

# **MIND THE GAP!**

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

**It is never too late**

**Older Women as Victims of  
Intimate Partner Violence  
Material for Police Trainings**

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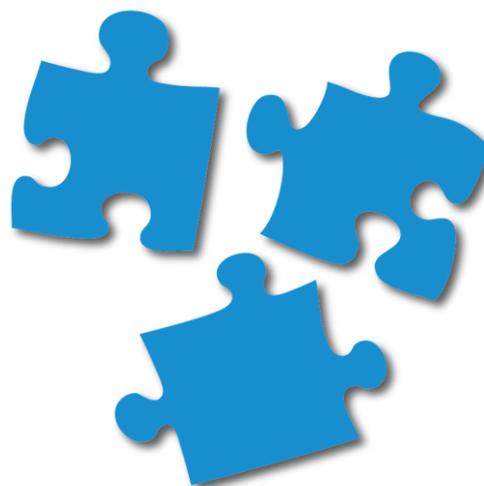
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## I Introduction

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The specialisation and further development of knowledge and ability of the police to act effectively in the area of domestic violence in general terms has in the meantime progressed considerably. Police officers are comprehensively prepared through initial and further training to deal with cases of domestic violence, while specialists are available on site and the police generally serves as an active partner in local interdisciplinary networking structures cutting across multiple facilities in the effort to combat domestic violence. A lot has thus been done in this area over the last few years.

One topic which has remained largely ignored to date in this context, however, is violence experienced by older women in intimate partnerships. Analyses of criminal statistics indicate that violence against older women committed by partners has only been a marginal area of everyday police work to date, even though interviews with police specialists indicate that they frequently face major challenges when they have to deal with such cases. This can lead to an accumulation of problems such as, for example, the convenience of long years of chronic violence in intimate partnerships, victims' or perpetrators' negative physical or psychological developments all the way to the need for nursing care and corresponding mutual dependencies and acute care-related problems. Tried-and-proven instruments for protecting against violence such as banning orders often do not help in these situations, as there is often a need for specific types of cooperation. Surveys indicate that considerable uncertainty prevails among police officers on how they should act.

Short, targeted training programmes may help improve the situation here. The training material presented in this volume is primarily designed for internal further training programmes for the police and can be used for different target groups within the police force. It has been developed within the framework of the international project "Mind the Gap! Improving intervention in intimate partner violence against older women" supported with funding from the European Commission within the framework of the Daphne III programme. The foundations have largely been provided for by research findings from the IPVoW project "Intimate Partner Violence against Older Women" and current analyses of relevant procedures from the files of public prosecutors.

Further training courses were carried out in two groups in Hamburg in June 2012 in close cooperation with Department 122 – Police Protection for Victims at the Regional Bureau of Criminal Investigation (LKA) in Hamburg. The strategy was modified based on a survey of participants and follow-up interviews with Department 122 and is now available in German and English for future use. In the strategy we propose basic training which can be expanded to include various instruments. Training lasting 1.5 to 3 hours can be carried out on this basis.

This volume first of all provides general notes on training. In the following chapters information is presented on the topic and methodological approaches in training, with proposals being forwarded for presentations and evaluations of training courses in the Appendix.

## II Learning objectives and aims in further training courses

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The further training material is intended to make it possible to carry out further training of police officers on the topic of intimate partner violence against women in old age (IPVoW) which is appropriate for target groups. The aim of the training material is to

- convey knowledge about the phenomenon and the police's current approach to dealing with the topic
- to underscore the relevance of the topic in police officers' own work
- to enable police officers to better recognise cases of intimate partner violence against older women
- to convey knowledge about how the phenomenon of intimate partner violence and violence in nursing care may differ or overlap and what consequences this may have for prevention and intervention
- to enable police officers to handle such cases in an appropriate manner and
- convey knowledge about possible cooperation partners

## III Target groups in further training

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The training material can be used for various target groups within the police force. It is aimed at members of the criminal police as well as regular police force if they have contact with cases of intimate partner violence/domestic violence. The module was tested with a group of contact area police officers (regular police force)<sup>1</sup> and specialists working in the area of intimate partner violence (criminal police) in Hamburg.<sup>2</sup> Modified use in local working groups on domestic violence is also conceivable and expedient. Here the focus should be on discussing local help structures.



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<sup>1</sup> The participants in the further training programme were in addition specially trained to act as advisors for senior citizens.

<sup>2</sup> Notes pertaining to target groups: contact area police officers / police officers working in the special precinct service of the regular police. Their work is largely concentrated in a local area (frequently for many years) and these officers have a ready knowledge of factors in the city district or precinct. They generally go on the beat or drive through their precinct every day by themselves. They see themselves as contacts and available for people to discuss their problems with in their precincts. There are different terms used to designate specialists or units specialised in fighting domestic violence in the area of criminal police investigatory units in several of the German Länder. (Hessen: "contact for coordinating tasks for offices" (Ansprechspartner für Koordinierungsaufