority of persons (82%) requiring nursing care as set out in German Social Code XI (SGB XI) are older people (2005). Persons aged 70 to 75 only accounted for 5% of people requiring nursing care, while the figure for people aged 80 and over jumps to 30% and 60% for people 90 and over. Women accounted for 65.6% of all persons requiring nursing care in 2009; in the age group of persons 90 and over requiring nursing care, 85.4% were women, while among persons 80 to 90 years old it was 76% and persons 70 to 80 years old 59.1% (Bundesministerium für Gesundheit, 2010, statistics on nursing care insurance). In 2009 2,271,445 persons received payments from social nursing care insurance, 27% for completely in-patient care, 45.5% nursing care benefits (family members providing nursing care), non-cash benefits 7.9% and combined benefits 12.5%. Of those persons requiring in-patient care, 73.1% were women; with respect to out-patient nursing care, the figure was 62.1%. (Bundesministerium für Gesundheit, 2010).

Material situation:

According to date from the latest Report on Security in Old Age (status autumn 2008), spouses had a total average net income of EUR 2,271 per month in 2007. Among single men this amount was EUR 1,502, and for women EUR 1,191. The largest portion of income comes from the pension system (Deutsches Institut für Altersvorsorge, n.d.). In 2007 older women received 2.7% of the social aid (Social Code XII (SGB XII)), while older men received 1.9%. A majority of persons over 55 own real estate: 69% of 55-to-69-year-olds and 59% of 70-to-85-year-olds. By the same token, somewhat more men – 68% - own real estate than women (62%) (Motel-Klingebiel, Simonson & Gordo, 2010, p. 71) Generally speaking, the risk of poverty in old age is relatively low. It is above all older women or widows, however, who live in poverty. In these groups, the poverty rate is 18.3 percent (55-74 years of age) and 15.2 percent (75 and over), respectively, which is significantly above average. These statistics are also confirmed by an examination of the income strata of households of older people (2007). This indicates that 19% of all western German and 12 percent of eastern German women have to get by with a net income of less than EUR 750, while 10% of men also fall in this category. With increasing poverty rates and lower pension benefits for younger age groups (especially in eastern Germany, one can expect a significant increase in the risk of poverty in old age in the coming years. (Bäcker, Kistler & Trischler n.d.)

Types of households among older people: In 2003 more than 30% of 65-year-old, 40% of 70-year-old and 63% of 75-year-old women lived alone, while the figure for 75-year-old men was only 23%. While almost 80% of men 80 and over live in multi-person households (most of them in households of couples), most women 85 and over live in single-person households. The causes of this are to be found in the greater life expectancy for women in comparison to men and the age difference between spouses. This leads to a significantly greater risk of becoming a widow among older married women. Households in which three or more generations live together are the absolute exception – this only applies to 0.8% of households. In 2003 the vast majority of older people lived in their own home – only 3% lived in community residences such as senior citizens homes or nursing homes (Engstler & Menning, 2003)

3.2
The motherhood and "housewife marriage" model

During Nationalist Socialism women were forced out of public life and ideologically reduced to the role of child-bearing and motherhood. One example of this is the "Mother's Cross" awarded to women "of German blood" who bore at least four children "for the Führer and the People". The post-war era was above all marked by the re-establishment of a patriarchal family structure, which had de facto tended to show cracks during the war. It involves the dominant role of the male breadwinner with the wife being solely responsible for the reproductive area. Against the background of Nationalist Socialism, in the drafting of the German Constitution (Basic Law) in 1949, the marriage and family were placed under protection against interference by the state and thus defined as a "private sphere"; the equality of women and men was also enshrined in the Constitution. In all areas of substantive law, on the other hand, the breadwinner and housewife model was preserved far into the 1970s. Thus the legally binding model of the housewife marriage was only replaced in the reform of marriage law in 1977 by the so-called partnership principle, according to which spouses decided together on their division of labour. Until then women were only allowed to work "as far as it was compatible with her obligations in the marriage and family". In cases of divorce, women were not entitled to support payments by the man if they were held responsible for the failure of the marriage, e.g. when they stopped having sexual contact with their husband or did not take care of the household. Many women did not have any chance to earn income through gainful employment. The model of the housewife marriage with related claims to support and hierarchical gender dependencies continues to apply (in part down to the present day) even after the amendment of marriage law in 1977. This

was above all put into practice through social and tax legislation and through the limited access of women, above all mothers, to the labour market (the problem of combining family and a job or the lack of participation by men in the household and child-rearing). (see Berghahn, 1999) The conservative-corporatist welfare model of the Federal Republic in on the typology of welfare regimes developed by Esping-Andersen (1990) – which has begun to show cracks as a result of unemployment, low wages and the erosion of social benefits – is based on full-time male employment with a family wage and derives benefits safeguarding status in the case of unemployment and age from the previous level of earnings.

3.3 The new women's movement and the focus on intimate partner violence

In the Federal Republic of Germany intimate partner violence was a taboo topic which was reinforced by the constitutional primacy of the "privateness of the family" for a long time. Changing this has been a key goal of the new women's movement since the seventies. With the slogan "the private sphere is political", it has been attempted to show that "violence in the gender relationship" is not an individual problem, but rather one which is widespread throughout society as a whole and structurally embedded. Intimate partner violence is explained in the context of power imbalances: hierarchical gender relations which assign women a submissive role are thus held to be reflected by the power of men to control women, relations which it at the same time secures (see Schröttle, 1999, p. 11). The "scandalisation" and politicisation of gender-related imbalances and violent relationships at a broad societal level also has an influence on legal institutions. Marriage law, reformed in 1977, among other things put an end to the legally binding nature of the housewife marriage and was linked to the decoupling of the claim of divorced women to support from the "question of guilt". Following a long debate in favour of and against the "interference" of the state in the "private" family violence relationship, rape in the marriage – which had previously merely been subject to sanctions as sexual assault or bodily harm – was for the first time made a criminal offence under penal law in 1997, however.

In contrast to the old Federal Republic of Germany, the women's and family policy of the German Democratic Republic was oriented towards the model of the "working woman and mother". The comparatively high percentage of employed women was made possible by an extensive childcare infrastructure. It is a subject of debate to what extent the largely egalitarian living conditions with respect to gainful employment were associated with a reduction of violence in

couples' relationships. This view is countered by the assertion that the official elevation of the status of women and their increasing participation in education and qualified gainful employment was accompanied by a loss in the real power and status of men, a loss which was not supported by a change in men's understanding of their roles, thus promoting violence. One result of the incompatibility between the traditional male understanding of their role and the financial independence of women is considered to be the large number of divorces filed for by women. The possibility of addressing the conflicts associated with this and violence in couples' relationships, finally, was also limited in East Germany, "as the gender question was considered to have been solved by socialism" and thus intimate partner violence was treated as a private problem just like in the Federal Republic of Germany. (see Schröttle, 1999 p. 256)

3.4 Establishment of professional help structures for women who are victims of violence

In West Germany, feminist initiatives established shelters for women who were victims of violence and their children (at first in major cities) on a voluntary basis, which based on the principle of autonomy were aimed at making it possible for these women to help themselves. In the 1980s women's shelters were established all over Germany, which was accompanied by a professionalisation of the work of women's shelters and financial support from local communities. Violence against women was successfully made into a societal topic and a task of the state to cope with. Women's shelters were initially assigned to the charge of autonomous women's initiatives, whose work was funded by the state, but which remained independent of the state and associations in the performance of their work.

The German Democratic Republic did not experience a comparably broad and effective women's movement addressing intimate partner violence as a point of departure and the establishment of a help structure for victims throughout the country. The topic was increasingly addressed in church-based women's groups beginning in the middle of the 1980s, however. In the course of this a crisis house was set up as an emergency shelter in East Berlin and a strategy created for the first female shelter before the wall came tumbling down. In that situation, the goal was less to create a place of refuge for acute needs, but rather in the light of the difficulties involved in obtaining dwelling space to provide lodging opportunities for women who in many cases had already separated from their partners. (Schröttle, 1999, p. 137 et seqq.)

In the course of German unification, women's shelters were also gradually established in eastern Germany, usually funded by western German welfare associations. Already existing autonomous women's shelters in western Germany were also transferred to the sponsorship of the established welfare associations as a result of increasing financial uncertainties. At present there are 370 women's shelters in Germany, about one-third of them "autonomous women's shelters".

Independently of the sponsorship of present-day women's shelters, the women seeking protection there are assigned for the most part responsibility for the organisation of everyday life. In addition to lodging, however, they can also make use of professional support. This includes help to achieve social stabilisation, social and family-law information, child-care and support in structuring one's life such as e.g. looking for a dwelling. In addition to women's shelters, out-patient counselling and hot-line facilities have been initiated in urban areas to which women can also turn by telephone.

3.5 Difficulties of older women in making use of services

The well-established help infrastructure for women victims of IPV, at least in the cities, was for a long time based on the "you-come-to-us principle". The use of these facilities was associated with women perceiving intimate partner violence as intolerable and an injustice, with them realising that outside help is possible and that they are ultimately in a position to use it, i.e. to seek out or contact these facilities in another manner. With the current generation of 60 and over, this is often not the case, but especially among very old women. In spite of the societal changes in perception and in dealing with the topic of intimate partner violence discussed in the foregoing, traditional living modes and customs based on traditional gender norms prevent perception both of the unjust nature of intimate partner violence as well as options for change. The use of women's shelters is moreover linked to the precondition that women be able to organise their everyday lives themselves and that they can cope with a common lodging with several women and children in one living area in both social and communicative terms.

3.6
Introduction of the Act for Protection Against Violence (*Gewaltschutzgesetz*) in 2002

A watershed change took place with the introduction of the Act for Protection against Violence (Gewaltschutzgesetz) in 2002. The most important change compared to the previous situation is the legal security and acceptance of the principle "whoever commits violent acts must leave". Accordingly, women (and men) who experience domestic violence no longer have to leave a common household or seek refuge in a women's shelter. It is now easier for them to go to court to have the common apartment restricted to their sole use temporarily or permanently. This is supported in the area of police law by the possibility of having an injunctive order and a restraining order issued to a violent partner in situations involving acute threats, compliance with which is enforced under police law if need be.

These changes have been accompanied by changes in the help infrastructure and procedures. Close cooperation structures between the police, the judiciary and support facilities, most of which emanated from the feminist movement, have been created and supported by government campaigns on the topic of "domestic violence". Training programmes have also been carried out for the police. Depending on the particular *Länder* "intervention centres against domestic violence" have been established at the regional level more or less throughout Germany working with a pro-active, i.e. reach-out counselling approach. The basis for this is the regularly agreed-upon transmission of contact data of victims of violence by the police following police calls or the filing of charges. The intervention office in charge contacts victims of IPV by telephone or letter and submits to them an offer for counselling, which may include acute counselling and investigation of the situation, the provision of legal information and referral to facilities with more long-term support services. At present approximately 160 intervention centres are working with this pro-active approach and are primarily funded by the German *Länder.* Many intervention centres have already been set up at existing support facilities.

With the reach-out approach, victims are also reached who on their own would not contact the support network in the case of domestic violence. This has made it possible among other things to bring older women into contact with the support system as well; the percentage of older women among users of the intervention centres is significantly higher than at facilities operating according to the "you-come-to-us" principle. The issue of acute lodging for both the victim and the aggressor remains unresolved particularly with respect to women with func-

tional limitations or who are responsible for providing nursing care, causing application of the Act for Protection against Violence (*Gewaltschutzgesetz*) to run up against limits.

IV

Review of existing data and research on IPV against older women in Germany

4.1 Research questions, availability of data and statistics and data access

Before carrying out our own empirical research on the topic of IPV, it was necessary to review existing information on the issue in the partner countries. Therefore we analysed other studies and searched for relevant statistics. Besides a detailed literature review, specific inquiries and an in part substantial correspondence with relevant agencies and ministries was necessary. The goal in the data review was to obtain comprehensive statistics from agencies with potential contact to older women affected by IPV. An inquiry on the level of institutions was not our intention at this stage of our research since it was part of the institutional survey. Our request for data was full of preconditions because a number of criteria had to be fulfilled and linked: Relevant statistics had to differentiate gender, age, the victim-perpetrator-relationship and the problem / offence (violence) at the same time.

The international research team identified as potentially relevant areas for data review the field of justice (police, courts, public prosecutors), psycho-social support (in general and specialised in violence, old age and / or women) and health service. In Germany data was not available in all identified areas. There is on the one hand a lack of comprehensive statistics from public prosecutors and courts which differentiate in the victim-perpetrator-relationship. On the other hand no comprehensive system for data collection exists in the health services which includes information on the context and causes of illnesses and injuries. Because of the local responsibility and heterogeneity of structures and organisations in the field of psycho-social support, no comprehensive statistics on the concerns of people looking for counselling and support exist.
We supposed that possible sources for data collection could be institutions for the support of victims of domestic violence on the one hand and on the other hand the police. We assumed that it might also be possible to obtain information

as regards the concerns of people looking for support from locally based psycho-social support agencies with centralized structures, like umbrella organisations or central bodies. In the first step, our task was to identify those national umbrella organisations, lobby organisations, agencies and / or ministries which would be able to provide data for the said areas and to find out whether there is relevant data. The areas in detail:

Within the federal structure of Germany it is predominantly the Laender, the German states, which are in charge of matters of **police**. Although there is a comprehensive police crime statistic (PKS) for the whole country, so far this statistic has not accounted for intimate partner relationships in terms of the victim-suspect relationship, nor is it possible to establish a link to the criterion of age.[8] This will be improved through the current reform of registration procedures and modalities (catchword "PKS-new"), but this reform was too late for the present report. The crime statistics of the State Offices of Criminal Investigation follow different principles and are more differentiated. Therefore we sent requests to these Offices asking for statistics or data sets on domestic violence/intimate partner violence which would discriminate on the basis of age, sex and the victim-perpetrator-relationship.

In line with the principle of subsidiarity in Germany, local authorities are in charge of **social support agencies**. Therefore respective nationwide statistics could at best be expected from responsible lobby, federal and umbrella organisations. Our research benefited from the fact that support programs for battered women's shelters and intervention centres[9] exist in most States. These grants are connected with the duty to keep performance records containing numbers of clients. Here we hoped to obtain statistics differentiating between age and gender. To gain access to this data we sent requests to all 16 State Ministries responsible for the topic of domestic violence. We sent additional requests to the Central Information Point (ZiF) for battered women's shelters, to the federal organisations of the battered women's shelters and of the counselling services

[8] The Police Crime Statistic regards only the categories of kin, acquaintance, compatriot (by non-Germans), loose contact, no contact, unclear. Additionally, the PKS only accounts for a part of all offences – crimes against life, crimes against sexual self-determination, crimes of cruelty and crimes against liberty. No further information on the victim (e.g. gender and age) is available for property offences. Victim-related analyses are additionally limited by the fact that the PKS provides only very broad age categories for adults. While the first decades are differentiated in smaller categories, there are only three age-groupsfor adults: 18-20 years, 21-59 years and 60 years and above.

[9] Intervention centres follow a pro-active approach to come into contact with victims of domestic violence. Their work is based on close cooperation with the police and on a clear identification of instances of domestic violence by the police. Intervention centres receive the police protocols with contact details of the victim immediately after police operations involving domestic violence. The procedure differs in the various States, in some States victims have to agree to be called, while in other states they are merely informed that a counseling service will get in contact with them. When calling the victim they make an appointment for a face-to-face counseling session and / or offer counseling directly on the phone and provide information on possible further action. Intervention centres work basically as crises intervention units without capacities to follow up on each case.

for women, the Weißer Ring (White Ring), an organisation operating nationwide for the support of crime victims with local branches and the Telefonseelsorge, a church-run nationwide crisis line with local agencies. We asked the ministries and organisations for data broken down by age and gender for the years 1998 to 2008.

In the following we present results of the literature and data review. First we provide an overview on existing studies on the topic of intimate partner violence against older women, after this, we analyse data from the crime statistics of the States and, finally, we present available data from battered women's shelters and intervention centres.

4.2 Research on the topic

So far no research project has been carried out in Germany explicitly on the topic of intimate partner violence against older women. But there are indeed a number of studies which have been among other things able to obtain information on this topic. Studies on intimate partner violence in general also provide information on the specific situation of older women and victimization surveys focusing on older people contain gender specific information. In the following we refer above all to two representative victimization surveys, later on presenting a study on abuse and neglect in family care situations and showing results of a study on sexual victimization of older women. [10] Finally we briefly present results of an international study on homicide-suicide, including some information on older people.

4.2.1 Intimate partner violence

For Germany fundamental data on victimization of women was provided in a study "Life Situation, Security and Health of Women in Germany" (BMFSFJ, 2004) commissioned by the Federal Ministry of Family, Seniors, Women and Youth. The study was carried out in the years 2002-2004 by the Interdisciplinary Centre for Women and Gender Studies (IFF) in Bielefeld together with Infas, Institute for Social Research. In this representative survey based of a random sample drawn from population registers of local authorities, over 10,000 women

[10] Some information on the topic of this study can be found in the evaluation report for the federally funded model project „Violence against older people in their close personal relationships".(Görgen, Kreuzer, Nägele & Krause, 2002)

living in Germany were interviewed face-to-face. After the interview they were asked to fill in a questionnaire which was left with the interviewees and picked up later by the interviewer. In the focus of this study were experiences of violent events in the life of adult women in general and in domestic settings specifically. On the basis of these survey results of a secondary data analysis of the material concentrating exclusively on intimate partner violence was published in November 2008 (Schröttle, 2008). Especially the latter report provides some information on intimate partner violence against older women.

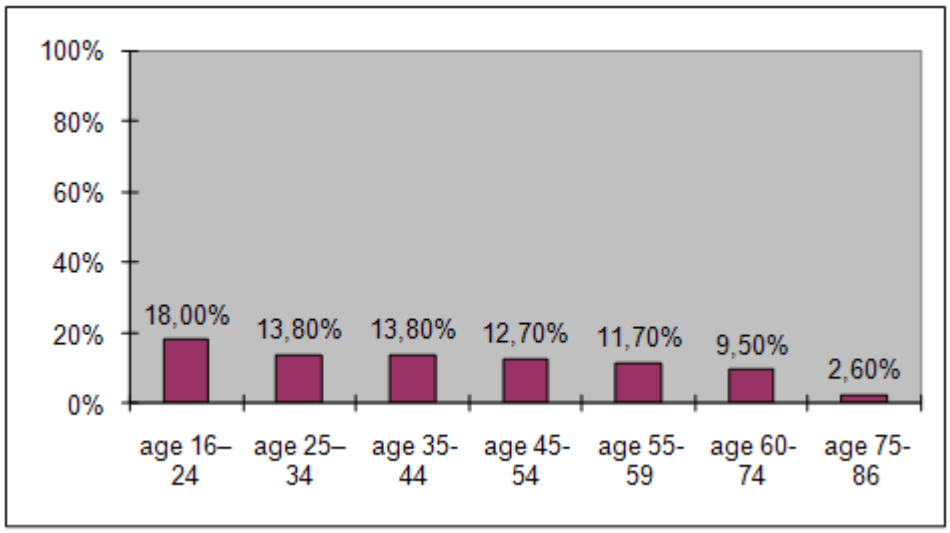
Prevalence of intimate partner violence among older women

The report shows that one in every four women age 16-85 experienced at least once in her lifetime physical and / or sexual violence by a current or former intimate partner. Although the study in general differentiates according to the age of victims, it is not possible to identify the age of the women at the time when they experienced these events due to a lack of information provided by the interviewees. Other parts of the study offer insight into intimate partner violence involving older women. The questionnaire contained questions about experiences of violence at the hands of the current partner throughout the duration of the relationship and about his current behaviour as well as experiences of intimate partner violence over the previous 12 months.

As regards experiences of IPV in the current partnership the study comes to various findings (see Chart 1).[11] In sum total one in every eight women (12.7%) who were living in an intimate partnership at the time of the interview reported having experienced at least physical and / or sexual violence in her relationship once. This applies less to older than to younger women. Only 9% of all women who are 60 years and older and only 2.6% of all women 75 years and older[12] who were living in an intimate partnership reported that they had experienced violence by their partners at least once. However it has to be taken into account that these reports may refer to events that have taken place a long time ago.

[11] The basis for these analyses is always the total number of women living in a partnership and having answered the questions referring to intimate partner violence in the questionnaire.
[12] For women 75 years and older the case numbers are too small for generalisation.

Chart 1: Women having experienced intimate partner violence by the current partner (physical and / or sexual violence)[13]



(Based on Schröttle, 2008, p. 107)

Looking at the severity of violence, the study shows that 8% of all women below age 35.6%, all women aged 35 to 59 and 4% of all women aged 60 and older reported degrees from severe to very severe violent events in their partnerships. Regarding sexual violence younger women are affected as often as older women.

As regards psychological violence it was asked in the instrument whether specific behaviour and features applied to the current partner without giving a reference period.[14] Along with explicit violence, the items also describe behaviour which can be regarded as violence only by using very broad definitions of psychological violence. This is especially true for items like "My current partner ignores me, does not answer to my questions" as well as "makes decisions for me or us entirely alone".[15] In sum total one in every three women reported minor to very high degrees of psychological violence by her partner.[16] Here no significant

[13] Basis: All women who currently live in a partnership and answered the questions referring to violence by the current partner in the questionnaire (N=6.883).
[14] In the instrument for measuring psychological violence interview partners were asked which of the answers given completely or partly apply to their current partners. The following answers were given: „Is jealous and prevents me from having contact to other men / women",, „says that I am ridiculous, stupid or incapable" „is ignoring me or doesn´t answer my questions"; „makes decisions for me or us entirely alone"; „threatens to hurt himself";„checks exactly how much money I spend"; „has complete control over where and with whom I go, what I do and what time I´ll be back"; "insults me or intimidates me with gestures or screaming" etc. The list of items can be found in the long version of the final report. (BMFSFJ, 2004, p. 249f.)
[15] These types of behaviour may be perceived as troubling, but they are not automatically violence (see definition in the foreword).
[16] According to the study very high degrees of psychological violence are present if a woman agrees to at least 4 items on psychological violence

differences between the age groups can be found. Only women 70 years and older living in a partnership report psychological abuse by their partners less often than younger women do (see Table 1). Women 60 to 75 report very high degrees of psychological violence to the same extent than younger women (6-7% - not shown in the table)[17]. Of those women age 75 and older only 3% report such abuse by the current partner.

Table 1: Women experiencing psychological violence by their current partner[18]

Age groups	Severity of psychological abuse in groups			Total
	No psychological abuse	Low degree of psychological abuse	Medium/high degree of psychological abuse	
Age 16-24	62.8%	17.5%	19.7%	100%
Age 25-34	67.5%	16.9%	15.6%	100%
Age 35 to 44	69.0%	14.4%	16.6%	100%
Age 45-54	66.5 %	16.4%	17.1%	100%
Age 55-59	68.7%	14.7%	16.6%	100%
Age 60-74	64.5%	17.9%	17.6%	100%
Age 75-86	77.0 %	13.1 %	9.9%	100%
Total	67.1 %	16.0 %	16.8%	100%

(Source: Schröttle, 2008, p. 109)

One set of questions referred to experiences of physical / sexual violence by a current or former intimate partner in the 12 months before the interview. Although the representativeness of the results is limited because some women who reported having been affected by IPV in the interviews did not answer the relevant questions in the questionnaire, the outcome gives a clear indication of much lower prevalence rates for older women compared to younger women. While 4.9% of all women 35 years and younger and 2.6% of all women 35 to 44 reported having experienced physical and sexual violence by a current or former intimate partner in the past 12 months, this is reported by only 1.6% of all women 45 to 60 years of age and 0.1%[19] of those women 60 and above. (Schröttle, 2008, p. 108) This means that, in estimating the unreported number, within 12 months one in 1,000 women age 60 and above who is living in a partnership is victim of physical or sexual violence by her intimate partner. An over-

[17] The span arises from the fact that there are several sections in the interview and questionnaire which deal with questions about experiences of violence. The data provided in these different sections is not always consistent.
[18] Basis: all women living currently in a partnership and having answered more than 95% of all items on psychological abuse (N = 6.883)
[19] Although the number of affected women is too small to forward a generalizable statement

estimation of this number may result from the fact that the least affected group of victims – women aged 87 and older – is not included in this study.

Applied to the whole duration of the current partnership, the results indicate that older women experience physical and / or sexual intimate partner violence less often than younger women, but still experience it to a certain extent. Only a small share of women 60 years and older reported having experienced physical and / or sexual violence by a former or current partner in the past 12 months. As regards psychological violence, the differences between older and younger women are smaller and 6-7% of women aged 60 to 75 report severe forms of psychological violence in their current partnership and in comparison to the age groups of all women 25 years of age and older the group of women 60 to 75 years old experiences psychological abuse most often (17.6 %). But questions related to this issue are also less precise as regards the reference period and described behaviour.

The author asks how these results can be interpreted and speculates that (1) older women are less willing to report violence by a former or current partner than younger women[20], (2) older women have more difficulties remembering violent events that have taken place many years ago (which does not apply for the 12-month prevalence rates) and (3) a certain percentage of older women do not live with a violent partner anymore; they may have separated from violent partners before and new intimate partners are possibly not violent. According to Piispa (2002), Schröttle (2008, p. 211) also (4) believes it is possible that part of physical / sexual abuse in partnerships changes into higher levels of psychological violence or becomes limited to this form of violence.

Gender hierarchies in older couples

Regarding the factors of age, formal education, social status and experience of intimate partner violence the study comes to interesting results: For younger and medium age groups a lower level of formal education of the victim as well as of the perpetrator is connected to a higher prevalence and more severe forms of intimate partner violence. For women beginning with age 40 the connection turns in the opposite direction: In higher age groups, women with the highest degrees of formal education are affected by physical / sexual violence by a former or current partner significantly more often than women with low or medium degrees of formal education (27 % vs. 15–17 %). This result is confirmed as

[20] The study pointed out that women respondents, especially older ones, thought questions relating to sexual harassment in particular were too intimate, partly also compromising, which is why they were reluctant to answer. (Schröttle, 2008, p. 174)

regards experiences of severe physical and sexual violence and psychological violence by the current partner. A higher degree of formal education of offenders and a higher social status of victims confirm these findings as well. The study does not differentiate between the age of women aged 40 and above, so it is unclear whether these findings apply to women aged 60 and above to the same degree than to younger ones.

Possible explanations for these findings are considered to be first of all high separation and divorce rates (and thus a higher risk of victimization) of more highly educated groups of people, and on the other hand generation-specific conflict potentials, which may arise from non-gender conformity, lower or same level of education or social status of male partners. (Schröttle, 2008, p. 214 et seq.) As a consequence, men tend to become violent when their partners have the same or a higher level of education. In this situation the intention of men is to re-establish or prop up the traditional gender hierarchy; according to Schröttle (2008, p. 139) this involves "violently managed gender conflicts".

Knowledge and use of services

Secondary data analysis from the German victimization survey on intimate partner violence provides some information on knowledge and use of services by older women affected by IPV. According to the analysis, older affected women are aware of services less often than younger ones and they also make use of these less often. While altogether 67-70% of affected women reported that they have heard about services for abused women before, only 52-58% of those over 60 were aware of such services. The level of awareness of women 35 and older with a Turkish background and of those who immigrated from post-Soviet states was at 26-38% even lower, and it became even lower for women with poor knowledge of the German language.

In sum total only a small proportion of affected women[21] make use of services. According to this study only 8% of all affected women under 25, 11-14% of those from 26 to 55 and only 2-5% from 56 to 75 years old ask for help; those over 75 seldom if ever ask for help. (p. 194) Asked for the reasons, the older women pointed out that no help had been available to them – which indicates that violent events may have already happened some time previously. (Schröttle, 2008, p. 216 et seq.)

[21] The basis for this analysis is all women who reported having been victims of physical, sexual or modest or high levels of psychological violence by their current or former intimate partner.

Consequences for the support system

On the basis of the results of the study Schröttle is of the opinion that there are age-specific gaps and barriers in the support system. She calls for the necessities of older victims of intimate partner violence to be taken into account by these services and for services to be designed to also serve older women. She even believes there is a need to develop specific support and counselling services for older victims. In doing so, one should emphasize the importance of low-threshold approaches, good networks and specialised and pro-active psychological and counselling services, which do not seem to be sufficiently offered in the existing infrastructure for victims of domestic violence. (Schröttle, 2008. p. 198)

4.2.2 Experiences of violence and crime by older people

Over the course of the years 2004-2008 a research team coordinated by Thomas Goergen and financially supported by the Federal Ministry for Family, Seniors, Women and Youth (BMFSFJ) explored the extent and forms of victimization of older people. The study is composed of two modules which are linked to each other and consist of a couple of studies. The research question in module 1 was to what extent people over the age of 60 become victims of violence and crimes. The topic of the second module was abuse and neglect of older people in need of care living in their homes. Two sub-studies are relevant to the question addressed in this report: on the one hand a representative victimization survey (module 1), on the other a qualitative interview study on the issue of abuse and neglect in home care settings (module 2).

Victimization survey

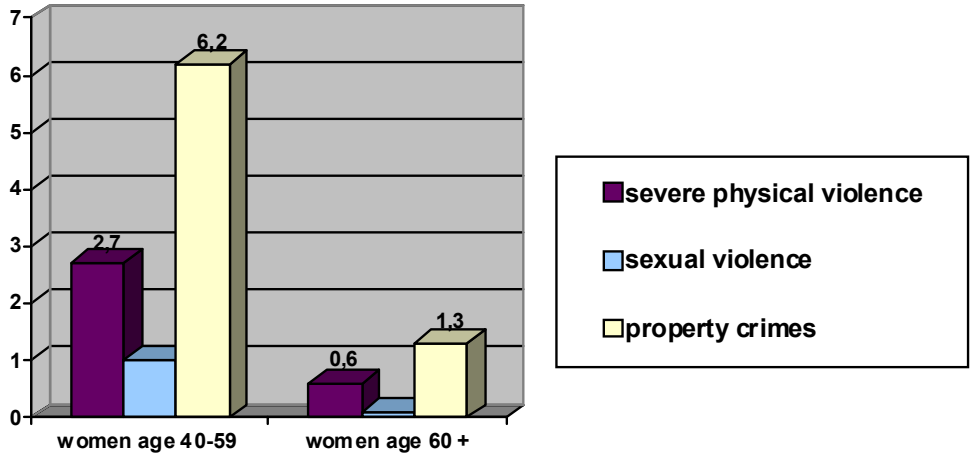
The victimization survey, which is representative for the German population aged 40 to 85, was carried out in 2005 by infas (Institute for applied social science). Sections of the questionnaire(s) were about experience with property crimes, violence and crimes against sexual self determination and victimization by persons close to the victim. This survey was also carried out as a face-to-face interview, and here again after the interviews the interviewers left a questionnaire on experiences of crime and violence by members of the family and the household with the interviewee, asking him or her to fill it in and came back to pick it up. Oral interviews (in German) were completed with 3030 randomly selected persons aged 40 to 85 who were drawn from registers of residents of 75 municipalities, useable drop-off questionnaires were filled in for 2,602 of these interviews.

As this study was a replication of a victimization survey carried out in the 1990s (by the KFN, also with the support of the BMFSFJ), basic features of the survey remained unchanged. Thus the interviewees were asked about experiences of violence and crime by family members and members of the household, but they were not asked who exactly the perpetrator was in relation to the victim. This differentiation was only provided for with questions relating to aggravated violence by adult household members.

The 12-month prevalence rates for psychological aggression and physical violence by members of the family or household members are much lower for the interviewees aged 60 and over than for those 40 to 59 years old. The 12 month prevalence rates for physical violence by household or family members are 1.3% for women aged 60 and plus and 1.6% for men of this age group – while these rates are 4.5% for women aged 40 to 59 and 3.4% for men of this age group. Victimization rates for psychological aggression are for both sexes much higher, about 50% for persons 40-59 and about 25% for all persons 60 and over. Gender differences are very small here. (Görgen, Herbst & Rabold, 2010, p. 158 et seq.)

One set of questions referred to severe victimization by adult household members during the 5 years preceding the interview (sexual violence, severe physical violence and property crimes). Persons 40 to 59 years old became victims of the said crimes about five times as often as persons 60 and older. Women of both age groups are affected about 1.5 times more often than men. As regards physical violence, the perpetrators stated in the higher age group were predominantly husbands, while the victims were wives. Only one of these had filed a complaint. As regards property crimes, the perpetrators stated were to the same extent partner and children. Case numbers, though, are very small. Only 25 persons 60 and over reported having been severely victimized by adult household members during the past 5 years (16 women, 9 men), which makes up a 5 years prevalence rate of 1.4% for this age group. (Görgen, Herbst & Rabold, 2010, p. 162 et seq.)

Chart 2: 5 year prevalence of severe victimization of women by adult household members by age groups (in %); National Victimization Survey 2005 (3030 Interviewees)



Based on: Görgen, Herbst & Rabold, 2010, p. 163

As Chart 2 shows, there is a general decline in the number of persons affected by violence by household members with the age of the victim. A relatively small proportion of 0.6% of women 60 and over reported having experienced severe forms of physical violence during the past 5 years. These are predominantly cases of intimate partner violence. This confirms the described findings of Schröttle to the effect that older women report intimate partner violence less often than women of younger age groups, but that cases nevertheless exist.

Qualitative interview study on victimization of people in need of care living at home

Qualitative interviews with a large number of stakeholders were carried out within the framework of one of the sub-studies in module (2) on abuse and neglect of older people in home care situations (Nägele, Kotlenga, Görgen & Leykum, 2010). In order to include the perspectives of preferably all partners involved in a family care situation, interviews were conducted with caring relatives, if possible with care recipients, and with professionals from home care services. In addition, professionals in charge of counselling and the provision of expertise for home care issues were interviewed. In sum total, 178 interviews and 4 group discussions with 201 interview partners were performed. These interviews provide elaborated and mostly multi-perspective accounts on 90 home care settings. Beyond this, professionals reported a large number of cases

of abuse and neglect in care situations on the basis of their general work experience.

Interview partners reported many basically successful care relationships, but they also reported a large number of victimizations and problematic behaviour – on the part of the family care provider as well as from the part of the person in need of care, on the part of women as well as on the part of men. In many cases these accounts deal with problematic behaviour which is not intended to harm the persons in need of care and which is not severe. In other cases severe victimizations were reported. In the study a number of risk factors for abuse and neglect in domestic care settings were identified: physical and psychological restriction of the caregivers, abuse of alcohol and medication (of the caregiver), scarce or wrong information on illnesses and their development, on adequate care procedures and techniques, a poor financial situation - as long as it limits necessary use of professional support, specific challenges in the care of dementia patients and aggressive behaviour on the part of persons in need of care.

One moderating factor in the stated risk factors identified was the pre-care history of the relationship – and connected to this – the motivation to take over care responsibilities. The history of the relationship between the person dependent on care and the person providing care dominates the care relationship and mutual perceptions and interpretations of behaviour. Care relationships which were characterized by long-lasting, extreme dependencies and relationships of dominance turned out to be most problematic – both in care relationships between intimate partners as well as in intergenerational relationships.

Caring wives as victims of intimate partner violence

In a number of cases where wives were care providers for their husbands and as such victims of their partner's violence, it became clear that the relationship between the two had been marked by strong gender hierarchies as well as physical and / or psychological violence long before the partner became dependent on care. (Nägele, Kotlenga, Görgen & Leykum, 2010, p. 277 et seqq.) In a few of these cases the assumption of care responsibility led to a shift in the power relationship between the partners in favour of the wife providing care. It was indeed apparent that a number of husbands in need of care were to a surprising extent capable of maintaining traditional structures of power in their relationships – which served their interests - although their options for action were significantly limited and they were extremely dependent on their wives. Wives providing care reported harassment, pinches, name-calling, humiliation, and degradation for no reason. Wives providing care faced a specific risk in

cases where their physical need for professional support – both for themselves and for their care duties – was rejected by partners who refused to cooperate and did not accept external help, citing the lifelong responsibility of their wives to care for them and all issues relating to reproduction. In some cases adult children are not available for support because they avoid all contact with their fathers.

In some of these relationships aggression and violence were used as instruments to perpetuate relationships of power, while in others violence and aggression were reactions to a health-related decrease in power and influence in the relationship - an unacceptable shift in the power structure of the relationship. Violence and aggression can moreover be caused by illnesses which make it especially difficult for care-giving partners to differentiate causes of violence and aggression. For them it is much more difficult to cope with problematic behaviour since the question is generally ambiguous as to whether the aggressive behaviour of their partner is caused by illness or is the continuation of previous dominant behaviour intended to harm and control the partner.

Violence against older women in need of care

There are two case groups in which hierarchical gender structures in relationships constitute causes of severe forms of violence against women in need of care. These cases were reported by professional care providers. On the one hand there were reports of cases of violence against older women in need of care, where violence occurs as a continuation of a longer history of intimate partner violence. On the other hand, cases were reported in which older women in need of care became victims of sons or sons-in-law, who were for the most part not involved in care-giving duties. In some of these cases women became victims of extreme sexual violence.

Two aspects related to dependency on care became obvious: There is first of all a dramatically increased risk for older victims of intimate partner violence when they become dependent on care. Secondly, the inclusion of professionals in home care in some cases opens new and initially sometimes even options for external intervention and thus for control and change. Alcohol dependency and / or abuse are, according to many of the reports, relevant factors which may aggravate or trigger violent events. There are also examples of sexual violence against women suffering from dementia perpetrated by their caring partners.

Intervention of professionals

A detailed analysis of the role of support services in the reported cases of abuse and neglect in the care of older women indicates generally speaking that there are a number of barriers which impede an efficient intervention. Many cases become known only by chance, while institutions often do not assume responsibility for preventing situations involving risks. At times the institutions involved do not perceive the options they have to take action, or they make only insufficient use of them. Moreover, the communication between the institutions and professions involved needs to be improved. Especially with respect to home care services and doctors one finds a discrepancy between their possible and actual role in early recognition and intervention. The study offered evidence that the professionals involved tend to interpret abuse and neglect in care situations as being caused by the stress experienced by the care provider. There is a lack of sensitivity that there may also be other causes of violence which may have nothing to do with stress experienced by the care provider, but which might relate to dominance and power in the relationship. The interpretation and attribution of reasons are a function of the support strategies of professionals: They tend to recommend measures to relieve the strain on care providers. Measures to control behaviour, like criminal prosecution, are rarely considered.

Implications for the support system

A number of needs and options for action in the field of intimate partner violence against older women have been identified on the basis of this study. Thus the problem demands a specifically intense network between professionals and institutions in the fields of "age", "elder care" and "domestic violence / intimate partner violence". Public relations and training measures are considered to be necessary. These measures should especially target medical and home care professions, the wide field of professions working in psycho-social counselling as well as agencies in charge of social control. The intention should be to raise awareness of the existence of the problem, to disseminate information on the problem and to improve the competency of professionals in dealing with respective cases. In awareness of the specific conditions surrounding help-seeking and the use of services by this group of victims, existing counselling and support services for victims of domestic violence should establish low-threshold services for older women, check options for pro-active and reach-out services and work with concepts for change and case-related goals which are adapted to the specific situation of older women victims of intimate partner violence. Services and concepts for work with victims of domestic violence should be opened up explicitly to older victims. (Görgen, Herbst, Kotlenga, Nägele & Rabold, 2010, p. 37f.)

4.2.3 Sexual victimization in old age

The Criminological Research Institute Lower Saxony (KFN) examined the issue sexual violence against older people in 2004 with the support of the Federal Office for Central Social Tasks in Lower Saxony. (Görgen, Newig, Nägele & Herbst, 2005, Görgen, Herbst, Nägele, Newig, Kemmelmeier, Kotlenga, Mild, Pigors & Rabold, 2005, Görgen, Nägele, Herbst & Newig, 2006)[22] This study is first of all based on cases which law enforcement agencies are aware of. It includes an analysis of the Federal Police Crime Statistic, single cases from data sets of the State Crime Offices Lower Saxony and Baden-Württemberg and 122 files on procedures from public prosecutors.[23] Secondly, experiences of professionals working in social services and institutions which were expected to have knowledge of respective cases were analysed. A questionnaire was sent to those institutions, with the professionals having case knowledge who were identified being interviewed in addition. Finally, an analysis of respective cases drawn from media reports was performed. According to these information sources, older victims of sexual violence are almost exclusively women.

Cases known to law enforcement agencies: sexual violence against women in intimate partnerships is of low relevance

The analysis of the Police Crime Statistic shows that up to now the police only has little experience with older victims of sexual crimes. Women 60 and over become victims of recorded sexual violence the least often among all female persons. Victimization risks of older people decrease with advanced age. Findings generated by research on unreported cases indicating that the concentration of victim-perpetrator-relationships around close personal relationships increases with the age of the victim is not corroborated by the Police Crime Statistic with respect to sexual violence. On the contrary, the proportion of suspects who are not personally known to the victims is higher in the group of victims 60 and over compared to the younger age groups. (Görgen, Newig, Nägele & Herbst, 2005, p. 33)

The analysis of files of procedures of the public prosecutor shows that registered sexual crimes predominantly involve cases of exhibitionism without any direct physical assault by the suspect. Only four out of 41 analysed cases with physical contact between suspect and victim (hands-on) happened between persons living in the same household. In most of the cases suspects were not at all or only

[22] See also Görgen & Nägele, 2003
[23] The subject matter of these files is proceedings in which the police of Lower Saxony had investigated crimes against the sexual self-determination of persons 60 and older beginning in the years 2000 to 2003.

remotely known to the victim. In three of the four cases of sexual violence among cohabiting partners the suspects had abused alcohol, in three of four cases the violent event took place in the apartment of the couple, three of four victims reported earlier and repeated experiences of violence in the relationship and in all cases investigations became more problematic because the victims refused to provide evidence, claimed not to remember what happened or withdrew incriminating statements. Only one case ended with the conviction of the suspect, while the other proceedings were discontinued. (Görgen, Newig, Nägele & Herbst, 2005, p. 48 et seq.)

Cases known to counselling services: Sexual violence against older women is usually one form of intimate partner violence against older women

A questionnaire was sent to 76 institutions; these included all battered women's shelters, help-lines for women victims of sexual violence, intervention centres and services for victims of crimes in Lower Saxony and all counselling services for elder abuse and neglect and institutions for complaints related to the care of older people in Germany. Professionals from 22 institutions reported on case knowledge at the institution or in other professional contexts. In sum total only relatively few cases of sexual victimization in old age are known (178 cases, thereof 5 male victims) without any limitation as regards the time of information. The cases described by these professionals are almost completely different than those known to the police and public prosecutors. In contrary to the cases registered by law enforcement agencies the cases reported by social services refer to crimes of violence with direct physical contact (hands on) which are predominantly committed by persons who are very close to the victim. Former and current partners are the largest group of perpetrators. The professionals interviewed reported that two out of three persons affected by sexual violence turned themselves in to the institution. These assume that, compared to younger victims, significantly fewer older victims seek help from counselling services and law enforcement agencies. (Görgen, Newig, Nägele & Herbst, 2005, p. 72 et seqq.)

Following this survey of institutions, interviews were performed with 19 female and 2 male professionals at institutions who had reported that they had case knowledge. It thereby became evident that sexualized forms of exercising power and coercion take place predominantly in marriages and partnerships, and that they are not isolated forms of violence, but generally speaking apparently occur in combination with physical violence, verbal aggression and multiple forms of humiliating and controlling behaviour. A number of the cases reported in the interviews correspond to the concept of "intimate terrorism" described by John-

son (2001). This designates relationships in which the behaviour of the male partner is directed towards controlling and suppressing his female partner and makes use of different forms of violence to reach his goals.

Table 2: Reported case constellations (21 interviews with professionals on sexual violence in old age, 34 reported cases)

Case constellation	Cases n (%)
Violence in close personal relationships	26 (76.4%)
Violence in partnership	22 (64.7%)
Long lasting sexual violence in partnership, combined with other forms of violence, humiliation and oppression	18 (53.0%)
Sexual violence in partnership; violence starts in old age	2 (5.9%)
Sexual violence against partner suffering from dementia and living in a nursing home	1 (2.9%)
Sexual violence in a mutually violent relationship	1 (2.9%)
Violence by family members	3 (8.8%)
Sexual violence by brother	1 (2.9%)
Sexual violence by adult son	1 (2.9%)
Sexual violence by younger relative in charge of care	1 (2.9%)
Violence by co-patient in nursing home	1 (2.9%)
Violence by health care professionals	4 (11.8%)
Violence by perpetrators not or only remotely known to the victim	4 (11.8%)
Total	34

(Görgen, Newig, Nägele & Herbst, 2005, p. 81)

In only a small proportion of the cases do age-related events or processes lead to the development of violence in the relationship. The reported cases mostly occur in long-lasting violent relationships which contributed to resignation, low self-esteem and helplessness of the victim. A high degree of isolation, which increases the dependency of victims from the perpetrators, is typical, as is the case with respect to social, financial and in daily chores. Many women blame themselves for the violence experienced and are ashamed. Reports of sexual violence in the context of alcohol abuse are frequent. Women from this generation are especially marked by the biographical background of World War II; a number of them had already experienced sexual violence and displacement in the war.

In addition to detailed information on cases of sexual violence against older women, the research project provides information on help-seeking behaviour of older women and barriers against the use of efficient support. The interviewees agreed in their estimation that the probability that women affected by sexual violence will speak out and seek help decreases with the age of the victim. Third parties (like adult daughters) seek contact with helping institutions more often than is the case with younger women. Whenever older women talk about their problems, they do not describe sexual violence as the most important problem. On the one hand this is due to the fact that sexual violence is only one of several forms of violence experienced by these women, but on the other hand older women are especially ashamed to talk about sexual victimizations and fear they they might not be believed. Moreover, for some of the older women sexual coercion within marriage is not considered to be violence, but as "marital duty". One of the factors which may additionally hinder access to services is a decreasing physical ability to seek help by oneself. The interviewees describe how options for change are reduced in old age. According to the interviewees, this is related to the fact that options to compensate financial / material and social consequences of a separation are reduced in old age. Older women separate less often from violent partners and they file complaints less often. Professionals report that older women more often than younger women seek help in order to have some temporary rest and relaxation, not in order to separate from their partners and start a new life. (Görgen, Newig, Nägele & Herbst, 2005, S. 101 et seqq.)

The study shows that the number of known cases of sexual victimization of older women is very small in sum total. The very few cases that come to light for law enforcement agencies and media and psycho-social support services are fundamentally different from each other. There is almost no overlapping of cases because the overwhelming share of cases known to psycho-social support services never become recorded by the police. These are mostly cases of long-lasting violence in intimate partnerships where sexual violence is just one of several forms of violence.

Although not explicitly aiming at exploring intimate partner violence against older women, the research project presented first provides detailed qualitative information on Germany, thereby opening up new prospects for further research on the topic.[24] The main recommendations for future action drawn from this

[24] The research concept for "Intimate partner violence against older women" (IPVow) is based on this study on sexual violence against older people, adopted its multi-method approach and modified the research design. In this initial step, analysis of public prosecutor files was not perceived as being useful, but interviews with women victims of intimate partner violence in old age were included and the analysis of existing data was stressed more than in the preceding project.

study were the need for information and raising the awareness of the public, sensitization and training of specific groups of professionals and low-threshold access to support and counselling services.

4.2.4 European Homicide-Suicide Study

In an international research project scholars from seven European countries (Germany, the Netherlands, Finland, Switzerland, Spain, Poland and England / Wales) explore homicide-suicide.[25] The German partner is the Max Planck Institute for Foreign and International Criminal Law in Freiburg (Breisgau); the individuals involved are Dietrich Oberwittler and Bianca Lafrenz. The empirical cornerstone of this project is the collection of complete national samples of homicide-suicide cases spanning a whole decade (ca. 1996 to 2005) by means of media and police file analysis. The resulting uniform dataset contains detailed information on perpetrators, victims and events for nearly 2,000 cases of homicide-suicide.

1,104 cases (1996-2005) were identified for Germany. Overall, 91.7% of all perpetrators are male and 76.7% of all victims are female. Homicide-suicide perpetrators were male in 96.5% of all cases of intimate partner, while all the perpetrators were male in cases where the whole family was killed. 60% of all victims are current or former intimate partners. The results of the study published to date do not provide direct information on the number of older women who are killed by current or former intimate partners before the perpetrator commits suicide. There is data on age and gender of victims and perpetrators, but it is not connected to the type of relationship between victim and perpetrator. In awareness of the fact that only few perpetrators of homicide-suicide do not kill solely or *inter alia* their current or former intimate partner, the numbers provide initial insight. About one-fourth of all male perpetrators of homicide-suicide are older than 60. The proportion of women aged 60 and over among all women victims is slightly lower. (Oberwittler, Kivivuori & Nieuwbeerta, 2008)

Research indicates that homicide-suicide cases sometimes occur in relationships involving ailing partners, where one (mostly male) partner is the care provider for the other (mostly female) partner and his own deteriorating health condition might lead to an end of this care-providing relationship (uxoricide-suicide). Undetected and untreated psychiatric problems like depression and alcohol abuse by the perpetrator often turn out to be relevant in these cases. (Cohen, Llorente & Eisdorfer, 1998). The labelling of those deeds as "mercy killings" is a subject

[25] http://ehss.mpicc.de/ehss/en/pub/ehss_home.htm [23.03.2010]

of controversy. The disproportionate representation of male perpetrators indicates that male control might be an issue in these cases. A primary motivation of perpetrators is considered to be the intention to relieve their own further suffering, not that of their partner. (Liem, 2010)

4.3 Police Data concerning intimate partner violence against older women

As outlined earlier, the Police Crime Statistic of the Federal Criminal Police Office has not offered any evidence concerning cases of intimate partner violence to date. Thus not all factors of relevance have been recorded yet. Furthermore the Police Crime Statistic has so far been generated on the basis of aggregated data. The informative value of the Police Crime Statistic will change for the period after 2009, however. In the future, the Police Crime Statistic of the German Federation will be generated on the basis of single data sets which the federal states will provide the Federal Criminal Police Office. Perpetrator-victim relations will be recorded in more detail than was the case to date. In the future, in addition to the type or the status of the relationship, victim-suspect relations will be recorded as regards the spatial-social closeness of perpetrator and victim (shared or separate households etc.). The current changes of the Police Crime Statistics also open up promising perspectives in the medium term for the analysis of intimate partner violence against older women. In order to gain an overview of the prevalence of domestic violence, most of the federal states have developed their own systems of recording domestic violence since around the year 2000. Police officers working in the field in most of the states are advised to identify those cases that happen within the context of domestic violence separately in files when closing the case irrespective of the specific offence. [26] The reports published in the federal states on the basis of analysis of this data assessment normally do not include a concurrent differentiation as regards offence, age, gender and victim-perpetrator relationship. The only exception is the federal state of Hesse, as it publishes detailed statistics of relevance.

Therefore, within the frame of this study, as outlined earlier, we posed a query to the other 15 federal states as far back as in the spring of 2009 as to whether correspondingly differentiated statistics or data exist and could be made available to the research group. Six federal states responded negatively (Bavaria, Hamburg, Mecklenburg-Western Pomerania, North Rhine-Westphalia, Saxony-

[26] An analogue identifier is found also in the field of business crime.

Anhalt and Thuringia), pointing out that pertinent data is not collected at all or not collected or analysed in such a differentiated manner. [27]

Nine federal states requested by us provided us with statistics or anonymised data sets (Baden-Württemberg, Hesse, Schleswig-Holstein). However, the data differed as regards the degree of differentiation, the elements of the offence considered, the methods of data collection, the underlying definition of domestic violence and the reference period. It is therefore not possible to categorise or compare the data.

Three of the 10 federal states for which data on domestic violence is available define domestic violence as violence by current or former partners or husbands of the woman (Baden-Württemberg, Hesse, Schleswig-Holstein) and therefore bear relevance to the present study; the other federal states record violence between current and former partners and by family members (Berlin, Bremen) or violence within the family (Saxony). Others record violence in all closer personal / social relations (Saarland, Rhineland-Palatinate, Brandenburg). The category „acquaintance" is used, for example, in Saarland.

The data from Saarland shows that the category of domestic violence or violence in close personal relations as regards older men and women indeed includes cases of partner violence but is by no means congruent with it. Here it is evidenced for 2007 and 2008 that only a share of violent offences against women 60 and over in the context of domestic violence were perpetrated by the current / former life partner of the women. On the basis of several selected violence offences it can be seen that domestic violence across the generations is of similarly great importance for women within the police statistics on offences as violence though current or former husbands or life partners. It can be inferred in a differentiated manner from the data of the State Office of Investigation of Saarland how the occurrence of offences among victims 60 and over is categorised in terms of the victim / suspect relationship.

[27] Thus, age differentiated analyses exist to some extent, but are too broad for the purposes of this study (e.g. broken down into adolescents, young adults, adults).

Table 3: Domestic violence in Saarland 2008 – women victims 60 and over according to age, offence and victim/suspect relationship in relation to the victim[28]

	Acquaintance		Children / foster children, siblings, grandchildren		Husband, life partner		Former husband / life partner	
	2007	2008	2007	2008	2007	2008	2007	2008
murder			1			1		
manslaughter					1			
Aggravated assault / assault occasioning actual/grievous bodily harm			5	5	9	2	1	
Minor assault	2	1	21	12	20	27	4	
Deprivation of liberty				2		1		
harassment	1		9	4	4	3	3	1
Stalking searching physical proximity			1				2	2

(Source: State Office of Investigation Saarland, 2009)

In criminal law, domestic violence involves a multitude of elements of an offence that can be summarised in four main categories: (1) criminal offences against life include the offences of murder and manslaughter, (2) criminal offences against sexual self-determination involve rape and sexual assault with or without resulting in death as well as sexual abuse of children and wards, (3) brutal offences and offences against personal liberty include the following: minor and aggravated assault, abuse of children and wards, robbery, extortionate robbery and kidnapping, deprivation of liberty, constraint and harassment. The following criminal offences are subsumed under categories other criminal offences (4):

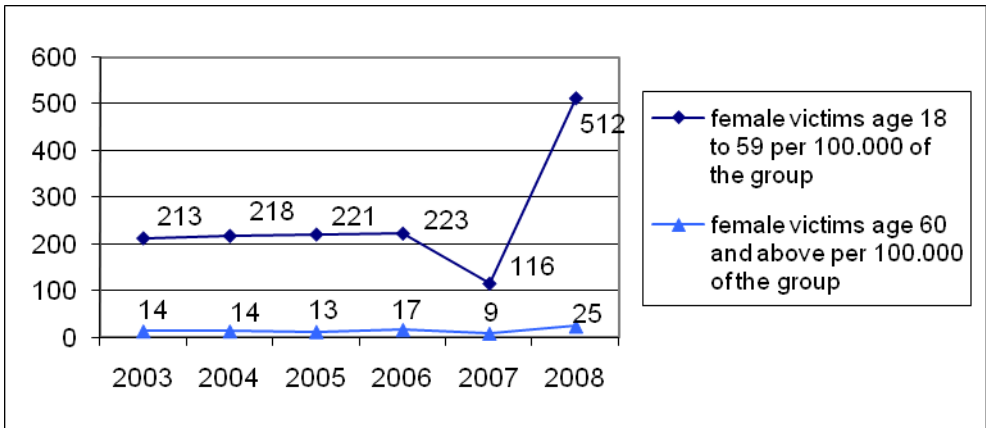
[28] Data has been adjusted for obvious classification mistakes (e.g. grandparents and parents are impossible or very unlikely to be suspects in cases of violence against persons age 75 or older).

blackmail, insult, breach of domestic peace, damage of property. Another group is criminal offences in violation of the Protection against Violence Act.

For the three federal states for which the data material is relevant, we will present in the following the numbers of victims in relation to 100,000 residents of the reference group. Insofar as data is available, the numbers of victims among men is also presented for comparison. In the charts for Schleswig-Holstein and Baden-Württemberg, criminal offences against life and sexual self-determination and brutal offences as well as criminal offences against personal liberty that were committed within the context of domestic violence were analysed. Other criminal offences and offences violating the Protection against Violence Act are furthermore only taken into consideration in the data from Hesse.

The following chart shows the results of the Police Crime Statistic of Schleswig-Holstein. This clearly indicates that the data still varies greatly and is therefore of limited validity.[29] Despite these limits the data shows more or less consistently that older women in comparison with younger women clearly become victims of intimate partner violence documented by the police. The proportion of women 60 and over out of all victims of intimate partner violence registered by the police varies within the survey period between 2.6 and 4.5%.

Chart 3: Victims of criminal offences registered by the police within the context of intimate partner violence per 100,000 of this group, Schleswig-Holstein, 2003-2008



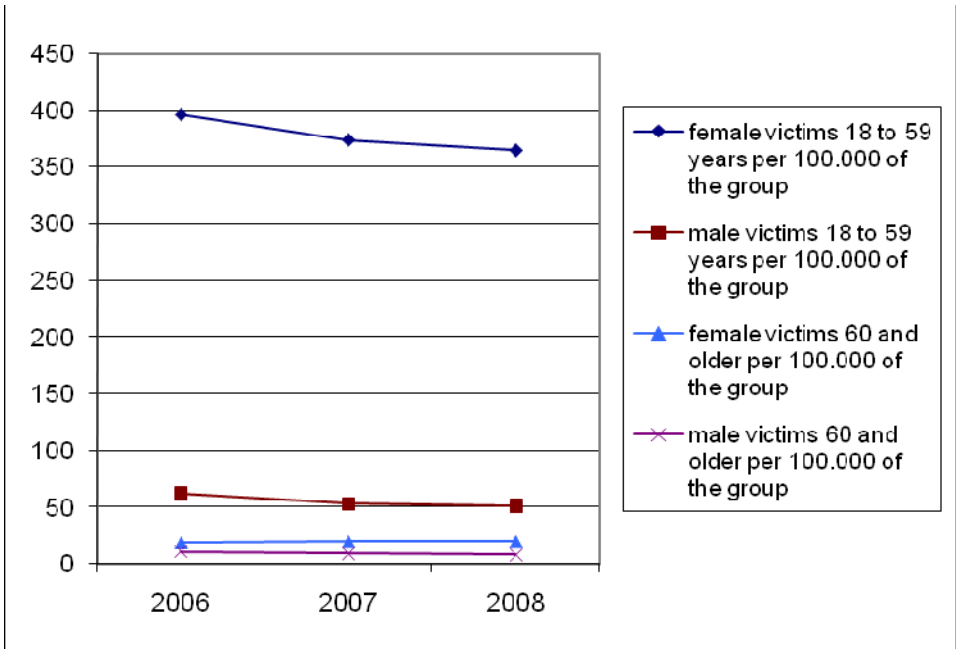
(Source: State Office of Criminal Investigation; own calculations)

[29] The police in Schleswig-Holstein has no explanations for the differences in the data. (information Federal Crime Office Schleswig-Holstein (LKA), 3.6.2010) written or oral

The data of the State Office of Criminal Investigation of Hesse is only applicable to the years 2006 to 2008. However, the State Office of Criminal Investigation of Hesse draws upon long years of experience with data collection and has been able to improve the quality of the data considerably since the 2003. There are accordingly no extreme outliers in the data. The numerical values resemble the ones from Schleswig-Holstein in 2008.

Here the basic finding is that older women become victims of partner violence registered by the police on a much lower scale than younger women – albeit on a continually higher level than in Schleswig-Holstein. At 10 or 20 per year, the number of victims is low. An interesting finding emanates from the comparison of genders. Whereas in the younger age groups men are affected by partner violence to a considerably less degree than women, the difference among the higher age groups is considerably lower. With all in all lower numbers of cases in the group of the persons 60 and over, men account for one-third of the victims of partner violence, whereas the proportion of men in the group of younger victims lies at around one-eighth.

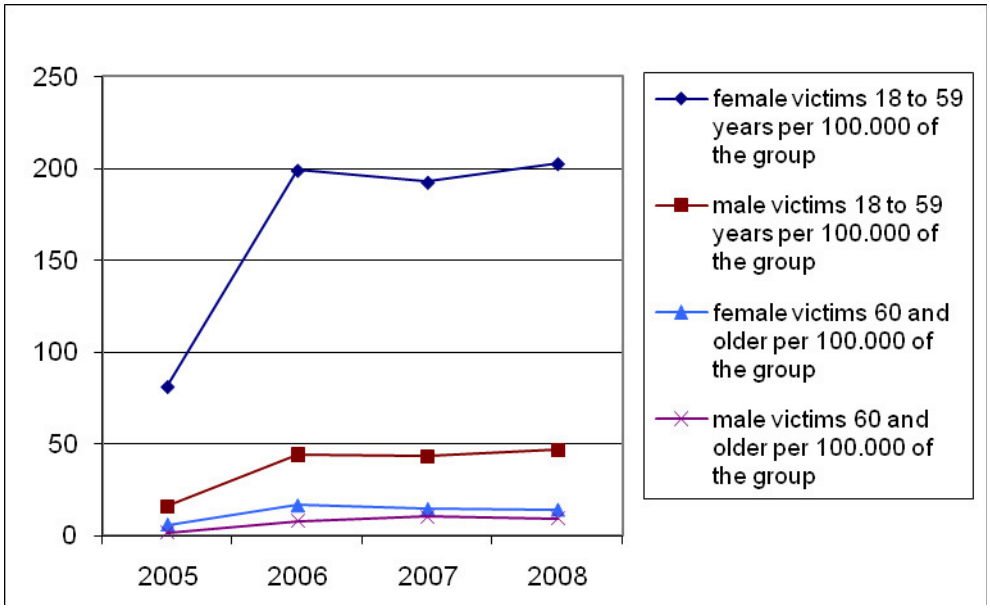
Chart 4: Victims of offences in the context of partner violence registered by the police per 100,000 of the group, Hesse, 2006-2008



(Source: Hessisches Landeskriminalamt, 2007, 2008, 2009 and state Office of Statistics of Hesse, own calculation)

Finally, the following chart provides the figures on victims in Baden-Württemberg. In June 2005, Baden-Württemberg introduced the POLAS-marker domestic violence in order to identify relevant cases. Data has only been available on this basis since 2006. The figures on victims are lower than those for Hesse.

Chart 5: Victims of offences within the context of partner violence registered by the police per 100,000 of this group, Baden Württemberg, 2005-2008



(Source: State office of Criminal Intervention Baden-Württemberg and State Office of Statistics of Baden-Württemberg; own calculations)

The State Office of Criminal Intervention of Saxony has separately designated data concerning offences that is of penal relevance (Disregarding of protection directives). The proportion of older people among the victims of offences violating the Protection against Violence Act is thus very low: from 2005 to 2007 523 such offences against women were registered, only 10 of the affected women were over 60.[30] This amounts to 1,9%.

As outlined earlier, no evidence can be inferred on the issue of domestic violence from the statistics of law enforcement. The criterion of domestic violence is not registered separately, but rather only the respective elements of an offence (Criminal Code and related laws). No breakdown according to age of relevance to the study has been undertaken, nor can the relationship between the perpetrator and victim be reconstructed.

[30] For purposes of comparison: at the same time 23 men were affected by such offences, among them one over 60.

For the present study, the question would be of interest how the age structure of the women that file a complaint according to the Protection against Violence Act is constructed. The courts keep statistics on these applications, but the criterion age is not requested on the applications forms. The kind of statistical analyses of the effectiveness of the Protection against Violence Act is performed by a committee for statistics of the Federal States which is made up of representatives of the Ministry of Justice of the Federal States. The age of those persons filing complaints could be reconstructed alternatively on the basis of the documents for legal aid which many apply for. This data is not analysed, however.

4.4 Data of counselling and support agencies for victims of domestic violence

A multitude of different institutions and organisations potentially offers counselling and support for older women affected by partner violence. Here the psychosocial institutions that are specialised in the area of domestic / partner violence deserve first mention. Women affected by partner violence can take refuge at 346 women's shelters and 18 protection apartments in Germany [31]. Or – if available– they can receive counselling via telephone or face-to-face by affiliated counselling agencies. In most of the Federal States they can draw on area-wide counselling at intervention centres – either because they contact them following police action (pro-active approach) or because they report themselves – and they can, if locally available, contact women's counselling services and women's crisis lines that are partly specialised in a broader thematic spectrum or in sexualized violence but which offer specific counselling skills relating to the issue of violence. All these institutions are open to older women in the same way as younger women.

In addition to this, there are a few institutions that offer counselling on the topic of violence against older people / violence in care relationships (see overview at http://www.hsm-bonn.de/). More common are counselling agencies for victims of violence and criminality. "Weißer Ring" with 420 outposts and about 3000 voluntary helpers, offers complimentary counselling for victims of crime. Moreover, persons affected can turn to a set of counselling services less specialised in this area: marriage and life counselling, telephone pastoral care, crisis intervention services or general social services in the counties. For older persons, the network of counselling and telephone services for older people as well as in con-

[31] As regards these support institutions informations are available at the coordination oft he women's shelters: http://www.frauenhauskoordinierung.de/index.php?id=52 (last accessed 6.4.2010)

nection with care, care counselling services and support points might be suitable.

For most of the stated support institutions that can potentially be used by older women affected by partner violence, there are no statistics available that could provide information on how many older women turned to the institutions with such a concern. This is associated with the principle of subsidiarity and the heterogeneous structure of social services. It was to be expected that relevant data if at all would be available from the institutions that have nation-wide structures and a relatively uniform mode of operation and data collection at their disposal (Weißer Ring and telephone pastoral care) and from those that already work with a narrow thematic focus and overlap strongly with the topic of the study – of which an age-differentiated statistics on the users would allow conclusions to be drawn on the topic of the present study. Furthermore, it was to be expected that a central financing of institutions by the Federal States or the German Federation would enhance the availability of user data.

Requests for comprehensive data on the topic were directed to the national headquarters of Weißer Ring and to the Protestant Conference for Telephone Pastoral Care and Offene Tür e.V. The counselling statistics of Weißer Ring – as feedback to our request – is broken down according to cases of domestic violence but, however, not according to the age of the persons affected. A similar request to the national headquarter of telephone pastoral care revealed that the concern, the age as well as their gender are registered, although centralised analysis of the data of the particular telephone pastoral care is not possible because the criteria cannot be merged into one retrieval. Nevertheless, this is possible for the telephone pastoral care services that collect their data by themselves. The national headquarter forwarded our request for relevant data to the telephone pastoral care services, whereupon two offices gave us feedback. It can be inferred from the data that older women constitute a rather lower proportion of the persons calling. Only a negligible proportion of calls in both offices came from older women affected by violence (0.03% and 0.09%). In fact, the institutions could record whether violence was (also) a topic in the phone call, but not whether the topic involved partner violence.[32]

[32] According to one telephone pastoral care office, between 1 January 2006 and 31 December 2008 they received 62,020 calls, whereby only a small proportion of the persons calling (3.8 %) were women over 60. Only in 24 of these talks was the topic violence (1%), whereby the persons calling were mainly under 70. Another telephone pastoral care office delivered data on the time between 2004 – 2008, whereby here as well the item partner violence is not measured. Out of 73,335 persons calling in the mentioned period of time 2,346 were women over 60 (3.2 %), 76 calls referred to the topic of violence (3.2%).

Finally, the women's shelters, intervention centres and in part the women's counselling services remained the only institutions that were available for statistics regarding age-specific user behaviour related to counselling for domestic violence. For women's shelters, the unsolicited inhabitant statistics of the women's shelters coordination are available. Additionally, there are statistics from the countries that are collected in connection with federal funding for women's shelters, intervention centres and in part women's counselling services.

A respective request for such statistics was sent to all responsible federal ministries. The responses showed that some of the Federal States do not have any data available or it is not broken down by age (Baden-Württemberg, Bavaria, Brandenburg, Bremen, Mecklenburg-Western Pomerania, Saxony, Schleswig-Holstein), the responses of some Federal States were still awaited at the time of the submission of this report (Hesse, Thuringia, Berlin). Data broken down by age from the Federal States Hamburg, North Rhine-Westfalia, Rhineland-Palatinate, Lower Saxony and Saarland has been made available and in Saxony-Anhalt it has been published. Here again, it can be said that the data is too heterogeneous to be merged. In the following we first present data on the inhabitants of women's shelters, after which we present the data from the intervention centres and the women's counselling services.

Inhabitants of Women's Shelters

As regards the data from women's shelters which is to be presented, the following limitations have to be taken into account:

1. Women's shelters are visited primarily by women who experience violence by current or former husbands / life partners – but not only. According to the inhabitant statistic of the women's shelter coordination, women visited a women's shelter in the following percentages: 8-9% due to violence by a male household member, 3-4% due to other female household members, 3-4% due to other persons and a minority of 0.2-0.4% due to violence in same-sex relationships. For 14-17% of the inhabitants partner violence was not[33] the reason for taking refuge in the women's shelter. Therefore, it is not possible to draw direct conclusions on older women that are affected by partner violence.
2. Furthermore, the possibility of double counting has to be taken into account. It is conceivable that a woman takes refuge more than one time a year (and therefore gets counted more than once), at the same time moves from one women's shelter to another are possible and happen.

[33] And accordingly not only; here, multiple answers were possible.

The available data sources warrant a detailed look: For women's shelters, the previously cited statistic on inhabitants broken down by age is available and has in the meantime been activated on an unsolicited basis by about 140 women's shelters. [34] The following table provides information on the number of female inhabitants (accompanying children that took refuge in the women's shelter are not taken into consideration in this table) and their proportion of all inhabitants in the years 2000 to 2008 for the age groups 50 to 60, women 60 years of age and over.

Table 4: Adult inhabitants of women's shelters according to inhabitant statistic of Frauenhauskoordinierung e.V. according to age groups (2000 to 2008)

year	Number of participating women's shelters (FH), total number of inhabitants (F)	Number of inhabitants 50 to under 60 and proportion of all inhabitants		Number of inhabitants over 60 and proportion of all inhabitants	
2000	118 FH (6,417 F)	254	3.9%	97	1.5%
2001	96 FH (5,622 F)	195	3.5%	93	1.7%
2002	94 FH (5,502 F)	235	4.3%	74	1.3%
2003	90 FH (5,381 F)	230	4.3%	76	1.4%
2004	121 FH (6,634 F)	323	4.9%	120	1.8%
2005	125 FH (6,713 F)	347	5.2%	123	1.8%
2006	119 FH (6,653 F)	337	5.1%	132	2.0%
2007	141 FH (6,718 F)	331	4.9%	112	1.7%
2008	140 FH (7,075 F)	326	4.6%	110	1.6%

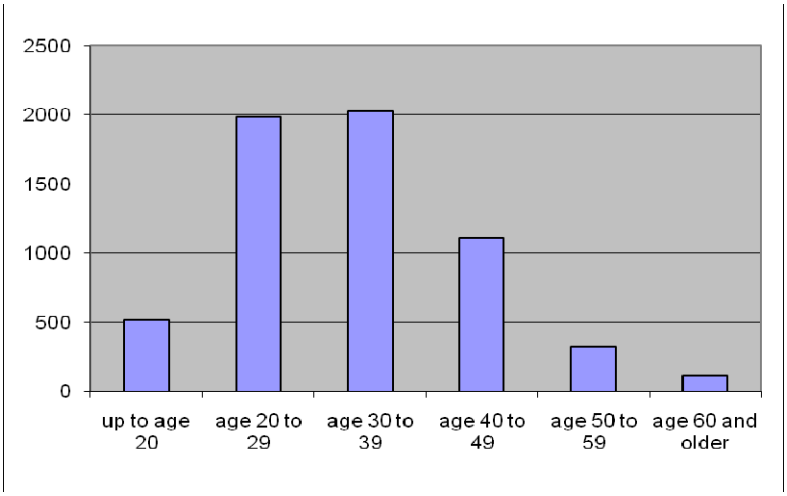
(Source: Frauenhauskoordinierung e.V., 2002, 2003, 2004, 2006a, 2006b, 2007, 2008, 2009, own calculation[35])

Here the consistently low proportion of women 60 and older as a percentage of all inhabitants becomes apparent. For the years 2000 to 2007 there is a minimum of 1.3% and maximum of 2.0%. By way of comparison: in contrast, according to Mikrozensus (Federal Statistical Office, 2010) the proportion of women 60 and over in the female resident population over 18 years of age in Germany as of 31st December 2008 is 33.5% (2010).

[34] Informationen on this statistic at http://www.frauenhauskoordinierung.de/index.php?id=72 (last accessed 18.10.2010)
[35] Unknown: 2008 35 women (0,5%); 2007 33 women (0,5%); furthermore, in 2007 the data of 680 women (9,2%) could not be taken into consideration for the analysis.

No trend can be identified over the nine years between 2000-2008 . The following chart shows the proportion of inhabitants of 140 women's shelters for 2008. It can be seen that all in all the number of inhabitants above 40 decreases. Out of a total of 7074 women, only 110 are 60 and over; but the number of the women who are over 50 and younger than 60 is also low at 326 cases.

Chart 6: Number of inhabitants of women's shelters according to age groups 2008 (Statistic of women's shelter coordination / Frauenhaus-Koordinierung e.V.)[36]



(Source: Frauenhauskoordinierung e.V. 2009)

The statistics from the Federal States differ from the statistic from the institution for the coordination of women's shelters because they are not unsolicited statistics; rather, all (funded) women's shelters have to take part. In both cases, the shelters are required to submit their own figures. The statistics of the Federal States validate the low proportion of older women among the inhabitants of the women's shelters. For instance, age-differentiated data exist for the 2007 for the 17 women's shelters in Rhineland-Palatinate. According to this data, 6.9% of inhabitants of women's shelters are 50 to 60 years old and only 1.2% 60 or older (written information from the Ministry for Labour, Social Matters, Health, Family and Women of Rhineland-Palatinate, 2009). In North Rhine-Westphalia, user data is available from 62 women's shelters for the Federal State. In the years 2005 to 2007 the proportion of women 60 and over here was between 1.1% and 1.4%. The numbers for Hamburg for the years 2006 to 2007 are between 1.9 and 1.2%. The result of the analysis of users of the Saarland's women's shelters Neunkirchen, Saarlouis, Saarbrücken over the years 1998 to

[36] The basis is voluntary information of 140 women's shelters from the whole of Germany.

2008 indicates women 60 and over accounted for 1% (20 out of a total of 2075 women).

In other Federal States user data from women's shelters is indeed broken down by age, but not according to the categories required for this study. Thus, user data from Lower Saxony on all women and for the group of women 50 and over only becomes available for the first time in 2007. The same applies to the Federal State of Berlin.

Clients of intervention centres

Going to a women's shelter for abused women is a big step. In contrast, consulting services have a much lower threshold. The intervention centres that have been established in many Federal States since the Protection Against Violence Act (1 January 2002) went into effect perform a special function. First of all, they become active on request, secondly they become active after receiving information from the police. In the case the police are involved in a case of domestic violence, the police send a report by fax to the responsible intervention centre with information summarising the case and with the address and telephone number of the woman or the man involved. In some Federal States the approval of the person involved is necessary (as for example in Thuringia), in other countries contact has to be initiated independently of this (Lower Saxony). The intervention centres promptly contact the person affected by violence. There are differences between the federal states regarding this issue as well. Whereas in some states the intervention centres generally make home-visits, in others this is rather rare or only possible in exceptional cases due to a lack of human resources. The staff at the intervention centres offer crisis intervention by telephone or face-to-face and give information regarding legal options and matters of custody. If required, they refer the persons affected to other institutions. The counselling by the intervention centres is free of charge. In some federal states the intervention centres are responsible for men and women affected by violence, in others only for women (for example Lower Saxony).

The intervention centres in Lower Saxony, the so called BISS centres, have statistics on the number of users broken down by age. According to these figures, 317 out of 8494 clients were over 60 (3.7%) in 2007, while in 2006 this figure was 3.6%. (verbal information from the Ministry of Social Matters, Women, Family and Health, Department for Violence against Women, Hanover, 2009). Similar percentages can be seen for the consulting and intervention centre for victims of domestic violence in Saarland. In the years 2007 and 2008, the centre worked with altogether 1290 clients of which 42, which is to say 3.2%, were

over 60 (written information, Ministry for Education, Family, Women and Culture, Department F2, Saarbrücken, 2009). The State of Thuringia has statistics on the users of intervention centres for the first time for 2009. According to these statistics, the proportion of women over 60 out of all female users is 3.6% (22 out of 655 women) (written information from the Ministry for Social Matters, Family and Health of Thuringia, 2010).

The proportion of older women among clients of intervention centres is higher than among the inhabitants of women's shelters. As regards the cases registered with the intervention centres, however, this can also involve cases of violence by family members other than the current or former partners. The aforementioned breakdown from Saarland suggests the quantitative relevance of other perpetrator-victim constellations. It thus remains unclear whether the higher proportion of older women in comparison to numbers at women's shelters is related to its different support services (pro-active, low-threshold) or to different case constellations.

From other federal states only data for men and women is available. The ages of clients are recorded, but there is no differentiation of the same clients according to gender. From Saxony-Anhalt there are differentiated statistics from the three intervention centres of that state for the first time in 2008, with 838 registered cases of domestic violence. 93% of the persons affected were women, 7% were men. The age of the persons affected was known to the intervention centres in six out of 10 cases. 7% of the persons affected were older than 60 years. In 519 cases there is information regarding the perpetrator-victim relationship. According to this data, in 76% of the cases, the perpetrator is a current or former partner. Unfortunately, information is not broken down by age or gender for the perpetrator-victim-relationship. (Federal Intervention and Coordination Centre on Domestic Violence and Stalking, 2009)

For the State of Hamburg, data differentiated by age is available on clients of the intervention centre *pro aktiv*. The proportion of persons sixty and over in the said years is between 4.4 and 3.8%. However, male victims are also included in the proportion of all clients, which is between 5 and 13%. (written information from Department of Social Matters, Health and Consumer Protection, Coordinating Office for Integration and Civil Society, Department Victim Protection – LIZ 31/). There is scarcely any information from other Federal States. Only the states of North Rhine-Westphalia and Saarland provided data on this. The age statistics provided by the women's help line Saarbrücken for the years 1998 to 2008 indicate that no age-related information is available on 40 out of 65 of the

persons who called, while 0.6 to a maximum of 4.2% of the women who called are over 60.

In North Rhine-Westphalia there are 55 general Women's counselling services and 48 women's initiatives against sexual violence. Since these institutions are funded by the Federal State, user data is available. Although it needs to be taken into consideration that the main focus of the general women's counselling services is counselling on violence, it has to be kept in mind that this is not the only issue which is dealt with. The reporting system for the women's initiatives on sexual violence and the general women's counselling services have been combined since 2007. For the years 2002 to 2006 the proportion of women over 60 out of all clients at women's counselling services was 2.8 to 3.5%. In 2007 the proportion of the total number of the clients of women's counselling services and initiatives on sexual violence was 3.3%. (written information from the Ministry for Generations, Family, Women and Integration of North Rhine-Westphalia, 2009)

As long as the requests for advice are not presented in a more differentiated way, it can only be concluded from mere user statistics from women's counselling services and help lines the extent to which older women use these kinds of institutions in the first place. This is due to the fact that the requests for advice may also relate to experiences of violence that happened a long time ago, or there is no information on the perpetrator-victim-relation or that older women might approach counselling services with completely different requests. Here as well, a lower proportion of women over 60 among all clients of the help institutions is apparent, even though this is greater than the proportion of women over 60 among the inhabitants of women's shelters. This higher proportion can be due to the low-threshold approach, but it can also be due to differences relating to the case constellations. Thus, it could be presumed that experiences of violence among women who go to a women's shelter tend to be more serious than those that are reported by women victims at counselling services.

4.5 Summary of the results

Although in German-speaking countries no study has been conducted to date dealing specifically with the problem of partner violence against older women, certain information on the topic is available from other studies. These findings are complemented by statistics from the States' Offices of Criminal Investigation as well as user data of institutions on protection and support of women or persons who are respectively affected by domestic violence.

- **Status of findings regarding the prevalence of partner violence against older women**

When asked about experiences of partner violence in the course of their lives in victimization surveys, older women as a whole report less often about these kinds of experiences than younger women. This can be due to the fact that older women have already separated from violent partners, that they can not remember relevant events as well as younger women, that they are less willing to provide information on this topic or that older women also have older partners than younger women and older men – according to reliable criminology findings– are less violent than younger ones.

In such studies on unreported cases, older women report considerably less often than younger ones that they been victims of physical / sexual violence by a current or former partner over the previous 12 months / 5 years before the survey. With respect to psychological violence, smaller differences can be seen in the age groups. The fact that violence in relationships might change in qualitatively terms as people age may play a role. But it is also possible that older and younger women's response behaviour differ.

The group of those older persons who are affected by profound physical violence by intimate partners is low in number according to a victimization survey, and consists solely of women. No statement can be made as regards the prevalence of partner violence among high-maintenance older women.

The broad field data from the State Offices of Criminal Investigation of Hesse, Baden-Württemberg and Schleswig-Holstein show that older women are affected by partner violence registered with the police to a minor degree. The numbers of victims per 100,000 persons in the age group fluctuates between 9 and 25, but are mostly between 15 and 20. By comparison: the number of victims per

100,000 persons in the age group of 18 to 59-year-old women is between 200 and 500.

- **Characteristics of partner violence against older women**

Whereas for younger women the lack of educational achievement is a risk factor in partner violence, for older women (over 40) it is a risk factor for physical / sexualized violence if they have a similar or higher level of education compared to their partner. Thus higher social status and income among older women are not related with a lower affliction of violence.

The studies provide evidence that cases of partner violence against older women are more often cases of long-term violence. In part these are cases in which partners have built up an encompassing system of violence and oppression with the goal of controlling the behaviour of the women. The cases are characterized by pronounced shame experienced by the women, social isolation, low self-esteem and reduced options for change. In the range of cases, violence in a relationship occurs primarily at an older age due to age-specific changes.

There are cases of partner violence in old age in which either the man or the woman are in need of care. Violent relationship which have already existed for some time are often present in these constellations. In both cases additional problems and risks arise through the provision of care.

- **Knowledge of and access to support institutions and law enforcement – case knowledge in institutions**

Older women affected by violence are aware of existing support institutions less frequently than younger ones and – as found by Schröttle (2008, p.194) - they utilize the services to a minor degree. Special barriers exist for women with a migration background. From the perspective of the professionals surveyed, the barriers preventing use of help among older victims of partner violence are particularly high. They therefore assume that institutions only know a small percentage of women victims. Support institutions for victims of violence report at the same time that only a minority of older women press charges.

The analysis of user data from consulting and support institutions corroborates this finding. The number of women over 60 seeking help is very low at all institutions, with this being lowest among the persons visiting women's shelters (1-2%).
This appears to be plausible considering the limited options for change which older women have and the enormous turning point that a stay at a women's shelter implies. The proportion of older women among all clients at intervention

centres is higher - around 3%. This can be attributed to their pro-active approach. At women's counselling institutions and crisis lines the proportion of older women out of all persons seeking help– according to the analysis of the data of a smaller number of institutions is likewise very small. In general, surely the clearly lower affliction of physical / sexual violence of older women is reflected in the limited use of consulting and support institution.

- **Homicide-suicide among older couples**

The special field of homicide-suicide exhibits a greater-than-average proportion of older victims and perpetrators. Considering the underlying case constellations it can be assumed that the predominant share is accounted for by homicides committed by men against their partners followed by suicide by the man. With regard to the background behind such offences, it is known from other studies that data needs to be broken down according to aggressive extended suicide and "acts of desperation".

- **Data basis: federalist system hinders overviews and at the same time opens insights**

There are no national statistics on the issue of older women affected by partner violence. Nevertheless, in the future data from the Police Crime Statistic will be able to provide information on the subject of this study. Statistics from the Federal States from the police and help systems are not available for all Federal States and are highly inconsistent, nor are they comparable. They work with different age categories, inconsistent definitions and data-collection procedures. This is due to the Federal structure of the police and social services as well as the principle of subsidiarity in Germany. It makes it difficult to venture general statements on the topic, but on the other hand provides insight that otherwise would probably not be conceivable. Data from support institutions for victims of domestic violence indeed offers information bearing relevance to the issue but it does not map out the relevant cases in a precise manner because there is always a broader spectrum of cases included (other family members as perpetrators etc.). Consistent access to user data for all federal states with a sufficiently fine differentiation between age groups would generally be possible even though only low numbers of women over sixty would be registered. It is nevertheless precisely this information which is relevant because it facilitates the measurement of change. The unsolicited statistic on women visiting shelters from the women's shelter coordination office has proven to be a very helpful instrument.

V

Survey of Institutions: Written Survey of institutions on the Topic of Intimate Partner Violence against Older Women

5.1 Methodological approach and research questions

The survey of institutions was intended to explore the statistics which have become known on intimate partner violence against older women at institutions, organisations and professions. The survey was first of all interested in which institutions have knowledge of cases in the first place, on top of this the number of cases which have become known and the ways these institutions become aware of cases. Moreover, the characteristics of cases which have become known and information on how institutions deal with them were to be examined. Finally, the assessments and perceptions of the specialists surveyed with regard to the problem was of interest. The said topics were to be explored using a largely standardised questionnaire, which was to be sent to a large spectrum of institutions which seemed to be likely or were expected to have knowledge of cases. In this study the written survey was moreover an important screening instrument to identify institutions which have knowledge of cases for future empirical steps. It was attempted in the survey to enquire as to the willingness to take part in interviews with specialists (see chapter VII) and participate in a discussion on the development of recommendations (see chapter VIII) and take advantage of contact possibilities including in order to arrange interviews with older women who have been victims of intimate partner violence.

5.2 Research methods and the execution of the survey

5.2.1 Survey instruments

The international research team developed the questionnaire for facilities and institutions having a potential knowledge of cases on the basis of a question-

naire which was used within the framework of a Lower Saxony study on sexual offences committed against older people (see Görgen, Newig, Nägele & Herbst, 2005). In addition to the detailed version (13 pages, see appendix 1), the research team decided to design an additional short version of this questionnaire (4 pages). This was based on the consideration that long explorations of cases which are irrelevant to the institution could lead to surveyed persons without any knowledge of cases viewing a questionnaire as not being of relevance to their own facility and therefore not filling it in. The short questionnaire was sent to institutions where it was very likely that they did not possess any knowledge of cases in the hope that they would be generally willing to fill in a short instrument. The questionnaire focused primarily on institutions and organisations, but also in part on self-employed persons – above all physicians.

The long version of the questionnaire was made up of four parts: the first part addressed institutional / professional experience with cases involving intimate partner violence against older women. The second part of the questionnaire dealt with assessments and perceptions of the specialists regarding the problem of intimate partner violence against older women and work with the group of victims. It was not absolutely necessary to have knowledge of specific cases of intimate partner violence against older women to answer these questions. In the third part, information was gathered on the surveyed institutions and on the relevance of the topic of intimate partner violence against older women at the facility. The fourth part sought information on the staff members who answered the questions in the questionnaire. Finally, interest in research reports, willingness to take part in an interview and participate in the discussion on recommendations for future work on the topic at the national and European levels were surveyed. Merely the number of cases which the facility has become aware of, the number of older victims as a percentage of all clients and the type of relationship between the victim and perpetrator were surveyed in the short questionnaire. It was decided not to explore any additional cases. The survey instrument was translated into the respective national language by the research institutions involved. These versions were then back-translated into English by professional translators. Any differences between the original and the translation were cleared up and following a pre-test final modifications performed on the instrument.

5.2.2 Formation of the random sample

The research team decided that the random sample should above all include those institutions and professions which – based on a priori assumptions – were very likely to have a knowledge of cases, only a smaller part was supposed to

consist of institutions whose knowledge of relevant cases was less probable, but also conceivable. A broad spectrum of institutions in one or more locally demarcated units (cities, regions) and in a national sample institutions which were believed to be very likely to have experience with relevant cases were to be surveyed in a targeted manner. Three areas of concentration were selected for the survey in Germany: three major cities with populations of 200,000 (in eastern Germany), 600,000 and 1.8 million (western Germany). In the national sample all women's shelters, women's counselling offices and hotlines which focus on violence as well as all intervention centres were surveyed in a blanket national sample. In addition to the cited support institutions surveyed on the topic of domestic violence / violence against women, a large number of additional institutions and groups of professions from the medical, nursing care and the psycho-social field in the broadest sense as well as the clergy and criminal prosecution authorities were supposed to be included in the local samples. An exact list of the institutions and professions included is provided in chapter n Table 1.

The random sample was devised using an internationally coordinated sampling plan which was worked out in detail for the countries involved and in which the sizes of the samples to be attained were determined per institution and type of profession. The institutions and specialists were then respectively surveyed as a total survey or, if it was necessary to make a selection, a random sample was taken from the yellow pages or applicable directories (e.g. Active in Old Age: a Guide for Senior Citizens in Hamburg (Freie Hansestadt Hamburg, 2008)

5.2.3 Execution of the survey

The survey was designed as a paper-and-pencil survey and the respective versions of the questionnaire from autumn 2009 sent to a total of 1,456 institutions, organisations and professional groups together with the cover letter from the research team on 9 September 2009. 21 envelopes came back marked "return to sender". Several questionnaires were sent to larger or centrally organised institutions (e.g. MDK (Medical Review Board of the Statutory Health Insurance Funds), Health Office, senior citizens advisory councils, local social services and the police) with a request that they state how they distributed the questionnaire internally at the institution. The broad participation of the police was achieved after in some cases intensive correspondence and required approvals procedures. 64 facilities and institutions got in touch by surface mail, e-mail or telephone with comments and questions about the survey. These contacts illustrate first of all great interest in the topic on the part of many institutions, but it also on the other hand clearly revealed some difficulties associated with the

survey. One important question was how to deal with a situation if an institution did not have any relevant (usually age-specific) statistics because of different documentation systems being used. Because the examination of individual files / data requires considerable human resources, only a few institutions accepted the major effort this required and provided precise data which were of relevance to the topic. Some institutions were uneasy about the option of furnishing data based on estimates. They justified this in some cases by fundamentally criticising such estimates in the context of scientific studies and in others by citing the limited reliability of their own estimates, which on the one hand related to the large number of cases, and on the other to the frequent telephone contacts (this especially applies to the intervention centres).

5.2.4 Data preparation and analysis

In order to make possible an international analysis of the quantitative data, a data mask which is identical for all the countries was created and used to enter the data. After the data was entered, the data set was adjusted and tested for consistency. New individual variables, for example a simplified variable for categorising institutions which is compatible with institutional structures in all partner countries, were introduced. The research team decided as a result of the type of questionnaire and data quality to perform a primarily descriptive analysis. All the variables were analysed in terms of frequency and, where this appeared warranted, according to statistical values. Cross-queries were furthermore carried out. In addition, the free text answers were prepared for text analysis, systematised and categorised.

5.3. Description of the random sample

5.3.1 Response rates

The question of the response rate is of importance in several respects within the framework of the institutional survey. First of all, the response rates on the individual sub-random samples (local, national, short questionnaire or long versions) is of interest, but what the response rate is for the various institutions is of major interest, as indications of the perceived relevance of the topic can be surmised on the basis of the willingness to respond to the request.

On the whole, the response rate for the written survey in Germany is 29.8%. The response rates for the local samples from Frankfurt, Erfurt and Hamburg lie

between 13.4 and 22.1% as a result of the different institutional composition of the sample and are thus significantly lower than in the national sample with 39.4% (Table 5). While in the national sample only facilities were contacted which were assumed to have relevant knowledge of cases, the composition of the local samples were designed along more exploratory lines and guided by the desire to cover as broad a spectrum of institutions as possible.

Table 5: Survey of institutions: response rates according to type of sample: national and local samples

	Number of questionnaires sent out	Number of filled-in questionnaires	Response rate
National	**763**	**301**	**39.4%**
Local	**672**	**126**	**18.7%**
Total	**1435**	**427**	**29.8%**

The expectation that the response willingness would vary depending upon the type of institution was as described the motive for using two different questionnaire versions for institutions with probable and less probable knowledge of the case. The different response rates of the various versions of the questionnaire confirm this expectation: while the participation rate with the long version is 39.2%, only 11.6% of the short questionnaires were filled in and sent back.

The various groups of professions and institutions provide insight on the response willingness in Table 6 below.

- The highest participation rates are for the police with 90.7%, the counselling offices for victims of violence and crime with 71.4%, the women's shelters with 41.3% and the women's counselling centres (for victims of violence) and hotlines, intervention centres and combined services from this area with 36.1%.
- In the medical area, the overall participation rate is 12.4%. The low participation rates by general physicians (6.8%) and emergency wards at hospitals (0%) are interesting. These compare with 17.4% participation rates for specialised physicians from the areas of gynaecology and cardiology / internal medicine and 18.8% for the area of psychiatry, neurology and psychotherapy. 26.1% of the questionnaires which were sent to specialised hospitals (above all psychiatry) and social services at other hospitals were filled in and returned.
- The participation rate is surprisingly low for the nursing-related institutions which were contacted (4.2%). A sizeable number of questionnaires were only returned by the nursing counselling offices – 9.4%. Only one in-patient facility and 3 nursing care services participated. No associations for assis-

tance or professional groups or institutions which are responsible for assessing nursing care needs in accordance with the Social Code XI (local governments, Medical Service of the Health Insurance Schemes (MDK)) responded.

- In the area of services for / by senior citizens the response rate was somewhat higher (14.7%). Some counselling offices for older people (6) and senior citizens clubs or meeting points for older people (4) took part. Senior citizens advisory councils and self-help groups for senior citizens did not return any filled-in questionnaires.
- 27.0% of general offices providing life counselling, marriage and crisis counselling and advice participated in the survey. Lower number of counselling offices for migrants (4), counselling offices for housing and city district offices (3) took part.
- One-third of the social-psychiatric services (3) which were written to and two out of twenty general / local social services participated.
- The public prosecutors' offices which were contacted did not respond.
- Two out of 13 of the clerics contacted returned a questionnaire.

Table 6: Survey of institutions: response rates according to institutions and professional groups

Institution / professional group	Number of questionnaires sent[37]	Number of filled-in questionnaires	Response rates
Counselling and support in the case of domestic violence / violence against women, of these	**806**	**310**	**38.5%**
Women's shelters	363	150	41.3%
Women's counselling offices focusing on violence and counselling services for domestic violence, intervention centres and combined services	443	160	36.1%
Counselling for victims of crime and violence	**7**	**5**	**71.4%**
Medical services, in this area	**161**	**20**	**12.4%**
General practitioners	44	3	6.8%
Neurologists / psychiatry / psychotherapy	16	3	18.8%
Dentistry	2	0	0.0%
Gynaecology	23	4	17.4%
Cardiology / internal medicine	23	4	17.4%
Other facilities / professions in the health care sector	11	0	0.0%

[37] Not including the questionnaires which were not received by the addressee.

Hospitals: emergency admissions	19	0	0.0%
Hospitals: social services, specialised clinics, psy-chiatry, in-patient hospitals	23	6	26.1%
Area of nursing care / assistance, in this area	**189**	**7**	**3.7%**
Nursing care counselling offices	32	3	9.4%
Nursing care services, social wards	46	3	6.5%
In-patient and partial in-patient facilities, assisted living facilities	65	1	1.5%
Offices responsible for assessing nursing care needs in local communities	15	0	0.0%
Appraisers from the Medical Service of the Health Insurance Schemes (MDK) for assessing the level of nursing care needs	26	0	0.0%
Associations providing assistance	5	0	0.0%
Services for senior citizens, in this area	**68**	**10**	**14.7%**
Counselling offices for older people	44	6	13.6%
Senior citizens clubs/meeting points	10	4	40.0%
Self-help groups for / by older people	7	0	0.0%
Senior citizens advisory councils	7	0	0.0%
Other psycho-social counselling services, in this area	**116**	**18**	**15.5%**
General counselling services (life, marriage and crisis counselling services)	37	10	27.0%
Counselling services for migrants	43	4	9.3%
Counselling offices / municipal offices of housing companies	10	1	10.0%
Counselling offices for people with disabilities	3	0	0.0%
Counselling offices for addiction-related issues	3	0	0.0%
Housing counselling offices, counselling for home-less persons	17	2	11.8%
Other specialised counselling offices	3	1	33.3%
Local communities / local social services	**20**	**2**	**10.0%**
Social psychiatric services	**9**	**3**	**33.3%**
Police	**43**	**39**	**90.7%**
Public prosecutors	**3**	**0**	**0.0%**
Clerics	**13**	**2**	**15.4%**
Other	**0**	**11**	
Total	**1435**	**427**	**29.8%**

5.3.2 The participating institutions

In accordance with the composition selected for the sample and the response rates shown in Table 6 by far the largest portion – more than 70% - of the filled-in questionnaires come from institutions which are specialised in counselling and support in cases of (domestic) violence / violence against women. About 10% of the questionnaires come from police officers.

Questions relating to the description of the facility and the individual were only received for institutions which filled in the long version of the questionnaire (370). The overwhelming majority of the institutions surveyed work with a low number of paid and permanent positions. Almost 20% of the surveyed institutions working with one or less than one full-time position, half of them work with fewer than 2.5 equivalent full-time positions and merely 17.1% employee more than 4 equivalent full-time persons. Organisations with more than 20 equivalent full-time positions were without exception police facilities.[38] 40.4% of the institutions do not work with voluntary staff.

5.3.3 The specialists surveyed

The vast majority of persons who filled in the long version of the questionnaire – 93.6% - were women (350), only 24 men took part in the survey.[39] The youngest specialist was 23, the oldest 71, (mean value 47.4, SD 9.18). 73.3% of the persons surveyed have been working in the respective institution for 5 years or more. (Table 7).

Table 7: Survey of institutions: length of time the surveyed persons have been employed at the respective institution

	N	%
Less than 1 year	9	2.3%
1 to 5 years	90	22.8%
5 to 10 years	75	19.0%
10 to 20 years	130	33.0%
20 years or more	67	17.0%
No information	23	5.8%
Total	394	100.0%

[38] Other facilities which usually have many employees (hospitals, state social and health services) were not asked about the number of employees at the facility in the short questionnaire.
[39] Social data is not available for all the persons responding, however. 12 questionnaires were filled in by two to four persons.

Table 8 below shows the professional background of the persons surveyed. In the case of two or more professions being named, the first profession or the profession with the highest degree was counted. Because the questions relating to the professional background were only posed in the short version of the questionnaire, the selection of institutions selected for the respective samples is reflected here. The predominance of specialists with an educational, social educational or social worker background (73.2%) is evident. 26.1% state that they have multiple qualifications, with additional qualifications in the therapeutic or counselling area being cited. Only 11 interviewees (3.0%) have training as nurses for senior citizens or regular medical nurses.

Table 8: Survey of institutions: professional background of the persons surveyed (it was possible to state more than one category, 372 specialists from 354 institutions)

	N	%
Social work, social education	212	59.9
Social science	12	3.4
Psychology, psychotherapy	33	9.3
Education	47	13.3
Jurisprudence	4	1.1
Child-raising	6	1.7
Police officer	40	11.3
Physician	2	0.6
Healing and nursing professions	5	1.4
Business administration	3	0.8
Other	8	2.3
	372	

5.4 Results

5.4.1 Institutional or professional experience with victims of Intimate Partner Violence

5.4.1.1 Information on the quality of data

The interviewees were requested at several points in the questionnaire to provide figures on the cases of IPV against older women which they are aware of. The interviewees were able to indicate that the number they stated was precise

by crossing out the "approximately". The evaluation of this additional data showed that fewer than 10% of the persons surveyed considered their own data to be precise. As a result of this low percentage, the data which was stated to be precise is not listed separately.

5.4.1.2 Knowledge of cases of institutions and the number of cases of IPV against older women which they have become aware of

One important aim in the study was to find out on what scale the respective institutions are aware of cases. The institutions were accordingly supposed to state how many cases they were involved with over the years 2006 to 2008 and in 2009. As was stated previously, some interviewees expressed misgivings about the reliability of their own estimates of case numbers. They pointed out that the information requested is difficult to aggregate retrospectively, as less serious cases tend to be forgotten. They furthermore pointed out that they frequently did not have any information on the age of the women involved, especially when counselling was provided by telephone, and in some cases (especially women's shelters) it was noted that telephone contacts were not counted in the numbers of victims. There are thus a host of indications that the number of victims is more of a minimum number and that less serious cases might be counted less often in the study.

A total of 77.3% of the institutions surveyed stated that they had relevant experience with such cases in the years 2006 to 2009. 19.8% of the institutions do not have any experience with cases during this period and 2.9% stated that they do not know whether their institution had contact with relevant cases. (see Table 9)

Table 9: Survey of institutions: institutions with knowledge of cases in 2006-2009 (N=420)

Institutions with knowledge of cases	Frequency	%
Only in 2009	17	4.0
Only in the years 2006 – 2008	85	20.2
In the years 2006 - 2008 and in 2009	223	53.1
No knowledge of cases	83	19.8
Unknown	12	2.9
Total	420	100

Table 10 below shows what institutions had contact with cases of IPV against older women in 2006 to 2008 and / or 2009. The highest shares of institutions with knowledge of cases is to be found in the counselling and support services for victims of domestic violence, i.e. with the women's shelters (85.2%), women's hotlines and women's counselling services focusing on violence against women (83.6%), intervention centres (94.7%) or combinations of these services (97.9%). A majority of police officers (64.1%) also stated that they had had contact with such cases as well. In the area of physicians / hospitals, a significant number of interviewees (42.1%) also reported having experienced cases. The sizes of the sample with the other institutions are very small, which means that the percentages stated here are more tenuous. The majority of counselling offices for victims of violence / crime stated that they had experienced cases during the said period of time. Clerics and nursing care counselling offices did not report being aware of any cases. Some of the other institutions report experience with cases, while others have not had any experience with these or did not know

Table 10: Survey of institutions: institutions with knowledge of cases in 2006-2009 broken down by type of institution

	in 2006 to 2008 and / or 2009	No knowledge of cases	Unknown	Total
Services for victims of (domestic) violence, women's counselling (domestic) violence, women's counselling, in this area	274	35	3	312
Women's shelters	127	20	2	149
Counselling on the topic of domestic violence / violence against women, women's counselling	61	11	1	73
Intervention centres	36	2	0	38
Combination of women's shelters, women's counselling and / or intervention centres	46	1	0	47
Counselling of victims of violence / criminality	4	1	0	5
Medical profession, hospitals	8	9	2	19
The area of nursing care, in this area	2	5		7
Professional nursing care facilities (out-	2	2	0	4

patient and in-patient)				
Nursing care counselling offices	0	3	0	3
Area of psycho-social services for older people, in this area	4	4		8
Counselling offices for older people	3	2	0	5
Senior citizens' meeting points	1	2	0	3
Other psycho-social counselling services, in this area	11	9	3	23
General psycho-social counselling offices	4	4	2	10
Counselling offices for migrants	1	3	0	4
Counselling offices for other specific problems	2	1	1	4
State-run social / health services, in this area	3	2		5
Community / general social services	1	1	0	2
Health offices /social psychiatric services	2	1	0	3
Police	25	10	4	39
Clerics	0	2	0	2
Other	2	8	0	10
Total	**325**	**83**	**12**	**420**

In the medical area, the largest number of institutions with a knowledge of cases (Table 11) are at the hospitals, hospital social services or affiliated facilities. 4 out of 5 interviewees from this area which commented on the knowledge of cases have experience with cases. In two cases these were psychiatric facilities (one of them a psychiatric out-patient institute of a hospital). Approximately one-third of practicing general physicians and specialists report that they are aware of cases in the years 2006 to 2009. Three specialists with a knowledge of cases are specialised in the areas of psychiatry / psychotherapy, internal medicine and gynaecology. One general practitioner reported a knowledge of cases. 3 out of 8 facilities / professions with knowledge of cases came from the psychiatric / psychotherapeutic area. In the nursing care area one out-patient nursing service and one large in-patient, partial in-patient and out-patient nursing care facility reported a knowledge of relevant cases.

Table 11: Survey of institutions: knowledge of cases by medical institutions and professions (medical profession and hospitals) (N=19)

	In 2006 to 2008 and /or 2009	No knowledge of cases	Unknown	Total
General medicine	1	1	1	3
Specialists, of these	3	7	1	11
- Neurologists, psychiatry or psycho-therapy	1	1	1	3
- Cardiology, internal medicine	1	3	0	4
- Gynaecology	1	3	0	4
Hospital social services	1	1	0	2
Psychiatric clinics or institutes' out-patient care	2	0	0	2
Hospital without any more detailed information being provided	1	0	0	1
Total	**8**	**9**	**2**	**19**

The picture is rounded off by information from institutions which only reported by surface mail or e-mail that they have not had any experience with intimate partner violence against older women in their work to date.[40] A breakdown according to the version of the questionnaire shows that 302 out of all institutions which filled in the long version of the questionnaire have knowledge of cases (82.7%). Among institutions which filled in a short version questionnaire, 23 also still had experience with cases (41.8%). Because the short questionnaires only provided for a limited exploration of the occurrence of cases, no information is available from these 23 institutions regarding particular aspects. It was possible to interview some of these institutions, however; their information is included in chapter VII.

Out of 406 questionnaires, information is available on the number of cases which the institutions became aware of in the years 2006 to 2008 and in 2009 (up until the survey, i.e. generally September of October). On average there were 10.33 cases (SD 41.79), but a major distorting factor here is that three

[40] Senior citizen councils, psycho-social contact and counselling office, associations for assistance, counselling office for housing modification, counselling office for community housing, senior citizens housing facilities or nursing care facilities (2), organisation for binational marriages, women's centres (2), women's counselling service, women's shelter, women's counselling office

institutions reported on a large number of cases (107, 180 and 800). 50% of the institutions which have experience with cases became aware of 4 or fewer cases during this period of time. The total number of cases is 4,196.[41] The volume of cases described by the institutions is for the most part reported by women's shelters, women's (violence) counselling offices and intervention centres as well as combined services. More than 92.9% of all reported cases which became known were stated by such counselling and support services. Police facilities only became aware of 2.8% of cases, medical profession / hospitals 1% and general psycho-social counselling offices 0.9%. Table 12 below provides the mean values, standard deviations, median values and distributions of the number of cases with respect to the institutions.

Table 12: Survey of institutions: Number of cases these institutions became aware of 2006 to 2009 (N=406 institutions)

	N (institutions)	Median value (of the number of cases)	M (of the number of cases)	SD (of the number of cases)	Sum total of cases	% of all reported cases
Women's shelters	148	4	5.1	4.54	750	17.9%
Women's (violence) counselling services (domestic)	69	7	20.8	95.68	1432	34.1%
Intervention centres	38	17	25.0	33.62	951	22.7%
Combination of such services	47	11	16.2	15.05	762	18.2%
Counselling offices for victims of violence / crime	5	4	5.8	5.40	29	0.7%
Medical profession, hospitals	17	0	2.5	3.68	43	1.0%
Professional nursing care facilities	4	0.5	1.0	1.41	4	0.1%
Counselling offices for older people	5	2	2.4	2.88	12	0.3%
Senior citizens meeting points	3	0	1.3	2.31	4	0.1%
General psycho-social counselling office	8	3.5	4.5	4.93	36	0.9%

[41] Double-counting is possible here because of cases being referred to other institutions.

Counselling offices for migrants	4	0	1.0	2.00	4	0.1%
Counselling offices for another specific problem	3	7	7.7	8.02	23	0.5%
Community / general social service	2	1	1.0	1.41	2	0.0%
Health offices / social-psychiatric services	3	2	3.7	4.73	11	0.3%
Police	35	1	3.3	6.25	116	2.8%
Clergy	2	0	0.0	0.00	0	0.0%
Other	10	0	1.7	3.59	17	0.4%
Total	406	4.5	10.3	41.79	4196	100%

Table 13 shows that almost 44% of the institutions had knowledge of 6 or more cases during the reference period, while merely 7 institutions had knowledge of more than 51 cases.

Table 13: Survey of institutions: Number of cases institutions became aware of in the years 2006 to 2009[42] (N=406)

	Frequency	%
No cases	87	21.4
1 to 5 cases	139	34.2
6 to 10 cases	83	20.4
11 to 15 cases	38	9.4
16 to 20 cases	22	5.4
21 to 50 cases	30	7.4
51 and more cases	7	1.7
Total	406	100.0

The institutions with specific services for victims of domestic violence / violence against women state knowledge of by far the most cases. 90 out of 97 institutions which report more than 10 cases in the reference period are institutions from this area. Internally differentiating the support services shows that, by way of comparison, women's shelters without any affiliated out-patient or pro-active counselling offices have knowledge of less cases than intervention centres and counselling offices or combined services. The majority of the police officers surveyed reported being aware of less than 11 cases.

[42] Discrepancies to other tables occur because some institutions stated that they had knowledge of casees, but did not state any numbers.

The facilities were requested in the long version of the questionnaire to state the number of the older women victims of Intimate Partner Violence as a percentage of the total number of the clients of the facility, and the number of older women victims of Intimate Partner Violence as a percentage of all women victims of Intimate Partner Violence. The mean values and standard deviations are shown for the respective areas in Table 14 below. The highest share of older women victims of intimate partner violence as a percentage of all clients of the facilities is to be found as expected with the counselling and support facilities for victims of domestic violence or for women (2 to 4%). The areas of the medical profession / hospitals, nursing care and the police, state-run social services and social-psychiatric services and psycho-social services for older people show significantly lower levels. Other psycho-social offers, here in particular general psycho-social counselling services, show surprisingly high numbers of older women victims of intimate partner violence as a percentage of all clients (3.5%) and all women victims of intimate partner violence (5.1%). In the area of the medical profession / hospitals, the share of older women victims of Intimate Partner Violence as a percentage of all women victims of intimate partner violence is 2.3%, while the figure for the police is 1.6%. Comparable values are available from the user figures from the women's shelters, the intervention centres and police criminal statistics. The survey thus confirms the finding from chapter IV that the number of older women victims of intimate partner violence as a percentage of cases of the facilities is limited on the whole, but at intervention centres which work pro-actively and on an out-patient basis it is higher than at women's shelters and police units.

Table 14: Survey of institutions: percentage of older women victims of intimate partner violence of all clients and of all women victims of Intimate Partner Violence according to institutions

	Share of older women victims of IPV as a percentage of all clients (N=292 institutions)			Portion of older women victims of IPV as a percentage of all women victims of IPV (N=320 institutions)		
	N	Mean value	SD	N	Mean value	SD
Services for victims (domestic) violence, women's counselling, of this number	216	2.50	3.09	242	3.08	3.86
Women's shelters	108	2.18	2.39	117	2.46	2.44
Counselling offices on the topic of domestic violence / violence against women, women's counselling	46	2.06	2.83	56	3.62	5.76
Intervention centres	28	3.08	3.55	30	3.43	3.46
Combination of women's shelters, women's counselling and / or intervention centres	31	3.90	4.63	37	4.01	4.14
Counselling offices for victims of violence / criminality	3	1.00	1.00	2	1.50	2.12
Medical profession, hospitals	12	0.77	2.30	12	2.33	4.25
Nursing care institutions	7	0.29	0.76	7	0.29	0.76
Psycho-social services for older people	7	0.30	0.48	6	0.18	0.40
Other psycho-social counselling services	14	3.50	8.02	14	5.14	10.60
State-run social / health services	3	0.33	0.58			
Police	22	0.82	1.62	25	1.58	2.81
Other	11	0.01	0.03	12	0.18	0.58
Total	**292**	**2.13**	**3.33**	**320**	**2.78**	**4.25**

The institutions were surveyed in the long version of the questionnaire as to whether and when and if so how the number of cases in the area of intimate partner violence against older women has changed in comparison to the period 10 years before. Information is only available on the development of case num-

bers for 227 institutions. 102 institutions assume that the number of cases has stayed roughly the same, 4 describe a decline in the number of cases and 43 institutions – which corresponds to 10% of the surveyed institutions – an increase. For the most part these are institutions with specialised services for victims of domestic violence / violence against women.

5.4.1.3 Characteristics of cases

The interviewees were supposed to describe the characteristics of their cases in more detail. They were given the opportunity to state

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

This means that the characteristics of cases were surveyed in aggregate form, which means that analysis on the basis of individual cases is not possible. Information is only available for some of the 23 institutions which have knowledge of cases because they only answered the short questionnaire. Generally speaking the number of institutions which answered the questions on the characteristics of cases declined the more specific knowledge was needed of cases for this. Pursuant hereto, some interviewees stated that the characteristics of cases they were asked about in the work of their facility were not necessarily posed in a systematic way and possibly do not become known at all (which is once again especially relevant with telephone counselling), some characteristics of cases may possibly have been known when the case was processed, but were not recorded in the files and for this reason cannot be reconstructed, and / or that the interviewees cannot recall details, with this especially being the case at intervention and counselling offices, which have a larger volume of short contacts (frequently by telephone). For this reason one can only draw conclusions on the percentages relating to the total number of all reported cases based on the case numbers presented with reservation.

269 institutions provided information on the **forms of violence** which their clients experienced over the years 2006 to 2008, whereby it was possible to cite more than one type, and this occurred frequently. Almost all institutions which provided information were aware of at least one case in which physical violence took place and / or psychological or verbal aggression occurred. (Table 15) If one compares the number of victims stated in connection with the respective forms of violence, it appears that on the whole somewhat more cases were recorded in which psychological or verbal (as well or only) played a role than those in which physical violence (as well or only) occurred. (Chart 7) Frequently the

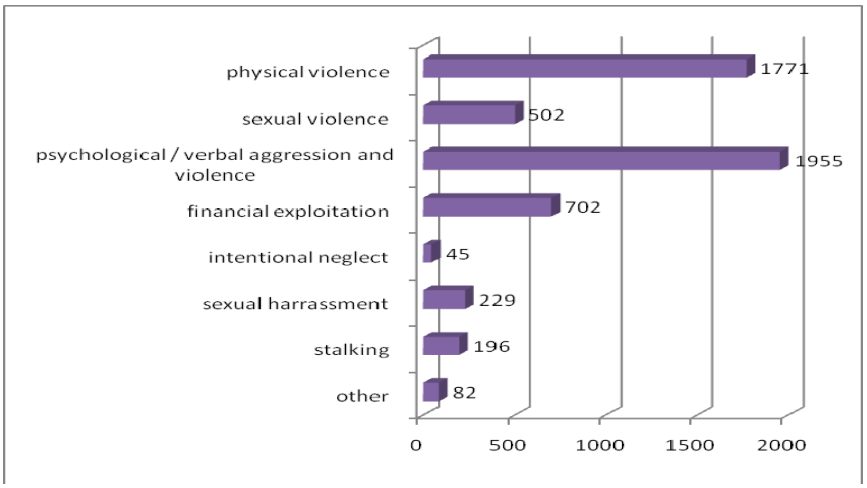
institutions have knowledge of financial exploitation and sexual violence as well. The surveyed institutions reported less often on cases in which stalking, sexual harassment and / or intentional neglect played a role. The notes indicated that intentional neglect in many cases meant general psycho-social neglect within a relationship if this was not necessarily associated with the need of the respective woman for nursing care. No major variances regarding the distribution according to institution can be seen here.

The notes contain indications that in view of the lower awareness of their rights, some older women do not perceive sexual violence as violence, but rather as part of their marriage duties. Psychological violence is stated to be very wide-spread and the women involved experience this in the form of denigration, humiliation, insult and exploitation over a long period of time, but perceive this to be more serious than physical aggression and suffer psychosomatic illnesses lasting years as a result.

Table 15: Survey of institutions: prevalence over three years (2006 to 2008) of forms of violence in the volume of cases of institutions having experience with cases (for N= 269 institutions, more than one could be named)

	N	%
Physical violence	254	94.4%
Sexual violence	135	50.2%
Psychological / verbal aggression	252	93.7%
Financial exploitation	160	59.5%
Wilful neglect	28	10.4%
Sexual harassment	52	19.3%
Stalking	68	25.3%
Other forms of violence	28	10.4%

Chart 7: Survey of institutions: Forms of violence and number of victims 2006 to 2008 (for N= 257 institutions, more than one could be named)



Other forms of violence named were isolation / forbidding contact / social violence (6 cases), making certain the women remains financially dependent / economic violence / withdraw of money (4 cases), locking the woman out and / or in (3 cases), murder threats (3 cases) and destruction (3 cases). Additional forms of violence in one case each were: forced marriage, abandonment in the country of origin, not allowing the woman to consult a physician when she is ill, permanent litigation, rationed or unpalatable food, physically harming the partner and violence against other members of the family (murder of 4 grandchildren).

The majority of the older victims of intimate partner violence who the surveyed institutions became aware of in the years 2006 to 2008 were **age** 60 to 74. Only 12.4% of the women involved whose age was recorded were over 75. In some cases, the interviewees noted that there was a large or increasing group of women between 50 and 60 at the facility and that this characteristic also warranted scrutiny.

228 institutions provided information on **special characteristics of older victims of intimate partner violence** (Table 1). The institutions cited most frequently the migration background of women, psychological illness, physical disability and substance abuse or – dependency. These characteristics were present with (at least) 200 to 300 victims. Institutions reported that they had experienced cases with 57 women requiring nursing care and 42 women suffering from dementia, 51 homeless older women who were victims of violence, 28 women with mental / learning disabilities and 10 women without permanent residence status in Germany.

Table 1: Survey of institutions: specific characteristics of victims, 2006 to 2008 (more than one could be named, N=228)

Special characteristics of the women affected	Number of institutions	%	Number of victims
Women with migration background	111	48.7%	296
Psychologically ill women	95	41.7%	276
Women with physical disabilities	79	34.6%	201
Women alcoholics / drug abusers, women substance abusers	75	32.9%	201
Women requiring help in another manner	48	21.1%	134
Women whose residence is more than 50 km away from the facility	55	24.1%	131
Women requiring nursing care	55	24.1%	57
Homeless women	35	15.4%	51
Women suffering from dementia	24	10.5%	42
Women with mental / learning disabilities	20	8.8%	28
Women without any permanent residence status	11	4.8%	10
Women negatively affected in another way	32	14.0%	108

Because not all types of institutions were able to fill in the question regarding the characteristics, aspects and traits of victims, statements can only be made to a limited extent about the distribution of these. If one compares the distribution for the years 2006 to 2008 on the whole for cases which these institutions became aware of with the distribution of the cases which according to the institutions exhibit certain features, the following aspects become visible:

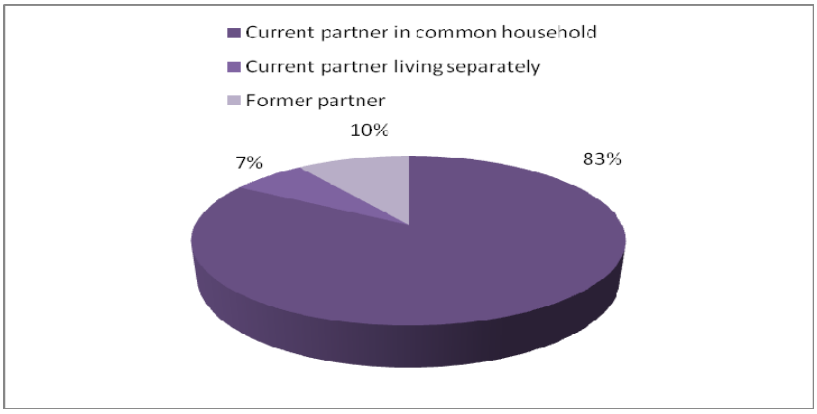
- Women's shelters have contact to older women affected by intimate partner violence with a migration background, who do not have legal residence status, are psychologically ill and / or nursing care is needed and / or show a need for other types of support more frequently than other institutions. Nevertheless the number of cases involving women with a migration background at women's shelters is strikingly small. According to the voluntary statistics of the Women's Shelter Coordination Office, half of the residents of women's shelters in 2007 were of non-German origin. (Frauenhauskoordinierung e.V., 2008). Of a total of 750 cases of intimate partner violence against older women which women's shelters became aware of, on the other hand 95 cases (7.9%) of the women affected had a migration background.

- In comparison to other institutions, a greater than average number of cases occur at intervention centres in which the women affected are physically or mentally disabled or have learning disabilities and / or suffer from dementia.
- At police facilities, it is striking that a relatively large share of cases involve women who require nursing care (8 women requiring nursing care out of 87 cases in sum total).
- The numbers of cases of clients who live more than 50 km away from the facility are as expected higher at women's shelters and intervention centres than at other institutions. The percentage of homeless women is as expected especially high at women's shelters, although the interpretation of the term homeless no doubt differs here.

Intimate partner violence in homosexual partnerships occurred rarely in the sample. On the whole, seven institutions surveyed reported 16 cases of violence in homosexual partnerships (out of 3,192 cases in 2006 to 2008).

By far most of the reported cases (2,128) are cases in which the partnership still exists when the institution becomes aware of the case and both partners live in a common household. Cases of violence involving a former partner (in separate or joint households) (257 cases) and through a current partner in separate households (170 cases) are significantly more rare. Chart 8

Chart 8: Survey of institutions: distribution of cases broken down according to features of relationships and living situations, 2006-2008 (N=380 surveyed institutions)



Rarely are constellations reported in which a woman requiring nursing care becomes the victim of her partner providing care (32 cases).[43] The woman providing nursing care to her partner requiring nursing care becomes a victim of her partner receiving nursing care in twice as many cases (79). One interviewee explained that intimate partner violence is also frequently committed by a partner suffering from dementia.

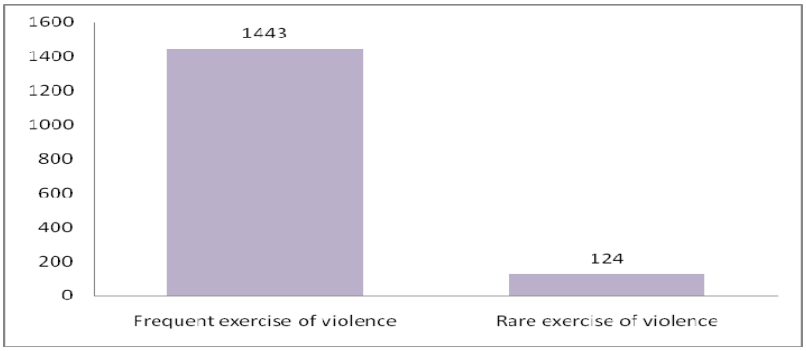
[43] The obvious differences compared to Table 1 (number of cases of women requiring nursing care 57) could not be explained.

The majority of cases for which information is available on this is according to the institutions marked by a one-sided exercise of violence by the current or former partner of the woman affected. The institutions only reported 166 cases of mutual violence being perpetrated.

Chart 9: Survey of institutions: Characteristics of the violent relationship – the direction in which violence is exercised, number of victims 2006-2008 (N=323 surveyed institutions)

The biggest share of cases which were categorised in this group by the institutions are also marked by frequent violence[44]. (Chart 10)

Chart 10: Survey of institutions: characteristics of violent relationships – frequency in which violence is exercised, number of victims 2006-2008 (N=274 surveyed institutions)



A similar distribution is to be found both with respect to the previous history of violence in the relationship (Chart 11) as with regard to the age of the victim when the violence begins (Chart 12). In the clear majority of the reported cases, the woman affected has been experiencing violence at the hands of her partner for more than a year, and in the majority of reported cases the violence in the relationship also begins before the woman turns 60. In 276 cases the partner or

[44] The question did not contain any explaination of exactly what "frequent" means.

ex-partner only became violent after the woman turned 60; here there may also be relationships which only began after the woman turned 60.

Chart 11: Survey of institutions: number of victims according to the period of time in which violence has been committed in the relationship, 2006-2008 (N=301 surveyed institutions)

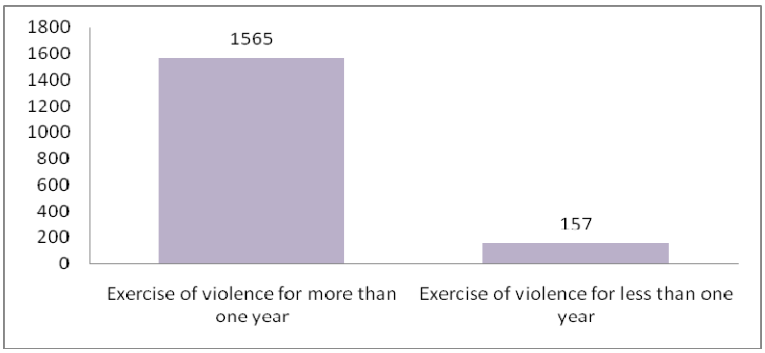


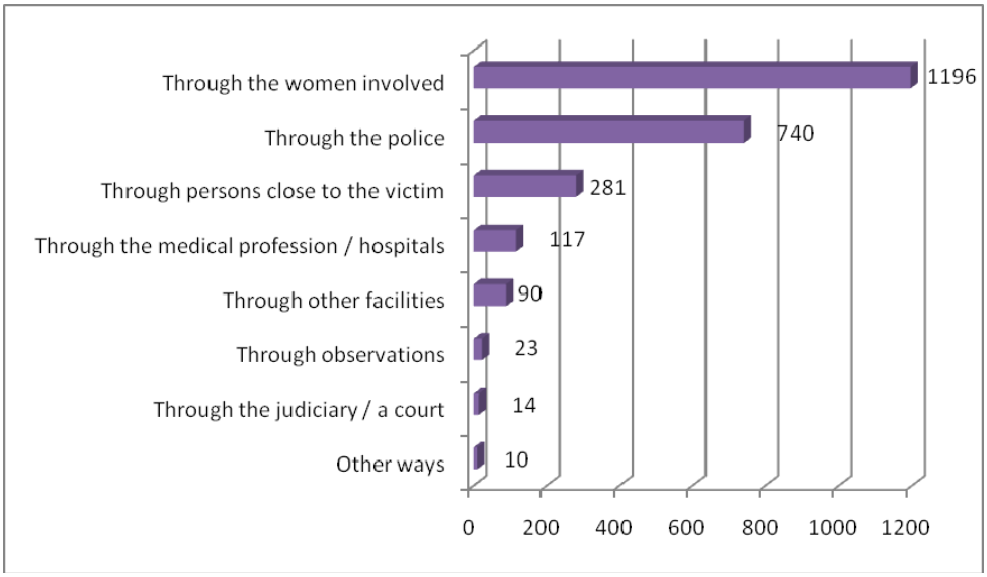
Chart 12: Survey of institutions: number of victims according to the age of the woman when violence began (N=292 surveyed institutions)

There are some special aspects which can be seen in comparison to the distribution of all of these institutions in the years 2006 to 2008. Accordingly, cases which are marked by one-sided and / or frequent violence and the violence tends to take place over a long period of time are reported somewhat more frequently by women's shelters. Cases of mutual violence, rare violence and / or shorter histories of violence and cases which begin after the female victim turns 60 are reported more frequently by intervention centres and police facilities.

5.4.1.4 Help-seeking behaviour of victims and support by the institutions

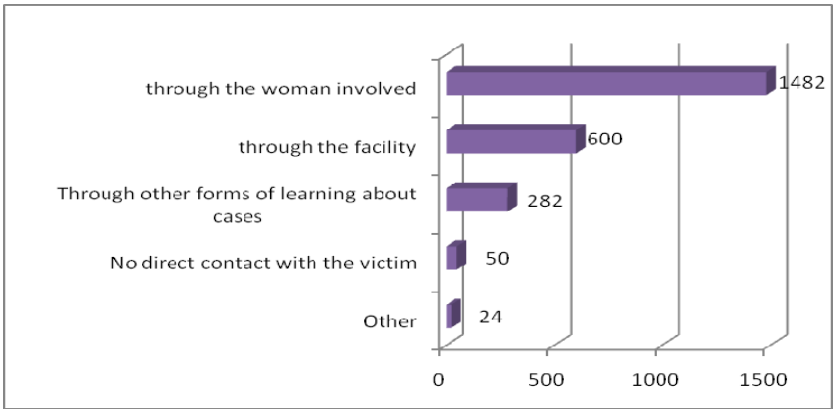
The questionnaire differentiates between different ways that institutions learn of cases of violence and ways that contact comes about between the institution and the female victim. These are frequently, but not always, identical. Thus, for example, the intervention centres learn of many cases through the police within the framework of their active reach-out approach, but then contact the women themselves. Chart 13 shows how many of the cases of the institutions surveyed became known. In about half of the cases (48%) for which information is available on this, the institutions themselves learned of the violent situation from the women victims themselves. In 39% of the cases these were specialists from various institutions – the police, the judiciary, the medical profession, hospitals and other institutions – which inform the respective institution. In another 11% it is persons who are close to the victim. Knowledge of the cases is rarely a result of institutions' own observation.

Chart 13: Survey of institutions: Number of victims according to the modalities in which institutions became aware of cases with victims assisted by the institution 2006-2008 (N=350 surveyed institutions)



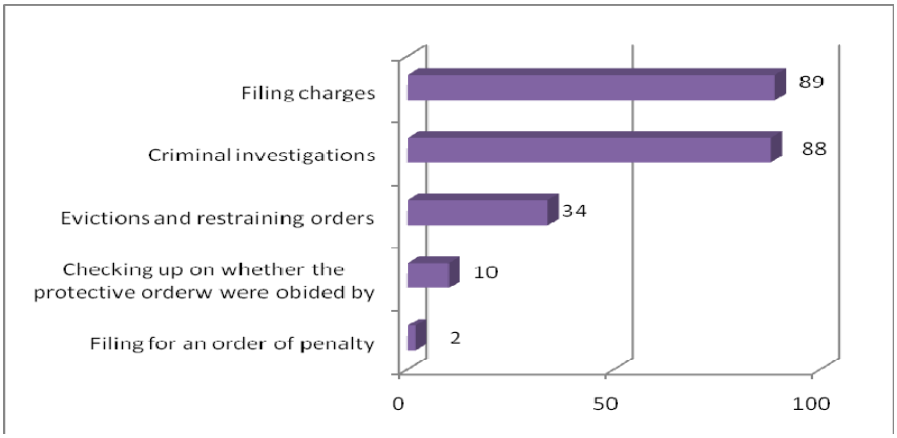
As was to be expected due to the results regarding how institutions become aware of cases, in most of the cases in which information was available in this regard, the women victim herself was the person who created the contact with the institution (see Chart 14). The institutions themselves which contacted the woman involved were usually intervention centres. In same cases, no direct contact came about with the victim because the women were sent letters or called, but they did not respond, in some cases because other parties who were aware of the case were advised.

Chart 14: Survey of institutions: number of victims according to the modalities of the (first) initiation of contact to the victims assisted by the institution 2006 – 2008 (N=357 surveyed institutions)



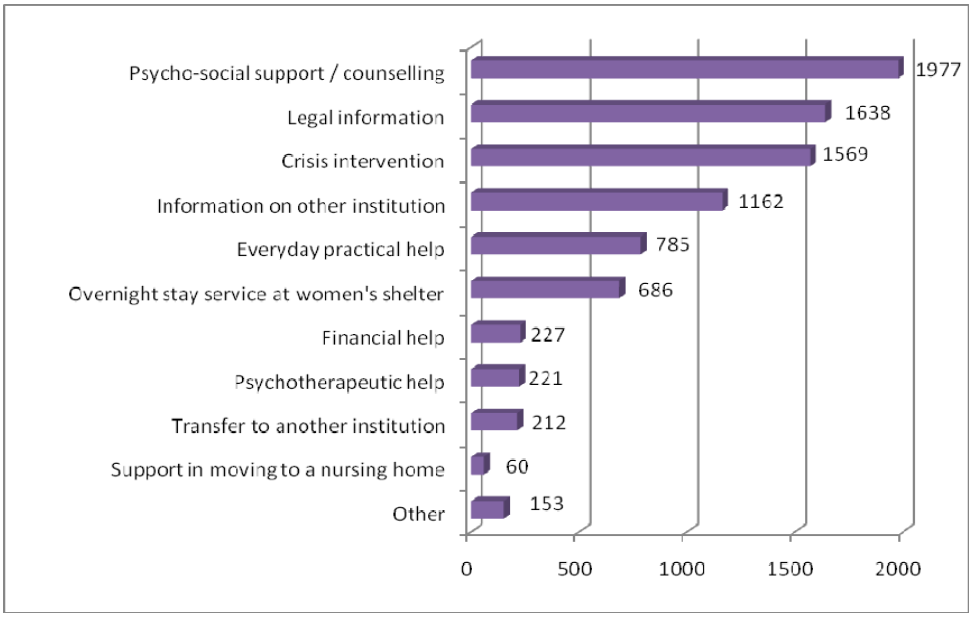
The services rendered by the institutions surveyed differ significantly according to the type of institution. Chart 15 breaks down police-related and legal steps. 18 out of the police officers surveyed conducted criminal investigations in 88 cases, while 14 reported that they had issued protective orders such as evictions and restraining orders in 34 cases, whereby 4 reported that they had also checked up on this in in 10 cases. 12 of the interviewees reported that they had filed charges in 89 cases. Only in two cases was an arrest warrant filed for.

Chart 15: Survey of institutions: number of victims according to police measures and legal steps, 2006 – 2008 (N=115 surveyed institutions)



In accordance with the structure of services offered by the surveyed institutions, psycho-social support and counselling, legal information and crisis intervention dominate with respect to services and help (see Chart 16). Additional important services include information on other institutions, everyday practical help and admittance to a women's shelter. Financial and / or psychotherapeutic help was provided or the case was passed on to another institution in a smaller number of cases. In some cases the facility organised a move into a nursing home.

Chart 16: Survey of institutions: number of victims according to help and services received from the institutions, 2006 – 2008 (N=350 surveyed institutions)



5.4.2 Assessments of the interviewees on the topic of intimate partner violence against older women

Questions regarding perceptions and assessments of the topic of intimate partner violence against older women as well as work with the women affected could also be answered when the interviewees did not have any knowledge of cases or any knowledge of cases relating to the period of time 2006 to 2009. **Fehler! Verweisquelle konnte nicht gefunden werden.** provides data on the degree to which the interviewees agree or disagree with a total of 20 statements on the topic.

Table 16: Survey of institutions: assessments of the topic of intimate partner violence against older women and work with victims (6-stage scale of 1 = "not true at all" to 6 = "completely true"; 346≤n≤408)

	M	SD
Statements regarding the frequency of the problem		
Women are threatened by intimate partner violence in all phases of their life – older women do not constitute any exception here.	5.40	1.157
The number of older women who are victims of intimate partner violence will grow in the future.	3.72	1.413
Older women are victims of intimate partner violence less often than younger women.	2.76	1.534
Only a few older women become victims of violence by their intimate part-	2.08	1.284

ner.		
Women commit violence a lot more in older couples than young ones.	2.00	1.199
Statements regarding the social status of the topic		
Intimate partner violence against older women is a problem whose importance is a problem has been underestimated so far.	4.86	1.224
Intimate partner violence against older women is a topic which nobody has really wanted to address so far.	4.70	1.256
Statements regarding special aspects of intimate partner violence in old age		
Older women victims of intimate partner violence face special difficulties in ending a long-term relationship marked by violence.	5.46	1.027
Older women who experience violence from their intimate partner hesitate more than younger women to seek help.	5.06	1.096
It is difficult to motivate older women victims of violence to seek help.	4.72	1.115
Older women who experience violence from their intimate partner feel more shame about what they have experienced than younger women.	4.60	1.456
Younger women victims of violence from their intimate partner separate more permanently from the aggressors than older women.	4.27	1.386
Intimate partner violence against older women occurs frequently in the context of a need for nursing care.	3.73	1.217
Statements regarding the need for support and requirements applying to the help system		
Older women victims of intimate partner violence require a different type of support than younger women.	5.05	1.166
Intimate partner violence against older women should be assigned more priority in training for psycho-social and medical professions.	5.01	1.193
Older victims of intimate partner violence need more help than has been available to date.	4.82	1.25
Older women who experience violence through their intimate partner require more proactive forms of support than younger women.	4.62	1.233
Work with older women victims of intimate partner violence requires specialised professional training.	4.10	1.297
People working in the field of practice with older women victims of intimate partner violence should themselves be of middle age or older.	3.45	1.534
Existing help institutions are adequate to meet the needs of older victims of intimate partner violence.	2.77	1.198

Regarding the various aspects in detail:

- With respect to the **frequency of intimate partner violence against older women**, the interviewees overwhelmingly agreed that women are affected by intimate partner violence in all stages of life and that not few older women become victims of intimate partner violence. They tend to also be of the opinion that older women are affected just as by much by intimate partner violence as younger ones. No uniform picture arises as to the assessment of the future development in the number of older women affected by intimate partner violence.

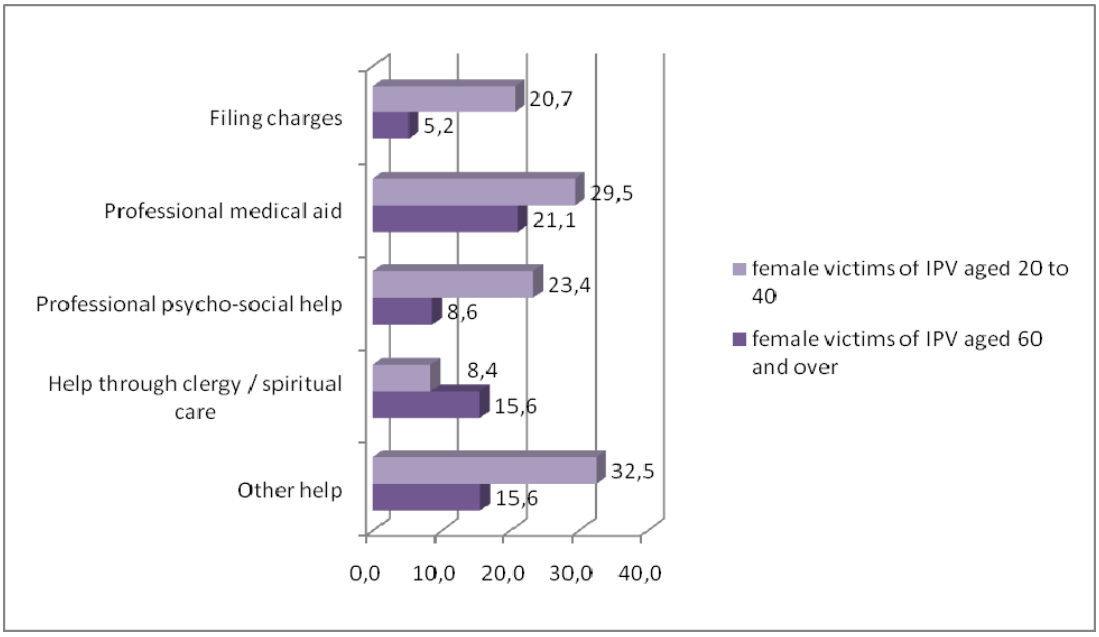
- Virtually all of the interviewees noted the **special difficulties older women have** in ending a long relationship marked by violence. At the same time, in the view of many interviewees, older women victims hesitate longer than younger ones to seek help and it is difficult to motivate them to do this. The interviewees also stated that older women tended to experience greater shame and that younger women are more likely to separate permanently from the aggressors than older ones. No clear opinion emerges with regard to the question as to whether intimate partner violence against older women occurs frequently in the context of a need for nursing care.
- A majority of the interviewees stated that older women victims have **different needs for support** than younger ones, e.g. more proactive forms of support, and that help available to date for older women affected by intimate partner violence is not sufficient and existing services are not adequate to meet the needs of older women. The interviewees were unanimously of the opinion that the topic of initial and continuous training for the psycho-social and medical professions should play a greater role than in the past, although they are less clear when it comes to specialised training as a precondition for work with older women affected by Intimate Partner Violence. There is a less uniform picture with regard to the view that persons of middle age or more advanced age should be used in counselling for older women who are victims of violence.
- There is for the most part agreement that the **importance of the problem has been underestimated thus far** and that nobody has wanted to take up the topic to date.

Institutions which themselves have not processed any cases of intimate partner violence against older women in the reference period assume in comparison to those institutions which have experience with cases that dependency on nursing care plays a role in these cases. On the whole, they feel that the problem is of less quantitative relevance now and in the future than at institutions with knowledge of cases.

The interviewees were requested to estimate how great the percentages are among younger and older women victims of intimate partner violence who file criminal charges and make use of different types of help and assistance. Aside from clergy and spiritual care, all of the interviewees assume that older women less frequently make use of help and support or file charges than younger women. (see Chart 17) The differences in the average percentages estimated for the age groups are particularly great with regard to filing charges and making use of psycho-social support: while the interviewees assume that 20.7% of the younger victims of of intimate partner violence file charges, the figure for older

women is only 5.2% (t = 20.13, df=354, p <.001). It is estimated that 23.4% of the younger women victims, but only 8.6% of older ones make use of psycho-social help (t = 18.41, df=350, p <.001). The differences in the use made of medical services are also significant, but much less: an estimated 29.5% of younger women and 21.1% of older women affected by violence make use of medical help (t = 8.02, df=351, p <.001). From the perspective of the interviewees, physicians come most often into contact with the women affected by violence. In the area of spiritual care the interviewees say that they expect more older women who are victims of of intimate partner violence at 15% than younger ones (8.5%) contact relevant persons and offices. The difference in values is significant here (t = -8.66, df=323, p <.001). The difference in the values with other types of support is also significant (t = 11.50, df=193, p <.001).

Chart 17: Survey of institutions: estimates of how often charges are filed and support made use of by younger and older women victims of intimate partner violence (mean values of estimated shares as a percentage of all victims of intimate partner violence) (194≤n≤355)



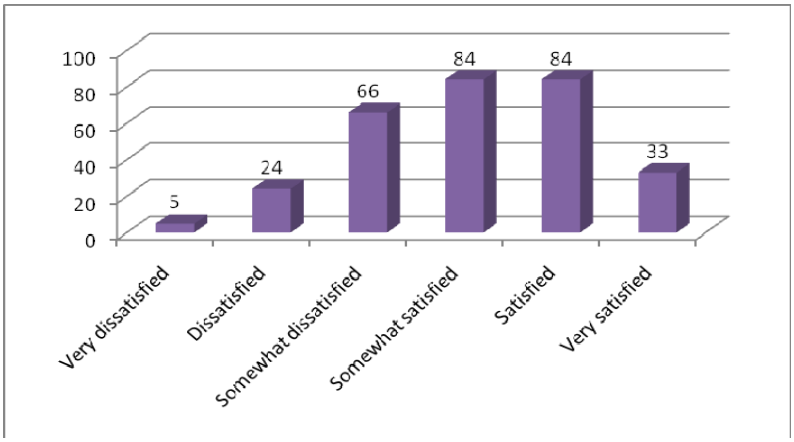
Many of the interviewees spelled out in detail what other support they expected younger and older women affected by intimate partner violence to make use of. Here it can be seen that family and relations are viewed to be the most important resource for older women while by the same token the importance of grown children is given special emphasis.

On the whole, the interviewees assume a large number of unreported cases in the area of intimate partner violence. With older women, in the view of the interviewees, the number of unreported cases is even greater.

5.4.3 Status of the topic intimate partner violence against older women at institutions and satisfaction with their own services

The institutions surveyed on the whole tend to be satisfied with their service, including for this age group and group of victims (mean value 4,07, SD 1.19). (Chart 18) Two-thirds of the specialists surveyed are (very) satisfied or fairly satisfied with the support that they can offer older women victims of intimate partner violence and approximately one-third are (very) dissatisfied or rather dissatisfied with the support which they can offer to older women victims of intimate partner violence.

Chart 18: Survey of institutions: satisfaction of the institutions with the service offered to older women victims of Intimate Partner Violence (N=296)



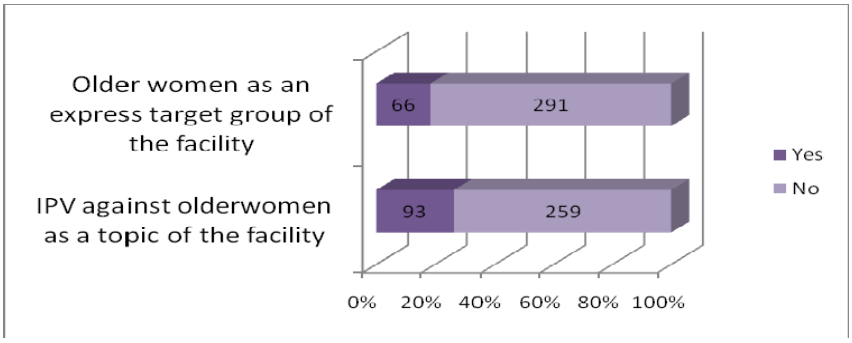
Most of the notes regarding the satisfaction with the institutions‘ services come from women’s shelters, women’s (violence) counselling offices, intervention centres and combinations of these services. Institutions which perceive their services as adequate to needs without reservation justify this primarily by citing the generally high quality of their services and that they provide flexible counselling and support for the individual case which also meets the needs of older women. Although other institutions are satisfied with their own services for older women affected by intimate partner violence, they see it to be a problem that many women who are victims of violence never come to them. (“The service is good, but it reaches older people too rarely”). At the same time, it is speculated that this is in part due to a lower willingness to change on the part of older women themselves, and in part on the focus and intensity of their own public relations work and is in part due to the fact that the institutions do not work with a reach-out approach, do not offer any intensive assistance during or support after the specific case has been processed (at women’s shelters, in crisis

intervention). A host of reasons are cited for negative assessments, but the primary reason here is the inadequate focus of the own facility.

Generally speaking, the surveyed institutions see a large number of barriers to use being made of services by the women who are victims of violence as the reason why their services are made such little use of. The most frequent reason cited here is lack of willingness to change on the part of the women (they want to separate permanently from their partner more rarely) – in part at the same time placing high demands on counsellors, demanding that the situation be changed (the violence should stop). Older women accordingly have a major problem in accepting support, they cling to traditional role models more often than younger women. Not least the feeling of responsibility for the partner requiring help is said to prevent separation, eviction of the man from the dwelling and the establishment of alternative life perspectives.

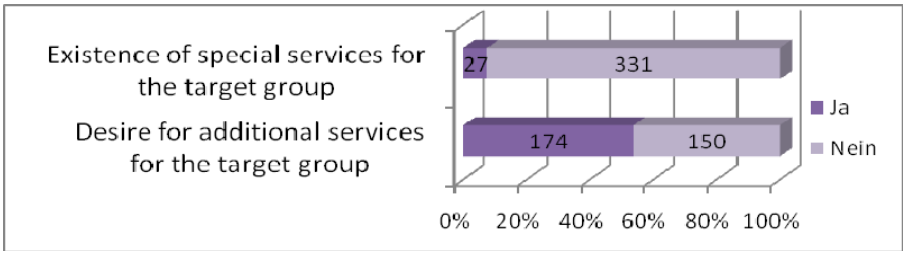
The topic of older women and intimate partner violence against older women tend to be more secondary topics for most of the institutions which at the very least are not especially addressed (see Chart 19). Only about 20% of the institutions view older women to be an express target group of the facility and only one-fourth of the institutions stated that Intimate Partner Violence against older women is one of the topics which is on the agenda of the institution at present.

Chart 19: Survey of institutions: relevance of the topic of intimate partner violence against older women for the facilities (352≤n≤357)



Only a small portion of the institutions surveyed currently have specific services for older women affected by intimate partner violence (see Chart 20. Around half of the interviewees stated that they would like to have additional services especially for this target group, however.

Chart 20: Survey of institutions: special services for older women affected by intimate partner violence in the institution (324≤n≤358)



Many institutions took advantage of the possibility to explain these responses in more detail. Accordingly intimate partner violence against older women is above all not an important topic at many institutions because only a few (53) or no cases (6) are reported there, so no constant needs are seen, and because fundamentally no (age) differentiation is carried out with women or men as clients (41). A host of institutions made reference to their facility not being free of barriers (3 – of these one women's shelter with an explicit age limit 65), the principle of self-sufficiency of residents practiced at many women's shelters which, however, excludes women requiring nursing care and severely handicapped women (1) and the dominance of other target groups and topics (women with disabilities, women with a migration background, women under 21, children and domestic violence, sexual violence) (5). Some institutions describe conceptional (n=29) modifications and modifications of the building (n=3) for the target group as well as specific activities on the topic (see below) – *inter alia* stating that they already have increasing numbers of older cases and assume that the topic will grow in importance in the future (10). Some institutions have been sensitised to the topic and are currently discussing possibilities to take special account of the target group.

A host of institutions report on **activities and services relating to the topic which have already been carried out or which continue to exist,** whereby the special situation of older woman is only at the centre of focus in individual cases, and instead institutions which deal with older people should be sensitised to the topic of intimate partner violence on the whole. The following activities, services and modifications / adaptations were cited:

Focused on multipliers:

- Information and lectures on work with senior citizens and people working in the area of care, development of a training strategy for nursing staff, execution (in part in cooperation) in continuing training and lectures for staff

working in geriatric and nursing care on "violence against women" and "women in nursing care" and "sexual violence" and continuing training for visit and assistance services,
- Production of a guide to help people recognise domestic violence in out-patient nursing care within the framework of a working group
- Address the topic in existing networking structures (e.g. in working groups involved in older women requiring nursing care, in the network women / girls and health)
- Networking with institutions in the health-care sector and work with senior citizens, i.e. with sponsors of social work for senior citizens, nursing-care services, the health office, counselling offices, senior citizens' homes, assisted living, social service, nursing care hotline, church institutions, housing construction companies (as a result of dwellings for older people)

Addressed to older women:
- Freedom from barriers (ground floor, elevator), ground-floor apartment (assigned last so that it is free for older women)
- Pro-active, telephone and / or reach-out services
- Lectures at events at which there are many senior citizens (senior citizens meeting places, women's circles in clubs and churches)
- Low-threshold events in the cafe area for women as an introduction to communication and possibly counselling
- Participation in Senior Citizens' Day
- Group services (topics including loneliness and a new beginning in old age, analysis of wartime and post-war trauma, women going through separation)
- Explicit addressees in the flyer
- Courses on offer: assertiveness and self-defence WenDO, security training

A series of institutions explicitly stated, however, that information and lecture events on the topic had not met with much response and that it was particularly difficult to address older women affected by intimate partner violence with public relations work.

It should be noted here as well that 8 of the institutions from Hamburg surveyed are taking part in an **action programme "Living Secure in old Age"** (SiliA) until April 2011 sponsored by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. The institutions are continuing to develop their services within the framework of the action programme and are coordinating this with the target group. Special features of the action programme once again include the trial use of low-threshold approaches whose focus is on sensitising and training experts (aid to senior citizens / health facilities) and networking, coordination and cooperation.

Services contemplated by some of the institutions: Some institutions noted that they are discussing activities on the topic of intimate partner violence against older women and consider these to be necessary, and that they are currently conceiving or planning these. The projects relate first of all to making the target group and multipliers more aware of their facility through public-relations measures (e.g. information events in the medical and nursing care area), and secondly that this involves establishing network contacts to the health-care system and counselling offices for older people. Here as well some of the persons surveyed make reference to a growing need in this area (demographic change, increasing numbers of cases), to growing sensitivity towards the topic and their own dissatisfaction with the fact that 100% of older female clients affected by intimate partner violence have returned to their partners. The establishment of a service is only possible for most of the facilities with additional funding, however.

Support services desired by the institutions for older victims of intimate partner violence involve issues such as the ability to reach older women and low-threshold access. Specifically, in addition to general public relations work such as, for example, information events at places where older women can better be reached (e.g. at senior citizens and nursing homes) and information events and continuing training for persons who have contact with older women (e.g. providers of nursing care services, nursing staff, senior citizens meeting points) and the networking of multipliers especially in the area of aid to senior citizens. They furthermore mention the quality of their own services with respect to (1) age-specific knowledge of staff, (2) construction / spatial preconditions and furnishing of facilities[45] and with regard to (3) organisation, mode, frequency and topics of counselling work. Possibilities for more intensive and frequent counselling discussions are especially desired, as are more pro-active, out-reaching and out-patient counselling and biography work. The interviewees consider services providing counselling on separation (social-)legal advice, partner counselling and conflict counselling to be important especially for older victims of intimate partner violence. Institutions also desire expanded possibilities to provide assistance (e.g. the police, judiciary and public offices) and transport (e.g. pick-up services with transport to the women's shelter) and would like to offer everyday practical and other aid. Some interviewees would like to be able to refer women to suitable facilities or have specific contacts in existing facilities who they could refer cases to – such as, for example, adapted housing for older people which takes into account the problem of domestic violence, i.e. offering

[45] This primarily involves entryways which are free of barriers, the availability of apartments meeting the needs of persons with disabilities, closed living areas and possibilities to withdraw to a quiet area, better supply of rooms and more kitchens and cooking opportunities.

protection and not allowing in violent partners. With regard to the specific facilities, the persons surveyed have in mind counselling offices which offer longer-term psycho-social consulting, at the same organising relief when there is a need for nursing care and also keeping on eye on the medical needs of the partner. Appropriate group services for older women are moreover desired (self-help groups, groups in the women's shelter). Suitable alternative and longer-term living possibilities for older women and adequate services in the area of leisure time, contact and voluntary work are held to be important. Additional services are desired in the area of psychotherapy, body awareness, psychoeducation, assertiveness and self-defence for older women as well as prevention of intimate partner violence in old age.

The interviewees describe structural deficits in the care of women affected by violence in general which (also) have a direct impact on services offered to older women who are victims of violence. Many institutions criticised the lack of reliable, sufficient funding for specific groups such as migrants, women who are addicted to drugs and psychologically ill women who are victims of violence. Some female staff members of women's shelters said that their service is frequently not adequate to the needs of older women in manifold ways. At the same time, they believe the fact that there are no reasonable alternatives in the short and longer-term lodging of an older women affected by violence to be a problem.

One indication of the relevance of the topic for the facilities is that many persons welcomed the survey and voiced a strong interest in the research project. This became evident in the free text responses, and was also shown by the fact that 77.0% of the persons taking part in the survey signalled an interest in the research project and stated their e-mail address for the results of the survey to be sent to. More than 100 interviewees (23.6%) were moreover willing to support the research project through an interview and more than 70 (16.6%) showed an interest in taking part in the discussion over options for action to be taken for future work with older women as victims of intimate partner violence at the national and European level. (see chapter VIII)

5.5 Other perpetrators of violence against older women and male victims of intimate partner violence

It is known from the area of research on elder abuse that older women are not only victims of current or former partners, but that other persons from the immediate proximity are possible aggressors as well. (Greenberg, McKibben & Raymond, 1990, Schiamberg & Gans, 2000) A total of 432 cases in which perpetrators other than the partner were stated for the period 2006 to 2008. The problem of the predominance of sons as aggressors is illustrated by Chart 21 – a problem which comes up repeatedly in the interviews with specialists. Other male and female relatives are also named as aggressors committing violence. In 50 cases neighbours, acquaintances and / or friends were the aggressor and in 26 cases other aggressors were named.

Chart 21: Survey of institutions: cases of violence against older women by other aggressors 2006 to 2008 (N=163)

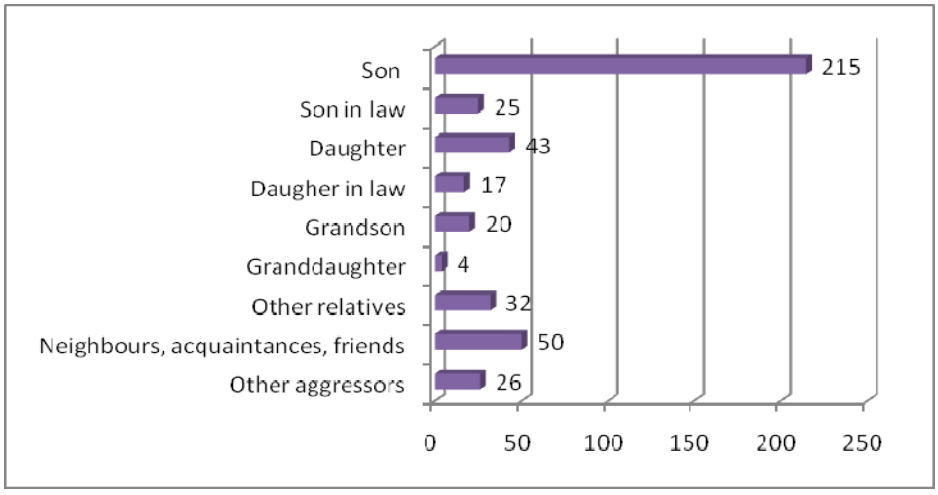
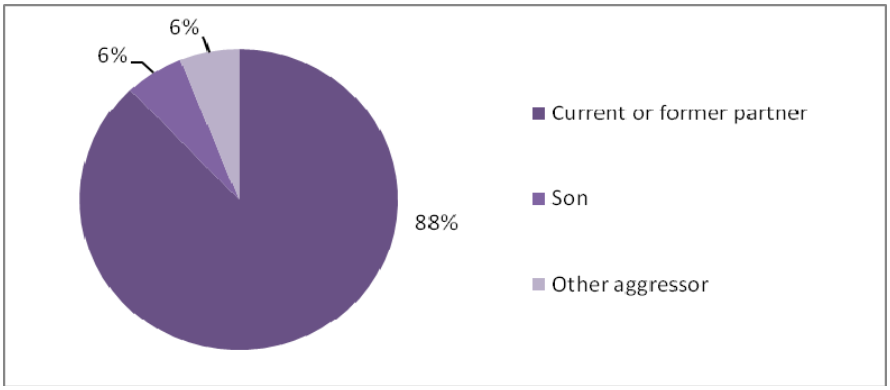


Chart 22 below shows the distribution of all perpetrator-victim constellations reported for the years 2006 to 2008 (3,624) broken down according to the predominant groups of aggressors. It clearly illustrates the predominance of the perpetrator-victim constellation male partner - female partner, but also the quantitative relevance of the mother-son relationship. Research has scarcely been carried out in Europe to date on cases in which older mothers are the victims of their grown-up sons, even though such constellations have already been described as being important in the elder abuse research (e.g. Pillemer & Finkelhor, 1989).

Chart 22: Survey of institutions: distribution of perpetrator-victim constellations 2006 to 2008 according to perpetrators



Institutions also report scattered cases of older men as victims of intimate partner violence. 15 institutions reported 40 cases of violence in heterosexual and 1 case in a homosexual partnership. The institutions which have knowledge of such cases are above all intervention centres (12), but also two women's shelters, two police facilities, one violence counselling office and one combined facility women's shelter / women's counselling office / intervention centre. This finding definitely also reflects the selection of institutions in the survey and the concentration on services and institutions for women associated with this.

5.6 Summary

The postal interview survey carried out in the autumn of 2009 is addressed to institutions and professions which have potential contact to older women affected by Intimate Partner Violence. At the same time, the task was to find out which institutions have a knowledge of cases in the first place and what the quantitative relevance of such cases is to the total volume of cases of a facility. Moreover, case characteristics were to be identified and estimates requested from specialists on the topic.

A long version of the questionnaire was sent to all institutions possibly having special services for victims of domestic violence throughout Germany (women's shelters, women's (violence) counselling offices, hotlines, intervention centres) and this long version and a short version were sent to three regional samples which in addition to the said institutions comprise a whole bandwidth of institutions and professions which may potentially be involved with older women. Organisations and professions from the spiritual care, nursing, medical and psycho-social area as well as criminal prosecution offices were represented.

On the whole, 427 filled-in questionnaires were returned. The total response rate was 29.8%. The response rates are higher for those institutions which have knowledge of cases on a regular basis. These are above all the police, women's shelters, women's (violence) counselling offices, hotlines, intervention centres and victim counselling offices – more than 80% of all the questionnaires which were received were filled in by these institutions. The willingness to participate in the nursing care area was very low. In the medical area, with the general facilities and counselling institutions specialised in senior citizens and other psycho-social services, with community / general social services, social-psychiatric services and clergy the response rate was 10 to 14%. Public prosecutors, offices providing assistance and institutions responsible for evaluating nursing care requirement levels did not return any filled-in questionnaires.

A total of 77.3% of the surveyed institutions reported they had a knowledge of relevant cases from the years 2006 to 2009. The number of cases stated as precise figures or estimates by the individual facilities for this period of time add up to a total of 4,196 cases of intimate partner violence against older women. 92.9% of these cases were reported by women's shelters, women's (violence) counselling offices, intervention centres and combined services. Out-patient counselling services and intervention centres have greater numbers of cases than women's shelters. Some case numbers even reached 107, 180 and 800 cases. Otherwise at these institutions the majority of the interviewees tended to have contact with few cases: half of the women's (violence) counselling offices surveyed had knowledge of 7 and fewer cases, half of the intervention centres 17 and fewer cases, half of the combined services 11 and fewer cases and half of the women's shelters 4 and fewer cases. With out-patient and / or pro-active counselling services on the topic of domestic violence / violence against women, the share of older women among all female (and male) clients is greater and a host of institutions from this area report increased numbers of cases over the past ten years. Nursing counselling offices and clergy who were surveyed did not report being aware of any cases. The nursing and medical institutions, community social services, other counselling offices and services for senior citizens tend to have less knowledge of cases. Half of the surveyed police officers did not have any knowledge of cases or only dealt with one case in the reference period. They reported 3.3 cases on average. Some individual findings are worth noting because they differ from the general content of responses: thus one hospital social service, one facility for homeless women and one community housing company with an affiliated counselling office reported a significant number of cases that they had become aware of. In the medical area it is interesting that psychotherapeutic / psychiatric facilities and professions have a somewhat

higher response rate compared to other institutions as well as a somewhat greater knowledge of cases.
Generally the surveyed institutions report having experienced several forms of violence in cases of intimate partner violence against older women which they become aware of. Psychological or verbal aggression and physical violence predominate, but sexual violence and financial exploitation also occur on a significant scale. From the free text responses, it can be surmised that financial and social controls are additional important forms of violence.
The institutions primarily come into contact with younger senior citizens: only 12.4% of the older women who are victims of intimate partner violence for whom their age is known were 75 and over. The interviewees stated for 200 to 300 victims, respectively, that a special aspect was a migration background, psychological illness, physical disability and / or substance abuse. The number of women requiring nursing care or suffering from dementia is low. Intervention centres learn of cases of intimate partner violence against psychologically and / or physically challenged women somewhat more frequently than other institutions. The police learn of cases involving women requiring nursing care. An above-average number of older migrants, women requiring nursing care and women with other needs for support seek support in women's shelters. Nevertheless, the share of older migrants as a percentage of older residents of women's shelter is very low in comparison to the younger age groups. The number of cases of intimate partner violence in homosexual partnerships is extremely small in the sample (16 cases).

The vast majority of intimate partner violence against older women takes place according to the survey in currently existing partnerships in common households. In 10% of the cases for which statistics are available, former partners are the aggressors. Only in a few cases are the women involved reported to be in need of nursing care, while approximately twice as frequently wives providing nursing care are reported to suffer violence at the hands of men requiring nursing care. The vast majority of institutions characterise the exercise of violence committed by the partner as frequent and one-sided. In most cases the partner has been committing violence for more than a year and the violence began before the woman turned 60. A relevant number of cases is also reported on, however, in which the violence begins after the woman turns 60. Such cases become known somewhat more frequently in women's shelters by comparison, while intervention centres and police facilities somewhat more frequently experience cases of mutual violence, less frequent violence and the beginning of violence after the age of 60.

About half each of the surveyed institutions learn of cases through the woman involved herself and through other professions, facilities and / or persons. The interviewees receive the information most frequently through the police – although this usually involves intervention centres – but also the medical profession and hospitals and other persons close to the victim are important sources of information. In most cases the contact is initiated by the women involved themselves. The institutions usually provide psycho-social support and counselling (including information on other institutions), legal information, crisis intervention and everyday practical help.

The interviewees with and without knowledge of the case agreed to a great extent that women of all ages are affected by intimate partner violence, and that not few older women are affected by it. Older women – in the opinion of many – are even affected to the same extent as younger ones. For the former it is said to be much more difficult to end a relationship, however. They hesitate considerably more than younger women in making use of help, it is difficult to motivate them to take this step, and they are more ashamed of the violence experienced than younger women. A majority of the interviewees surveyed see a special need for help on the part of older women and believe this need is not being sufficiently met at present. The interviewees are almost unanimously of the view that the topic should be devoted more attention in psycho-social and medical professions than it has in the past. Moreover, the interviewees to a large extent agree that the importance of the topic has been underestimated so far and that nobody has wanted to address the topic to date. The interviewees on the whole assume that there is a major institutional field of unreported cases. The interviewees speculate that older women who are victims of intimate partner violence on the whole contact the police rarely on the whole and much more rarely than younger ones when it comes to filing charges, seeking professional psycho-social help and making use of other types of help. The family is seen as a very important system of support among younger and older women; at the same time, it is above all the adult children who are named by older women.

Two-thirds of the institutions are rather satisfied, around one-third are rather dissatisfied with their own services for the target group. They note the generally high quality of the services they offer and the case-by-case approach, which (also) meets the needs of older women, as positive. One problem they identify in particular is that older women affected by intimate partner violence make use of the services of the institutions significantly too little. Here many institutions are considering a possible optimisation of their services. Public relations work more focused on the target group, facilities and furnishings which are barrier-free and significantly more reach-out in their approach and follow-up counselling

services would be desired by the institutions especially for the target group of older women. The interviewees also see many barriers to help being made use of by the women involved, however, and there does not appear to be any clear assessment of whether and to what extent changed strategies and modes of work could indeed be used to motivate especially older women to make use of help.

As a result of the low number of cases and other topical focuses, the topics of older women and intimate partner violence against older women tend to be more of secondary importance for most of the institutions. Around half of the institutions would like to offer additional services to the target group if they had adequate funding, however. Special, age-specific needs are seen by some and they point out that it is difficult to provide comprehensive counselling and support which meets the needs of older people in everyday work. Others do not see any special needs – probably in view of the low number of cases as well.

Some institutions – especially those with rising numbers of cases – describe how they are developing their own specialised services and have attempted to adapt these conceptually to meet the needs of the target group. This includes lectures and training sessions for people working with senior citizens and in nursing care, the integration of the topic in existing network structures and further networking primarily with institutions in the health-care system and work with senior citizens. Moreover, several institutions make sure that they have barrier-free furnishings, hold lectures at events at which many senior citizens are attending and are seeking other methods of low-threshold ways of reaching the target group. The interviewees are very restrained in their comments on the results, however – it continues to be difficult to reach older women. Eight institutions in Hamburg are currently optimising their services with respect to the target group within the framework of an action programme entitled "Secure Living in Old Age" funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. In addition to the measures specially conceived for the target group, the interviewees consider a series of activities and approaches to work pursued by some institutions to be especially important in the work with older women affected by violence – for instance pro-active, reach-out and follow-up counselling and low-threshold public relations work. All this shows what type of services or adaptations of their own facilities are considered to be warranted by the interviewees. Again and again the interviewees assert the need for better funding for changes in building structures and more staff to expand counselling services. At the same time the institutions see deficits in appropriate group and leisure time services for older people, in the sensitisation of services to aid and care for sen-

ior citizens and above all with respect to longer-term housing opportunities for women who separate in old age.

The research team surveyed information on what other constellations of cases the surveyed institutions were aware of. Here the mother-son relationship proved to be another salient – and at the same time underestimated – perpetrator-victim relationship in the cases of the institutions (215 cases). The institutions surveyed were only aware of 40 older men being victims of intimate partner violence.

VI
Interviews with older women victims of IPV

6.1
Research aims and ethical issues

Social reality can be understood to be an interpretive process along the lines of the Interpretive Paradigm (Wilson, 1970). Processes of active interpretation and perceptions of social actors which are always connected with the respective socio-cultural context lead to individual actions. In this sense, for social research, to understand and interpret a phenomenon, it is necessary to reconstruct it from the perspective as well as the interpretations and actions of the respective actors themselves. In our study this means that, although the professional perspective on intimate partner violence in old age may supply important information, it needs to be supplemented with the perspective of the women victims themselves. For us a key concern was therefore to interview the older women who were affectedby IPV in order to ensure that they are not only examined as victims of violence and objects of professional action, but also as actors in their own right and individuals who interpret and make sense of their experiences. In this sense the study follows a general trend in criminal procedures and in criminology and victimology research by letting the victims themselves speak out on their own behalf (see Hotaling & Buzawa, 2003; Morris, Maxwell & Robertson, 1993; Shalhoub-Kervorkian & Erez, 2002). The aim was not to survey complementary perspectives on identical histories, however.

The aim of the interviews with the women victims was to determine characteristics and traits of older victims and to explore violent types of relationships in old age, the reasons why violence occurs and the violent context. Of particular interest were the behaviour of older victims in seeking help, barriers they perceived in seeking help and their experience with professional aid and support programmes. Important aspects moreover included their interpretation of their experiences in the context of the generation they are a part of and their biographies. We were in particular interested in what influence the factors of age, gender and membership in a particular generation respectively have.

Just as with research on violence in general, certain ethical principles have to be adhered to in any survey of older victims of intimate partner violence (see the

basic principles of the International Organization of Medical Sciences – CIIOMS, Ellsberg & Heise, 2005, pp. 35/36). The project partners developed and laid down internal principles and rules for the interviews of victims on the basis of international standards (Ellsberg & Heise, 2002, WHO, 2001, Elcioglu, 2004). In addition to general principles relating to issues of confidentiality and written consent, it had to be ensured with respect to the specific target group that potential secondary trauma was prevented; moreover, information had to be kept at the ready on rights and help possibilities in the event the interviewees needed support.

6.2 Methods

6.2.1 Tools

The interview methods used here adopted elements of so-called "problem-centred interviews" (Witzel, 2000) and "episodal interviews" (Flick, 2000), deliberately leaving more space for narrative elements – but aimed at achieving significantly more structured access than Schütze's method of narrative interview (Schütze, 1983). The project partners drafted an interview guideline (see appendix 2) and translated it into the respective national language. In developing the guideline, the experience of the associated partners with interviews of older women victimised by IPV were taken into account (e.g. Band-Winterstein & Eisikovits, 2005, Band-Winterstein & Eisikovits, 2009, Band-Winterstein, Eisikovits & Koren, 2010). The guideline covered four strategic areas of topics: (a) the biography, (b) experiences of IPV over the course of individuals' lives, (c) changes in the violence in old age and (d) help, needs and rights. The guideline worked with open-ended questions as well as prompts to encourage interviewees to tell about their experiences and comprised a list of aspects to be addressed, which had to be checked by the interviewers during the interview.

A brief introduction provided information on the research project. Here a key aim was to make it clear what the topic of the study was without influencing the answers of the interviewees through *a priori* definitions of certain experiences as constituting violence. We explained the structure of the interview and requested permission to record the interview, telling the interviewees what would be done with the content of the interview and the recording and assured the women that everything would be kept confidential. The interviewees were requested to sign a declaration of consent and received a written assurance that their statements would be treated confidentially and only used for research purposes. Finally, the

interviewees were asked whether they were informed about local help services as well as their rights and were provided information as needed.

6.2.2 Access to and selection of interviewees, execution of the study

In order to recruit interviewees, two approaches were adopted: first of all, we verbally requested all the organisations involved in the institutional survey and all the specialists who we interviewed in person to find out whether older women who were victims of intimate partner violence would be willing to be interviewed by us and, if so, to make it possible for us to contact them. Secondly, women victimised by IPV were approached directly through the press. An article by the research team was published in a daily newspaper and two free-of-charge weeklies entitled "partnerships of older women – we are looking for interviewees" in which information was provided on the ongoing study and older women were called upon to contact the team of researchers if they had experienced or were experiencing control, patronising and dominating behaviour or repression all the way to actual violence and would be willing to be interviewed. Here it was a key objective and a tricky tightrope walk to make it clear on the one hand that the study was not about problematic partnerships, but rather the phenomenon of violence, but on the other hand to formulate this in such a manner that the women involved would not perhaps think that possibly pertinent experiences were irrelevant to the study before they got involved. The press release led to a nationally broadcast radio programme on the topic.

Obtaining access to women victimised by violence through relevant organisations was a tedious process. The staff of organisations we asked to help us stated that they could not think of any or only a few women who could perhaps serve as interviewees and that, moreover, in their view such women did not want to talk (once again) about their experiences or indeed should not do so. They also noted that many were still living in violent partnerships or had returned to such and were no longer in contact with the organisations.

Finally, three interviews were brokered by the organisations involved in the written survey, while another woman who had filled in a questionnaire in her capacity as a specialist in the institutional survey indicated that she was a victim of IPV and was willing to be interviewed. A total of 17 women responded to the call made in the media, only some of whom were willing to be interviewed and only some of whom were able to report on experiences of violence in old age. In sum 14 women agreed to interviews, of which 13 came about. Only 11 interviews were included in the evaluation as relevant.

All 13 interviews were carried out verbally and in person by project staff, half of them in the offices of the research team, the other half with the women and in

the offices of the counselling organisations supporting them. The interviews were conducted over the period between October 2009 and the end of April 2010. On average they lasted 142 minutes (a minimum of 90 and maximum of 190 minutes).

Description of the random sample

Table 17 provides an initial overview of some socio-demographic features of the women interviewed. Most of the interviewees lived in cities and with one exception in western Germany. Only one woman was not born in Germany (she was born in Sweden). 10 of the women were between 65 and 70 at the time of the interview, while one was 60. The majority of the women reported on former partnerships: four women were living permanently separated, four were divorced from their violent spouse and three women were still living in violent partnerships, one of whom was unmarried and the only interviewee without any children. Three of the interviewees had already been married once before the last violent partnership and were divorced from their first husband. Intimate partner violence had also occurred in the first marriage in two of these cases.

Table 17: Interviews with older women: socio-demographic traits of the 11 female interviewees

Criteria	Number
Rural area	2
Urban area	9
Western Germany	10
Eastern Germany	1
Living separately	4
Divorced	4
Still living in the partnership	3
No migration background	10
Migration background	1
Aged 60 – 70	11
Aged >70	0

6.2.3 Analysis of the interviews

All of the interviews were transcribed based on the transcription rules set out in Kuckartz, Dresing, Rädiker and Stefer (2008). The coding was performed with the aid of computers using the Maxqda program, with the codes having been developed in accordance with the approaches set out in Grounded Theory (Glaser & Strauss, 1967). The postscripts, interview transcripts, social data questionnaires and codings were used in the analysis in order to ensure that the individual statements were placed in the proper context. The names of the interviewed women have been changed and certain very specific aspects modified in order to assure anonymity and not allow anyone to deduce the identities of the individual women in the following discussion.

6.3 Results

6.3.1 Brief biographical profiles of the interviewed women

The women we interviewed are presented in the following in the form of brief biographical sketches. The brief biographies allow the results of the topic-centred analyses of the interviews to be placed in context. The cases differ in many respects – including with respect to the length of time of the partnership or marriage, social situation and origin, educational background and health status, violent experiences and dynamics, help-seeking behaviour or support received from outside.

Barbara Kopp

Barbara Kopp was 63 at the time of the interview and was living in a large city in eastern Germany. She grew up in an orphanage. Her father died in the war and her mother died of cancer in 1950. Ms Kopp describes her relationship with her husband, who is 3 years older than her, has a law degree and worked for the East German state, as good up until German reunification. He lost his job after reunification and subsequently developed a manic-depressive illness. The loss of social status by her husband and his psychological illness led to a role change in the marriage. After reunification she established her own nursing-care service, attended to the building of a new house for the family and took care of her husband, who by this time was suffering from severe depression. She took him to a clinic for 6 months of in-patient treatment following an attempted suicide. After this he worked in a supporting role in the administration of her nursing-care service. After 8 years he entered into a manic phase which has lasted

down to the present in which he has sold property without the awareness of the family and began behaving increasingly aggressively – including physically – to get his way in his projects. Ms Kopp moved out of their common house and then filed for divorce for financial reasons. On top of the aggression and stalking by her husband, her nursing-care service declined and with this came debts, court procedures and her own private bankruptcy. As a result of various violent incidents involving other people, her husband was serving a prison sentence at the time of the interview and Ms Kopp was afraid of what would happen when he was released. She described her relationship with her son as very close and supportive. At the point in time of the survey Ms Kopp was receiving unemployment benefits and working in field of support for senior citizens.

Anna Wiesmann

Anna Wiesmann was 70 at the time of the interview and living in a large city in western Germany. Ms Wiesmann was separated for many years from her mother towards the end of World War II and lived in various institutions as a child. Her school education was interrupted several times due to lack of money in order to make it possible for her brothers, who returned one by one from prisoner of war camps, to attend school. She became acquainted with her former husband, a master baker, while she was studying at university. After getting married, she had the first of a total of 3 sons in 1961, broke off her studies and began working in order to make it possible for her husband to complete his training. Only later did she complete a training course as special cosmetician and begin working partly for others and work partly in a self-employed capacity, but did not have any access to the money because it was sent to the account of her husband. After approximately 25 years of marriage she separated from her husband and later divorced him. The last event triggering the separation was that her husband stated with regard to her cancer of the uterus and the hysterectomy this involved that she would no longer be a complete woman for him after the operation. After the separation Ms Wiesmann then had a severe automobile accident and was confined to a wheelchair many years thereafter. During the ensuing convalescence she became acquainted with a widowed chemist and maintained a weekend relationship with him for more than 2 years. When she told him that she intended to separate from him, he threatened to kill her – threats which she took seriously. Ms Wiesmann described her relationship with her children as loving, characterised by respect and supportive. Ms Wiesmann was under considerable strain at the time of the interview as a result of her struggle against cancer.

Ursula Jansen

Ursula Jansen was 67 at the time of the interview and was living together with her husband, a retired geologist two years younger than her, in a village near a large city. Ms Jansen described her upbringing by her parents as very liberal, supportive and as having encouraged her to be independent and autonomous. She met her husband when she was studying at university and married him. After completing her studies she worked as a teacher, but subsequently discontinued her studies for a second degree when the first of two sons was born, afterwards only working part-time. The interviewee described her marriage as a sort of "living past one another" marked by her husband's power plays and lack of support for her. She suffered severely from her financial dependence on him. She stated that she had had lots of freedom in her marriage, had used this to travel and engage in leisure-time activities and had also had an extramarital relationship for many years, which had led to severe conflicts with her husband. After the end of this relationship she suffered a stroke, which caused her to have problems with concentration, to feel uncertain in verbal communication and no longer be able to drive a car. Since the recent retirement of her husband, there have been increasing outbreaks of a verbal and physical nature by him (pushing and shoving) as well as criticism, controlling behaviour and a patronising attitude. She describes her relationship with her adult sons as good, although she said that she did not discuss her marital problems either with them or her women friends.

Maria Siebers

Ms. Siebers was 65 at the time of the interview and had been married for 46 years. With respect to her upbringing in her family, she reported that her stepfather had abused her and beaten her mother. Ms Siebers has always been a housewife and raised her daughter to adulthood. Her husband, who was 70 at the time of the interview, had a high-ranking position in the government. The couple has been living in a terraced flat with a garden in a large city since the 1990s. Her husband entered into early retirement 11 years ago, is very active in the social area, as he was before he retired, and he is not at home very often, which makes Ms Siebers feel left alone. The interviewee had breast cancer three years ago and a pulmonary embolism approximately one year ago. At the point in time of the interview she was still very weak physically and for this reason can no longer perform all the work in the household. Since her husband retired and she became ill, he has been increasingly intervening in the domain which she took care of previously, and is verbally aggressive towards her. Ms Siebers has scarcely any pension expectancies of her own, she presently receives nursing-care benefits for the care of her mother and spending money from her husband. She cannot carry through with her desires for separation due to her finan-

cial dependency. Ms Siebers describes her relationship with her daughter, who also experiences intimate partner violence, as good and trustworthy, but she does not want to place any additional burden on her daughter.

Katharina Grünewald

Ms Grünewald was 70 at the time of the interview and lives in a large city in western Germany. She describes herself as having come from a good home and family. She stated that her marriage with her first husband, which produced four children, was not characterised by violence. After separating from her first husband, she married her second husband in 1987, an insurance agent 15 years older than her, whom she described in the interview as the man of her dreams. Already early on he behaved aggressively towards her children from the first marriage and the dog. Later he sexually abused her daughter, who was a minor at the time, and began to commit physical violence against her as well as with objects, in particular when she was not completely at his disposal, when she resisted him or made her own decisions. Ms Grünewald took over the insurance agency when he retired, as he desired, and supported him financially. She described everyday life as being dominated by his will and her fear of him, and characterised him as a narcissistic, manipulative and sadistic person. Ms Grünewald separated from her second husband in 1996 and divorced him in 2006. This was followed by several years of litigation over financial issues. Ms Grünewald has had health problems since the separation and a stroke which she had at the time and feels like her facilities of memory have suffered. Ms Grünewald describes her relationship to her own children from the first marriage as good. They supported her when she separated.

Martha Wolff

Martha Wolff was 66 years old at the time of the interview. Ms Wolff describes her parents and the way they raised her as old-fashioned and not very affectionate. They did not allow her to get an educational degree. At the age of 21 she married her first husband, a social worker, and had 3 children relatively early on. She reduced her working time when the children were born – she had a simple job at a bank. She was raped by her husband before and after they married. She described her former husband as emotionally cold and dominant. Ms Wolff separated from her husband in the middle of the 1980s after 20 years of marriage and various attempts at marriage counselling. She then underwent training to become an occupational therapist in another town and worked in a psychiatric facility – which she described as eminently important in the development of her self-confidence. She remarried soon after the divorce – a friend of her first husband from back in school days. She experienced this man, a supervisor who was 9 years older than her, as interested in her and supportive at

first, but soon enough he began using her and humiliating her. His deprecating and controlling behaviour became more pronounced after he retired. After 15 years of marriage she separated from him in 2009. At the time of the interview she was living alone. Ms Wolff has been socially involved since she retired. She describes her relationship with her 3 children as good and supportive. During her second marriage Ms Wolff spent time in a psychosomatic facility and after that took psychotropic drugs for many years until shortly after her separation. At the time of the interview she was doing much better.

Helga Egbers

Ms Egbers was 66 years old at the time of the interview. She lives in a small town in the western part of Germany. After studying social education she began working for a municipal social service, continuing there until she retired and becoming acquainted with the topic of intimate partner violence against older women herself in her professional work. She has been living unwedded with her life companion, a lawyer 3 years older than her, without any children since the beginning of the 1980s. The partnership used to be good and fulfilling. Now they hardly do anything together, however, and with her husband's advancing age she has been subjected to increasing control, verbal aggression and sexual molestation by him. Moreover, he is almost solely preoccupied with legal disputes and behaves increasingly dominantly and aggressively towards other persons. Ms Egbers explained this as being due to pathological psychological changes experienced by her husband in old age. Ms Egbers describes her relationship with her family as marked by conflict. She is furthermore distressed by the aggressive behaviour of a male neighbour. Regular stays at health spa facilities strengthen Ms Egbers' ability to cope with her situation.

Frida Winter

Frida Winter was 60 years old at the time of the interview. Ms Winter experienced massive physical violence from her parents. In accordance with the desires of her mother, she underwent training as a housekeeper in a clinic, which she discontinued as the result of her pregnancy. His parents prevented her planned marriage to the father of the child. She then moved back to her parents, who took care of the child, and underwent training as a geriatric nurse. 6 years later she met her first husband, who was 14 years older than her (a warehouse supervisor). When she became pregnant again, she urged him to marry her, as she did not want to have another child out of wedlock. After getting married, Ms Winter's husband began to beat her with objects, to prevent her from having access to her own wage and bank account and to isolate her socially. After 10 years of marriage Ms Winter divorced her husband and opened her own business. As a result of damage from a fire which was not covered by insurance,

Ms Winter was forced to give up the business and went into personal bankruptcy. She then met her second husband, a chemist two years younger than her, and they got married in the middle of the 1990s. The nuptial agreement which they concluded at the time stipulated that Ms Winter would not receive any support from her husband in discharging her debts and moreover that she would not be able to use any of the financial resources of her husband during the marriage or in the event of divorce. Ms Winter then worked at various jobs in order to pay off her debts. As the result of a depression, suicidal tendencies, migraine attacks and the development of multiple sclerosis, Ms Winter repeatedly spent lengthy periods in clinics during her second marriage. Her entire marriage was marked by financial dependency, which became increasingly conflictual over time. Ms Winter was scarcely allowed to make any decisions herself, she did not have any free access to money and was controlled, commanded and verbally abused by her husband, whereby his increasingly excessive alcoholism played an important role. Her husband refused to annul the nuptial agreement, which Ms Winter demanded after paying off her debts. The couple most recently were living in two adjacent apartments connected to one other. The situation escalated with excessive alcohol consumption by her husband until Ms Winter separated the apartments once again and refused to allow her husband to enter her apartment. Ms Winter's daughter did not prove to be supportive in this situation. At the time of the interview they were still disputing the modalities of the separation. As a result of the nuptial agreement and her financial situation, Ms Winter expects that she will require basic support and is afraid that she will not be able to cope with a removal as a result of her illness.

Hannelore Schäfer

Hannelore Schäfer was 67 at the time of the interview. She grew up in a rural area. Her mother died when she was a teenager and she initially had to take care of a younger sister alone. Her relationship with the new wife of her father and their children was marked by conflict. Ms Schäfer married when she was young and moved to her husband, who was two years older than her, in the nearest city. She worked there in a grocery store, while her husband was employed at a car-maker. After the birth of their only daughter, Ms Schäfer remained at home and took care of the household. She described her marriage at that time as harmonious and free of conflict. She and her husband bought a small house and later leased a garden with fruit trees. After retiring, her husband began to distil brandy from the fruit and to also increasingly consume it himself. Under the influence of alcohol he often became extremely violent physically towards her and also threatened to commit suicide. Ms Schäfer has considerable health impairments. She had lung cancer – probably caused by passive smoking (her husband was a heavy smoker) and suffered a stroke while under-

going chemotherapy. Her husband refused to support her when she was ill and during her convalescence, and instead subjected her to verbal abuse. After a renewed escalation in August 2009 the interviewee moved out with the support of her daughter and a women's counselling office and separated from her husband. Directly following the separation, in which the daughter was very important, Ms Schäfer moved to another part of the city, but later moved back to her old neighbourhood, to which she felt emotionally tied.

Lydia Schulze

Lydia Schulze was 62 years old at the time of the interview. She was born in Sweden and worked there as a secretary. She met her husband of the same age on holiday and followed him to Germany, where the couple married. They moved into the house of his mother and shortly afterwards she bore two sons. Following the birth of the sons she only worked in phases. The family lived in a two-room apartment on the top floor of the house of her mother in law, with whom Ms Schulze had a bad relationship, for 20 years. Once the mother locked the interviewee in the cellar of the house and frequently abused her verbally. Later Ms Schulze took care of the mother of her husband. Her husband, who worked in a medical laboratory, retired at the age of 60. The interviewee did not have her own bank account during the marriage. Her pension expectancies are low. Conflicts cropped up in the marriage as a result of the extramarital affairs of her husband, which he kept secret from her and denied. The conflicts led her husband to be aggressive and humiliate her. Shortly before the interview Ms Schulze separated from her husband after 40 years of marriage. She feels that her relationship with her adult sons is characterised by considerable distance and is unsupportive. In the meantime she has a good network of female friends with whom she has various pursuits.

Hanna Meiering

Hanna Meiering was 70 years old at the time of the interview and living in a small city in southern Germany. She was born out of wedlock and grew up with a stepfather and 5 brothers. Ms Meiering used to have to beg as a child, as the family did not have enough money. She herself got pregnant at the age of 17 and married the father of the child, a craftsman who was four years older than her. Already during the first pregnancy – she had a total of 4 children – he raped her under the influence of alcohol and assaulted her in an extremely violent manner. This constantly recurred throughout her entire biography of her relationship. After there was a life-threatening escalation of violence in 2004, Ms Meiering fled to her brother and then left her husband, including with the support of the local women's helpline. She received support from her sons and her brother several times over the course of her marriage, and her relationship with

her children is good today. As a result of her religious belief, she would never contemplate divorcing her husband. Ms Meiering did not acquire scarcely any pension expectancies and now lives from the support payments made by her husband. At present she is living in her own apartment in a neighbouring village, whose address her husband does not know. She has established a strong social network with some other women and the local women's helpline and states that she has found peace and is doing well.

6.3.2 Generation-specific aspects

6.3.2.1 "We are a generation which lived for the future" / "Better times are coming": growing up in the war and post-war years

The women we interviewed were between 60 and 70 at the time of the interview, which means that the oldest woman was born in 1940 and the youngest one in 1950. 10 out of 11 women were born either before or at the end of World War II or thereafter. Some of them grew up without a father, in some cases because their father had died in the war or because they were born to single mothers. In the individual interviews they describe the difficult economic conditions prevailing during this time, which led to a short childhood fraught with hardships.

Some of the women we interviewed grew up in orphanages at least at times or experienced forced exodus and ethnic cleansing. One woman reported that she had to go out begging. Education and training were something which were not to be taken for granted by most of the women of this generation whom we interviewed. They only went to school or received training late or in an irregular way or not at all.

The child-rearing style of the women and men was dominated by strictness and disciplining. They had to subvert themselves to the patriarchal dominance of their father (if they had one). As girls the women did not receive any sexual education, or only in such a selective manner that they tended to develop fear and uncertainty when it came to men. The young women at that time were conveyed images of what it means to be a woman, sexuality and partnership by their parents which had a profound influence on their later partnerships. In some cases the parents were involved in the selection of partners of those women who wanted to marry when they were young, or they commented on it or even intervened.

Growing up during this period meant that most of the women interviewed received little personal attention and support in their individual development as children, consequently seeking love, affection or security in early relationships, in some cases they also found it.

Marriage was something that was supposed to last forever. Ms Wolff quoted her mother, for example, as saying "you don't break out of it", and Ms Wiesmann reported that her mother always told her that dissolving a marriage was inconceivable and that taking care of family members was what being a woman was all about. By the same token, the experience of their mothers' generation was highly ambivalent. One woman reported, for example, that as an old woman her mother had only one desire in her life: she wanted to live one more year without her husband, who had treated her like a maidservant her entire life.

Another motif among the women we interviewed was that they "lived for the future" in the hope that some day they and their children would have better lives. The focus on caring for others led them to be unaware of their own needs and to neglect their own interests.

There are indications that the women of this generation who were interviewed developed a special type of perseverance. They had survived war, forced exodus and many other hardships, rebuilt their lives, had families, purchased homes and raised their children. This pattern of "carrying on" and "not giving up" can also lead to the preservation of problematic partnerships.

The women we interviewed were born and grew up in the war and post-war years and were young women during the second wave of the women's movement in the 1960s and 1970s. Even if none of the women were really involved back then, they experienced the ensuing societal liberalisation of gender relationships. Many of the women surveyed are now questioning the power and violence constellations in their relationships on this basis.

6.3.2.2 "… and now everything has fallen apart…": East – West / reunification as a time of abrupt change

Biographical experiences and abrupt changes are also determined by historical-societal factors. The wall coming down in 1989 and the watershed change wrought by German unification were of major importance for people who were socialised in the former GDR. For one of the women we surveyed – Ms Kopp – the period of reunification played a major role in connection with profound societal and personal change. Ms Kopp reported on her own efforts to find a new

occupation, which were at first successful, describing how for her husband, who was well established during the days of the GDR, "everything fell apart" and he "slid" into a personal crisis followed by depression (bipolar disorder). In the following manic phase he became violent and threatened to ruin the family, which ultimately led Ms Kopp to move out and end the partnership.

There are significant differences between the life situations of women in western and eastern Germany indicated by the biography of Ms Kopp and the biographies of western German women. While a large portion of the western German interviewees were influenced by the hegemonic "housewife marriage" model of the post-war era, the guiding model in the GDR was the working mother. Women in the GDR were much less dependent on their husbands economically and viewed themselves clearly as working women who had had jobs for many years without interruption.

6.3.3 Paths to the violent relationship

As described in the foregoing, all of the older women we interviewed live or have been living for a considerable time in a partnership with a violent man (or men). Some women were married twice, while one woman was living with her partner unmarried. Only one woman had not been living with a male partner for many years in old age, but rather a man with whom she had had a long-distance relationship for only two years. The violent experiences of older women are embedded in their individual biographies as well as the biographies of their relationships, which can be marked by various development processes, disruptions and changes. Some partnerships had already been marked by violence in their initial phase, while in others violence only came about in the course of the partnership or in connection with certain – including age-related – events and constellations such as illnesses or retirement. Both those interrelated individual and societal structures as well as the socio-economic living conditions which also helped shape developments and the manner in which partners dealt with disruptions, changes and dangers in their biographies warrant closer attention (see Rosenthal, 1995).

6.3.3.1 "Then I got pregnant and we had to get married" versus "and then I got to know my husband and I fell in love": pathways into the marriage and the development of the relationship

Ten out of the eleven women we surveyed were married with a male who committed violence. Many of them married as young women. Marriage as an institutionalised partnership is associated with many motives in the statements of the

women: as an expression of love in the vein of bourgeois-romantic notions, as the norm of a socially accepted relationship (in particular in the case of a pregnancy), as the (only) possibility for economic security for the women (and possibly their pre-marital children). All three motives overlap in the accounts related by the women.

Love is a recurring theme in the accounts of all of the women, but is assigned different meanings. Ms Wiesmann reported, for example, that she assumed that her husband loved her because when she told him she was pregnant he replied "now you finally belong to me." (Wiesmann interview) Ms Grünewald married her second husband because she was in love with him in spite of reports by her women friends that he had badmouthed her before the wedding. Love and an unwanted pregnancy were the interrelated motives for marrying for Ms Meiering. She stated that, after a childhood of deprivation, she experienced love and physical affection for the first time from her husband, but that she then had to get married at the age of 17 as the result of an unwanted pregnancy. The account of Frida Winter reflects the motif of having to get married as the result of a pregnancy – twice even. She unexpectedly became pregnant at the age of 17 and the father of the child did not show up at the planned wedding under the pressure of his parents. She then raised the child with the support of her parents. She met her first husband, a "charming and very good-looking" man, six years later, but then had another unplanned pregnancy and pressured him into marrying her – "a second child without a father is a no-go (...); that was the moment in which I lost my parents" (Winter interview).

Already shortly after the marriage, Ms Winter and most of the women surveyed experienced surprises with respect to the conditions prevailing in their relationships. This is illustrated, for example, by financial issues. Almost all of the women surveyed reported that the men took over control of the finances and made the important decisions regarding expenditures or purchases. The women only received money for household expenses irregularly or when they asked for it, they had no bank accounts of their own and no access to the bank account of their husband and had to ask for money to meet their own needs. This was viewed by some women to be normal and acceptable at the time, including in retrospect, while in some cases they objected to it. Ms Winter stated that following marriage her husband insisted on her transferring her salary to his bank account. She only became aware that she did not have access to this account when she tried to withdraw money to pay household expenses.

The ten married women have one to four children, in some cases with their violent partners, in some cases from previous marriages. Some of them temporar-

ily gave up their professions or educational training upon the birth of their first child, but most of them quit working for a lengthier period or even completely. Although ten out of the eleven women obtained a vocational qualification at some point in their lives, almost all of the women had to make sacrifices in their job careers and their financial independence. In some cases the women explicitly reported that they supported their husbands in their careers. A traditional gender-specific division of labour was the dominant model in the marriages of the women surveyed.

Three out of the women interviewed by us were married twice. Only the second marriage was marked by violence in one case, in both marriages in two cases. After her first marriage, Ms Wolff married a friend of her husband from school days at the age of around 50, whom she described as showing a lot of interest in her and very attentive at first. It became increasingly clear to her, however, that he used interest in her as a tool to create dependencies.

Most of the women were ambivalent in their assessment of their marriages. Some of them described their marriage in retrospect as "quite good" and their husband as "acceptable" at the beginning (Siebers interview). Some of the marriages went well or were at least satisfactory over a longer period of time, some women reported "good phases" in their marriages (Kopp interview). Others noticed early on that violence and a quest for power on the part of the husband would play a massive role. Just like other women, Ms Grünewald reported that the relationship was only good before the marriage. In response to the question about positive experiences in the relationship, the women often had a difficult time providing a concrete answer. They reported their marriage as being dominated by the work involved in raising the children, completing educational training, building a house and establishing oneself economically, economic difficulties or illnesses and by experiences of violence, the thirst for power on the part of their husbands, loneliness and lack of appreciation.

Most of the interviewees reported that they grew lonelier and lonelier in their marriage as well as socially isolated, usually because their husband disrupted contacts with their family or their men / women friend(s). Some women reported that their husbands were so rude when they had visitors that the visitors never came back or that they did not dare invite anyone over ever again: "Visitors only came to us once" (Grünewald interview).

Two of the men had extramarital relationships, which the women interviewed learned about and which had a very negative effect on the partnership. Both of

the women involved reported that the men reacted aggressively when the women did not accept it.

Over the course of the partnerships, which in some cases lasted for many years, houses were built together, apartments purchased and other possessions and assets and societal status acquired, which played a major role in the partnerships in many respects. First of all, this offers and offered them security in old age. Secondly, the women develop close ties to the living environment, which they arrange and become familiar with. There were and are very different arrangements with regard to the ownership issues, and in some cases the women are not very certain about them. In many cases the couples had joint title to the property, in scattered cases the husband had title and in some cases the wife.

6.3.3.2 "and then there was recurrent verbal abuse, slapping around, fussing about": conflicts – first acts of violence – perception of violence

Some of the marriages were marked by conflicts and quarrelling already at an early stage. In the interviews with the women victims, there were certain fields of conflict which cropped up frequently and which were cited by several women. The areas of finance (issues involving the management of and access to the bank account, what purchases were made, the amount of money allotted for household expenses, etc.), child-rearing, decisions to build a house or furnish the home, use of the car, tidiness of the household, the design and care of the garden, the jealousy of the husband, the women's' own projects, purchases and meals were of major importance.

Looking back, Ms Winter stated that the disputes over her financial independence in her first marriage described above were the starting point for all ensuing conflicts and violence. After she had her salary transferred to her own account, she had "(...) a very, very ghastly life from that moment on" because that is when her husband began being physically violent.

Most of the women reported that their husbands tried to check up on and control insignificant everyday things and to keep the women on a tight rope – for example the volume of the radio, energy use, the time, the temperature or the taste of food. Most of the time the issue at stake was basically falling in line with the rules and orders of the husband – "obeying his rules" (Jansen interview). Control and violence are exercised by men in the partnership when the women do not meet their demands for care or fail to meet their expectations. Thus there was always "verbal abuse, slapping around and fussing about" when Ms Winter did not prepare a three-course lunch at noon every day in addition to

taking care of the children and working at night as a nurse. In many areas the control aspect of violence is very evident in the relationships. Three women reported, for example, that they went out in the evening alone in spite of the "rules" or came home later than they were allowed.

Conflicts took place and take place in varying ways in the marriages and partnerships. In many cases the women do not submit and accept the men's claim to power, causing the violence to escalate – in some cases to life-threatening levels. While in one part of the interviews a direct connection is seen between such conflicts and violent actions by the partner, this does not appear to bear any relevance whatsoever in others. One woman reported that there was always a direct escalation into violence and that she always avoided discussions with her husband out of fear. Another woman provided a different account in which she stated that the outbreaks of violence on the part of her husband did not have any direct connection to conflicts. It was, rather, excessive alcohol consumption.

There are major differences in the time at which the women surveyed experienced violence at the hands of their partner or husband for the first time. Of the eleven women interviewed, two stated that they had already experienced violence at the hands of their future husband before they got married, while two additional women stated that the violence began shortly after they got married. Two other women reported that their partner began to commit violence against them in the course of the marriage and that this escalated as time went on. Five women reported that their husband, after the marriage had actually begun well, began to change and to become violent – in connection with retirement or early retirement, an alcohol-related illness, the development of dementia or a psychological illness.

Especially with respect to psychological violence it is difficult for some women to state when the violence began because it gradually "crept into" the relationship and grew stronger. Many women only comprehend and identify their experiences as violent in retrospect as well, after a process of reflection, and here as well they still in some cases question whether it was violence. On top of this, the women we interviewed have very different understandings of violence and are frequently uncertain as to whether that which they have experienced should be classified as such. Some women have developed a broad understanding of violence in the course of their lives, but believe that such a broad understanding of violence is not universally valid. Other women do not share this understanding of violence. Thus Ms Siebers states that her husband has become increasingly aggressive and that he raises his voice in conflict situations since retirement and

increasingly checks up on her, but she does not call this violence. She explicitly demarcates these experiences, rather, from violent experiences of others. This may also be a protective and coping mechanism which makes it possible for her to remain with her husband and endure the situation in spite of her distress and as a result of her financial dependency.

Not all physical assaults are referred to as violence. Ms Grünewald says on the one hand, for example, that her husband has never attacked her physically, while on the other hand she describes how he once pressed her up against the wall and threatened her. In response, she pointedly warned him not to hit her. She reported this episode not as an example of physical violence (which would also be conceivable), but rather as an example of how she successfully warded off physical violence because she was able to set limits on her husband. Her understanding of physical violence is in this case a function allowing a clear demarcation of behaviour which she finds clearly unacceptable. She also stated that such a clear drawing of borderlines and demarcation are more difficult in the case of psychological violence and that the possibilities of defending oneself are hence more limited here as well.

In the area of sexuality and so-called marital duties, it does not appear to always be easy for the women to describe what they have experienced. Changes in societal norms manifest themselves very clearly in this area. Ms Wiesmann described how it used to be considered completely normal to sexually speaking be at the disposal of one's husband independently of one's own feelings: "That was just the way it used to be. You also had to be there when your husband wanted it". Ms Wolff described in retrospect that her first husband raped her for the first time after they were married and later as well. She recalled, however, that she only began looking upon sexual violence as a problem and to question her marriage over the course of time. "I did not notice at all that it wasn't right." In her second marriage, Ms Wolff was sexually harassed by her husband – an experience which she did not as unambiguously classify as violence as the experience in her first marriage, although she found it humiliating.

Ms Egbers also said on the one hand that her husband did not assault her physically, but on the other hand she reported sexualised physical molestation and that her husband communicated sexual fantasies which were unpleasant for her. Here it becomes clear once again that identifying experiences as violence is fraught with ambivalence for some of the women we surveyed. In some cases the women are uncertain as to what they can call violence or as crossing over borderlines and what not. In some cases they contrast their experiences with the – much worse – experiences of other women and play down their signifi-

cance or state as a reason for the behaviour of their husband that "that" was just the way things were back then and hence it was normal.

Some of the interviewed women view the abuse of alcohol and the psychological disorders of their husband or the extramarital relationship of one of the women interviewed, which was discovered by her husband, as being the specific, clear reasons for the violence of their husbands.
Many of these interviews are marked by the perspective of the women regarding what they experienced changing significantly over the course of years, with experiences which they previously classified as normal are now in old age, following successful separation, viewed differently and in the meantime definitely identified as violence. The views of specialists and other outside persons also play an important role here.

Some of the women who responded to the newspaper article appear to have taken advantage of the interview situation to reflect upon their experiences in their partnership, for the first time confiding in someone so that they could perhaps understand the behaviour of their husband as constituting violence and being unacceptable. Thus these women used the interviews as an opportunity which they chose themselves to intervene along the lines of an aid in reflecting upon experiences, but below the threshold of making use of help services.

6.3.4 Violent experiences

In the preceding chapter it became evident that the women we interviewed have experienced intimate partner violence at different points in time and phases of their lives and in some cases have different definitions of violence and that their understanding of violence has changed over the years. In the interviews the women reported about the different types of violent behaviour of their husbands. The importance of psychological violence from the perspective of the women has already been addressed. The women interviewed reported on the behaviour of their husbands and partners, which restricted and still restrict the latitude of the women and their opportunities to run their own lives on a massive scale – types of behaviour which according to the understanding of violence which this study is based upon definitely constitute violence (see the definition in the foreword). In the following we would like to examine the various violent experiences of the women in a more discriminating manner.

The various types of violence often occur in combination with each other and overlap. Physical violence is frequently exercised by the husbands of the women interviewed following or in combination with psychological violence. Some

women also report, however, that physical violence did not play any role with them, but that they were subject to various forms of psychological violence at the hands of their husbands / partners.

According to the accounts of the women surveyed, the various types of violence frequently occur together. Although some women reported that they only experience psychological and financial violence, others were forced to suffer various types, in particular physical violence (in some cases life-threatening). Sexualised violence often occurs in connection with other physical and psychological violence.

6.3.4.1 Financial violence, exploitation and dependency

In studies of abuse and neglect of older people, financial exploitation is usually cited as a form of violence. This generally means that a person who is in contact with an older person in need of help enriches himself at the expense of this person and without their consent. In this chapter financial violence means something different: here it means that women are made financially dependent and this is preserved over a long period of time in order to exercise power and control in a relationship. This can involve many things: not providing the woman with enough money to pay household expenses (too little, not on a regular basis, only when she asks for it or levies accusations) while at the same time expecting perfect management of the household, not providing financial resources for women to meet their own individual needs, refusal to provide access to the income of the men, threats of additional financial restrictions to satisfy needs, etc. Financial dependency can lead to separation and an independent lifestyle appearing virtually impossible.

Out of the 11 women we interviewed, 9 reported violence in the form of financial dependency and control – the degree varies greatly among the women. It is highest among those who as a result of family tasks gave up their job temporarily or permanently. With these it was common for the partner to have complete control over the family income. But in some cases in which the women earned their own money, the men also attempted – not always successfully – to obtain control over this income. Some women reported that they received an allowance for household expenses from their husband (which was generally barely sufficient) and had to ask for more when it was not enough. The access to money to meet personal needs was usually even more restricted and complicated. Often both were refused or the request provoked humiliating comments. Ms Schulze, for example, received DM 50 from her husband for household expenses and had to "beg" for more when the money had been spent. Although she theoretically

had access to the family bank account, her husband became angry when she withdrew money herself. When she needed money for personal things, she had to wait until the end of the month. That was when her husband decided whether he felt that enough money was left over. In the interview Ms Schulze was able to state precisely how much money she had for personal things in her marriage because she only received the money on her birthday and it was always too little. In some cases the men also decided that the money for household expenses had to suffice for additional items such as, for example, the telephone bill or similar.

The money for household expenses which the women received from their partners and financial resources for other needs were also used as a form of pressure in conflicts and at times withheld by the men. Thus, for example, Ms Winter, who fell ill with MS, stated that her husband drew up a written budget plan after a conflict in which he crossed out various items: "cleaning woman crossed out, household allowance crossed out, dog-sitter crossed out." (Winter interview) In old age financial violence can take on new forms. Ms Jansen, who previously received money for household expenses from her husband and had her own income from a part time job, stated that her husband no longer gave her any money for household expenses since she suffered a stroke and could no longer drive the car to go shopping by herself and that he made all the decisions regarding purchases of articles for daily needs himself and ignored her desires and needs.

Conflicts develop with regard to the issue of which bank account possible retirement benefits are to be paid to. Thus Ms Schäfer reported that her husband pressed her to have her retirement benefits paid to his account, which she did not have any access to, as from his perspective it was time for her to also help pay for household expenses. She resisted this demand, pointing out that she also worked in the household and demanded for her part that his bank account be put in the couple's name. When the first pension payments did not arrive in his account, "all hell of course broke loose." For Ms Kopp the financial transactions of her husband also became extremely problematic, although in this case it was related to his psychological illness. He threatened to ruin the family by obtaining credit cards, concluding loan agreements, selling real estate and booking expensive holiday trips. She reported that he woke her up in the middle of the night at times and forced her to drive to the bank and get money for him. Fortunately, Ms Kopp was able to cancel many of the financial transactions of her husband.

Ms Grünewald found out after her second wedding that her husband gave his son from his first marriage expensive objects which belonged to her without her knowledge and his son had destroyed some of these. His son also borrowed large sums of money from her and did not pay it back. Her husband always supported his son in all this. When Ms Grünewald built a house for the family with money she inherited herself and had the title to the house put solely in her name, he put her under massive pressure. Just like in many areas, she stated that the issue for her husband was "putting her in her place".

After separations there are usually massive conflicts over financial issues which end up in court such as support payments and the splitting up of the property and assets; support was only paid without any problems in the case of Ms Meiering. In one case the separated husband had to be forced to leave the house of the woman by legal action, but until then he let it become dilapidated. Women frequently report that their partners refuse to hand over furniture and objects of the woman or from their joint property. Ms Schulze describes her husband this way: "he would rather destroy it then let me get it. That is the way he is." (Schulze interview)

On the whole, it can be stated of the women who are still living in partnerships that their ability to act and their autonomy, which has through many constellations developed into financial dependency or has been deliberately made this way by their partners, are also and especially restricted as a result of old age or perceive themselves as restricted. Two of the three women reported that they had frequently thought about separating from their husbands, but that they did not do so for financial reasons and in order to preserve their standard of living and social status.

6.3.4.2 Psychological violence

All of the women we interviewed reported examples of psychological violence from their partnerships. Psychological violence is in the majority of cases viewed by the women as being just as bad as physical violence. Psychological violence is more difficult for them to place their finger on and less clear, however. Here as well there are major differences regarding the forms and the dimension. Insults, humiliation, verbal abuse, rejection, constant complaining, deprecation of the woman in front of other people, orders, prohibitions, rules, restrictions on action and the latitude and freedom to make decisions, control, extreme jealousy in connection with control and threats, threatening to commit suicide and blaming the partner for everything – all these are forms of psychological violence which the women reported. It can be inferred from the interviews with the

older women victims of violence – and this is also in line with the interpretation of the women – that in most of the cases reported it was not one-time "accidents", but rather the intended behaviour of the men to put the women in their place, keep them down and preserve their own power position or strengthen it. At the same time, the women also reported types of behaviour by their male partners which in their view were less clear in terms of their intentions and which could be an indication of a failed relationship and problematic communication and conflict behaviour by both partners.

For two of the women who reported that they only experienced violence in old age, psychological violence was the main problem. These women reported controlling behaviour by their husbands, verbal abuse, constant nagging, interference in what used to be their own domains and restrictions on their decision-making and options for them to decide what to do themselves. All of the women reported that their partners put them down and abused them verbally. As was stated above, control by the partner is a massive problem for most of the women. The men check up on their friendships, visitors, leisure time activities, the furnishing of their homes and apartments, TV programmes, when they come home, use of the car – or at least they try to. The women thus scarcely have any latitude for action in their everyday lives or they always have to fight for it. Rules and prohibitions are communicated by the men and enforced in different ways. In some cases these are communicated and enforced indirectly, in some cases through non-verbal communication, various veiled threats, but in part also in a very direct manner. When rules and prohibitions are violated, the men in some cases react with threatening glances, silence, screaming, verbal abuse, insults, threats and the destruction of objects which belong to the women.

Another aspect is that the men systematically denigrate the women, their work and everything which is important to them: they criticise the food prepared by them, the tidiness of the household, the appearance of the women or the manner in which they care for the garden. They call them lazy and useless and cast deprecating looks at them and punish them with silence. Work performed by the women, for instance in the common household or in the garden, is sabotaged or deliberately destroyed, food is thrown against the wall. Ms Grünewald reported that her husband obviously enjoyed tormenting her: "'People who you love – you like to torment them'. That was his favourite saying and that describes this marriage aptly."

Some of the women surveyed also reported neglect and psychological violence during periods in which they were dependent on the help of their partners. Thus Ms Meiering stated that her husband was absent when their children were born

and thereafter abused and harassed her verbally in a "totally drunken" state. Ms Wiesmann also reported that she was let down and humiliated by her husband in a situation where she "needed her husband" for "the first time" in her life (Wiesmann interview). He told her that a hysterectomy required because she had cancer meant that she was no longer a complete woman for him. After a stay in the hospital he threw his dirty laundry at her, stating "you can wash these so that you can profit as well". (Wiesmann interview) Ms Schäfer, who developed lung cancer during old age, probably as a result of decades of passive smoking (her husband smokes cigars) reported similar things. She stated that aside from occasionally doing the shopping her husband did not support her in any way during a physically very trying out-patient chemotherapy, during which she in addition suffered a stroke. She reported how she lay helpless in the kitchen "like a small child" and was not able to cook anything to eat. He left the house and upon returning screamed at her: "you are too lazy to cook." She felt like she "no longer functioned" for him and was hence useless. It is painful to her that he told her that her illness was moreover the reason for his excessive alcohol consumption.

Control and restriction of mobility and social contacts ranging all the way to isolation is a motif which is reported frequently by the women we interviewed. Car-driving is the starting point for conflicts, verbal abuse and humiliation of varying intensity in almost all of the marriages and partnerships. The issue is above all control over mobility and activity (for example, by checking the number of kilometres travelled on the tachometer), but is on the other hand also aimed at establishing that the women are not fit to drive a car. Women are frequently abused when they drive cars, sometimes assaulted, while others are not allowed to use the car in the first place. Ms Schäfer reported that her husband grabbed the steering wheel one time and she decided to no longer drive as a result of the life-threatening situation that others were subjected to. Ms Egbers stated that her husband, since he has grown older, has prohibited her from driving the car and she is only able to travel by using public transportation, which is a lot of trouble. Especially in old age and among women who do not live in cities, the availability of a car is one of the keys to mobility, the ability to meet their daily needs and social networks.

Social contact and communication were and are checked up on or made impossible in other ways as well. The women in some cases believe that the motive is jealousy. Ms Wolff stated that her husband wanted to know whom she had spoken to and what about more and more often. Other women reported that they had been socially isolated as a result of the behaviour of their partners. Ms Grünewald, for example, described various situations in which her husband

alienated visitors and placed her in a bad light in front of her women friends. Jealousy – extreme or pathological – also played a role in one of the interviews, leading to unbearable control, verbal abuse and accusations being levied at the woman.

Two women related how their husbands had had other relationships or affairs and had not been honest with them. Ms Siebers stated that her husband had lied to her as a result of an affair, which injured her deeply and led to her thinking about a separation for the first time. This situation profoundly disturbed her trust in her husband and the relationship. Ms Schulze stated that her husband had told her already after six years of marriage that she was the wrong partner. She thought about separation at the time, but stayed because her husband had developed cancer and she did not want to leave him alone and he moreover feared financial disadvantages. She experienced the later years of the marriage as torturous; her husband – as she described it – had regular extramarital relationships and verbally abused and humiliated her when she did not accept these without complaint.

Suicide or murder threats are also used as a means of pressuring the women, promoting fear and terror – in particular in connection with physical violence experienced prior to such. One of the women reported that her husband had put her under pressure by threatening to commit suicide: if she "did not do this or that, he said he would hang himself." (Schäfer interview). Ms Wiesmann reported that she had received murder threats from a man with whom she had had a two-year weekend relationship and whom she later assessed as being a "psychopath" when she separated from him. "Yeah, he said, you won't get away from me. I need you, I love you. (...) He was a chemist and said he only needed to sprinkle some stuff in the house". (Wiesmann interview) She filed charges and obtained police protection. She withdrew criminal charges out of fear. Ms Kopp received murder threats repeatedly from her psychologically ill husband, and now she is receiving them by mail from prison. Ms Meiering, whose husband regularly beat her excessively and raped her, always found a knife under his pillow in the morning when she made the bed, which she then took away without commenting on it. She speculated that he wanted to "do her in at some point".

The women surveyed by us often reported that their husbands destroyed objects which were dear to them and important in their everyday lives or took these objects away. Thus Ms Kopp and Ms Grünewald reported that their husbands had manipulated their cars and damaged them several times so that using them even posed a danger to them. Ms Grünewald moreover reported that her hus-

band destroyed objects which were dear to her in a targeted manner ("these things have to be destroyed").

The various forms of psychological violence trigger fear among the women, in part connected with physical reactions. Ms Grünewald reported that "she had shivered and shook all over". The marriage, she said, also destroyed her self-confidence; she had developed a "very pronounced inferiority complex" in the 20 years of marriage. Destroying their wives' self-confidence, putting them down, generating fear which strengthened their own power position – these were the aims and effects of the psychological aggression related in the accounts of the women we surveyed

6.3.4.3 Physical violence

Only three out of the women we surveyed did not report physical, but rather exclusively psychological and / or financial violence. It is notable that four of these women did not cite their experience of physical violence in the interviews in response to the question about physical violence experienced, instead reporting such incidences at another point. Thus, Ms Jansen stated that she had recently been pushed by her husband in connection with a dispute; Ms Egbers reported sexualised physical assaults by her husband; Ms Wolff reported that her husband had thrown hot coffee in her face after she had licked off a knife and had said something uncouth to him and Ms Grünewald reported how her husband had pushed her up against a wall. These cases were not classified as physical violence by the women, probably because they did not suffer any massive physical injuries as a result.

Pushing, throwing hot fluids in the woman's face, slapping, hitting, knocking around, kicking, beating the women with and without objects and strangling are only a few examples of physical violence reported by the women we surveyed. Such types of violent attacks usually take place at home; only the psychologically ill husband of Ms Kopp also committed such violence in public. Physical violence is either committed completely unexpectedly, coming out of nowhere more or as a reaction to resistance by the women to psychological and financial violence or to the orders given by the man. Ms Schäfer reported about a situation in which her husband hit her because she left their common bedroom against his will and together with her daughter built her own bed and did not use the guest bed as her husband had ordered. Here as well, according to her, the issue was control: "and all of a sudden he hit me, I don't know where, and said 'you did not hear what I said to you.'" (Schäfer interview)

Some women report physical assaults only occurring in connection with or following major changes in the partnership, the onset of excessive or escalating alcohol consumption or psychological illnesses of the men. In particular, abuse of alcohol plays a decisive role with respect to physical violence in the accounts of some women: Ms Meiering describes how she was subjected to life-threatening physical violence for 45 years, suffering and enduring these attacks into old age. She reported situations, for example, in which her husband hit her head against the exhaust hood in the kitchen or in which her husband left the house after a conflict and beat her when he returned. Ms Schäfer's husband only became physically violent when he reached retirement age. The violence committed in the course of excessive alcohol consumption then took on life-threatening dimensions several times, forcing her to flee repeatedly to save her life.

In three interviews the women reported that they were locked out or in by their partners. Ms Wiesmann reported that in earlier phases of her marriage her husband decided when she had to be at home and no longer let her in the house when she in his opinion returned home too late. Ms Grünewald also reported a situation in which her husband locked the door at night and only let her in after making her wait a long time. Ms Schäfer reported that she was locked in the garden by her husband under the influence of alcohol following a serious quarrel and was no longer able to go into her garden without experiencing anxiety. After an additional escalation and flight, her husband locked her out of their common house.

6.3.4.4 Sexualised violence

As has already been mentioned, some of the women interviewed by us have also experienced sexualised violence, in some cases beginning in younger years and continuing into advanced age, in some cases in earlier relationships and in some cases only beginning at an advanced age. A majority of the women we surveyed only talked about experiences of sexualised violence after being directly asked about such, while in some cases they merely hinted at it. Some of them said that it was normal for women of their generation to be forced to have sex. Ms Meiering reported that she was only able to identify the rape committed by her husband as such and speak about it after she had separated from him and obtained support. Rape is either dismissed as unimportant (when it occurs once – see Jansen interview) and / or as legitimate in the marriage: "You also had be there when your husband wanted something." (Wiesmann interview) Some of the sexualised violence took place when the men were under the influence of alcohol.

The women reported various methods with which they were forced to sleep with their husbands or were sexually harassed. One pattern is to say that this is normal and put the woman under pressure by arguing that they should not put up such a fuss. Ms Wolff, for example, was told when she drew away from her husband when he pressed her "that he needed it".

The women surveyed by us reported various types of sexualised violent actions. Ms Meiering stated that she had not told anyone about the sexual violence that she experienced because she had been so ashamed. Ms Egbers reported that sexualised assaults only began in old age. Her husband has been pressing her recently with sexual fantasies, grabbing her breasts and crotch. Ms Meiering reported that her husband also raped her in old age as well, applying physical violence on a massive scale. With respect to the last rape before their separation, she reported that he "rode me like a tyrant" and "wanted to reach his climax", "I lay there for a dreadful hour." (Meiering interview)

The sexualised violence, which was always exercised in combination with psychological and / or other physical violence, led to a feeling of total denigration on the part of the women. Ms Meiering reported that her husband only needed her "for sex" and she felt "like a doll which one uses and then discards". She has never had an orgasm in her life and stated that she was "only good for work and the children".

6.3.4.5 Violence against other people

Some of the women reported that other people from their environment were also subjected to violence at the hands of their partners. In particular, the children were frequently involved. Ms Grünewald reported that her second husband focused his violent actions on her dog and her children from the first marriage. He exploded, for instance, when he considered her to be wrong or too loud. Much more serious, however, was that he sexually abused her two daughters. Ms Kopp reported verbal and physical attacks by her psychologically ill husband against employees of her company. Thus, he attacked them physically, screamed at them or wilfully destroyed their cars. Some women also reported that their female friends were discredited and humiliated by their husbands and as a result stayed away. Ms Meiering reported, on the other hand, that she was always sure that her husband's violent actions would not be directed at their children, but rather solely against her.

6.3.4.6 Triggers and causes of violence

In the view of the women, in some relationships phenomena and experiences relating to old age, or which could relate to old age – for example, retirement, alcohol linked to retirement, psychological processes of change in connection with ageing – were triggers or exacerbating factors in the violence they described. In other relationships, age appears to have played no role in this respect. The women surveyed by us scarcely identified any causes for the violence perpetrated against them. The interviews suggest, however, that in part conflicts are the triggers of violence. In some cases, the women reported, however, that attacks came out of nowhere or after small disagreements or supposed violations of rules. There were many occasions for this: a meal did not taste good, it arrived on the table too late or was served in the wrong room, the children were too loud, the tools were not put away – in principle, little things and "backtalk" sufficed.

Two women, on the other hand, identified psychological disorders on the part of their partners as causes of violence – in one case a bipolar disorder diagnosed by a physician, and in the other – this is what the woman surveyed speculated, a psychological change as a result of age. Two women described the alcoholism of their husbands as a reason for their violence, although in the case of Ms Schäfer the alcoholism of her husband began with his retirement. One woman viewed the extramarital relationship of her husband and his bad conscious and major disruptions in connection with advancing age and retirement to be the triggers for his increasingly aggressive behaviour. Ms Jansen experienced her husband becoming increasingly aggressive towards her after his retirement as well, but also attributed this to the fact that he had found out some time before that in addition to him she had had a relationship for several years and he wanted to punish her for it. Ms Grünewald stated that the violent behaviour was linked to the sadistic personality of her husband.

6.3.4.7 "But these intervals got shorter and shorter." – Changes in violent relationships

Six of the eleven women reported that they had experienced violence for many years, in some cases since the beginning of the partnership or marriage. One women experienced violence in a two-year weekend relationship and four women described how they only experienced violence in old age, although two of these women stated that this was connected to their husbands' psychological disorders.

Changes can be identified in all the reports on violent relationships lasting many years. Several women with whom we came into contact through the newspaper article or the radio report stated that they felt that the article or radio report applied to them as a result of changes in the behaviour of their partners and the deterioration of their own situation within the partnership or marriage in connection with retirement and in general the ageing of the men.

Factors which are stated to contribute to the escalation of violence are first of all age-specific factors such as retirement, decline in physical and psychological functions, and secondly additional factors which are possibly, but not necessarily connected with ageing, such as the development of psychological disorders and escalation of alcohol consumption. By way of comparison, abrupt biographical events and changes such as the birth and raising of children, building a house or unemployment influence the development of the violent relationship in younger years.
The women usually report a quantitative change and an intensification of the violence. None of the women stated that the violence had declined, but they did attest to a qualitative change. One woman reported that the alcoholism of her husband began when he retired and in the ensuing period physical attacks took place more and more frequently – "at the end almost every day" (Schäfer interview). Ms Meiering, who also reported violence in the context of alcohol abuse by her husband, stated that the physical violence of her husband had declined over the last few years, but that he increasingly humiliated her and also continued to rape her. She said that he had "increasingly turned into an animal" and his "entire being" had become "more aggressive (...) more and more negative". (Meiering interview)

The exercise of financial controls and dependencies set in as early as the beginning of the marriages and partnerships in most of the cases, when the rules for life together were laid down, but this continued into advanced ages. Financial dependency increased for some of the women we surveyed again in the phase of

retirement, when the issue became whom possible pension expectancies of the women should be paid to and, in the case of separation and divorce, how to split up the property and the payment of support.

The transition to the post-working phase is generally an important change with respect to the form of violence in the relationship in the accounts of the women. Some women report that their partners then had more time and above and beyond this suffered a loss of meaning, increasingly interfered in and checked up on areas which were previously the domain of the women – with the consequence being that they fought for areas of influence and functions of the women. This relates in particular to the household, garden and kitchen. The lengthier presence of the men moreover leads to a growing limitation on options and to more wide-ranging checks on social ties. Ms Jansen and some of the other women report that their partners nag more since retirement, complaining that they do not do anything right and "blaming me for everything". The women interviewed also reported that their partners increasingly raise their voices and behave aggressively when there are verbal conflicts. Changes in old age on the one hand relate to changing behaviour of the man, but they can also result from changing perceptions and possibilities for the women to cope.

Another abrupt change and trigger of changes in the dynamics of the relationship is illness – both on the part of the men and the women. Some of the interviewees report that their partners have become more aggressive, controlling and unpredictable in the course of the men's own illnesses such as, for example, cancer, alcohol-related illnesses or psychological changes, increasingly committing both psychological and physical violence. In connection with worsening alcohol-related illnesses, three women have experienced massive, escalating psychological and physical violence – in some cases approaching life-threatening levels – and mounting efforts by their husbands to control them. These are constellations in which the men drink regularly and become violent under the influence of alcohol. In one case violent escalations of conflicts come about due to the uncontrolled alcohol consumption of the man.

In two cases the women victims of violence know or believe that their husbands have psychological disorders. Ms Kopp, whose husband developed a bipolar depression in the 1990s, reported a complete change in her husband which went hand in hand with a considerable loss of control and was especially marked by violent actions and threats to her and other persons as well as excessive expenditures and purchases. Ms Egbers described how her husband has already been taking psychotropic drugs for some time and is in the meantime trying to increasingly control her and picks fights with her as well as other people without

any particular reasons that she can discern. She has also noticed that his personality has changed on the whole, which she attributes to an increase in compulsive behaviour and anxieties. Based on her own professional experience, she speculates that he is suffering from the onset of an age-related psychological disorder such as, for example, dementia.

In the case of Ms Meiering there was an escalation of violence in connection with her husband's stroke. He did not want to be treated and violently resisted the medical team and his family, breaking down the front door and finally being taken to the hospital in handcuffs by the police. He brutally raped Ms Meiering the day he returned from the hospital. Ms Grünewald also reported massive aggression in connection with an illness suffered by her husband, who had had a heart attack. At an examination in the hospital which he did not want to undergo he insulted the nurse, which caused Ms Grünewald to have a nervous breakdown. Illnesses suffered by the partners moreover cause some women to give up their plans to separate when they find out about the illness, as they do not want to "hammer the nail in the coffin" of their husband (Grünewald interview). In some cases the men also exert massive pressure on their partners because they do not want to be left alone in this difficult situation.

When the women become ill and become more dependent on their partners due to their need for help, some of the men appear to become more controlling, in particular when this coincides with the retirement of the men. Other women report more neglect and increasing aggression because the women no longer perform their supposed household duties.

Extramarital relationships play a role in the escalation of aggressiveness for three women, with two cases involving a relationship of the men and in one case of the woman.

Generally speaking it is rarely only one factor which leads to changes in the dynamics of a relationship. Usually this takes place at several levels, factors are interrelated and mutually reinforce each other – such as, for instance, in the case of retirement, alcoholism and age-related illnesses. The probability that several such factors will coincide grows with age.

6.3.4.8 "Two different men live here" – background information on the men

All of the partners of the women we surveyed worked, and some of them were able to have a professional career. One man was a university professor, two

additional ones also completed university studies and three partners have received qualifications through occupational training. Two partners worked in high-ranking positions in the government, one of them in the former GDR, another one as an insurance agent. Except for one man, all the men earned more money than their partners, had higher degrees and worked in higher professional positions. Eight men worked until they went into retirement, two men took advantage of early retirement options and one of the male partners lost his job as a result of reunification, then developed a psychological illness and a partial work disability. At the time of the interview he was in jail. Two of the men are probably afflicted with psychological illnesses, and three are alcoholics.
Three men have already been married before, while one woman reported that her husband had also exercised violence in a previous relationship. Aside from one man, who is two years younger than his wife, all of the male partners are a similar age as the women or older – the biggest age difference is 15 years.

In the interviews most of the women described their (former) husbands or partners as men who had actually been quite tolerable, decent, hard-working, charming and cheerful or having had a good nature. "He did not used to be a wife-beating type. He was actually a wonderful person" (Kopp interview). Some of the women were grateful to their husbands for phases in which they were dependent on help from their partners and received it – for instance when they became ill or in times of financial crisis. At the same time, they characterised the men in the interviews as compulsive, stubborn, emotional, "stuck in their ways" (Jansen interview), "sadistic" (Grünewald), "frigid" (Wolff interview) and "tight-fisted" (Schäfer interview), patronising and restricting, incapable of accepting criticism, know-it-alls, "indolent" (Egbers), concerned with the pursuit of their own interests and / or aggressive. The need for control and quest for power on the part of the men is frequently addressed by the women – in one case the partner was said to build himself up by focusing on the weakness and neediness of others.
In most cases the women report that their partners took or take liberties in the marriage or partnership which they would never allow their female partners to take. Examples of this include staying out late at night, their own activities, holiday travels on their own and extramarital relationships.

Some of the men appear to have committed violence solely towards their wives or partners, while others were also violent with the children. Some have also perpetrated violence on outsiders or have picked fights and provoked conflicts in the neighbourhood, with acquaintances in the job context and in the extended family. Some of the women reported, on the other hand, that their husbands behaved completely differently in the family or partnership. These men and their

partnerships are frequently seen by others as model types in the accounts of the women. Some women describe their partners as unpredictable – especially under the influence of alcohol, as being two-faced and capable of sudden outbreaks under the influence of alcohol. Ms Schäfer also reports that her husband was not able to remember his actions the next day: "some of them drink and become aggressive, others don't remember anything the next day". This motif, in which the women have to deal with two different men in their everyday partnerships, cropped up in different places in the interviews.

Some of the women described how their husbands or partners did not have any particular interest in their social acquaintances and activities and tended to withdraw and tend exclusively to their own career advancement as "workaholics" (Egbers interview) or carried on with such projects and activities in retirement. Other men in the accounts of the women were very active outside their job and family and spent a lot of time at activities in which the women were not involved or did not want to be involved in. The women victims of violence have experienced subordination and loneliness as a result.

On the whole, the descriptions of the men are characterised by various types of ambivalence. This is due to the fact that most marriages and partnerships have their own special dynamics and have gone through different phases in terms of the quality of the relationship. Good experiences with the men play an important role in the recollections of the women; their feelings for the men are in some cases still ambivalent even after separation.

Women who have separated from or divorced their husbands report almost without exception that the men did not want to accept the separation or divorce and that conflicts developed – including in court – involving the splitting up of their common property and the payment of support. Ms Kopp reports that her psychologically ill husband stalked her and her new intimate partner and threatened her, frequently forcing her to involve the police. Ms Wiesmann also reports that her ex-partner did not accept the separation and threatened to kill her. The women not infrequently report that their husbands attempted to make it impossible for them to financially fend for themselves and destroyed their belongings. In sum total this shows that the quest of the men for power and dominance also extended beyond the marriages and partnerships.

6.3.5 Dealing with violence

The strategies of the women in dealing with the violence they have experienced is examined in the following. In spite of in many cases long years of experienc-

ing violence, all the women have found ways of coping with it and in some cases of surviving massive psychological abuse and physical assaults. To do this has required and requires enormous efforts and energy and endurance and resilience in most cases. The woman also frequently report acute and chronic illnesses, however, which may possibly also result from the long periods of violence. Some women were still in the partnership at the point in time of the interview and stated that they did not consider separation as an option for various reasons. Some women attempted to escape the violent relationship and also found ways of doing this, even if it took several attempts in some cases.

6.3.4.1 "I resisted a bit at first and then reacted by withdrawing" – behaviour in conflicts and in the case of violent assaults

A distinction first of all has to be made between spontaneous reactions of the women and longer-term modes of behaviour in conflict and violent situations. Some women report that they became afraid of their husbands, and that these anxieties surfaced again and again when their husbands threatened them, screamed at them or stalked them. This is manifested by their reacting to the situation physically. One woman said "I freeze up, my head starts shaking and I just take it" (Jansen interview). Another woman reported that she was "totally shocked" the first time physical violence took place, when she noticed that "a borderline had been crossed" (Jansen interview). Several women report that they froze up inside and became incapable of acting. Some women remain capable of acting when they are assaulted because they flee when situations escalate. Other women do not report that they have developed a marked fear of their husbands and partners, but react in some cases by freezing up and becoming confused.

In addition to the spontaneous – often physical – reactions, all the women develop behavioural patters in order to steer clear of the violence or to live with it. Here the patterns are marked by submission and toleration, apologies, legitimation and protection of the husband, withdrawal and fleeing from the violent situation in order to protect or rescue oneself as well as to create personal space and / or fight and resist. These patterns of subordination and resistance in some cases occur parallel to each other and are interlinked. They have varying degrees of salience depending upon the types of violence experienced and the resources and options which they have available. The reports by the women contain repeated references to both patterns of behaviour.

All of the women interviewed report situations in which they have submitted and tolerated the violent situation – many of them for most of the period of their

partnership. The pattern of submission is generally already laid down in the structure of the relationship. The women, especially the ones who already got married when they were young, submitted to a patriarchal gender role model early on in which the man was assigned the dominant power position in the partnership and women were in a position subordinate to him which was focused on his desires. This role model was accepted by all of the women we surveyed more or less without objection during the course of their marriages and partnerships – at least at times. At the same time, many of the women suggest that they are now in retrospect dissatisfied with this, that they did "not emancipate themselves very well" in their partnerships (Wolff interview) or that they actually would have desired more autonomy in the marriage (see Jansen interview). All the women have developed strategies in one way or another of asserting themselves within the relationship. The pattern of subordination is rarely deviated from. Women repeatedly attempt to resist or escape from violent situations and the violent relationship.

It appears to be typical of the generation of women aged 60 to 70 we interviewed that they have experienced an important process of societal reinterpretation in their lives and that this manifests itself in more or less active opposition all the way to assertiveness and fighting for autonomy or even separation from the man, in the development of autonomous perspectives, etc. All of the women we interviewed have experienced different development processes, have reflected upon their situation and role within the partnership and attempted to change themselves and their situation in an active manner at least in part. Some women were active in organisations (some of them with feminist orientations) at the point in time of the interview. One woman already became active in the association funding a women's shelter during her marriage, one woman has been visiting the women's breakfast at the local women's counselling service since her separation, another woman is active at a senior citizens' counselling service and sees her conversations there as being something akin of a self-help group of women for women.

Many of the women interviewed reported at the same time that they generally attempt or have attempted – in the wake of violence already experienced – to avoid conflicts in their partnerships and prevent violent escalation. They have attempted to avoid situations which could provoke the ire or aggression of the man, even if this is at the price of subordination. This means that violent situations have an impact above and beyond the situations themselves. Previous threats and fears influence the women in the everyday relationships and support the men in their efforts to get their way. This includes first of all meeting the implicit and explicit expectations and demands of the man: having the food on

the table when their husband arrives home, having the apartment tidy, the children taken care of and / or making sure that they do not disturb the partner, being available for sex, being present or not being present depending upon the situation, furnishing the apartment in accordance with the desires of the husband or designing the garden the way he wants it, discontinuing or scaling down a training course or job, accompanying their husband on social occasions and speaking or being silent at the right moments – in short, avoiding offering any target if possible and avoiding conflicts.

This pattern is particularly pronounced in the case of Ms Meiering, who experienced physical violence on a massive scale and lived in constant terror. She saw little or only limited latitude to act as she desired, which made her become invisible and inaudible in her fears and anxieties. To protect herself, however, she removed the knife which her husband had put in the bedroom without commenting on it. Ms Schäfer, who also experienced physical violence on a massive scale and lived in a state of paralysing fear of her husband, repeatedly reported strategies (including with the support of her daughter) to also make her living situation more endurable, including against the will of her husband (for example setting up her own bedroom), describing how she did not comment or contradict the aggression and insolence of her husband in everyday communication, either.

One typical aspect of violent relationships is that women repeatedly seek possibilities to influence the behaviour of the partner through their own action or inaction (Walker 1979, Dobash & Dobash 1979). The women we surveyed also reported that their strategies of avoiding conflicts and violence did not ultimately lead to them being able to avoid violent incidences.

Some women stated that they have put up with the violence now or in the past in the hope that it would soon pass and not escalate any further. Others related how they submitted in disputes, did not engage in conflicts and did not contradict their partner. They describe how they grow silent. Some women report that they have become accustomed to not saying anything at all any longer, remaining silent in conflicts or speaking "very quietly" even though it made them unhappy.

Another aspect is that the women interviewed generally play down the violence perpetrated by their partners from the outside world, cover it up or even conceal it or protect their partners. Ms Meiering reports that she protected her husband from her brother and later from her son as well many times, when she feared that he would not survive. In the case of Ms Kopp, the situation differs greatly. She reports that she attempted for many years to protect her psychologically ill

husband and help him by suggesting he undergo medical treatment. Moreover she supported him, including by cancelling purchase and loan agreements, assuming his debts and interceding on his behalf with the tax authorities – and this even though he was assaulting her with massive physical and psychological violence at the time and jeopardising her material existence.

This motif of stating that the violent behaviour of the male partner is not intentional, excusing it in this manner, crops up in several interviews. In some cases the women have specific reasons for their assumptions or, as in the case of Ms Kopp, there is a physician's diagnosis. At any rate attributing this to an illness helps the women to understand what they have experienced and cope with it. In some cases the assumption of an illness as the reason for violence is a factor preventing separation, as the women do not want to leave their partners in the lurch in this situation.

Some women reported that they attempt(ed) to assert themselves in the partnership, protect themselves against the violence perpetrated by their partner or escape from the violent relationship. A few women reported that they resisted the quests for power and control of their partners as far back as right at the beginning of the partnership, but then gave this up after several fights and resigned. Others – and this includes the majority of the women we interviewed – state that they only began to actively resist the dominant and in part violent behaviour of their partner during the course of the marriage or partnership and fight for a certain freedom to act as they desired. Some women reported that they were successful in prevailing in the face of strong opposition from their husbands or partners, for example working at least at times at a job, getting a driver's license, working on a voluntary basis and engaging in their own leisure-time activities such as, for instance, meeting woman friends or going on holiday by themselves. Also getting their own bed or a separate bedroom all the way to separate living areas is such a strategy of creating personal space and non-violent areas and times. Individual women reported that they attempted to slip through the social control of their partner and in this manner protect themselves against social isolation. Some women also resisted the financial control of their husbands and fought to achieve autonomy. Some women reported efforts to ease the burden on themselves or to give up tasks which served as ammunition for conflicts and aggression on the part of their partners. Moreover, in the interviews there are also accounts by the women of unsuccessful attempts on their part to change the behaviour of their partner or to persuade them that they need to change. In some cases attempts were made to involve therapists, counselling offices or mediators to try to solve the marital problems, which the partners rejected, sabotaged or discontinued.

6.3.4.2 "And I did not want to separate." / „then I went back to him" – separations and attempts at separation

The violence could not be interrupted or completely put to a stop in any of the partnerships which still existed at the point in time of the interview – the violence only ended when the women separated from their partners, although the violence continued in two cases after separation as well. For a majority of the women interviewed, separation from the husband or partner was the last resort available among the strategy options for asserting themselves. Only three of the women interviewed currently live with their partners; one of them is not married to her partner. Four women have separated from their partners, but have not got a divorce. Four other women have separated from and divorced their husbands. All of the women (with one exception) who have separated or divorced only did so at an advanced age after at least 15 years of marriage or a relationship. Three out of the women we surveyed were already married previously and had already been divorced once.

Three women reported that they were already living separated from their husbands for a lengthy period of time before the final separation, that they had in the meantime even rented their own apartment, but at first had always returned to their husbands. In some cases a longer period of time passed until the final separation, which frequently occurred in the context of escalations of violence. Those women who experienced massive physical violence report that they left the apartment several times to escape massive violence and spent the night elsewhere, whereby for them the last of these escapes was the beginning of a final or permanent separation. Those women who fled violent assaults went to friends and acquaintances or other family members such as their own children. Ms Schäfer describes the increased difficulties of escaping in old age with limitations such as, for example, poor eyesight. Without any glasses she had to ask passers-by to help her operate her cell phone.

Ms Winter reported that she left her second husband following a quarrel over the annulment of the existing nuptial agreement, which did not concede any financial claims to her whatsoever, and rented her own apartment. She cited various interrelated reasons why she gave up the apartment after three-quarters of a year and returned to her husband – the poor quality of her own apartment, an emotional attachment which still existed, her son's urging and pity for the husband living alone. Ms Winter only separated from her second husband permanently about 5 years later, once again following a quarrel.

The separation is not described as having been planned a long time in advance in any of the interviews. It is either suggested by outsiders or, however, initiated by the women victims themselves or carried out with the help of outsiders when the level of that which they could endure had been exceeded or they had given up hope of an end to the violence within the marriage and a change in behaviour on the part of their husbands. In some cases it first took several attempts before the women carried through a final separation. As stated above, attempts at flight in the wake of acute escalations played a role in some cases, turning out to be fledgling attempts at separation.

Many reasons can be identified in the interviews why the women did not separate or only did so at an advanced age even though they were in some cases subjected to severe violence at the hands of their husbands. Shame, feelings of responsibility, primarily for the children and in some cases for the grandchildren, but also in part for their husbands, who in their view needed them, and not least existential issues and standard of living are stated as reasons in the interviews. For some the family ideal which they held, according to which children need their father and an intact family, played a role, with some of the women having grown up in fragmented families. One of the women interviewed legitimated her remaining in the relationship by stating that, although her husband was brutally violent with her, he never beat the children. In some cases children are a restraining factor, while in others they act as catalysts for separation in manifold ways.

In addition to concern about the well-being of one's own children or grandchildren, two additional serious reasons come up in the interviews for remaining in the marriage: first of all is the concern about the loss of one's home, the living environment and one's life work, for example in the form of the common house which the women helped build – strong reasons working against a divorce. An additional significant reason for not filing for a divorce is the lack of secure financial autonomy. As was stated in the foregoing, only a few of the women surveyed have worked autonomously for many years. Most of the women interrupted their working lives when they raised the children, which means that they had very low pension expectancies.

For three of the women we surveyed, divorce is a non-starter at present in spite of separation. Three women were living with their partners at the point in time of the interview. Two of them stated that although they had contemplated separation many times, this was not a possibility for them as the result of the expected financial losses and the loss in status going hand in hand with it. In some cases the women do not know what financial claims they would have in the case

of a divorce. Those who are separated or divorced were in some cases surprised that they were entitled to a similarly high amount as their husbands as a result of their long years of marriage.

Ms Kopp is an exception in this respect. She reports that she found herself forced to get a divorce contrary to her actual desire for financial reasons, as her husband had blown large amounts of money as a result of his psychological disorder and had caused massive financial damage.

In addition to economic considerations, societal conventions, the women's values and those of their parents as well as societal standards play a major role in the decisions of the women whether to separate or get a divorce. In the period in which the women we surveyed were young, divorces were not common in the first years of their marriages, when they received children and experienced the first violence at the hands of their male partners. Ms Wiesmann recapitulated the usual slogans and stick-it-out clichés like: "' a woman stays until...',' When you say A, you must also say B'.' Until the bitter end',' what are you without a man?'" (Wiesmannn interview) Only one of the women we surveyed explicitly cited religious reasons for rejecting a divorce. Other reasons preventing or delaying separation which the women we surveyed offered included the illnesses of their husbands.

Some women also addressed their own advanced age. They assume that they would not get by alone very well as a result of health limitations. Ms Siebers states that the losses to be expected by far exceeded the new prospects; on top of this she had the feeling that the brief amount of time left in her life scarcely allowed any options. She is also afraid of loneliness, as she assumes that it will be very difficult to make new friends in old age. Other women stated that they did not want to go through the struggles of a divorce and did not have any energy left for such.

Age also plays a role here because the women are already in retirement age and see few opportunities to increase their income by working and would have to be satisfied with the low support which they are (allegedly) entitled to in part, which would be tantamount to a loss in status.

There are usually several reasons which prevent women from leaving their partners. Age-specific reasons impede a separation. Nevertheless all of the women except for three ultimately separated from their husbands in old age or even got a divorce. There was always a specific trigger or reasons for the separation which took place. In some cases there was an additional case of brutal violence

with life-threatening escalation, in some cases the limits of what was bearable in the view of the women were exceeded and the women finally summoned up their energy to escape from the violent relationship. The final separation in some cases also related to the women not being offered help possibilities available before.

6.3.5 Help-seeking behaviour

Given the fact that a majority of experts stated in interviews that older women rarely make use of help or that it constitutes a significant barrier for them to seek help, it was important to us to focus on the perspectives of the women themselves. First of all we wanted to find out with whom the older women victims of intimate partner violence speak to about their experiences and what reactions they received from their social environment. At the same time we wanted to find out whether and what experiences the women had had with organisations and institutions such as the police, physicians and facilities in the health-care area and organisations for the protection of victims (such as women's shelters or intervention centres) and other social services (for example, marriage and family counselling services, women's counselling services).

6.3.5.1 "And I always smoothed things out so that none of my friends or acquaintances knew" – help (-seeking) in the social environment

A majority of the women reported that they had not spoken with anyone or only with very few people about their violent experiences and marital problems. Instead, they attempted to smooth things out in their group of friends and acquaintances, to conceal the violence or play it down and create the impression that everything was in order. Ms Schäfer described this as "perfect acting".

Nevertheless the interviews show that in almost all cases the immediate social environment knew something about the violence within the marriage or partnership. In some cases the men committed violence in the presence of the children or were violent with them, in some cases the violent incidences were accompanied by screaming and noise and could not remain unheard, in some cases the women emerged with visible injuries, in some cases they fled in desperate situations out of the house to relatives, neighbours or friends and acquaintances, in some cases this violence and humiliation took place in public places and thus could scarcely be overseen. In some cases the health condition of the women also allowed violence to be inferred. In particular in those cases in which only psychological violence took place, it may also have been the case that their social environment did not notice this.

In most cases the children are the ones who notice the violence committed against their mother by their father or stepfather most directly – and this at a very young age. Children experience quarrelling and conflicts, but also brutal, violent assaults and also experience this personally as did, for example, the daughters of Ms Grünewald. Nevertheless, some individual women report that they attempted – including at an advanced age – to keep their children out of it and not ask them for support because they believed it was their own private matter or because they did not want to burden the children with it. In those cases in which the violence became more brutal and began already when the children were still small, the women were not able to hide it from them. In some cases the children then attempted to intervene and protect their mother, in some cases by threatening violence themselves such as in the case of Ms Meiering, who on the one hand was glad, but on the other hand then had to protect her children from her husband. Several women reported that they had received support from their adult children – sometimes very spontaneously – when they wanted to leave their partners. The children offered for the women to live with them, took care of finding other lodging, sought out addresses of support services, picked their mothers up and were there for them. Some of the women also reported that the children also had supported them previously in taking important steps such as, for example, separating the bedrooms, setting up their own bank account for pension payments, etc. In some cases they also reported receiving support from siblings. There are some examples, however, that the children do / did not provide support; for example, the case of Ms Winter, who had no financial resources in the event of a separation and whose daughter, who is financially well off, did not want to allow her mother to use a condominium which she owns when her mother asked her, stating that her mother could not pay the rent. Ms Schulze also stated that she did not feel supported by her sons. Nor were other relatives supportive of the women in all cases, instead supporting their husbands and male partners in their action in some cases and sometimes even becoming violent and committing assault themselves.

In response to the question as to whether they had told their woman friends about their experiences, most of the women said that they did not know anything, would react in disbelief or would not be able to deal with it well, which would lead them to withdraw. One exception is Ms Kopp, who reported that she works at a facility for senior citizens and has contact with other women of a similar age and has the possibility to exchange information; she stated that the support she has received there has been crucial.

Ms Schäfer received important help from acquaintances after experiencing brutal physical violence, in two cases including from passer-bys. One time she was freed by a neighbour who happened to be passing by after her husband had locked her in her garden, another time she fled from her husband at night and called a couple she knew with the help of a passer-by, at whose home she spent the night and who accompanied her home the next day together with her daughter. Those neighbours "who (...) always hear the screaming anyway" (Schäfer interview) had always looked out the window, but had never intervened or, for example, called the police.

In summary it can be said that in most cases there are persons in the social environment, both among acquaintances or in the family, who have knowledge of the violence. The women have received help from many, but not all, of them. In the family it is usually the women's own (adult) children who take action themselves and who are in some cases also asked for help by the women and who support them in various ways.

6.3.5.2 "Well if I had not had this support somewhere, I would have just ended up under a bridge" – experiences with the professional environment

We also asked the women what professional support they received and how helpful they had found it. Although the women often stated that "actually nobody" (Kopp interview) helped them or, however, that they did not know when they needed to who could help them in what manner, there are nevertheless many reports about situations in which the women attempted to receive help and in part did receive it. The women who received support consider it to be very important. The women reported contacts with a wide array of professions, which provided them with support in some cases and in some cases which the women found to be less helpful or not helpful. Deserving mention here are in particular family physicians and specialists, psychotherapeutic specialists in out-patient and in-patient facilities, attorneys, general counselling offices, organisations for protection against violence and the police.

All the women have already attempted to receive support in one way or another, although this has not always been in the intention of directly addressing their experiences with violence. Only three of the women surveyed were in contact with organisations providing support to victims of domestic violence such as a women's counselling office and a women's helpline.

Only one woman reported receiving support from a women's shelter: Ms Schäfer received the telephone number from a women's shelter from her daughter fol-

lowing an escalation of violence which she viewed to be potentially life-threatening, so she called it and asked for help. Although there was no room in the local women's shelter, thanks to the clear information from the staff member on how she should act, she was able herself to organise support and move to a temporary lodging. The staff member at the women's shelter arranged a counselling meeting for the next day. Ms Schäfer describes the support from this counselling office as decisive. She goes there regularly for counselling and to the women's breakfast and this contact paved the way to a very important therapist for her. Aside from Ms Schäfer, few women mentioned women's shelters, and when they did they stated that it was not a protected site suited for older women in most cases. The reason they cited for this was first of all that the living situation and the cultural background of the other residents of the women's shelters were too different from their own (women with children, women of foreign origin), but also that it was an additional burden to hear about the violence which other women experienced as well. They also said that it was too loud there for women of their age. Although Ms Meiering stated that she had already known in her younger years that there are women's shelters, she never considered these an option as the result of her four children.

A majority of the women surveyed by us reported that they had had contact with medical specialists such as family physicians or specialists such as gynaecologists. Some women reported that physicians, psychologists and therapists had played a key role for them. Only one out of three women who had visible injuries reported, however, that their family physician had documented the injuries caused by their husband. In most cases the women reported that they talked to their family physicians about their psychosomatic ailments such as headaches, stomach ulcers, back pains, loss of weight and rashes which frequently did not have any clear reasons. In some cases the family physicians referred them to psychosomatic specialists or to a spa. At least four of the women have or have had serious illnesses – multiple sclerosis, cancer or a stroke. In some cases they came into contact with medical specialists in the course of the treatment of their illnesses who supported them, also posing questions about their private situation and providing important impetus for a separation. In talks with these persons, the violence was in some cases an explicit topic. Ms Meiering, for instance, reported that she had been told when she reported the domestic violence to the psychologist during her first stay in a spa as a result of back pains that she had to leave her husband as a result of his violent assaults. When her husband – this was later, when she had grown older – had to be brought to the hospital by the police following a stroke, the physicians providing treatment in the hospital, who had been informed about the circumstances in bringing the man to the hospital, drew her attention to the local

women's helpline, to which she established contact with the help of her son and which is playing a key role in her separation.

A majority of the women surveyed have made use of therapeutic support, but not always found it to be helpful. First of all, some women report that the barriers to receiving therapeutic support are too great. Ms Egbers, for example, states that she merely received a referral from her family physician's practice with a note that she should call a therapeutic practice. The knowledge that therapists are frequently overburdened deterred her and she then – rather by chance – contacted a therapist through a number on a flyer she had found at another physician's. In this particular case, the counselling was broken off by the interviewee quickly, as she found the female therapist, who told her the only possible way out was separation, to be very bossy and not sensitive to her needs and her current situation. Ms Jansen also reported that she did not find her therapeutic meetings to be helpful. Ms Grünewald also reported additional difficulties and lack of support from psychiatric / psychotherapeutic facilities. After she had learned that her former husband had sexually abused their daughter, who was a minor at the time, she threw him out of the house together with her other children, involved a lawyer and obtained a restraining injunction ordering him to stay away from the children and the house. Ms Grünewald then arranged therapeutic meetings for her husband in a psychiatric clinic. The senior physical told her that she should take her husband in again, justifying this with the argument: "'what your husband did (...) is the dream of every man and I think that it is completely normal'". Ms Grünewald then took her husband in again. She described the turning point as when her family physician referred her to a psychosomatic clinic as a result of her headaches, stomach ulcers and heart problems, and the therapist working there as well as reading a book on psychological violence in a marriage made it clear to her that she was suffering from massive psychological violence on the part of her husband. Some of the women reported that psychological / therapeutic support for them was particularly helpful. Ms Wolff, who reported suffering from constant tension and pain, which she had mentioned more in passing to her gynaecologist, made use of therapeutic support upon his suggestion, which she found to be helpful. She realised there that things could not go on as they were. In addition, she also found supervision in the job context, which included support with respect to her domestic situation, to be helpful. Ms Schulze also stated that she felt particularly supported by psychologist, who had encouraged her to make a new beginning. Ms Schäfer is very grateful for the support which she received from the women's counselling office and the therapist to whom she was referred. "And yesterday I said once again that I owe my current condition to those ladies and the psychotherapist." (Schäfer interview) The work with the therapist then allowed her to move back

to the heart of the city she was familiar with after the separation and in this manner resurrect her old social network and even encounter her former husband once again without experiencing any anxiety.

The police played a relatively limited role among most of the women surveyed. No woman reported that the police were called by neighbours who had noticed the violence. In the case of Ms Meiering the police was called by rescue medics when her husband became violent against them and the family while they were trying to take him to the hospital following a stroke. Ms Kopp reports that she also called the police several times herself in order to be brought into safety. Although the police then sent away her psychologically ill husband and even took him with them for a short time and issued a restraining order, she described the impact of these measures as limited: "the police helped defuse an acute situation", but this was not particularly supportive because "nothing changed fundamentally". One person surveyed stated that she had never considered the option of calling the police. She did not think that it was possible that the police could also be responsible for such cases. The fact that the police scarcely played any role as an intervening force is first of all due to the fact that in most cases psychological violence stood at the forefront and in many cases physical violence is not of a severe type. This is secondly also due to lack of understanding of the mission of the police to intervene and their intervention options.

Some women have attempted in many ways to receive support over the course of several years with the aim of saving the relationship or changing power constellations within the relationship. These attempts have usually failed, in part because the attempts were sabotaged by their partners, and in part because the various institutions and facilities did not provide support appropriate to the situation.

Ms Wolff reported, for example, about various attempts to seek support. Thus, she tried to arrange a partner therapy during the marriage and fought to persuade her husband to join her. He rejected this, however, stating: "I won't do that – after all, it's your pain" (Wolff interview). Ms Siebers' husband participated in her therapeutic treatment at times over a two-year period, but she broke this off "because I felt that everything had actually been said and people who are 70 can no longer change fundamentally" (Siebers interview) – by this she meant her husband, whom she believes can no longer change. In addition, Ms Siebers went to a mediator with her husband, but terminated this after a while because her husband was not completely honest in what he stated. Here as well, common efforts tended to be negative on balance.

Those women who have separated from their husbands or divorced them have attempted – in some cases even before they separated – to receive support from lawyers or, in one case, from a divorce counselling service. The initiation of this contact was suggested to the women by the women's counselling services which had supported them, while in the other cases the women contacted them on their own. In some cases the women have involved lawyers in order to inform their partners about their intentions to separate from them or divorce them, but also frequently in order to have the lawyers represent them in resolving divorce matters. One of the women – Ms Grünewald – considered pleading psychological violence in the divorce, but her attorney explicitly counselled her against this course of action. Generally the women view the support of lawyers to be very helpful. Ms Kopp moreover mentions her tax adviser as a supportive expert, especially with regard to financial matters.

Ms Kopp reports in addition that she attempted to receive support from a social-psychiatric service when she wanted to organise psychiatric care and possible commitment or possibly the assignment of a legal care-provider. The social–psychiatric service stated, however, that it was not in charge of such matters. Ms Kopp reported, on the other hand, that the local senior citizens counselling office had been very helpful to her. She had turned to this in her predicament, including because she knew people there. She had performed tasks in the area of nursing care provided by family members within the framework of subsidised work there, thus receiving modest earnings through a program for unemployed persons, in this manner coming into contact with the women working there and had learned in her conversations that there are other persons in a similar predicament and found understanding for her situation there.

The women who received reports from facilities for protection against violence report that these were very helpful for them. The women's counselling office was a significant support for Ms Schulze and for Ms Schäfer, for example, both as a result of joint activities as well as the women's breakfast, where she can discuss things with other women, and through the counselling offered there, through which she was advised to talk with a therapist.

Ms Meiering as well, who also initiated contact to a women's helpline for the first time in old age, described the support provided there as extremely helpful and is still in contact with the staff members there. Similar to Ms Schulze and Ms Schäfer, Ms Meiering reported that she has received support both at the psychological level as well as with all issues relating to separation and support payments from the staff there (see Meiering interview). Thus, she found an apart-

ment, is now receiving the support payments she is entitled to and has established a network of woman friends and activities and has been able to overcome the isolation (see Meiering interview).

Summing up, it can be said that the women have run into some opposition on the part of institutions in seeking support in the professional area, but have also had to struggle with their own personal impediments. Lack of knowledge about possible help organisations on the part of the women plays a role here, as do personal reservations about discussing problems which they feel to be private matters which do not concern strangers. In addition, the lack of special attention to the situation of older women affected by violence at the various institutions and organisations plays a role.

But primarily positive experiences of the women can be reported: most of the women sought support at some point and also usually received it. In some of their cases, this was more due to chance, but with most of them it resulted from their own efforts and support from their family. It should be emphasised here that help is above all not sought and found with those institutions which are usually in charge of domestic violence, but rather in the medical-therapeutic area. The fact that many of the women suffer from possibly terminal illnesses and psychosomatic symptoms and in this connection frequently make use of medical help plays a role.

One important aspect in this connection is that help has been particularly effective and supportive when women have received it from different actors and support chains are interlinked – such as in the case of Ms Meiering, where competent referral by a medical specialist, family support and assumption of responsibility for the case and its processing by an organisation which is specialised in domestic violence were interlinked.

6.3.5.3 "I would recommend to venture the step of speaking out openly" – the messages of the women

We were interested in hearing from older women victims of intimate partner violence what they would recommend to other women in similar situations. On the whole it can be said that it was first of all emphasised that women should look for someone to talk to openly about the problem when there is violence – "that you can finally speak from the heart". Breaking through the isolation and the loneliness is considered to be important. According to the women interviewed by us, speaking out can take place at various sites and in various contexts. Therapeutic support is definitely one of the preferred means of doing this

here. In addition, some women think that it is a good idea to discuss things in a group of persons in a similar situation: "if you trust the group and do not have all too great therapeutic expectations" (Jansen interview, with the Siebers' interview also being similar).

Some women furthermore recommend contacting counselling services – general ones or ones specialised in protection against violence (the latter having been recommended by organisations which have had experience with such organisations). One woman recommends the telephone helpline as a possible contact for women who want to remain anonymous. According to one of the women surveyed, it is on the whole important "to create barriers somehow" (Kopp interview) and protect oneself. Reference is also made to the difficulty of breaking through the cycle of violence in the partnership. Even if letting go and separation is not easy and is connected with financial losses and an erosion of status, it is nevertheless better to go:

> *„Away. That is the best thing you can do. When nothing else works. (...) I know a lot of women who have had a house with their husbands. They left, and they also ask 'why should we stay in a gilded cage and be humiliated and all that. So we just leave'." (Kopp interview)*

One woman furthermore mentioned that it was important from her perspective to be strengthened as a child and learn independence early on. This, according to Ms Wolff, perhaps prevented her from accepting dependency on her partner as an adult.

The recommendations made by the women we interviewed tend to emphasise the need to talk about violent experiences with others, to open up and to look for the right environment and framework for their particular situation and otherwise to terminate the violent relationship.

6.4 Summary and discussion

The analysis of the interviews has shown that among older women who experience partnership violence there are various categories of differences which are interrelated with each other intersectionally in terms of their impact (see Crenshaw, 1991; Lutz & Wenning, 2001; Degele & Winker, 2009): in addition to age and gender, membership in a specific generation with a historical-societally related realm of experience is an important factor conditioning the experiences and modes of action of older women. This once again involves the specific experiences regarding the validity of gender relationships by a generation. Age

also means various things for each generation as well as for women from various societal contexts (e.g. eastern or western Germany) and educational backgrounds. Although the women surveyed are all of a similar age, they are nevertheless extremely heterogeneous in terms of their violent experiences, their life situations, their perceptions of their violent experiences and their way of dealing with the violence or finding ways out of it.

In trying to understand the way that the violence experienced impacts the older women victims themselves as well as with regard to their help-seeking behaviour, it is not sufficient to only take into account only gender or only age. Both have to be taken into consideration. Gender-related societal power relationships have a significant impact on the situation of the women, even though these are neither cast in stone nor are they uniform. They are, rather, very heterogeneous and subject to change processes. Some of the violent relationships have been preserved in many cases for many years *inter alia* through financial and psychological dependencies which the women repeatedly rebel against, however, or create a free space of their own within these constellations. The traditional gender-related division of labour lays down the power positions within the partnership in the context of care for the children already in the early years of the marriages. It appears on the one hand to become less possible to change these relationships over time – especially due to the fact that the low or non-existent pension expectancies of the women continue their dependency in retirement age as well. Nevertheless, most of the women have attained their independence.

There is a highly varying picture with regard to financial dependency or autonomy, however. Thus the woman from eastern Germany had worked without interruption until German reunification. Among the western German women surveyed, the long years of interruption or permanent discontinuation of a job when the children came along dominate the picture. Some of the western German women also pursued occupational goals as well, however – for example, those who do not have any children or who had the child-rearing phase behind them – and were or remained financially independent in their relationships.

The generation of women who are now 60 to 70 years old is one in which societal upheaval and changing values are manifested to a special degree. For following generations of women a job and a more assertive position within the partnership were at least conceivable – although similar mechanisms of course continue to apply in partnerships – in particular when starting a family. The majority of the biographies which we have analysed show that the gender-based division of labour is not cemented. It is, rather, subject to societal change and individual processes of change. This may reflect special aspects of our sample of

interviewees, only some of whom were brokered with the help organisations, and a majority of whom were obtained through the requests in the press. Many of the women we surveyed consequently had reflected a lot on their experiences – these were women who used the interview situation consciously to analyse what they had experienced. For many of them, working at a job became an important element in their life model, even if some of them were not able to put this into practice, or not on the scale they desired.

Specific gender-based role images and understandings of oneself are elements of the traditional family division of labour which were the decisive influences especially on the women we surveyed from the war and post-war generation. Notions of a "perfect family" and the man as the head of the family cemented additional clear gender-specific roles and power relationships among some of the women we interviewedd, contributing to the establishment and solidification of violent relationships. The idea that a marriage is supposed to last forever also made it more difficult for the women to break out of existing power relationships. On top of this, the women viewed the behaviour of their partners as normal or legitimate and thus did not view it as violent (particularly in the case of psychological violence) – at least not at the time. Thus they suffered from it, but were not able to call their experiences by a name. Beyond this, a role was played by an understanding of marriage as a private matter – a matter which is not discussed with outsiders – while the taboo on violence like what they experienced also played an important role – many women became very ashamed of what they had experienced, additionally inhibiting them in looking for support in their situation.

In most of the cases the violence began back in the early years and led to long-term damage to physical and psychological health as well as social isolation and destroyed or damaged the self-confidence of the women. Age also played a role at first due to the fact that the partners grew old in the violent relationship. Only in a few cases did the violence begin at an advanced age – triggered by psychological disorders of the men – with this in part also being related to age, the development or escalation of alcoholism and abrupt biographical changes such as retirement and unemployment and the loss in status. In some cases the said factors led to an escalation in the violent relationship.

Age is a crucial factor in the violence experienced by the women. As stated in the foregoing, several reports show how some violent relationships only begin in old age, while others escalate. In the context of decreased physical capacities to deal with stress, ageing moreover makes the women more specifically vulnerable, lowering their ability to defend themselves and cope with violence. New

dependencies come about in old age – for instance an increasing need for care in the frequent cases of acute and chronic illnesses afflicting the older women we surveyed. Ageing at the same time constrains the prospects for a new beginning in the case of a separation.

The women we interviewed reported being subjected to various types of violence – all of the women experienced psychological violence, in some cases on a massive scale. Most of the women also experienced physical violence, with three of them experiencing severe forms of physical violence. Some women also reported sexual violence and control. For some of the women it was, however, a complicated endeavour to describe what they had experienced in words and, moreover, ambiguous. Some of them struggled with the issue of whether they should call what they have experienced violence and are unclear over the extent to which the violence accounts for the failure of the relationship. It appears to be important that each woman develops her own understanding of violence and modifies it over her lifetime in line with her view of changing societal values, which can also help cope with what she has experienced. Thus it may be a useful coping strategy to only understand certain modes of behaviour of the partner as violent in order to perhaps define one's own situation as endurable in contrast to experiences of other women, for example. Some of the women used the interview in an active, autonomous manner as a form of intervention below the threshold of seeking help and support in order to reflect on the forms of violence they experienced for the first time.

With regard to triggers and factors leading to the perpetration of violence by their husbands and partners, the women first of all cited alcohol, extreme jealousy and psychological illnesses. On the other hand, in their accounts violence was often committed without any apparent reason.

The women explained why they had often remained in the violent relationship for many years with their concern for the children, their desire to have an intact family, an emotional connection to a place (house, apartment, neighbourhood), the hope that the man would change his behaviour, economic constraints and dependencies and the period of their lives they had spent together.

All of the women developed strategies with which to deal with the violence of their husbands and partners. Here above all two main strategies can be identified: subordination to the claims to dominance and resistance. Some of the women tolerated the violent relationship for many years. Nevertheless the majority of women in our sample have separated from the men or divorced them in the meantime and have taken action against the violent relationship. The

women repeatedly report situations in which their objections and resistance led to punishment by the men and that their efforts to attain self-determination repeatedly caused an increase in violence. This required considerable determination and endurance and incredible energy on the part of the women. The paths of the women out of their violent relationships are as heterogeneous as the violent relationships themselves. Some women already attempted to end the relationship in younger years, but needed more time for a decision or more clarity about what they had experienced as well as the right support at the right moment. The women who have separated drew the line of that which they could bear and which had been crossed over in the relationship themselves – whether this was because they feared for their lives, whether it was because their humiliation was no longer compatible with their self-image or whether it was because they soberly considered the advantages and disadvantages of the relationship.

The women we surveyed sought and found support at different levels and in different qualities. The interviews showed that the social environment generally knew that violence was being committed against the women, even though the women themselves attempted to conceal this in most cases. In the social environment it was above all the women's own children and acquaintances as well as woman friends who offered both immediate help in acute situations as well as support over the long term. The children were usually described as important sources of support. There were also reports from women who described their relationship with their children as detached and problematic, however, and lacking any support from them. In addition to reports on a supportive social environment, there are also accounts of some female friends and neighbours not believing the women.

The support provided by the professional environment was also of varying quality and intensity. Whether women received support often depended on chance and was heavily related to whether they were informed about services available – which was frequently not the case – and whether they assessed these as appropriate for their needs – which was often not the case, either. The police played almost no role whatsoever in our random sample, on the one hand because the women did not know that the police are supposed to intervene and have possibilities to intervene in the case of domestic violence and on the other hand because the psychological violence most frequently reported by the women generally does not warrant intervention by law-enforcement agencies and third parties scarcely call the police in such situations. Therapeutic services were viewed by some women as very helpful, and by others as less helpful or not helpful. For many of the women, psychosocial support within the framework of

medical help turned out to be important. Almost all of the women surveyed by us were suffering from health impairments, while some of them had possibly terminal illnesses such as cancer and multiple sclerosis and / or had to cope with the legacy of strokes; most of them complained of psychosomatic ailments. As a result, they made frequent use of services in the health-care system and had contact with physicians. The women surveyed considered it to be extremely helpful when physicians and psychologists addressed their situation within the framework of therapeutic support (for example at spa facilities, but also in clinics and with family physicians), they had the opportunity to talk about their violent experiences and received clear responses from these specialists to the effect that they were living in a problematic situation and should obtain more far-reaching professional support to deal with it. Usually the women were very satisfied with the support and assessed physicians in some cases even as key persons in the initiation of separation. Such support was by no means provided in a systematic manner, however. It depended, rather, on individual commitments. Illnesses on the part of the women often turned out to be the "path to the outside world" through the physicians. The women surveyed also reported receiving support from lawyers and a tax consultant. For some women information from an appropriate person (e.g. medical specialists or family members) about centres for protection against violence being responsible for such cases was important. The three women who had used support from centres for protection against violence and the telephone counselling of a women's shelter, women's counselling offices and the women's helpline were very satisfied with the support. The women received comprehensive support from the women's counselling offices and the helpline: first of all competent counselling and support with regard to their situation, a possible separation and possibilities of obtaining financial security and in looking for an apartment, but also psychological support, networking with other women in order to break out of social isolation and referral to other important specialists such as, for example, suitable therapists. None of the women had ever gone to a women's shelter on their own volition – this even though in some cases they knew that women's shelters were generally responsible for problems of their type. Here they cited doubts as to whether women's shelters were appropriate places for older women to stay because of the noise and the structure of the residents. In particular, broad, interlinked support from different actors in the social and professional environment were frequently necessary in order to carry out separation and divorce plans.

The women we interviewed above all provided messages for other women victims of intimate partner violence to the effect that they would encourage them to speak with other people about what they have experienced. They encouraged other victims to seek appropriate support and end the violent relationship.

II
Interviews with specialists on the topic of intimate partner violence against older women

7.1
Methodological approach and research questions

After the survey of institutions produced insight relating to the quantitative dimensions of the problem of intimate partner violence against older women in the work of various institutions, the interviews with specialists are aimed at providing qualitative information on the cases which have come to light there and on the way that institutions deal with these cases. Both surveys seek out the perspective of specialists and their professional views. They look at similar issues and are to be read in combination with and as supplement to the interviews with the women involved.

7.2
Research methods and execution of the interviews

Just like the questionnaire as well, the **survey instrument** was developed on the basis of a tried-and-proven instrument (see Görgen, Newig, Nägele & Herbst, 2005). The interview guides (see appendix 3) were translated into English, discussed with the partners, modified considerably and back-translated into the country language. The knowledge possessed by specialists was to be surveyed in the interviews in specific terms based on individual cases as well as in general terms. Both the specific and the general levels involved characteristics of cases and how the cases were dealt with. In identifying specific characteristics of cases and the ways cases were dealt with, the persons surveyed were whenever possible supposed to use younger women victims of intimate partner violence as a comparative group.

In **forming the random sample**, 101 institutions which had indicated their willingness to be interviewed were first of all taken. Theoretical considerations guided the work in devising the random sample. The primary criterion in the formation of the random sample was to cover as broad a spectrum of institu-

tions and professions as possible. The research team therefore decided to survey all institutions willing to be interviewed from the areas of counselling for victims, criminal prosecution, nursing care, general psycho-social counselling and medicine. Only the staff of a district prosecutor (*Amtsanwaltschaft*) declared their willingness to be interviewed as a result of a referral from another interviewee. In selecting the facilities with specific programmes for victims of domestic violence or with the counselling offices for women (victims of violence) from the national random sample, general features of institutions and their locations were taken into account (degree of urbanisation, Federal State, East / West, sponsor, form of organisation). Secondly, experience gained in the cases stated in the questionnaire was the most important criteria (number of cases, as broad a spectrum of victims and features of cases as possible, special aspects in the institutional approach to the cases).

The research team took advantage of synergy effects by coordinating its work with the research support in the action programme "Sicher leben im Alter" (SiliA – "Living Secure in Old Age"), carried out at the same time by the same research institutions. It was possible for parts of the interviews which were conducted for SiliA to also be used within the framework of IPVoW. Thus in Germany a total of 45 interviews were carried out instead of the originally planned 30.

Execution: The personal oral interviews took place over a period from 12 September 2009 to 20 April 2010 and were performed by the research team itself. The average survey time was 91 minutes (SD=22.61).

Assessment: All the interviews were transcribed and coded with the program Maxqda. The postscripts, the complete interviews and the codings were used and referenced to each other in the assessment in order to ensure the individual statements were placed in the proper context. One key feature in the processing of the cases was the type of institution in which the surveyed persons were working; this is accordingly an important assessment category.

7.3. Description of the random sample

Most of the 45 interviews (26) were conducted on counselling and support in cases involving domestic violence or with counselling services for women (victims of domestic violence). The exact breakdown of the facilities is shown in Table 18.

Table 18: Interviews with specialists: interviews according to the type of institution / profession

Institution/professional group	N	Type of institution
Counselling and support for domestic violence / violence against women, of these	12 5 4 5	Women's shelters Intervention centres Women's counselling services (victims of violence) Combined services: intervention services with women's shelters and/or hotlines
Counselling for criminality and victims of violence	1 1	Weißer Ring e.V. Counselling service for victims of violence
Medical area	1 1	Practicing internist and family doctor Assistant physician at a specialised psychiatric clinic
Area of nursing care / assistance	1	In-patient nursing care facility
Services for / by senior citizens	1	Senior citizens' club (no knowledge of cases)
Other psycho-social counselling and training services and programmes	1 1 1	General counselling service Counselling service for migrants Education and counselling facility for migrants
Social-psychiatric services	1	Social-psychiatric service
Police	7	Police (of these, 1 had no knowledge of cases)
Public prosecutors	1	District prosecutors
Other	1	Association for the promotion of self-defence by women
Total	**45**	**Interviews**

A total of 59 mostly older and experienced specialists were surveyed in the 45 interviews. The persons surveyed were 48.9 years old on average (SD=9.14) and 72% of the persons surveyed had worked at the facility for at least five years as of the period of the survey, 56% of them even for at least 10 years. As is to be expected from the samples, the persons surveyed were usually women (51 women and 8 men). A large percentage (48.2%) of the persons surveyed were working part time (statements for 56 persons surveyed). Most of the interviewees have wide-ranging, long years of professional experience in the area of intimate partner violence. Most of the police surveyed work in special units dealing with violent relationships or domestic violence. Significantly fewer interviewees have specific experience in working with older people.

7.4 Results

7.4.1 „These are scattered cases" – institutions' knowledge of cases: an overview

On the whole, the persons surveyed reported that they had only worked on a few cases of IPV against older women at their facility, with almost all of them assessing the number of cases as low. Most of the facilities deal with significantly fewer younger women than older ones. Some staff from women's counselling services (violence), intervention centres and women's shelters state that there has been an increase in the number of cases over the last few years.

- Most police officers report only a few scattered cases which they have come across over the course of their work. For people who have been working for the police for some time, the existence of such cases is nothing new, however.
- In the interview conducted with staff members of a **district prosecutors** (responsible for many offences relating to domestic violence, e.g. bodily injury, compulsion), the interviewees describe a large number of cases involving domestic violence dealt with by their unit on the whole. 2000 investigatory procedures were processed in 2009 alone. The impression of the persons surveyed is that this includes a small, but relevant number of cases in which older women are the victims of IPV.
- The **intervention centres** have a comparatively high number of cases. The facilities report 7 to 16 cases per year, accounting for about 5% of the total number of cases. Nevertheless, the intervention centres assess the number of cases compared to the total number of cases as low. Facilities which have been working for longer periods in the area state that the number of older women has increased since the introduction of pro-active reach-out by the intervention centres (introduction of the Act for Protection against Violence (*Gewaltschutzgesetz*) in 2002.
- The number of cases at **women's counselling services** varies among the facilities (between 1 to 3 cases and 15 to 20 cases per year).
- The staff members of the **women's shelters** surveyed stated that the percentage of older women is low, but that older women come to the women's shelter "every now and then" (Women's Shelter, F06). Most of these reported two to four such cases, while some reported fewer cases each year. Two of the smaller women's shelter in a rural area have a relatively large volume with approximately 4 cases per year.
- The physicians surveyed at a **psychiatric facility** reported 3 to 4 older cases of intimate partner violence involving older women per year at their

facility. In their opinion, this a a rather large number in view of the selective clientele and in comparison with on the whole a lower number of victims of Intimate Partner Violence.

- The surveyed director of a **nursing home** recorded approximately one case per year.
- The interviewees working at a general psycho-social **counselling office** reported a very low number of cases. Intimate partner violence was stated to be more of a topic involving younger couples; there are cases of older people feeling like they have been put under financial pressure by grown-up children.
- The staff members of a **senior citizens encounter centre** surveyed did not have knowledge of any cases.
- The woman staff member of a **social-psychiatric service** said that she had dealt with five to six cases of IPV over the last few years, which "in view of the total number" of cases she had addressed "was a negligible number"

The interviewees were almost unanimously of the opinion that the number of cases at their own facilities significantly underestimates the prevalence of the phenomenon and that there is a large number of unreported cases in the area of intimate partner violence against older women. This is said to be due first of all to age-specific barriers to making use of help, and secondly to a more limited motivation to change among older women. It is also stated, however, that the low number of older women victims of intimate partner violence among the total number of cases at their own facility is connected to a de facto decline in IPV among ageing partnerships. One cause of this which was stated was that either the situation in such partnerships tends to calm down, or that such partnerships frequently no longer exist at older ages (separation, death).

The interviewees only receive sporadic indications from different channels that only a portion of cases actually become known. One example: the head of a women's shelter and an intervention centre reports that the local facility for protection against violence presented a very vivid exhibition on the topic of domestic violence at a local savings and loan. In this connection especially many older visitors had indicated that they were familiar with the topic from first-hand experience and that they felt intimately affected by it.

7.4.2 "I think that a distinction has to be made there" – Intimate partner violence as a constant in biographies of relationships and age-specific influence factors relating to the emergence of or a change in violence

Among the cases of intimate partner violence against older women reported by the interviewees, three basic constellations have been identified.

1. Intimate partner violence as a continuous phenomenon in a relationship characterised by violence
2. Intimate partner violence as a new phenomenon in a relationship in old age
3. Intimate partner violence in a new relationship entered into in old age

The cases described within the framework of the survey of specialists and their general statements on the topic show that the specialists primarily have to deal with cases in which intimate partner violence is not a new phenomenon in old age, but rather a continuous phenomenon characterising a relationship. A larger number of reported cases can be assigned to the aforementioned type 2. Type three only occurs in scattered cases in the sample.

Some constellations of cases cannot be clearly assigned to one of the three constellations of cases. Thus, it should be taken into account that

(1) intimate partner violence in old age can be a continuous phenomenon in relationships involving violence over a long period of time and can at the same time be aggravated by age-related factors as well as change as a result of these,

(2) intimate partner violence may occur for the first time in old age, but in many cases this may have been preceded by a relationship which was not characterised by violence in the narrower sense of the word, but which was at least problematic.

Important features of the constellations of cases are presented in the following. The causes of the occurrence of new and escalation or change in violence in relationships between partners during old age are similar and for this reason presented together. The same applies to the reasons for leaving a partnership or remaining in it. The following can be identified as important aspects characterising cases of intimate partner violence during old age in all types:

- The importance of having experienced violence in the course of life: the interviewees stated repeatedly that many women had experienced violence repeatedly over the course of their lives. This may involve experiences relating to sexual violence in connection with war and ethnic cleansing, experience of IPV in the family of origin or in previous relationships.

- Trans-generational aspect of violence: some of the interviewees reported that they had been told by younger women with whom they have dealt as a result of their experiencing intimate partner violence that their mothers also lived in violent relationships or that they had dealt with women whose mothers were already in women's shelters and continued to live in a violent relationship. Secondly, several cases indicated that the sons of women affected by violence also exercised violence against their mothers, their partners and / or their children.
- Intimate partner violence during old age and migration experience: generally speaking the interviewees only deal with few older women with a migration background who are victims of violence. Many of the specific problems which are described in connection with intimate partner violence during old age come together in this group, however. Dependencies on the partner are reinforced when language skills are limited or non-existent and possibilities for change reduced even more as a result of the limited awareness of options and framework conditions. The legal situation for aliens also plays a role here as well.

7.4.2.1 "It was with me throughout the entire marriage, from the very beginning" – Intimate partner violence during old age as a continuous factor in a relationship characterised by violence for many years

As stated in the foregoing, the issue here is the dominant constellation in cases in the sample. Some of the staff members surveyed reported solely on such constellations. Many of the cases reported correspond to what Johnson (1995) or later Johnson & Ferraro (2000) have characterised as "patriarchal terrorism" or "intimate terrorism" – in contrast to "situation couple violence". There is a wide range in the exercise of violence and on the whole it is all aimed at controlling the lives of the women. One specific effect found with regard to the group of older women victims is that the older the violent relationship is, the more negative the impact on the psychological and physical constitution of the women and their ability to act, which once again leads to a specific vulnerability which is reinforced by age-related processes of decline. In spite of major fundamental differences in the cases, it is apparent that violence in long-term violent relationships has specific individual forms when it stands in the context of separation / alcohol dependency and / or the context of psychological illness and / or the need of the partner for nursing care.

Occurrence of violence: forms of violence

The interviewees reported that cases of intimate partner violence over many years usually exhibited several forms of violence and that in these relationships the power and control function performed by the forms of violence was plainly evident. What forms of violence are relevant in particular, they reported, is not always known. The victims accordingly reported relatively frequently about psychological forms of violence, forms of social control as well as financial control. They found it more difficult to speak about forms of sexual violence and physical violence.

Regarding the forms of violence in particular:

- The interviewees consistently reported on the major importance of **psychological violence** in the occurrence of violence in relationships of older women. This was said to be especially torturous for many of the women and more difficult to endure than other forms of violence because it occurs more than just occasionally and they are not able to escape it. Women affected are verbally degraded, humiliated, subjected to verbal abuse and denigrated. They are told that they cannot do anything, that they do everything wrong and that living with them is an imposition. They also make reference to the age of the women. Massive sexualised verbal abuse which is extremely humiliating for the women victims is also reported in individual cases.
- In cases of intimate partner violence against older women, **threats** occur frequently. Partners threaten them with various forms of physical violence, to cut off the flow of money and that they will lock the women in or out or set them out on the street; threats are made with a weapon (knives, guns), men threaten to kill the women, to kill themselves or first kill the women and then themselves. ("first I am going to kill you and then myself"; police).
- According to the interviewees, **physical violence** is present in most violent relationships which have existed for many years. In some cases physical violence is stated to have occurred in the past, but in the meantime other types of violence have become more predominant; there has been a shift. A few cases are reported on in which less serious forms of physical violence occur (shoving, pinching, bullying, kicking), but more serious forms of violence with visible injuries and in some cases subsequent injuries requiring treatment (including hospitalisation) are frequently reported. The effects of injuries are stated to often be more dramatic than is the case with younger women (for example, fracture of the femoral neck from falling caused by the partner), and in some cases the injuries caused could also be fatal. When violence takes place under the influence of alcohol, it is reported to be more

excessive and apparently less controlled. The interviewees quite frequently report about the partner strangling the women victims of intimate partner violence. The literature refers to such attacks focusing on the neck as an indication of a significant degree of danger and a risk factor which could lead to fatal actions at a later point in time (in particular see Campbell et al, 2003).

- **Sexual violence** comes up in the reports more often than just a few scattered cases. Most frequently, rape is reported, in scattered cases women being forced into deviant sexual practices. Sexual violence according to the interviewees is also frequently associated with alcohol abuse. In some cases the interviewees see a causal connection between the decline in sexual performance capabilities of the man and increased sexual attacks. It is also reported that the limitation of sexual availability as a result of the illness of the woman may trigger clear verbal, psychological and sexual aggression on the part of the man.
- The interviewees cite **control** over the woman in various areas of life as a significant element in violence occurrences. Thus, they are frequently told by the women victims that they are isolated, only allowed to leave the house or make use of medical help accompanied by their husband, but also that they have to account for all of their activities (especially outside the home) – this frequently in connection with extreme forms of jealousy. In individual cases, the victims reported to the interviewees that men rationed the food of their wives and / or access to heating and warm water or even prevented access to such. It is reported that in some cases women who are not able to go shopping themselves are not sufficiently supplied with food by their husbands or receive food which they do not like and / or which has a bad effect on them.
- According to many of the interviewees, **economic dependency** of the woman and extreme **financial control** are associated specifically with Intimate Partner Violence during old age. Thus women are given too little money for the household and / or no money for their personal needs. Women very rarely have their own account, access to the account of their husband or a joint account. Partners involved in violent relationships for many years have frequently become extremely financially dependent and considerable efforts are made to keep it this way. Such dependencies are often cemented by the women victims of violence not being aware of the procedure (e.g. how to open a bank account) or not knowing their rights.
- In some cases in which women have separated from their husbands, the violence does not end with separation, but rather changes and escalates. The women involved then in some cases become the victims of **stalking.** In the case of some violent relationships which have existed for many years, it

was reported that for the men it is inconceivable that the woman is no longer available. In these cases they attempt to obtain access to the place where the woman is living in a systematic way over a long period of time – including by the use of tricks. They lie in wait for the woman, threaten her and verbally abuse her, attack her and involve the entire environment in the scenarios of threats and violence.

- In individual cases the women involved are **put out on the streets** without money or papers (including in foreign countries) by their partners (during car trips). In other cases it is known that the women affected are regularly **thrown out** of the apartment and / or **locked out**. In one case, a woman repeatedly found refuge in a neighbour's apartment.
- In one case, an older women requiring nursing care was **kidnapped** by her partner after she had been treated in a hospital and then in a nursing home following the exercise of excessive violence.
- In individual cases there are reports of older women requiring nursing care being **neglected** by their partners.

Violent relationships lasting many years and adult children

In some cases children who have reached adulthood have witnessed violence being perpetrated against their mother, and in some cases they themselves have also experienced physical, psychological and / or sexual violence at the hands of the father. In any case this experience has marked their current way of dealing with their mother who was the victim of violence. The children who are now grown up have frequently experienced that their mother is unable to protect herself or they themselves, the children. This is stated in some cases to have led to massive feelings of guilt on the part of the women and become a source of conflicts with the children.

In cases of intimate partner violence during old age which are known from the sample, the facility became aware of the case and then a type of intervention took place. According to the experience of the interviewees, intervention has a polarising effect on the role of the adult children. In some cases the children are important sources of support for the women and try to support them in separating and try to motivate them, while in other cases they reject any type of intervention for their part and in some cases even very explicitly reject a separation of their mother. The behaviour of the adult children can diverge within individual families. When grownup children turn their backs on it all, this is stated to have frequently been related to their not wanting to have any contact with their violent father and / or that they turn away in resignation after having repeatedly attempted to get their mother to change her situation. It is reported that the

support provided by grown-up children in some cases takes place without the women being aware of it. One problem which is occasionally cited is that women, when they move to the families of their children, assume care tasks there (e.g. of grandchildren) and that a potential for escalation arises there once again as a result of cramped living quarters and social proximity. On the whole, however, the importance of the support from adult children is emphasised. In many cases it is said to be decisive in making use of help and attaining a permanent separation. In those cases in which the children reject the separation of their parents, the need of the father for care frequently plays a role. Here the children argue that the mother has to take care of their father, with this primarily being the goal because they do not want to assume any responsibility or tasks themselves. They fear, for example, that the man, an alcoholic "will otherwise decline". They exercise pressure on their mother to stay on their parents' farm and take care of everything so that husband will not "drink" their inheritance up and ruin the farm. (Women's Shelter) Nor do some children apparently believe that it is legitimate for their mother to separate "after so much time", and feel that it is a "disgrace" that the mother reveals violent incidences in the family to outsiders in seeking help (Women's Shelter).
In some individual cases the interviewees also report that adult sons have the same "character" as their father and are even violent themselves at times (Police).

The consequences of many years of violence for older women

The effects of intimate partner violence against older women over many years reported in the survey are wide-ranging in nature and correspond to the findings of various studies (e.g. Fisher & Regan, 2006). The persons surveyed all report that the women affected have a very low self-esteem, that they have lost the feeling for the efficacy of their own actions and in many respects are helpless and unable to help themselves. Another effect is said to be a very low level of autonomy and social isolation. Psychological disorders and (psycho-somatic illnesses are frequently a consequence of long years of intimate partner violence. The interviewees report that the women victims develop psychoses and depression, that the women affected are severely traumatised, they report the need for stays in psychiatric facilities, massive sleep disorders, lack of appetite, loss of hair, skin problems, nerve pain and cardiac problems, they describe trauma on a massive scale and that there are suicide attempts and actual suicides. In the context of psychological ailments, they moreover report the increased use of psychotropic drugs, in particular anti-depressants and sleeping pills. Physical consequences of long periods of violence can moreover be serious, in some

cases so serious that it is no longer possible to stay in the domestic environment.

7.4.2.2 Age-specific events and changes lead to the occurrence or escalation of violence

There are a host of critical, age-specific events and changes which can lead to violence cropping up for the first time in a relationship when the partners are over 60 years of age or the occurrence of violence changes with age in these relationships. In those cases in which violence occurs for the first time during old age, the husband usually suffers from a psychological disorder and / or the relationship already experienced problems in earlier years.

Many persons mention the husband entering into retirement as a critical life event which can contribute to violence coming about or being exacerbated in a relationships which are growing older. This is already a critical phase in partnerships, anyway. Especially for relationships in which there are already problems (violence), however, "being together 24-7" (Intervention Centre) is highly problematic *inter alia* because previous "free space" of the woman is also lost. Retirement is frequently associated with a loss of status on the part of the partner. At the same time, many men experience a decline in their physical capabilities during this period. In some cases the beginning of retirement is associated with the beginning of alcohol abuse by the man. All these factors can individually in and of themselves lead to the emergence or escalation of violent relationships, and if they coincide, they reinforce each other.

Another trigger causing violence to emerge or escalate can be when the woman is able to do less and less as a result of age-specific processes of decline and/or illness, e.g. she is no longer able to perform her tasks in the household on the same scale as before, is no longer "available hundred percent of the time" or in general is "absent-minded" and needs to be cared for herself. (Police)

A specifically eastern German experience which is reported is that men who had high positions in the former GDR and were firmly established in the system associate German reunification with failure in their careers and a massive loss in status. This experience in some cases has led to the occurrence or escalation of violence over a short or long term. A change in the occurrence of violence moreover occurs in some cases when a women separates from her husband in spite of her advanced age. In the sample several cases were reported in which – as in the case of younger women – escalation occurred as a result of the separation.

Women experienced stalking in assisted-living facilities, in-patient nursing care facilities and their own private apartments.

Important reasons for the escalation of violence were stated by the interviewees to be in a host of cases dementia-related illnesses of their partners or other processes of psychological change which accelerate with age. One interviewee used a case example to describe how dementia developing in a relationship characterised by violence for many years does not necessarily cause the position of the man to become weaker. Instead, "all the power resources he had were reinforced". (Women's Shelter) In general, the need of a partner for nursing care does not necessarily lead to a reversal in power relations. On the contrary, the partner requiring nursing care is frequently still able to preserve his dominance and the long-standing power relationship continues from the perspective of the women even after she begins providing nursing care – even if there is objectively speaking no longer any reason for such. (on this see also Nägele, Kotlenga, Görgen & Leykum, 2010)

When violence occurs in previously harmonic partnerships between older people, this is frequently related to psychological disorders on the part of the man. Such illnesses are in some cases only diagnosed when the intervention of specialists is required due to the occurrence of violence. Women attempt to play down the violence for a long time, hoping for an improvement, and do not admit to themselves that the situation is escalating and that they cannot cope with it alone any longer. One of the first crucial steps for them is to be able to interpret the behaviour of the man as being due to an illness. A change in behaviour in these cases is possible in part through out-patient medical treatment of the husband (which the man does not always allow), but in some cases in-patient treatment or a stay at a (nursing) home is unavoidable. Even if many of the women affected explicitly do not desire separation, this is in some cases unavoidable. Cases are reported in which ill men have pathologically assumed that their wives were having an affair, that they were stealing things, trying to poison them or were addicted to drugs. They reacted to this in some cases by violent acts (for example attacking one woman with an axe), by locking out the woman, levying massive accusations against them in one case – or preventing urgently required medical treatment of the woman. An excessive need for control, pathological jealousy, in some cases relating to the pre-marital relations of the woman, were reported. Adult children are frequently described as providing support for a solution to the problem in these cases. They attend to an adequate medical care of the man, for example, but in some cases they also expect the wife to continue caring for her partner in these situations.

7.4.3 Stay or leave?

Older women, in the view of most of the interviewees, rarely tend to separate from their partners – less than in the case of younger women. Even if temporary separations frequently occur, such as when women seek refuge in a women's shelter, it is very probable that the women will return to the partner again. Separations then occur again and again, including in the wake of repeated unsuccessful attempts and in cases in which the interviewees do not expect this. The interviewees cite a host of reasons moving women to separate and a variety of reasons why older women do not separate or return to their partners following a temporary separation. (on this see also Helfferich, 2006)

Reasons for staying (or going back)

- Again and again it is stated that the **ties of older women to their home**, i.e. their house, their apartment and / or their garden, is very strong. These ties first of all relate to the fact that the home has been their familiar environment for many years, which takes on increasing importance in old age, all the more because the material value of the house plays a role. A major emotional importance is also said to be that one's own house frequently symbolises the life achievement of the war and post-war generations in material form.
- The massive **financial dependencies** of older women cited above under forms of violence are cited as an additional important reason why women do not separate. By the same token, the subjective assessment of dependence and the diffuse fear of possible material consequences of a separation are key. If it was the case for decades that the woman was provided directly with money by the partner, for such women it is already a long way to travel to keep their own bank account, manage the money, apply for benefits, etc. Frequently these women do not know what rights they have in the event of a separation (or otherwise) with respect to the common house or the earnings and pension claims of the man, they do not know what the financial situation of the man is and generally do not know the possibilities available under Social Code XII. It is reported that such long-term financial dependency on the part of women is less pronounced in eastern Germany, but that the financial pressure as a result of unemployment is significantly greater there at present.
- **Dependency** with respect to **provision and mobility** is also a key reason why these women preserve a partnership. Especially in rural areas of eastern Germany, where these provision structures have been lost, women depend on their partner driving them to the doctor's or whenever they go shopping.

Even more serious is the dependency of women who need nursing care and / or support in household chores from the violent partner.

- If vice versa the partner is dependent on care and **support from the woman who is the victim of violence** as a result of illness and / or age-related processes of decline, this means a responsibility and obligation on the part of the woman which is no less salient and an important reason not to leave a relationship. This is related to consideration for and concern about the partner, but must also be viewed against the background that the life task of most women was usually related to family reproduction work and it is not compatible with their self-image to withdraw from these tasks when they are especially needed.
- The fact that it is so inconceivable for older women to give up this responsibility also relates in the view of the interviewees to the **understanding of the fulfilment of obligations of specific generations**. Many women accordingly see it as their obligations and are required by their self-esteem to fulfil the tasks assigned to them. This may mean that a woman takes care of her husband who has terrorised her for decades and still does even when he requires nursing care in a dedicated manner until his death, although she may do so without affection.
- One generation-specific reason why women remain in partnerships troubled by violence cited by the interviewees is also that separation is not part of their life design, and instead see **marriage as a lifelong task** and obligation in good as well as bad times. In some cases this is also clearly communicated by the people around them ("one does not separate after so many years", Women's Shelter). This is also said to be related to the fact that women victims of violence would sacrifice a crucial element of their self-understanding. Consequently, according to one interviewee, the only truly conceivable way out for a host of women is the death of their partner, as the status of widow is acceptable to them, but not that of a separated woman.
- One of the main causes of women not separating in spite of their experiencing violence cited by the interviewees, however, is that they have lost the ability to imagine living alone and that it is very difficult to **open up new opportunities in their lives.** In contrast to younger women, older women generally do not have any positive motivation for a new beginning, as "if no new man comes along, there will no longer be a new child, and no new career opportunities – only growing old alone" (Women's Shelter). The fear of loneliness therefore predominates, and in choosing between the secure and familiar on the one hand and the uncertain unknown on the other, many women decide to stay with their partner.
- Another reason why women stay in violent relationships in the view of the interviewees, be it in relationships where violence has been present for

many years or where it has emerged for the first time in old age – and this is similar to the case with younger women (on this see the phase model in the cycle of violence from Walker, 1979) – is the **hope** that the man will change and the violence will end. This hope is derived from phases in which the man is not violent or is less violent. An age-specific hope on top of this on the part of some women who have been in violent relationships for many years is that their husband will calm down with age. It is said to be typical that women, but not only older ones), attempt to reduce the responsibility of the man for the violence by for example citing the importance of financial problems and alcohol or that the violence is a result of illness.

- What keeps women in relationships troubled by violence is also the **time in life which the partners have shared**, the shared experiences and life achievements. These are frequently portrayed to the interviewees by the women victims of violence in more positive terms than the statements made when targeted follow-up questions are posed.
- Generally speaking, in long-term violent relationships, reasons cited include **growing accustomed** to the current level of violence, a high degree of **ability to suffer** and frequently **resignation**, but also because the women affected believe that they are **to blame** or **partly responsible for the perpetration of violence.** Interviewees cited the views of these women that violence was committed because they were negligent in the performance of their household duties, that they were "in the way" or provoked their husband in some other manner (Psychiatry).

Reasons for leaving

The interviewees repeatedly stressed that older women also separate from their partners in spite of all the barriers discussed in the foregoing.

- There are reports of women who especially in awareness of what they perceive to be a short **remaining period of life** decide to separate. By the same token, this may also be a woman whose health has declined more and more – like the case of a woman suffering from lung cancer who still separated for the last six weeks of her life after having received a terminal diagnosis. In the case of other women, the separation is the result of the realisation that especially as an old woman they were no longer able to endure the violence, that they no longer have anything to lose and that there will probably no longer be an opportunity for separation at a later point in time ("to see the sun again once", to "not want to also experience the golden wedding" in the marriage). The key motive for most of the women is the decisive reason for them separating from their partners.

- An important reason for separation for some women is when they view physical violence to be **life-threatening**. In particular when the partner as a result of psychological disorders only becomes violent in old age, a high level of escalation has to be reached before women consider a separation.
- For women involved in long-standing violent relationships, one cause of separation is said to be when the violence they experience takes on a **new dimension** and new quality. For some women, this is when a sort of inner borderline is crossed, prompting the reaction: "I cannot put up with that as well" (Police) Such a qualitative change can also be triggered by a new psychological disorder of the man.

7.4.4 Older victims of IPV and the help and criminal prosecution system: age-specific aspects in dealing with cases

Barriers to making use of support

As described in the foregoing, probably the most important reason why older women affected by intimate partner violence do not seep support is their lack of will and energy to change their living situation. Although they want their husband to change and to stop the violence, they have not found any way – usually after years – to attain this. In this constellation it is for many women much more difficult to imagine that they can be helped at all. A series of barriers thus relate to their own personal perspective. There are also some reasons, however, which relate to the use of help.

First of all, making use of help is associated with admitting to others and thus to oneself that one's own living situation is problematic and, in many cases, that it has been for many years. Facing up to this for many people means **recognising personal failure** in the effort to achieve a harmonic relationship and – frequently related to this – drawing a **negative balance sheet** on one's life. This not only means the personal tragedy of no longer being able to achieve a life goal which can no longer be compensated for, but rather also **deep feelings of shame** over one's own failure, that the experience of it could not and cannot be prevented. This shame is stated to be one of the most important reasons why women do not make use of help. Additional important causes cited include that the women involved are not able to conceive that their **private problem** could be **of relevance** to help facilities or criminal prosecution authorities, that they do not attach **any relevance** to their problem, that they **are not aware of help facilities** which could assist them and that "it is not part of their view of life that **private problems are revealed to outsiders**." (Women's Shelter) The development of personal opportunities also fails because they do not have

any adequate awareness of their own rights. In part, the fact that the women have repeatedly experienced that their **experiences of violence are played down by people in their personal environment** and dismissed as insignificant also plays a role in some cases. Moreover, for women in eastern Germany, the fact that partner violence in the GDR was not an issue and that there were thus no support programs or services also plays a role.

Expectations and desires of women with regard to help and support

The expectations of the women affected by intimate partner violence regarding help and support are frequently very vague and at times unrealistic as well: for example, the interviewees frequently reported that the women expect the facility to do something so that their husband will change, if applicable that he gets well and that the violence will stop so that she can continue to live her life without any changes. For some interviewees, the desires and expectations are reduced to a simple desire for peace and quiet in old age. Only a few women explicitly desire support to separate from their partner.

Dealing with cases: interaction with a woman who is a victim of intimate partner violence

For many older women, the level of **personal relationship** is of special importance in their contact with institutions. They seek a personal talk, frequent contact and continue to keep up the relationship even after the case has been completed. It thus has a deterring effect for many of them when they are referred to other institutions. They do not want to have to develop a relationship with a new counsellor once again and have to relate their history several times.

As a result of the women's lack of opportunities or desires described above, it is very difficult to **create new opportunities** for older women. It is important first of all to communicate to older women through social-educational, psychological and / or trauma-therapy support that in the first place they are **still capable of acting**. This gives rise to the need for work which is closely oriented toward resources. The interviewees reported that women affected by intimate partner violence often tell their entire life story. By **telling** – this is the impression of the interviewees – women find relief and are able to summon up their energy to continue to endure their situation or change it. It is important for them to have a person who listens closely to them and has plenty of time – needs which cannot always be met by institutions on the desired scale. Some of the women, on the other hand, can scarcely endure involved discussions of what they have experienced – the memories are too painful.

Resource-oriented work may mean that a woman is supported in her plans to separate. It much more frequently means, however, that smaller solutions and free space are sought jointly, that for example a spatial separation is contemplated in a common dwelling, strategies for protection are devised or support possibilities in everyday life are sought.

The interviewees generally agree that work with older women who are victims of intimate partner violence requires **more time**, that they need more intensive counselling and assistance, that stabilising discussions take longer and the additional effort required is greater. More time is said to be needed for follow-up assistance. With older women who are contemplating separation, their lack of autonomy and awareness of bureaucratic and legal procedures is frequently greater which in many cases means that there is a need for "all-round support and assistance" (Intervention Centre). Thus, for example,

- support with respect to financial and legal matters (Social Code XII, support, divorce, petitions under the Act for Protection against Violence (*Gewaltschutzgesetz*), certificate of severe handicap)
- support in initiating additional contacts (psychological, legal and medical support)
- support in looking for alternative living possibilities – apartment, living project, assisting living or a nursing home (important aspects: barrier-free design, the care situation, the immediate social environment and financial constraints)
- support in dealing with everyday life.

The facilities unanimously report that, in any case, older women need considerably more support than younger ones with these tasks. The particular needs of older women for assistance are provided by the facilities to the extent this is possible, even if in some case this goes far beyond the degree which is usually common at the facility. One special problem cited by the interviewees is that procedures involving the application for benefits under the Social Code IV (be it for the man or be it for the woman) take too long when it is necessary to arrange acute lodging as a result of violent incidents. The actors in the field are said to not be familiar with this field of topics, either (for example, one staff member of a nursing care scheme told the partner of a women who was a victim of intimate partner violence where she was staying). In general, the interviewees consider it to have a positive effect on counselling if the **female counsellor** is of the same age as the woman who is a victim of intimate partner violence if possible somewhat **older** . It is also cited that in work with older women who are victims of intimate partner violence it is particularly important to involve

their personal environment in order to establish a longer-term help system. Here it is in some cases stated that it is also necessary to include the man in the counselling or that solutions can only be found for the woman if the perspective of the man is included. The specialists state that it is particularly important for older women affected by intimate partner violence to experience **respect in dealing with them** and that in their perception they are supported.

Cooperation in the support system

In general it can be said that a large number of institutions are involved in cases in which a temporary or permanent separation takes place for older women who are victims of intimate partner violence. The institutional spectrum differs from situations involving cooperation in the case of younger women. While facilities, educational facilities, employers and employment agencies or social security offices which relate to child welfare are of relevance in the case of younger women, cooperation in cases involving older women with facilities in the field of aid and support for older people frequently necessitates cooperation with social-psychological services, medical specialists, hospitals and psychiatric facilities and persons providing assistances. But most of the institutions in the sample only have case-by-case cooperation with precisely these facilities. No basic agreement takes place over the cooperation, mode of work or objectives in cases involving intimate partner violence. Vice versa the few medical and nursing care facilities in the survey almost never cooperate with women's shelters, intervention centres and women's counselling offices (for violence). The police, on the other hand, is in the meantime well networked with the various facilities, with which it has close, including formalised cooperation.

Aspects in processing cases specific to institutions

- One characteristic in the case information and initial contact to the **police** is that this takes place in the course of the prevention of danger and that it almost always involves cases of physical violence. Passing information on to the police and the initial police contact to victims does not come about upon the desire of the victim or voluntarily in many cases. Usually neighbours call the police; less often this is done by other specialists and family members. It is rarely the women victims of intimate partner violence themselves. In many of the reported cases of intimate partner violence in old age, the police are the first facility which learns of the events. Especially among older couples, police missions make it evident for the first time the complex dimension of problems such as dementia-related illnesses and care problems which require an immediate solution as a result of the level of escalation. Dealing

with older couples in which intimate partner violence takes place poses a special challenge to the police, as the usual procedure in the case of intimate partner violence becomes spurious when the victims or aggressors have an evident need for support and there are dependencies between the man and woman in this regard; injunctive orders, taking into custody and restraining orders do not apply in these cases or pose special subsequent problems. Dealing with the target group is marked more by restraint and special circumspection, among other things because police staff in general only rarely have to deal with the age group and only in cases of exception with older suspects. The importance of low-threshold work by police officers close to the populace or officers working in the area of contact with the population is stressed particularly in work with older people – especially in comparison to police intervention and regular beat service with its generally limited time resources. With regard to interaction with the women victims of intimate partner violence, the interviewees report that the women involved – when they accept a personal talk – frequently take advantage of the opportunity posed by questioning to "let it all hang out". Here the age and the experience of the police officers involved play a major role when it comes to the quality of the interaction. With regard to the filing of criminal charges and other charges, the police faces contradictory requirements and expectations. The reason for obtaining information on a case and the initiation of contact is generally protection. The hope of the people affected is oriented towards help and the motive of criminal prosecution is only present in few cases – among older persons this is rarer than with younger ones. Many interviewees are not aware of the fact that the police has to perform criminal prosecution tasks by force of law, however. On the contrary, they do not want any criminal prosecution of the matter. Older woman are accordingly even less inclined than younger ones to file criminal charges and only willing in cases of exception to act as witnesses. In some cases women do indeed have an interest in criminal prosecution all their own, but this is stated to usually only be carried through after offers of further help are made use of and in the context of family support and de facto separation from the partner. The police cooperate with the intervention office in formal terms to support the victim. They are also informed that there are a large number of additional facilities, however (e.g. women's shelters and socio-psychiatric services). Occasionally it proves to be necessary to organise further help for the women involved because efforts to refer cases to other institutions are unsuccessful.

- **Women's shelters** receive information on cases of intimate partner violence against older women from the police, from other third parties who have knowledge of the case or from the women involved themselves. Older

women plan to go to women's shelters in even fewer instances than young women and prepare such a step in a targeted manner. It is common for temporary lodging to become necessary in the case of acute escalations of violence and emergency situations. Generally speaking, access to women's shelters is not open to all older women affected by violence. The staff members involved report that they have to repeatedly turn down older women. Space and the facilities (stairs, no elevator) make it difficult for some women's shelters to take in women who are restricted in their mobility. Moreover, women's shelters are designed conceptually and in terms of their human resources so that residents of women's shelters have to be able to take care of themselves; it is generally not allowed to bring animals there, either. The staff members of women's shelters who were surveyed usually attempt to provide lodging in individual cases, however, and to ensure adequate care and support – even if this pushes the facilities to the limits of their capabilities. Because a stay in a women's shelter usually is associated with moving out of one's own home and separation from one's partner – at least temporarily, older women frequently lose all security, becoming disoriented and uncertain as regards their identity. More than a few of them experience a "spasm of depression" after a brief amount of time. (Women's Shelter, N13). Interviewees state that in some cases it takes a long time to get accustomed to living in a women's shelter, in part as a result of the unaccustomed turn in life with which they are confronted, and in part because they have to share a bedroom with another woman – as is the case in most women's shelters – or they are not used to using common kitchens and bathrooms. Older women get by in varying degrees in the social structure of women's shelters. It is frequently stressed that a lot of women benefit especially from the multi-generational living quarters, the liveliness and the possibility to assume responsibility. In some cases it is also reported, however, that they become isolated in the group of residents, that conflicts crop up and that older women are bothered by the children in the home.

- After a police call in an area of tangency concerning **intervention centres**, the latter receive a protocol on the police call with the contact data of the respective woman and then contact the woman themselves – depending upon the German federal state with or without the required consent of the woman. Other specialists and women involved in intimate partner violence contact the women less. The intervention centres are thus the institution with the largest number of cases in the sample. The willingness of older women to make use of the counselling on offer appears to differ. Especially among older women it appears to play an important role whether reach-out counselling is offered or whether it is conducted in the facility itself. Generally speaking, the staff of intervention centres surveyed stated that it is a

problem that facilities have been developed for crisis intervention, but that in cases of intimate partner violence during old age long-term assistance near the home, case management and reach-out counselling is necessary. It was stated that there are no offices which could assume precisely these functions and to which older women could be referred to, however.

- **Women's counselling services (violence) and hotlines** without any affiliated intervention centres report that for them the police more or less does not play any role at all for them. Here it is other specialists and above all the women who are victims of intimate partner violence themselves from whom the facilities learn of cases. The spectrum of cases differs here accordingly. Frequently, in the opinion of specialists who have gained experience in several areas these involve cases of psychological violence and the women who seek counselling have reflected upon such more than the clients of women's shelters and intervention centres. The staff of women's counselling offices assert that a major advantage of their facility is that women do not have to define themselves as being involved in a violent relationship right off at the outset in order to make use of their services. They report that women who are victims of intimate partner violence again and again tell about other counselling services and then only reveal the problem with violence later, or that they make use of low-threshold services (e.g. from the leisure area) in order to make initial contact with a facility in order to make use of counselling there at a point in time which they choose themselves.
- Older victims of intimate partner violence are usually referred to a **psychiatric clinic** by family physicians and practicing psychiatrists. This is usually preceded by women complaining about a wide variety of somatic ailments, but no causes being found for these. The spectrum of cases known in psychiatry consists exclusively of cases in which the women either show psychotic symptoms or symptoms of depression. In these cases it only becomes clear after a lengthy stay and targeted questions being asked that they have been victims of physical and psychological violence, in some cases in connection with alcohol abuse by the man. What is particularly interesting about the volume of cases is that the women who are victims of intimate partner violence are primarily women with a migration background. Their transfer to the domestic situation after the conclusion of the stay in the psychiatric clinic is prepared and supported in a comprehensive manner. Hospital social services perform important functions here.
- A description of of cases addressed by practicing **physicians** can first of all be found in the interview with the family physician, and secondly the interviews with the other facilities involved. The picture here is full of contrasts. In the reported cases, practicing physicians (especially general practitioners) are repeatedly cited as important institutions in referrals and motivation to

make use of help. Generally speaking, however, the interviewees see a significantly greater potential here. The interviewees report, for example, about cases in which the general practitioner knew about experiences of violence, but did not react adequately (e.g. played down the violence).

- According to the director of an in-patient **care facility**, the facility learns about a problem with violence in the following manner: (1) other facilities assigned to the referral to in-patient care are aware of the problem and this information is then passed on (here intimate partner violence is sometimes the reason for admission in a nursing home), and (2) residents of the home or their family members open up to the staff and report on their experiences with violence, and (3) the staff themselves discover indications of possible violence, develop a suspicion and follow up on it. In addition to the clearly identified cases, the interviewees are in particular confronted with cases involving short-term care in which there is a suspicion of a problem with violence. The nursing facility becomes aware especially of cases in which there is a continuity of violence over long years of a relationship characterised by violence and in which the perpetrators and victims are very old; this primarily involves cases of physical violence. One fundamental problem, according to the interviewee, is that some of the staff working in nursing care have had their own personal experiences with violence in partnerships, have not reflected or analysed these and bring it into their work with older women who have experienced intimate partner violence, "which does not necessary lead to empathy." (Nursing Home); moreover, nursing staff are frequently unable to imagine that intimate partner violence can occur into advanced ages.
- The **social-psychiatric service** learns of cases of intimate partner violence against older women almost solely through the police and other specialists. The staff then seek to contact the persons involved in the cases. The work of the social-psychiatric service is characterised by close cooperation with many institutions – the quality of which is assessed differently –generally a very large number of cases, opposition on the part of the persons involved towards the facility and at the same time excessive expectations, especially by specialists, with regard to treatment possibilities. The most important topics in the work are addiction and psychological disorders.

7.4.5 Other constellations of violence

Older women are not only victims of violence through their partner. Many of the interviewees also reported violence committed by adult children. The constellation most frequently cited by the interviewees is violence by grown-up sons with whom the women involved are living. Here similar dynamics are often report as

in cases of intimate partner violence. In particular the reasons for not separating from the son and the barriers to making use of help are for the most part identical. The special aspects involved in dealing with cases which are described are also similar to the intergenerational constellations of violence. It is important to explore this aspect separately, however. In some cases it is also reported that violence occurs in inter-generational nursing care in connection to the excessive work load in this area. In the described sample, these tend to be exceptions, however. In these cases female nursing providers are also in some cases stated to be the perpetrators of violence. With regard to the question as to what extent intimate partner violence also comes from women, most of the interviewees have not experienced any cases. One female staff member of the social-psychiatric service states, however, that in ageing marriages such constellations definitely occur. She attributes this to the fact that in marriages which should not have lasted for 30 years" the partners "no longer have their affective behaviour under control" as a result of psychological disorders".

7.5 Summary

A total of 45 personal oral interviews were conducted with specialists from various institutions and professions. The interviewees primarily worked in women's shelters, intervention centres and counselling services for women (victims of intimate partner violence) and the police. Individual interviews were carried out with physicians (women), the director of a nursing home, a staff member from a social-psychiatric service, two offices for counselling victims of intimate partner violence, two staff members of a district prosecutors office (*Amtsanwaltschaft*), a senior citizens club (which did not have any experience with any cases), a psycho-social counselling office and two counselling or training facilities for migrant women. The employees thus came primarily from facilities or units which deal with the topic of domestic violence / intimate partner violence. The areas of nursing care, medicine and senior citizens are significantly underrepresented.

The interviewees consistently report that older women who are victims of intimate partner violence only account for a very small percentage of cases at their facilities, although they assume that there are a large number of unreported cases. It is consistently reported that cases of intimate partner violence in old age involve specific cases which are usually very salient in the memories of most of the interviewees. These accordingly involve serious cases in which there is a major need for support and which are rarely characterised by a permanent separation from the violent partner. Above all these are cases of intimate part-

ner violence occurring in relationships which are many years old, although cases are reported again and again in which violence in a couple's relationship occurs for the first time in old age. Here the relationship was frequently problematic in earlier years. Important specific age-related factors in the reported cases can be processes of decline in old age and psychological disorders which accompany this on a greater scale in old age on the one hand, and critical life events such as retirement on the other. These can cause violence to escalate, latent violence to turn into manifest violence and contribute to a change in the violence. The well-known subsequent effects of long years of violent relationships are joined by vulnerability risks caused by old age and a lower motivation to change which occurs in old age as well as age-related impediments to making use of help. There are a host of reports on cases in which older women care for their partner (in some cases until death) without the power relationship changing or disappearing. The occurrence of violence reported by the interviewees is in many instances similar to those among younger women. Special emphasis is placed on the major importance of psychological violence in the experience of women, the increased occurrence of threats (including combined murder-suicide), serious forms of physical violence, sexual violence, social and in some cases extreme economic control and – in connection with psychological disorders – paranoid jealousy and persecution complexes. With younger women it is repeatedly reported that violence and abuse of alcohol stand in close connection. One special aspect of intimate partner violence in old age is the role of adult children. Here interviewees report that grown-up children either support their mother, have broken off contact or have tried to keep their mother from separating.

The most important reasons for older women to stay in relationships is the especially close ties with their social sphere specific to their age, i.e. especially the house, the apartment or the garden, the period of life experienced together, de facto or subjectively perceived financial dependencies, dependency with regard to care (medical, shopping and other chores) and mobility, the need of the husband for care coupled with an understanding of duty specific to the older generation, the notion of marriage as a life task, the impossibility of presenting oneself as a separated woman, the absence of any positive opportunities for a new beginning, the hope that the man will change, having become accustomed to the situation and resignation along with the conviction that one oneself is to blame for the violence. The women who have successfully separated after long years of partnership, according to the interviewees, state that their motivation is that they want to take advantage of their last opportunity for a change, no longer want to continue experiencing violence in their remaining years or months and definitely no longer want to have to endure it during old age (including as a result of processes of physical decline). The decision to separate is

frequently made when the violence which is experienced changes in a qualitative way and escalates or when violent attacks become life-threatening.

The interviewees cite a series of barriers to making use of support: deeply experienced shame over having to suffer violence, admitting a negative "balance sheet" on one's life, lack of awareness of help facilities and one's own rights, also the notion specific to the older generation that their private problem is not of public concern and other people in the environment of the victims playing down what they have experienced.

The interviewees repeatedly warn against overgeneralisations which are not valid, however: the group of older women who are victims of intimate partner violence are very heterogeneous, it comprises women aged 60 to over 90 with their very different generation-specific backgrounds and socialisation, widely varying desires and needs.

Institutions which work with older women involved with intimate partner violence experience that they associate vague and in some cases unrealistic hopes with the use of help, but usually do not want to separate, instead desiring an end to the violence and continuation of the relationship. Again and again there are women, however, who do desire separation and are able to carry through with this if they receive sufficient support in the work with older women victims of intimate partner violence the level of the counselling relationship plays an especially important role (the age of the contact persons as well), the relief experienced through relating what has been experienced, limited prospects and opportunities in view of dwindling motivation and resource-oriented counselling. The interviewees unanimously reported that work with older women who are victims of intimate partner violence requires more time than work with younger women. In view of lower awareness of legal and bureaucratic processes and lack of autonomy, time-consuming counselling, support and assistance are required. One special problem which was cited was the transition into a care situation (by the man or the woman); here procedures are said to be much too slow, the facilities involved are not familiar enough with the phenomenon of Intimate Partner Violence. In general, other forms of cooperation are necessary, most of these are only of a temporary nature, however, and a common understanding of the problem is often lacking. The interviewees repeatedly state that an improvement in the situation can only be attained in a series of cases if opportunities are developed for the partners and with the partners if the women so desire.

With respect to the institutions involved, the outstanding importance of the police is illustrated by the study. In most cases the police is the first institution

which is involved with cases of intimate partner violence and it usually is involved with serious cases. Almost all of the cases at intervention centres and many cases which social-psychiatric services become aware of, including a relevant number of cases which women's shelters become aware of, are referred to these facilities by the police. In view of the close cooperative relationships which in the meantime exist at the local level, the police perform this function successfully. With regard to the medical profession, the interviewees repeatedly report on its relevance in individual cases, but cite as a fundamental problem the fact that too few physicians have been adequately sensitised to the problem. The psycho-social facilities which cases are referred to by the police and which become aware of cases in other ways report widely varying pathways and possibilities of their institution. While in women's shelters (just like in psychiatric facilities and nursing homes) possibilities for comprehensive assistance and support can be offered – even if this requires considerable effort – intervention centres have widely differing crisis intervention capabilities as a result of their furnishings and equipment. Here the importance of reach-out counselling, staff resources for longer, intensive counselling processes and follow-up care as well as the possibility of a dedicated, long-term coordinating office becomes evident. Of course such services do not change the living situation if the woman involved does not desire this, but the chances of an improvement even if she stays in the domestic situation can only be determined if an office performs this function in a dedicated manner. Women's counselling services (for intimate partner violence) with their low-threshold services are assigned an important function in reaching out to and counselling victims. Women who are victims of intimate partner violence can develop their own opportunities in counselling and through affiliated leisure time programmes, learn to create "free space" and overcome isolation. With regard to the interviews with specialists from the areas of the medical profession, social-psychiatric service, general psycho-social counselling and stationary nursing care, a host of questions remain unanswered. During the written survey and even more during the interview phase the research time repeatedly encountered "needles in a haystack". This means: the majority of facilities which were contacted did not respond and / or the few institutions which did respond did not report any knowledge of cases. This created the impression that the topic is simply irrelevant to this type of institutions – for example in the area of spiritual welfare, assistance and in the area of assessment of the need for nursing care. In other areas a similar impression was generally created: there were only scattered responses from persons who definitely reported that they were aware of cases, in part significant numbers of cases. Interviews were arranged with some of these persons. In the course of the interviews it became evident that we were speaking with persons who have already been fundamentally speaking sensitised to the topic of intimate partner violence, in part including

through special experience with older people or with the relevance of violent experiences for older people – whether it be the surveyed staff member of a general psycho-social counselling office who used to work at a women's shelter and deals with volunteers in the field of work with senior citizens on a voluntary basis, whether it be the women psychiatric physician who just wrote a thesis on the consequences of intimate partner violence and devotes special attention to the situation of older migrant women, whether it be the director of a nursing home who has worked a lot with women's shelters at his previous position and at the same time is working in a home at which the analysis of previous experiences with violence is assigned tremendous importance or whether it be the staff of a social-psychiatric service who is at the same time a nurse and criminologist. Such special competencies which go beyond the limits of one's own profession cannot be identified in one interview, however. Because we were only able to survey one person in each of this areas, it must remain unresolved whether the said persons' knowledge of cases is by chance or results from their specific sensitivity to the topics of intimate partner violence and / or age – i.e. whether the knowledge of cases reported constitute an exception on the whole or whether pertinent cases come up at other facilities as well, but these are not identified as cases of intimate partner violence as a result of lack of prior knowledge and a lower level of attention. One director of a women's shelter, a woman, who was surveyed interpreted the frequent failure of other specialists to react or react adequately as a result of selective perception which is related to their own defence mechanisms with such problems – a defence which relates to their own images of old age and the quality of a relationship in old age. Such an interpretation would at least plausibly explain the disparate knowledge of cases by institutions outlined above as a function of the varying levels of personal sensitivity to the topic.

VIII
Recommendations for future support of women victims of intimate partner violence

8.1 Introduction

The aim of IPVoW was to develop recommendations for better support for older women victims of intimate partner violence both at the national and international levels. The activities of the research team with regard to the development of international recommendations are provided in the summary report (available at www.ipvow.org). Recommendations for the design of national policy and the help system are presented in this report.

Various objectives emanate from this report with respect to the improvement of the support system for older women victims of intimate partner violence:

- First of all, an effort must be made to better reach older women who are thus far not aware of the respective support possibilities or who do not believe these are appropriate for them as a result of insufficient information. It should also be attempted to inform the general public that intimate partner violence occurs in old age as well.
- Specialists from different professions and areas must be informed and sensitised to the topic so that they are in a position to recognise when an older woman has been the victim of intimate partner violence and also know how to react appropriately.
- It should be endeavoured to ensure that cooperation between institutions helping older people and nursing care and support services for victims of domestic violence occurs in line with the needs of the female victim and runs smoothly.
- Furthermore, it must be endeavoured to make services reachable in actual practice and have them designed in an appropriate manner for older people; facilities must be low-threshold at several levels.
- Counselling and support for older women victims of intimate partner violence should generally take their special help and support needs into account.
- In every case of intimate partner violence involving older women which becomes known, the women victims of violence (and their partners) should be

offered professional, well-networked, reach-out, reliable and long-term support which can at the same time assume case-management functions.

- In the event that women victims of violence or their partners require nursing care, it should be ensured that procedures involving the determination of the source of financing for nursing care and the provision of legal assistance should not impede necessary or desired changes and should delay these as little as possible.
- It must be ensured that financial dependency on the partner is no longer a reason for older victims of intimate partner violence to remain in a partnership if they do not want to.

The methodological approach in the development of the recommendations is first of all presented in the following. After the recommendations are presented, the National Action Plan II for Combating Violence against Women and the possible use of UN conventions to influence national policy are then explored.

8.2 Methodological approach

As many of the relevant actors as possible were to be involved in the development of these recommendations. Perspectives of people working in relevant fields of practice were included in a multi-stage procedure. We proceeded as follows:

1. We conducted workshops within the framework of network meetings and conferences in 2009 in cooperation with the Bundesverband der Frauenberatungsstellen und Notrufe (bff – Federal Association of Women's Counselling Offices and Helplines), Zentrale Informationsstelle autonomer Frauenhäuser (Zif – Central Information Office for Autonomous Women's Shelters) and Frauenhauskoordinierung e.V (Women's Shelters Coordination). At these we first of all reported on the IPVoW project and secondly solicited targeted suggestions for the development of recommendations.
2. Questions were forwarded about satisfaction and how well institutions' services corresponded to target groups and suggestions were requested for improvement in the survey of institutions. We also asked whether the respective institution was interested in taking part in a discussion on recommendations relating to the field of work.
3. The 45 specialists interviewed were surveyed in detail on the topic of the help system, satisfaction with their own services and needs for optimisation.

4. The results of these surveys and workshops were evaluated. On this basis we developed a discussion paper and in June 2010 sent it to the 71 organisations (16.6%) which had stated in the institutional survey that they would like to take part in a discussion of recommendations. The discussion paper contains a presentation of fundamental problems and work strategies and offers the surveyed institutions the possibility to rate recommendations in 10 thematic areas on a 6-point scale ranging from important (1) to unimportant (6). Out of 71 interested organisations, 23 took part in the written comments. These were 7 women' shelters, 10 women's counselling offices or helplines, 3 intervention centres and the Federal Association of Women's Counselling Offices and Helplines (bff); aside from these, only 2 additional organisations – a police unit specialised in domestic violence and a day centre for homeless women – responded.
5. In an internal discussion process the results of these responses were once again evaluated in the research team, with additions being made on the basis of findings in the overall research project (that is, including interviews with women victims of violence) and new focal points being established.

This chapter now compiles the results of these work steps. It should generally speaking be noted that a significant part of the recommendations focus on facilities for the protection against violence such as women's shelters, helplines, intervention centres and women's counselling offices. This is due on the one hand to the fact that these institutions were strongly represented in the initial random sample of the institutional survey with 56%; secondly, however, it is also due to the fact that the response by other types of institutions (with the exception of the police) and willingness to take part in interviews and the discussion of the recommendations were considerably more limited. Moreover, we concentrated from the very beginning in the national networking very much on centres for the prevention of violence and women's counselling offices, as these are highly relevant to the topic and have, so to speak, a "societal mandate" to address this area of problems.

The recommendations are broken down into fields of action. Three sections address the questions (1) whether the use of the United Nations Convention on the Rights of Disabled Persons could provide a useful strategy approach, (2) to what extent the National Action Plan of the Federal German Government on Combating Violence against Women addresses the problem and (3) what options arise through additional international instruments (CEDAW).

8.3
Recommendations: improving access and support of women who become victims of intimate partner violence in old age

8.3.1 Action field women's shelters, intervention centres and women's counselling services

1 Facilitate access and sensitise people to the topic through adequate public-relations work

Public-relations work by women's shelters, intervention centres and counselling services which is in line with target group needs is especially important in order to reach older women victims of intimate partner violence and also sensitise society to the topic.

- This primarily includes the need to use the right language to address the target group of older women and to design material to be commensurate with this target group's needs in terms of content and graphics.
- Media relevant to specific age groups (for example, radio, weekly newspapers, dailies) and information sites (events in facilities catering to senior citizens, waiting rooms) should be increasingly used; cooperation with other institutions is warranted for this purpose.
- Public-relations work must also address non-German-speaking migrants.

2 Building/spatial design and furnishings which are in line with needs

Women's shelters, intervention centres and counselling services need to be adapted to meet the needs of older and disabled women in terms of their building / spatial design and furnishings. This includes

- Creating access which is free of barriers to counselling facilities and women's shelters and
- Furnishing women's shelters in such a manner that they can also be used by women with disabilities and / or other specific needs (e.g. no bunk beds, integrated sanitary facilities, single rooms for older women, quiet areas, etc.).

3 Design of counselling services in line with the needs of the target group

The organisation of counselling and support services in cases involving domestic violence must take the special needs of older women into account. These include:

- Securing and improving access possibilities through:
    - Home visitation services,
    - Decentralised services in the living environment of the clients or at places which are frequented by older people,

    - An anonymous telephone counselling possibility.
- The adaptation of the counselling process and the depth of performance to meet the more intensive counselling and support needs of older women e.g. through possibilities for long-term counselling and follow-up assistance.
- Adapting and supplementing the spectrum of services to offer counselling in the mother tongue of migrants.

General and age-related guiding principles of counselling must have top priority in a successful, supportive counselling process with older women victims of intimate partner violence. These include:

- The esteemed recognition of the life achievements and experience as well as recognition of the suffering often associated therewith,
- Strengthening through a resource orientation and confirmation that injustice has been experienced.

In topical terms, the counselling should

- Offer support in the processing and in dealing with current and past experiences of violence (*inter alia* also including sexualised violence),
- Offer practical support especially in financial and legal matters (separation, ensuring existential needs are met),
- Examine how everyday needs are met when men or women need support,
- Devote special attention to constellations in which women are victims of violence at the hands of their sons.

Woman counsellors should have knowledge of special age and generation-related living conditions and needs.

4 Specific help for women who are victims of IPV

Specific help at three levels is necessary in order to facilitate women's attempts at separation from a violent partner or to make use of help:

- Support services to facilitate use being made of help and intervention possibilities: these include first of all accompanying victims personally to police and government offices as well as interpreting services and transport services to women's shelters.
- Services offering financial security / ensuring existential needs are met,
- Practical help in everyday life and in coping with physical separation such as, e.g. help in moving.

5 Group and leisure time services, specific courses for older women

- For older women victims of intimate partner violence it is important to discuss things and enter into contact with other women within the framework of (supervised) group programmes (both the same age group as well as multi-age group compositions may be useful).
- Older women should have the opportunity to get to know self-defence and resistance methods and techniques in homogenous age groups and derive strength from these.
- The health-care system and leisure time services may also be suitable as low-threshold access points to help and support and to promote the establishment of social networks.

8.3.2 Action field institutional responsibility, cooperation and networking of specialists

In order to improve access of older women to help and support, interdisciplinary networking structures need to be created between organisations and specialists from the area of domestic violence and the health-care system, nursing care and aid for older people.

- These should above all be established and used for general coordination and agreement on joint modes of procedure in dealing with cases of intimate partner violence. This includes in particular determining interfaces, institutional domains of responsibility and case-transfer procedures in specific cases of intimate partner violence against older women.
- In the case of professionally agreed-upon procedures and the inclusion of additional actors involved in cases, it is imperative that data protection and self-determination rights of the victims be respected.
- Cooperation and networking should serve the purpose of interdisciplinary exchange of information and case experience and the development of joint expertise.
- New institutional domains of responsibility have to be created especially wherever centres for protection against violence are only able to perform crisis intervention as a result of a limited mandate and supply of resources in cases of intimate partner violence.

8.3.3 Action field training / sensitising multipliers

Relevant professional groups which potentially come into contact with older victims of intimate partner violence must be put in a position to recognise these cases, deal with them or refer them to proper channels. This therefore requires

- Continuing training, information and sensitisation events for persons working in the nursing and health field (e.g. physicians), the area of aid to senior citizens, in the area of legal assistance and, in the case of the police, events on the topic of intimate partner violence (against older women),
- And the permanent establishment of the topic of domestic violence in the respective training curricula of the said professional groups. The Training and Examination Regulations on the Old Age Nursing Care Act of the Federal Government (Ausbildungs- und Prüfungsverordnung zum Altenpflegegesetz des Bundes, 2002), which lays down the topic of "violence in nursing care" as an obligation with 80 hours in old age nursing care training, needs to be supplemented by having the topic of intimate partner violence and the existing help system addressed in the module 4.3 "Dealing with crisis and difficult social situations" (AltPflAPrV, 2002, Annex to §1, section 1). It would be welcomed for the Training and Examination Regulations of the German *Länder* or old-age nursing care providers to also take this into account.

8.3.4 Action field need for nursing care and support and intimate partner violence

Structural improvements are urgently necessary in particular with respect to women victims of violence who require nursing care and support, but also with a view to their assailants who require care in order to make it possible for these women to end the situation of domestic violence quickly and permanently. These include:

- The creation of emergency lodging possibilities (e.g. emergency beds in nursing homes) for people requiring nursing care and / or older women victims of violence suffering from dementia or also for perpetrators who are dependent on care by their female partner.
- This includes generally clearing up in advance which social insurance agency and / or local government is responsible for financing these services so that these services can be used in acute cases without any complications.
- In the area of legal assistance – a potentially important instrument protecting women victims of domestic violence requiring nursing care – sensitivity for constellations of intimate partner violence must be raised and information on a situation involving domestic violence must lead to quick action being taken by courts charged with care and care offices

- Access to assisted living and if appropriate group residence possibilities must be improved and financing made possible in order to develop and implement long-term living and dwelling possibilities for older women victims of violence.

An expansion of existing services is necessary with regard to both short-term help as well as long-term support services with a view to other especially vulnerable target groups. This includes the creation of out-patient and in-patient facilities and lodging possibilities for psychologically ill women as well as women with substance addictions who are victims of intimate partner violence.[46]

8.3.5 Action field political-structural framework conditions

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

- A fundamentally improved and reliable institutional financing of women's shelters and counselling offices from the area of protection against violence or the guaranteed assumption of costs for the entire duration of a stay in a women's shelter regardless of where social benefits are drawn from,
- The provision of a dignified income for the victims allowing them to participate in society and be independent of their partner through social systems financed by insurance contributions and taxes (establishment of a basic income, increase in mini-pensions),
- The provision of financial resources to optimise existing services and create new ones.

[46] This is especially relevant given the fact that such women cannot be admitted to women's shelters, or can only be admitted in cases of exception.

8.4
Action plans and human rights conventions at the national and international levels as a policy and programme framework and reference point

8.4.1 National Action Plan of the Federal Government to Combat Violence against Women

"Violence against women does not end when people reach a certain age. It can continue, rather, to **advanced ages**, in part also as a result of age-related changes such as illnesses which begin at this stage in life. A majority of people requiring nursing care and providing nursing care are women – at in-patient facilities, but also in the domestic area. People requiring help and nursing care are especially vulnerable and highly constrained in their possibilities to make use of help and possibly take legal action against their assailants." (BMFSFJ, 2009, p. 28)

The Second Action Plan of the Federal Government to Combat Violence against Women from September 2007 mentions the situation of older women victims of violence for the first time. The problem is for the most part placed at the same level as violence in the area of professional in-patient, out-patient and family nursing care (caused by excessive stress and strain). The specific situation of older women victims of intimate partner violence – in the context of the need for nursing care but also entirely independently of this – is not addressed here.

Some of the aims and strategy approaches pursued in the Action Plan correspond to the recommendations developed in this study – such as the activation of the health care area to protect women who are victims of violence and the provision of low-threshold and simple access to the help system for certain groups of victims (women with a migration background and women with disabilities). The importance of access taking into account disabilities and an appropriate design of services are correspondingly emphasised in the Action Plan, while the establishment of a national telephone counselling service is contemplated. (pp. 38 ff.)

Generally speaking, the Action Plan should be revised on the basis of the recommendations formulated herein so as to take the requirements and needs of older women who are victims of intimate partner violence into account. To the institutions and organisations which need to be networked should be added – to name only one example – those facilities involved in the care, counselling and nursing care of older people and the area of assistance. (p. 48)

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

One strategy approach for improving help and support for older women victims of intimate partner violence is offered by the UN Convention on the Rights of Persons with Disabilities, which has been in force in Germany since 26 March 2009.[47] Because a large portion of women with disabilities are over 60 while at the same time a certain percentage of older women require nursing care and are thus disabled, the target groups of the Convention and institutions for protection against violence overlap to a considerable degree. The implementation of the Convention is being supported by the Institute for Human Rights in Berlin by means of political consulting, research, press and public-relations work and the staging of events. No ombudsman or complaints office has been set up, however.

A linkage point for improved protection of victims in cases of intimate partner violence is offered by §16 – Freedom from exploitation and abuse. Under this article, states must organise protection and support to this end. It is upon this foundation that Weibernetz e.V. and *inter alia* the German Disability Council (Deutscher Behindertenrat) promote and encourage[48]

- Barrier-free access to counselling services and facilities which offer support to women, barrier-free information on these services (including in a readily understandable language)
- The obligation for organisations offering services to develop intervention plans for cases of violence
- A revision of the Act Protecting against Violence to clarify the notion of "domestic environment" at nursing care facilities and assisted living facilities in the case of injunctive orders; the task, as it were, is to make quick solutions possible when the assailant is the person providing assistance or a co-resident in an in-patient facility
- Not only statutory measures, but also projects / programmes (e.g. sensitisation measures for the police, judiciary, medical field, forensic medicine, appraisal offices and counselling offices to make these aware of the topic)
- Financial support by agencies bearing the costs of these measures.

[47] The relevant documents on the UN Convention on the Rights of Disabled People are available at the site of the German Institute for Human Rights http://www.institut-fuer-menschenrechte.de/de/monitoring-stelle/un-behindertenrechtskonvention.html [13.10.2010]
48 Demands by the German Disability Council for a national action plan to implement the UN Convention on the Rights of Disabled People, (pp. 14 f.)
http://www.deutscherbehindertenrat.de/mime/00060491D1274941874.pdf, Berlin, 22 February 2010 [visited on 14 June 2010]

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

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

An analogous reference which is above all political and discursive in nature to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the key international human rights instrument aimed at ending all forms of discrimination against women, is also conceivable. The CEDAW Committee monitors adherence to the Convention and issues recommendations to states on the further implementation of the Convention on the basis of government reports and reports by NGOs (so-called shadow reports). The member countries are to report on the status of legislation regarding the protection of women against all types of violence including domestic violence in their national reports as well as measures aimed at eliminating all type of violence against women and actions aimed at protecting victims. General recommendation no. 29 was added in October 2010; this explicitly addresses discrimination and violence against older women. (United Nations CEDAW, 2010) Of special interest to the topic of this study is first of all the need stated in the document to differentiate more according to age and gender in relevant data and statistics. Secondly, the topic of violence is addressed under point 37, with states being called upon to also take into account violence against older women (including with disabilities) in their legislation concerning sexual violence, domestic violence and violence in institutions. (United Nations CEDAW, 2010, p. 7)

IX
Summary and discussion of the results

9.1
Topic of study and methodological approach

The topic of this study is violence against women 60 years of age and over at the hands of a current or former husband or partner. We wanted to avoid thematic fuzziness by posing questions in as precise a manner as possible - especially because experience has shown that the topic can otherwise easily slip out of the field of attention into the realm between the topics of intimate partner violence in general and abuse and neglect of older people. Thus, this study is not a comprehensive study on violence experienced by older women; rather, only a specific perpetrator-victim constellation is the focus here.

For IPVoW we used and modified a methodological approach which was used in a prior study on sexual victimization of older people (Görgen, Newig, Nägele & Herbst, 2005). We used a written-postal survey of organisations as a survey and at the same time screening instrument for the identification of specialists with knowledge of cases who were to be surveyed by interviews. We contacted all organisations offering support to victims of domestic violence in Germany and in three regional samples we directed our questionnaire at a broad spectrum of organisations – in addition to institutions for protection against violence, the police and public prosecutor, facilities providing care for older people, the health sector, legal assistance and work with senior citizens, we also surveyed general and psychosocial counselling institutions addressing specific target groups and problems. 427 filled-in questionnaires were returned to us; the response rate on the whole was 29.8%; in the national sample it was 39.4% and in the regional samples 18.7%. Besides 45 interviews with specialists, we conducted interviews with 11 older women victims of intimate partner violence, a few of whom we received access to through the previously surveyed specialists, and a larger number to whom we received access through requests in the media. On top of this, we conducted research and an evaluation of statistical material. We first of all analysed user data from women's shelters, intervention centres, women's counselling offices and secondly the police crime statistics of the *Länder.* We

furthermore assessed pertinent scientific studies in terms of the topic of intimate partner violence in old age.

The multi-method and multi-perspective approach which was applied provided a detailed picture of the problem rich in facets. The wide range of data from institutional statistics was supplemented with information from women victims of violence, a large number of whom to that point in time had not made use of the domestic violence help system.

The results of the study are presented in summary form in the following.

9.2 How frequently does intimate partner violence against older women occur?

The question as to the quantitative dimension of the phenomenon was not a central subject of the study. Data is available from other studies, however, in particular a representative survey on the topic of violence against women in Germany. (Schröttle, 2008) On the one hand it is known that the 12-month prevalence of physical and / or sexual violence declines significantly with age and is very low among older people. For women up to the age of 34 it is 4.9%, while the figure for women over 60 is only 0.1%. The finding that physical violence recedes with age is also corroborated by other surveys of victims. (e.g. Görgen, Herbst & Rabold, 2010)[49] On the other hand, psychological violence and severe psychological violence among older women aged 60 to 70/75 is prevalent on a scale similar to that among women under 60. 6 to 7% of all women living in partnerships aged 18 to 75 report severe psychological violence by their current partner, while among women over 75 the figure is 3%. The items relating to psychological violence involve present-day characterisations of the partner by the woman without any exact information on the reference periods; when 4 or more items were answered in the affirmative, it was assumed that severe psychological violence is present.

[49] Other studies also produce similarly low victimization rates. The study by Zink et al. (2004, 2005) indicated a one-year prevalence of physical and sexual violence of 1% among women over 55, whereby the aggressors were most frequently the life partners of the women. The age-related evaluation in the National Crime Victimization Survey on victimizations in the 6 months prior to the survey even only produced 0.04% victimizations among women over 55 – here as well usually through the life partner of the women.

9.3
How frequently do the police and help organisations have contact to older women victims of intimate partner violence?

Statistics from several bureaus of criminal investigation of the *Länder* show that very low numbers of older women are involved in intimate partner violence registered with the police. The number of victims per 100,000 in the group of women 60 and over for one year is usually within the realm of 15-20, while the number of victims for women 18 to 60 is roughly 200 to 500. The percentages of older women among all women who make use of support facilities with respect to domestic violence are very low as well. At intervention centres around 3 to 4% of users are women over 60, while the percentage of older women among all residents of women's shelters is even lower, namely 1 to 2%.[50] The distribution of adult residents of women's shelters broken down by age groups shows a significant, continuous decline with age. If one compares prevalence rates with data on user figures and the police crime statistics, it would appear that it is above all the older women victims of psychological violence who are very significantly underrepresented in the help system.

Statements can also be ventured on institutional awareness of cases on the basis of this study – the institutional survey focused on institutional statistics. The study cannot provide any representative picture on the degree to which the various institutions deal with IPV, however. The response rates and the initial samples are too different, and the spectrum of institutions involved is too low. A majority (77%) of the organisations surveyed in the institutional survey had contact to cases involving IPV in old age in the years 2006 to 2009. On average there were 10 cases per institution. One distorting factor is that some institutions – intervention centres and telephone counselling facilities in large cities – report very large numbers of cases. Generally speaking most institutions learn of few cases: 50% of all institutions stated that that had dealt with 4 or fewer cases in this period of time. Most of the cases are learned by intervention centres, women's counselling services (against violence) and combined services. The median figures here are 17, 11 and 7. In sum total, 4,196 cases were reported by the organisations. Most of the cases which institutions had become aware of – 92% – were reported by women's shelters, women's counselling services (usually focusing on violence) and intervention centres, 2.8% by the police, 1% by physicians / hospitals and 0.9% by general psychosocial counselling offices. Experience with older women victims of intimate partner violence differs

[50] Surveys of Canadian and U.S. women's shelters (Montminy & Drouin, 2004, Vinton, 1992, Hightower, Smith, Ward-Hall & Hightower,1999) and a study of users of domestic violence services in Illinois (Lundy & Grossman, 2004) have produced similar percentages.

greatly (including within occupational groups). There are scattered facilities for aid to homeless people, psychiatry / psychotherapy / neurology, housing advice, general psychosocial counselling and nursing care which report knowledge of cases. According to the results of the interviews with specialists, knowledge of cases is possibly promoted by previous professional and / or biographic experience with the topic of intimate partner violence.

9.4 What features characterise cases of intimate partner violence in old age?

Generally speaking the experience of older women is similar to that of younger women. They also experience violence in various forms; it is rare that one form of violence occurs in isolated form. Dramatic forms of physical violence – sometimes resulting in death – sexual violence, psychological violence usually in the form of controlling and humiliating behaviour and financial violence, for example preventing women access to their own money – were cited. The surveyed women themselves reported all forms of violence – most frequently, however, psychological violence – which was described as the most distressing. The interviews with women who do not make use of the support system showed that it is not easy for them to clearly classify what they have experienced as violence. They used the interviews in part as a possibility to reflect on this. The specialists surveyed and the women victims of violence reported in most instances about cases in which violence is exercised in the context of exercising control; the pattern usually corresponds to "coercive controlling violence" as described by Kelly and Johnson (2008); cases of "situational couple violence", which is to say violence which is not associated with the exercise of control, rarely occurs in the cases which institutions become aware of.

The characterisation of cases in the institutional survey shows that most of the cases which become known involve unilateral (92%) and frequent (92%) violence where the exercise of violence usually lasts longer than one year (90%) and usually also began before the female victim of violence turned 60 years of age (85%). A typology of the cases handled by the surveyed institutions can be devised on this basis: the first and by far biggest group of cases which become known are relationships characterised by long years of violence which continues in old age. The second, much smaller, but still relevant case group in terms of numbers relates to long-standing relationships in which violence occurs for the first time in old age. The persons surveyed only reported scattered cases of new

relationships characterised by violence which started when the partners were already old.

Cases of intimate partner violence in old age are frequently closely related to the health limitations of women (Wilke & Vinton, 2005); a need for nursing care is rarely reported, however. The limitations described in the literature and interactions between health limitations and violence (see Thomas, Joshi, Wittenberg & McCloskey, 2008) are especially relevant to older women, as this study shows. In addition to the effects of injuries, especially chronic illnesses may result from experience of violence over many years; violence can also aggravate existing illnesses, however, and increase the dependency on the aggressor. The specialists surveyed interpret illnesses of older women on the one hand as resulting from their suffering, and on the other as the last remaining possibility to escape.

With regard to the educational background and social studies of the men and women involved, the surveys suggested that women with very different educational levels and from very different socioeconomic strata can be victims of intimate partner violence. Different ways of making use of help are reported, however. The interview partners recruited through access to media who did not make any use of health services in the area of domestic violence, but rather sought out psychotherapeutic help, looked back on an autonomous occupational career and were part of the middle class in spite of extremely limited financial resources in some cases.

Older women with a migration background are also affected by intimate partner violence. In the view of the specialists, however, they make use of support organisations in the area of domestic violence much less than younger women.

9.5 What factors influence intimate partner violence, and what are factors causing and triggering IPV in old age?

In the case descriptions by specialists and the women involved, they repeatedly reported on factors which can contribute to violence occurring in a partnership for the first time as well as escalation / change in intimate partner violence which has been going on for many years. Many of these factors relate to the age of the partners. One age-related critical life event is said to be when the man retires, which leads to less free space for the woman, and increasing needs and possibilities of control by the man, increasing isolation of the couple and a loss of external confirmation for the male role and the aggression which this can lead

to. Serious changes in partner relationships which are associated with the occurrence of violence for the first time and in some cases with escalation of violence also occur according to the interviews when men suffer psychological disorders such as dementia, paranoia or bipolar disorders (including as a result of old age) or experience personality changes as a result of strokes, Parkinson or similar. Physical processes of decline ranging all the way to the need for nursing care on the part of the man and the woman can also change the dynamics in a couple's relationship with respect to violence as well. Increasing aggression and violence on the part of the male can also lead to an increasing need for help on the part of the woman, which may relate to the fact that she can no longer perform the care function in the household and instead even needs help herself. Attempts by the man to preserve the old division of labour by means of violence fail due to lack of objective possibilities and may lead to escalation. Moreover the possibilities of the woman to make use of help and protect herself decrease; the probability that physical injuries will be suffered rises. But increasing need by the male for help may also exacerbate or trigger violence when the loss of status, control possibilities and the ability to run one's own life lead to increased attempts at control and frustration and aggression is directed at the woman providing nursing care / support. The study has confirmed the finding that in many couples' relationships, in spite of the dependency of the (male) partner on nursing care provided by the wife, a traditional dominance relationship is preserved. (see also Nägele, Kotlenga, Görgen & Leykum, 2010) Finally, it is also frequently stated that physical and sexual violence against older women – in some cases excessive – may be associated with alcohol abuse by the male (which also increases with age) and in fewer cases by both partners.

9.6 What role does the generation the women are from play?

The women who are victims of intimate partner violence and the specialists surveyed reported that, in addition to factors specifically relating to age, specific generation-related experience also plays a major role in the experience of intimate partner violence and the way women deal with it. The group of women who are over 60 at present encompasses two generations of women and is thus very heterogeneous. It is repeatedly stated that for the women who are old now experiences of violence were a biographical constant and socially speaking normal. The majority of them experienced violence in the home of their parents (against the mother and / or the children); some reported experiencing violence in school (corporal punishment), some also sexual violence at previous jobs, and finally all of them reported experiencing violence in intimate partner relation-

ships which in most cases did not only begin in old age. By the same token, the women did not identify themselves as victims. Characteristic of this generation is a childhood or youth in wartime or post-war Germany and, associated with this for many people, dramatic experiences of violence, poverty, flight, ethnic cleansing and the death of family members. An early lesson learned by many of the women is the need to endure hardship and also carry on in difficult times as well. The concept of marriage is much more a lifelong obligation in this generation than with younger women (including based on religion) which obligates them to stay together in good and in bad times. Responsibility for reproductive work is for many the main task, but at a minimum a key aspect in their identity.[51] The attitude that violence in the family setting could not be of interest to anyone outside the family, least of all state institutions, is also described as specific to this generation.

Reports by women and specialists relating to differences between women in western and eastern Germany are also specific to this generation. As a result of their continuous gainful employment in most cases in the former East Germany, eastern German women are usually described as more financially autonomous than western German women. At the same time, they found that domestic violence in the GDR was ignored and separations were difficult as a result of scarce housing and the common practice of assigning housing. Another specifically eastern German experience is the demotion of men who had high-ranking positions in the SED regime following reunification, which in some cases was said to trigger psychological disorders and, associated with this, intimate partner violence. At present, the financial pressure on younger old couples in eastern Germany is considerable as a result of high levels of unemployment. This as well as the elimination of the social, medical and transport infrastructure in rural regions is exacerbating dependencies and limiting options. In western Germany the generation of older women lived in classic housewife marriages and were correspondingly dependent on their husbands financially; they rarely have their own claims to pensions. Some of the now younger old women were affected by the liberalisation of society after 1968 and had contact to the ideas of the second German women's movement. Some of the women we surveyed who were already living separated from their husbands described how they experienced and completed a dramatic change in values in their biographies. They characterise how, growing up in families with strict gender-hierarchical roles, they continued the traditional assignment of roles in their marriages and only slowly developed a feeling that they were suffering injustice with regard to the behaviour of the

[51] Some of the described attitudes specific to the generation were also described as coping mechanisms of older women victims of intimate partner violence in the literature, for instance the preservation of a picture of a marital unit towards the outside world and insisting on the role of the caring mother as a means of maintaining self-respect. (Zink, Jacobson, Pabst, Regan & Fisher, 2006)

husband in their relationship in the course of societal and individual reorientation processes and with increasing self-confidence insisted on their right to a life free of violence and autonomous development (including occupational). For these women, separation from their partner is also a logical consequence and expression of their own emancipation. Other women, on the other hand – especially those who experienced massive physical violence over periods of years – attempted to preserve the partnership for many years and only separated when they realised that they were no longer in a position to cope with the life-threatening physical violence. For them separation was not the result of this process of emancipation, but rather more the forced beginning of such.

Younger generations of women will have different experiences and values than the women who are old now, which means that significant changes are to be expected with each new cohort.

9.7 How many older women victims of violence make use of help? And how do they come into contact with help organisations?

With regard to the question as to how many older women who are victims of intimate partner violence come into contact with help services and make use of these in comparison to younger women, considerable insight is also provided in the secondary analytical assessment of the study by Monika Schröttle (2008) on violence experienced by women in Germany. Older women victims of violence are less often aware of help services than younger ones and they also make use of these services less often. By way of comparison: while 67 to 70% of women victims of violence stated that they were aware of help services, this figure was only 52-58% of women over 60. Only a small percentage of women victimised by violence accept help on the whole: this was 11 to 14% among the 26 to 55-year-olds, while the figure for older women was 2 to 5%. The institutional survey shows that in approximately half the cases the women victims of violence inform the institutions themselves, and in the other half institutions are informed by third parties. The most important source of information here is the police. In general, according to the surveys, support from the social environment is of paramount importance.

9.8 Why do older women victims of violence stay and why do they leave?

The persons surveyed agreed that especially with older women there are a host of factors standing in the way of separation. Here strong ties to the living environment (furnishings, apartment, house, garden, neighbourhood) play a major role, whereby property in some cases also symbolises a life achievement in material form. Feelings of responsibility for the partner and a strong emotional dependency are also important to many older women given the many years spent together. For many women, their life model does not provide for separation, which is thus inconceivable to them. Many women know too little about their rights (including financial ones); this can not least result in a strong feeling of financial dependency. Given the subjective perception that they only have a short period of life left, low feelings of self-esteem and frequent symptoms of depression, many older women lack the energy and prospects for a new beginning. Important factors preventing separation also include social isolation, shame and feelings of guilt and, when help is required, dependency on the husband and the costs they expect would be associated with separation (sale of the house, loss of inheritance, etc.).[52] For older women there are thus many reasons to stay or – as many women's shelters have experienced – to go back. Many of these reasons relate to the age of the women, others to the length of time of the violent relationship and others are similar to those of young women. (Barnett, 2001)

The persons surveyed describe adult children very generally as key persons. They can support separation, but also hinder it. Not rarely the adult children were themselves victims of violence at the hands of the father or they experienced the helplessness of the mother. They are also involved emotionally as adults and are potentially affected personally by the consequences of a separation – for example, if care for one of the parents is no longer provided for, or if a separation and/or lodging in a nursing home would lead to the sale of the parent's property or they themselves would even be involved in financing the nursing care.

Even if there are major impediments to separation, women victimised by IPV and specialists report successful separations by older women as well. Frequently there have to be life-threatening situations, or an individual feeling that the violence is unbearable is decisive. A new beginning is possible, but the women only

[52] Zink et al. (2006) point out that some of the coping and survival strategies developed by the older women are based on identifying positive aspects of the current partnership.

rarely take over the common apartment or the common house because they shy away from the conflict associated with this.

9.9 What are the most important challenges in work with older women victims of intimate partner violence?

Two fundamental problems became evident in the work with older women victims of intimate partner violence: first of all, existing services reach too few of the women involved. Secondly, the processing of the cases which come to light is not always optimal.

Many of the women involved, according to the surveyed specialists, need intensive and frequent counselling, they have a major need to talk and in many cases require concrete support and assistance in dealing with matters. In many cases, reach-out, pro-active work is necessary. Because many older women do not decide to separate or do not decide to do so quickly, it is necessary to support these women over the long term and also include the perspective of the man in processing the case. It is necessary to involve the adult children and the social environment and address existential needs at the same time. Crisis intervention is thus not sufficient in the overwhelming number of cases. The number of cases which become known is low and the problems faced are so serious that scarce financial resources cannot be a reason not to make every effort to optimise the processing of cases.

The way various institutions deal with the cases of intimate partner violence which they become aware of varies:

- The **police** is an incredibly important instance in precluding danger, in the initial support provided to the victim and above all in the referral of cases to intervention centres and – on a lower scale – to women's shelters. The police repeatedly become aware of such cases of intimate partner violence among older people which other institutions would not become aware of through missions. The persons surveyed unanimously reported that the instruments set out in the **Act for Protection against Violence** are scarcely ever used with older women. In particular, when a partner needs help the police rarely issues an eviction notice and restraining orders are scarcely filed for by the women victims. Efforts at **criminal prosecution** by the police and public prosecutor are frequently limited according to their statements by the fact that older people rarely file criminal charges and are even less willing than younger women to testify.

- **Medical facilities** are important contact points for older women victims of intimate partner violence in cases of illness, although women almost never address the violence which they experience on their own. In some cases, the specialists employed there become helpful key actors for reflection, use being made of counselling and even as a source of impetus for change. In many other cases – and this is confirmed by findings from other studies (e.g. Zink, Jacobson, Regan & Pabst, 2004) – they do not play any role, are frequently described as making an effort but helpless, and in some cases as inattentive and reluctant to address suspicions of violence. They also play a key role in those cases in which violence occurs in connection with illness – both in the medical care of the aggressor as well as in the interpretation of behaviour and providing tips on how to deal with it.
- Cases of intimate partner violence are almost never referred to institutions specialised in domestic violence and the police by **institutions in the field of care**. On the whole there is scarcely any awareness here that intimate partner violence can also play a role in relationships of people requiring nursing care. Cooperation which does take place is according to the persons surveyed marked by the fact that little information is available on the phenomenon of intimate partner violence and the help system in this profession. Violence is interpreted in the context of the need for care and the stress involved in providing care.[53] One special problem described by the persons surveyed is that in some cases when violence occurs in the context of a need for nursing care it is necessary to quickly place both partners in a nursing home. But applications procedures and the procedure to determine which agency is to bear the cost are tedious and often take too long. There are still scattered emergency beds available at in-patient facilities for such cases.
- **Intervention centres** become aware of by far the greatest number of cases of intimate partner violence against older women, especially through the police. These cases are usually serious incidences in which physical violence plays a role. Sufficient resources to provide intensive support, reach-out work, specific support and long-term assistance or follow-up assistance are only available in some of the intervention centres, however. There are pioneering attempts here to include an additional institution early on and have it assume such responsibilities.
- As a result of their low-threshold approach, **women's counselling offices** are an important contact point for older women victims of intimate partner violence. Here the fact that women do not have to define their own problem as violence at the outset, but can also approach these offices with other concerns (e.g. advice on separating, depression), is helpful. Group and informa-

[53] On the problematic consequences of incorrect interpretations of intimate partner violence, see Spangler & Brandl (2007)

tion services and leisure time activities which are affiliated with women's counselling services can provide important support for older women victimized by intimate partner violence.

- **Women's shelters** are also important facilities for older women victims of violence. Intensive, individual assistance is provided here, although resources are clearly limited. Generally speaking, women's shelters are also considered to be a good alternative for this target group, although many of the persons surveyed criticised the lack of furnishings for disabled persons and shortages of space. Most of the women's shelters cannot provide as much help in the area of follow-up care as they would like.
- **Social-psychiatric services** experience cases of intimate partner violence in old age when psychological disorders of a partner and / or massive problems in meeting everyday needs crop up. Here sufficient human resources are required to adequately deal with cases – resources which are often not available.

9.10 So what is necessary? Prospects for better support of older women who are victims of intimate partner violence

So what is necessary?

- It is necessary to conduct or intensify **public-relations work –** the task at hand is to make it clear that older women can also be victimised by intimate partner violence and that help and better prospects are available to them as well.
- It is necessary to keep sufficient low-threshold (i.e. not explicitly violence-related) **counselling, information and group services** available for older women – including for specific target groups (e.g. for migrants).
- The respective facilities must be **free of barriers**.
- It is necessary to make clear arrangements as to how it can be ensured on the ground that cases of intimate partner violence against older women (which, for example, the police are alerted to and refer to intervention centres, but also which the social-psychiatric service becomes aware of) are adequately processed. Here a facility or a specialist must assume **responsibility for the case** and even intensive, long-term and reach-out help, assistance and follow-up care as well as coordination of help and have age-specific knowledge and understand the dynamics of intimate partner violence. These can be institutions for protection against violence such as intervention centres, but potentially also (community) social services or senior citizens counselling offices.

- It is necessary to establish **cooperative relationships** between facilities in the field of aid / nursing care for senior citizens and specialists from the area of support in the case of domestic violence; procedural rules for handover of cases must be developed in the network.
- It is necessary for facilities which may possibly have to deal with cases to take into account the target group of older women and their specific needs along the lines of **mainstreaming**; (1) specialists in the area of support in the case of domestic violence / women's counselling should receive additional training on age-specific issues and adapt their strategies and (2) specialists in the area of aid/nursing care for senior citizens should be trained and sensitised regarding the problem of domestic violence (in old age) and on the help system
- It is necessary to have quickly fundable **solutions in the event of a need for nursing care** (acute lodging) and to develop special procedures for agencies which bear the costs.
- In instances where violence is involved and wherever it is necessary to **provide legal assistance,** this needs to be quickly established in line with needs for protection.
- It is necessary to continue to work on placing **medical professions** in a position to adequately deal with cases of intimate partner violence and also identify intimate partner violence in old age as such. This also applies for other facilities as well (e.g. social-psychological services)

9.11 Limits of the empirical approach and prospects for additional research

The methodological approach proved to be very appropriate for the subject. The limits of the empirical approach are discussed briefly in the following. First of all, it is stressed here once again that no information on the scale of the problem can be inferred from the empirical surveys. The study, rather, reflects the experience of institutions with cases and the perspectives of a non-representative group of older women victims of intimate partner violence. Moreover, the number of women surveyed is rather low and specific groups of victims could not be reached. One unresolved research problem – which indeed cannot be solved – is that the identification of cases of intimate partner violence against older women by specialists presupposes a certain degree of sensitivity to the topic. Depending upon the institution and biographical background of the persons surveyed, this sensitivity varies greatly. Ultimately, the written survey of institutions can only reproduce specialists' understanding of the problem and their professional per-

spective. Cases which go unrecognised in a facility automatically remain unrecognised in the study as well.

The following research considerations emanate from these constraints on this study and the experience gained in the research process. In future research projects, it is necessary:

1. to survey a larger number of women victims of violence who have and have not made use of help,
2. to include older women with a migration background, women over 70, women requiring nursing care and women responsible for nursing care in surveys in a targeted manner
3. to achieve a broader perspective by surveying dyads or systems, that is not only women victimised by intimate partner violence, but also the men perpetrating violence and the professional and social environment need to be included in the study
4. for greater attention to be focused on the relationship between the need for nursing care and intimate partner violence
5. for procedures at facilities and in the transition between different facilities to be studied to determine successful or unsuccessful intervention chains
6. to focus in a detailed manner on a constellation frequently reported to us where women are victimised by violence committed by their autonomous adult sons.

9.12 Research as societal intervention

Along the lines of the Daphne III programme, the IPVoW project pursues the objective of providing scientifically founded results on the problem area in order to make possible the further refinement of practice. In actual fact, however, the research project itself has turned out to constitute intervention in the field of practice on a scale which we did not expect. First of all, most of the older women victimised by violence surveyed by us very deliberately used the interviews as an intervention in the sense of an opportunity to reflect below the threshold of making use of help. Secondly, the specialists stated in the feedback on the interviews and in the written survey that the surveys themselves brought about a change in perception of the problem, and in some cases even changes in behaviour. The project's cooperation with interest representatives and information offices of institutions in the area of domestic violence / women's counselling and project presentations or workshops at conferences and working meetings also made it possible to place the topic on the agenda of facilities for pro-

tection against violence / women's counselling offices and to further emphasise the relevance of the topic. Moreover, the fact that the secondary analytical assessment of the representative survey on the topic of violence against women in Germany was published one year before the commencement of the project played a crucial role; in this, older women were identified as a relevant group of victims of intimate partner violence who have not been adequately addressed by the health system to date. (Schröttle, 2008, p. 198) The action programme "Safe and Secure Living in old Age" (carried out at the same time and funded by the Federal German Ministry for Senior Citizens, Women and Youth together with the objective of improved prevention in intervention in cases of intimate partner violence in old age pursued in module 3 (model region of Hamburg, see www.silia.info) not only produced synergy effects for the surveys – it also contributed to a generally greater awareness of the topic.

9.13 A look forward: Mind the Gap!

The results of IPVoW will be of interest to the various fields of practice and professional contexts. They will be very specifically addressed by the European Commission in the Daphne III programme's two-year follow-up project "Mind the Gap! Improving Intervention in Intimate Partner Violence against older Women", which is being carried out by partners cooperating in IPVoW beginning in the spring of 2011. The focal point of this project will be the development of materials on the topic of intimate partner violence against older women which can be used in the field of practice. Handouts for the police and social support services, a continuing training module for the police and material for public-relations work on the topic will be developed. This will be preceded by an analysis of pertinent case files of the police and / or public prosecutors.

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XI
Appendix

Appendix 1
Questionnaire of Expert Survey: Intimate partner violence against older women (IPVoW), long version (international)

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?
❒ physical violence	(approx.) _____ victims
❒ sexual violence	(approx.) _____ victims
❒ psychological / verbal aggression and violence	(approx.) _____ victims
❒ financial exploitation	(approx.) _____ victims

❒ intentional neglect (applies to care dependent victims only)	(approx.) _____ victims
❒ sexual harassment	(approx.) _____ victims
❒ stalking[54]	(approx.) _____ victims
❒ 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?
❒ were from an ethnic minority/ were migrants?	(approx.) _____ from an ethnic minority/ migrant victims
❒ did not have a permanent legal residence status in our country?	(approx.) _____ victims without permanent legal residency status
❒ required nursing care?	(approx.) _____ victims in need of care
❒ were physically handicapped	(approx.) _____ physically handicapped victims
❒ were mentally handicapped (UK: had learning disability)?	(approx.) _____ mentally handicapped victims (UK: victims with learning disabilities)
❒ required other kinds of support[55]?	(approx.) _____ victims in need of other kind of support
❒ suffered from dementia?	(approx.) _____ victims suffering from dementia
❒ suffered from other mental illnesses?	(approx.) _____ mentally ill victims
❒ had a substance misuse problem/were addicted to alcohol/drugs?	(approx.) _____ victims with substance misuse problem
❒ were homeless?	(approx.) _____ homeless victims
❒ were stressed / strained in other ways, namely	(approx.) _____ victims stressed / strained in other ways

[54] 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.
[55] This mainly refers to limitations in social interaction and communication and in performing household chores below the threshold of care dependency.

_____ _____ _____ _____ _____(please specify)	
❒ lived more than 50 km away from you / your organisation	(approx.) _____ victims living more than 50 km away from you / your organisation
❒ 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?
❒ cohabiting partner	(approx.) _____ victims
❒ partner not cohabiting (e.g. dating relationships)	(approx.) _____ victims
❒ former partner	(approx.) _____ victims
❒ perpetrator is caregiver of the victim	(approx.) _____ victims
❒ 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?
❒ one-way violence from/by victim's partner or ex-partner	(approx.) _____ victims
❒ mutual violence	(approx.) _____ victims
❒ frequent acts of violence	(approx.) _____ victims
❒ intimate partner violence as single or unusual/infrequent occurrence	(approx.) _____ victims
❒ long lasting/enduring intimate partner violence (one year and more)	(approx.) _____ victims
❒ short history of intimate partner violence (less than one year)	(approx.) _____ vic-

	tims
❒ intimate partner violence started/began before woman turned 60	(approx.) _____ victims
❒ intimate partner violence started/began after woman turned 60	(approx.) _____ 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?
❒ The victim herself contacted me / my organisation.	(approx.) _____ victims
❒ Observations from the part of my organisation / from my part lead to the suspicion of IPV.	(approx.) _____ victims
❒ A person close to the victim contacted me / my organisation.	(approx.) _____ victims
❒ I / my organisation was informed by the police.	(approx.) _____ victims
❒ I / my organisation was informed by the legal system/courts.	(approx.) _____ victims
❒ I / my organisation was informed by general practitioners, specialists or other medical services (e.g. hospitals).	(approx.) _____ victims
❒ I / my organisation was informed by other organisations, namely _____(please specify)	(approx.) _____ victims
❒ Other ways of obtaining case knowledge, namely: _____(please specify)	(approx.) _____ victims

12. How did you first **get in contact with the victim?** *(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
❒ The victim contacted me/ my organisation.	(approx.) _____ vic-

	tims
❒ I / my organisation contacted the victim directly.	(approx.) _____ victims
❒ I / my organisation contacted the victim via other persons with case knowledge (family members, other organisations)	(approx.) _____ victims
❒ There was no direct contact between me / my organisation and the victim because _____	(approx.) _____ victims
❒ Other, namely: _____	(approx.) _____ victims

13. Services: What kinds of services were provided by you / your organisation, what kind of action did you / your organisation take? *(most organisations offer more than one kind of service, please tick all applicable boxes below)*

	Please specify types of services where appropriate	How many victims in 2006-2008?
❒ crisis intervention	_____ _____	(approx.) _____ victims
❒ psycho-social support/counselling	_____ _____	(approx.) _____ victims
❒ giving information on other appropriate organisations	_____ _____	(approx.) _____ victims
❒ psychotherapeutic support	_____ _____	(approx.) _____ victims
❒ legal advice	_____ _____	(approx.) _____ victims
❒ support with daily living activities (accompanying clients to public authorities etc.)	_____ _____	(approx.) _____ victims
❒ provision of nursing care	_____ _____	(approx.) _____

		victims
❒ provision of medical services	_____ _____	(approx.) _____ victims
❒ provision of a bed in a shelter/refuge	_____ _____	(approx.) _____ victims
❒ support with moving to a care home	_____ _____	(approx.) _____ victims
❒ handing over/referring the case to another organisation	_____ _____	(approx.) _____ victims
❒ financial aid	_____ _____	(approx.) _____ victims
❒ conducting criminal investigations	_____ _____	(approx.) _____ victims
❒ issuing restraining orders by courts	_____ _____	(approx.) _____ victims
❒ banning offenders from a premise	_____ _____	(approx.) _____ victims
❒ filing complaints	_____ _____	(approx.) _____ victims
❒ controlling adherence to restraining orders	_____ _____	(approx.) _____ victims
❒ imposing fines	_____ _____	(approx.) _____ victims
❒ convicting perpetrators	_____ _____	(approx.) _____ victims
❒ Other, namely: _____(please	_____ _____	(approx.) _____

specify)		victims
❒ Other, namely: _____(please specify)	_____ _____	(approx.) _____ victims
❒ 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?
❒ victim's son	(approx.) _____ victims
❒ victim's son-in-law	(approx.) _____ victims
❒ victim's daughter	(approx.) _____ victims
❒ victim's daughter-in-law	(approx.) _____ victims
❒ victim's grandson	(approx.) _____ victims
❒ victim's granddaughter	(approx.) _____ victims
❒ other relatives	(approx.) _____ victims
❒ neighbours, acquaintances, friends	(approx.) _____ victims
❒ 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.

	strongly disagree					*strongly agree*
Older women become victims of intimate partner violence less often than younger women.	❒1	❒2	❒3	❒4	❒5	❒6
In older couples, women are more often perpetrators of IPV than in younger couples.	❒1	❒2	❒3	❒4	❒5	❒6
The number of older female victims of intimate partner violence will grow in the future.	❒1	❒2	❒3	❒4	❒5	❒6
Intimate partner violence against older women is a topic no one really wants to deal with up to now.	❒1	❒2	❒3	❒4	❒5	❒6
Older female victims of intimate partner violence need other types of support and assistance than younger women.	❒1	❒2	❒3	❒4	❒5	❒6
Women in all stages of life are threatened by intimate partner violence – women in later life are not exempted from this.	❒1	❒2	❒3	❒4	❒5	❒6
The importance of the problem of intimate partner violence against older women is underestimated up to now.	❒1	❒2	❒3	❒4	❒5	❒6
Intimate partner violence against older women should be of higher importance in professional training for psycho-social and medical professions.	❒1	❒2	❒3	❒4	❒5	❒6
Older female victims of intimate partner violence need more support than is provided up to now.	❒1	❒2	❒3	❒4	❒5	❒6
Only a few older women become victims of intimate partner violence.	❒1	❒2	❒3	❒4	❒5	❒6
Older female victims of intimate partner violence face particular difficulties in the	❒1	❒2	❒3	❒4	❒5	❒6

breaking-up of a long-term abusive relationship.

Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do.	❒1	❒2	❒3	❒4	❒5	❒6
Intimate partner violence against older women often occurs in the context of dependency of care.	❒1	❒2	❒3	❒4	❒5	❒6

18. Based on your experience, please assess the following statements about **professional activities with older female victims of intimate partner violence.**

	absolutely not true					*absolutely true*
Existing support systems are adequate for the needs of older female victims of intimate partner violence.	❒1	❒2	❒3	❒4	❒5	❒6
It is difficult to motivate older female victims of intimate partner violence to seek help.	❒1	❒2	❒3	❒4	❒5	❒6
Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.	❒1	❒2	❒3	❒4	❒5	❒6
Working with older female victims of intimate partner violence requires specialist professional training.	❒1	❒2	❒3	❒4	❒5	❒6
Professionals working with older female victims of intimate partner violence should themselves be middle-aged or older.	❒1	❒2	❒3	❒4	❒5	❒6
Older women experiencing intimate partner violence are more reluctant to seek help than younger women.	❒1	❒2	❒3	❒4	❒5	❒6
Older women experiencing intimate partner violence are more ashamed of what has happened to them than younger women.	❒1	❒2	❒3	❒4	❒5	❒6

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

❒ civil 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.

Very unsatisfied					*Absolutely satisfied*
❒	❒	❒	❒	❒	❒
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
Interview guideline for victims of IPV

First of all, thank you very much for agreeing to give an interview. We really appreciate that you have given up your time to do this interview and are willing to share your experiences with us.

I would like to give you some information about why we are doing this interview. This interview is part of a research project, which we are carrying 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 that living in partnerships may become difficult, agonizing and dangerous for some women. However, we know very little about experiences and perceptions of women older than 60 years who experience such abuse and violence. 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, 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.

I will now give you some information about the interview. This interview will be tape-recorded and typed up so that we can analyze in depth what you have told us. All the information will be used for research purposes only. We can assure you that everything you tell us will be treated confidentially – no one will know your name, where you come from and we will change every/any 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 by indicating this to the interviewer as necessary without this having any adverse effects for you.

We previously gave you information about the study. If you are happy to proceed with the interview please can you read through the form again and complete all the sections (on both forms) as instructed. Your signature means that you understand this information and agree to be interviewed. Please keep one of these forms and we will take the second copy of this for our records.

(A) LIFE HISTORY

Open introductory question

- Please can you tell me a little bit about yourself?
- Have you been married only once?
- Have you had more than one long term relationship?

(If more than one then next question can explore these, however, in depth exploration should be of violent partnerships which lasted beyond age of 60 or started after 60)

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.
- Have you experienced this kind of behaviour in former relationships?
  - Could you tell me what happened?
- I would now like to talk about your last violent partnership

  - Can you recall the first violent event? May I ask you what happened?[56]
  - Where did it happen? When did it happen? Was anyone else present? Who?
- What happened in the following years?
  - Was this a typical situation?
  - If no: Please could you describe a situation of violence which was/is typical for your experiences
  - What were the patterns o the violent acts of your (former) partners 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:* Where were the children when these violent events were taking place?
- what happened after the violent 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? Did you seek help from anywhere/anyone else?

*Main interests:

- violent partnership which lasted beyond/started after 60
- Violence related changes in long term relationships
- Differences between earlier violent partnerships and violent partnerships after age 60

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.

- Long term outcome of violence: How do you feel the violence has affected you?
- Reaction and behaviour of partner after violent events: How did your partner react after violent episodes? What did he do?
- How did your partner explain his behaviour? (explanations/rationale of the partner as regards violent acts)

- Please could you tell me your thought/ideas about why this happened?
  - Please can you tell me about the last time you were assaulted?
  - Please describe the situation/circumstances as detailed as possible.
  - 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.

- What do you think about yourself & your partner and how your relationship has changed during/over the years? (Changes in relationship over the years)
- Did aggression and violence by your partner change over the years? If yes, what has changed? (Changes in violence over the years)
- 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/deal with violence now as opposed to when you were younger? (age specific aspects of change)

If woman has left:

- What did you gain & what did you loose from having left?

If woman is still with abuser:

- What did you gain from not leaving & what would you gain & lose from leaving now? (Continuity vs discontinuity of living together)

For women who experienced abuse by different partners at different ages:

- What is the difference between your earlier violent partnerships and your last relationship in terms of violence? If so do you think

your age and age of your partner has anything to do with these differences?

- How did you handle your last violent experiences as opposed to former ones?

(C) HELP, NEEDS, RIGHTS

The exploration of help seeking

- Was there anybody who witnessed or guessed what happened to you? If yes, how did they react? (Reactions by persons in contact with the victim)
    - Explore the role of family, friends, neighbours, professionals (Social support; special focus: law enforcement) Adult/children's views about the violence
    - Do you think more people could have known? Why?
    - Changes over time
- Did you tell other people/anyone else about your experiences? (Help-seeking behaviour)
    - If yes: When did you seek help for the first time? Whom did you tell about your experiences? Where did you seek help?
        - organizations, 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

If woman has experiences with institutions:

- You said that you turned to [xxx] organization/professional for support. What were your experiences (ask for each type of organization/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 organization(s)/what kind of support/ how long did the support last?
  - Behaviour of the staff towards you
  - Effectiveness of the interventions / consequences
  - Feeling of safety afterwards / fear of further assaults

- If you experienced a similar situation again, what organization/who would you contact? Why?
- To which organizations wouldn't you turn again? And why not?
- Was there anybody (else) who was supportive to you? *If yes:* Who? How?
- There are several laws which should protect women from partner violence – do you know these laws? What do you know? When did you learn about these laws?
- How did you cope with this situation/your experiences?
  - What was helpful for you to be able to cope with this experience?

Barriers to help-seeking

- There are several other organizations 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?
- (if didn't seek help) 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 do you think it is not available?
- How do your think your needs have changed with age?
- 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 on Interview: Is there anything that you would like to say about this interview?

Thank you very much for this interview!

We decided to talk about rights and the availability of help in the last section. This is connected to the aim of empowering victims and giving them information on possible help and support on the one hand and on her rights on the other hand. This should be addressed at the very end of the interview. We might ask if the person is informed about the regional options available and if she knows about her rights and the legal framework and accordingly give her information. As options and legal rights are different in every country we should deal with this without a standardised approach.

Appendix 3
Interview guide for professionals, short interviewee form and interview postscript

Introduction

First of all, we would like to thank you and your organization for participating in our study and contributing valuable information to our understanding of IPV against older women. We would like to ask you some more details on the issue of intimate partner violence against older women so that we can achieve a more depth understanding of this topic.

In order to learn from what you tell us we will need to tape record it. We will keep everything you say confidential. In all published results from our study, names of persons, organizations etc. will be anonymised. It is possible that some of the questions may lead to you recalling memories of unpleasant events and experience negative emotions. You do not have to answer any questions which make you feel uncomfortable and you decide what you are going to tell me. If you want me to stop the tape recording at any point, please feel absolutely free to tell me. You are free to stop or withdraw at any point without this having any adverse effects for you.

We previously sent you an information pack about the study which included two copies of the consent form for the study. If you are happy to proceed with the interview can you read through the form again and complete all the sections (on both forms) as instructed. Your signature means that you understand this information and agree to be interviewed. Please keep one of these forms and we will take the second copy of this for our records.
OR (if a telephone interview)
We previously sent you an information pack about the study which included two copies of the consent form for the study. If you are happy to proceed with the interview can you read through the form again and complete all the sections (on both forms) as instructed. Your signature means that you understand this information and agree to be interviewed. Please post one of the forms back to us so that we can keep this in our records.

Personal and institutional background

(Use short interviewee form (SIF) for staff interviews with case knowledge)

- Gender
- Age
- Professional education / background?
- What is your organization?
- Could you give me a little more information on your agency and the work that is done?
- Job title?
- What does your work involve, what do you do?
- To what extent does your job relate to topics of IPV?

- To what extent is your job related to topics of aging/older people?
- Full time? How many hours?
- How long have you worked for agency?
- Have your tasks changed over time? How?
- Where were you working before?
- If previously did related work....how many years experience do you have working in IPV or ageing older people?

Open introductory questions

- When you hear the term Intimate partner violence against older women what do you think this means?
- How would you define intimate partner violence?
- Do you think there are certain groups of older women who are most at risk of experiencing IPV?
- Do you think there has been any change in attitudes towards this issue in recent years?
- Do you think there will be any change in attitude towards this issue in future years?
- 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,***

Do you think this is a high or low number?

In case that the interviewee only has little case knowledge (1-3 cases): only explore the cases (next question) skip these general questions.

- Can you tell me about the kinds of cases of intimate partner violence against older women you have been dealing with?
    - 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; 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?

In depth case discussions

- Could you please describe in detail the case you have worked with most recently (or an interesting case (where age specific patterns obvious) or a case that you remember, or a case that you were heavily involved in)?

  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; 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.

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; 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 referrals of IPV cases against older women?
    - How do older female victims of IPV get in touch with your institution?
        - If self refer - Why do victims refer themselves to <u>your</u> organization?
        - 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 think older victims of IPV search for help before they turn to your institution?
        - *"To what extent is this specific for this group? How does it differ from other clients [from younger women becoming victims of IPV?" 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.*
- What kinds of support do older female victims of IPV seek?
- 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?
- What specific problems and challenges are connected with these cases?
    - What could be improved?
    - What lessons do you think could be drawn from your work with older women who have experienced partner violence?
    - Is there anything you have learnt from working in this area?
    - Does it trigger anything in you when you work with older women who have been the victims of IPV?

Co-operation other organizations

- Do you cooperate with other institutions in cases of IPV against older women? If so:
    - 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?

Outreach

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?

Final questions

- 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?
- Do you have any ideas about who would be a good interview partner on this issue?
- Finally I would like to give you the opportunity to give us any feedback about this interview.

Thank you very much!

GERMANY

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 about your institution/agency 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 / how far is your current job related to topics of intimate partner violence?**

_____

To what extent / 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/agency?

_____

Did your tasks here change over time? If yes, how?

_____

Where were you 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?

_____

GERMANY

Interview code: _____

Interview Postcript (IPS)

DAPHNE III project "Intimate partner violence against older women" (IPVoW)

Interviews with practitioners

Interviewer: _____

Interview date (dd/mm/yyyy): __/__/__

Interview **started** at (hh:mm): __:__ hrs

Interview **ended** at (hh:mm): __:__ hrs

Short Interviewee Form (SIF) filled in? ☐ Yes ☐ No

Where applicable: Why no SIF?

_____

Interview successfully tape-recorded? ☐ Yes ☐ No

Where applicable: Why not?

_____

Interview location: _____

(includes: type of room)

Were there any **interferences / disturbances** in the course of the interview? ☐ Yes ☐ No

If so: What kinds of interferences / disturbances?

_____

Were **persons other than interviewer(s) / interviewee(s)** present during the interview?

☐ No

☐ Yes, permanently / for a longer period of time

☐ Yes, for a short period of time

If yes: Explanations regarding 3rd persons' presence (person, circumstances, duration, possible influence on interview etc.)

_____

Information provided by interviewee before tape-recording started?

Information provided by interviewee after tape-recording ended?

What central messages / key themes did interviewee bring forward?

What was special about this interview?

„Eye openers“ provided by interview / possible starting points for data analysis and interpretation

Other noticeable features / impressions / problems

_____

_____

Ratings of key interview features

(please mark appropriate answer)

Interviewee's perceived openness

-3 -2 -1 0 1 2 3

☐ ☐ ☐ ☐ ☐ ☐ ☐

very close-lipped very open

Perceived quality of interaction with interviewee

-3 -2 -1 0 1 2 3

☐ ☐ ☐ ☐ ☐ ☐ ☐

very bad very good

Perceived concreteness of information provided by interviewee

-3 -2 -1 0 1 2 3

☐ ☐ ☐ ☐ ☐ ☐ ☐

very vague very concrete

Perceived reliability of information provided by interviewee

0 1 2 3 4 5 6

☐ ☐ ☐ ☐ ☐ ☐ ☐

not at all very much

Perceived strain experienced by interviewee during interview

0 1 2 3 4 5 6

☒ ☐ ☐ ☐ ☐ ☐ ☐

not at all very much

How did interviewee get into interview sample?

☐ Screened via institutional survey

☐ Other (please specify):

_____

Date and time of completion of Interview Postcript

Date (dd/mm/yyyy): __/__/__

Time (hh:mm): __:__ hrs

Co-financed by the European Commission
within the Daphne III programme
by DG Justice, Freedom and Security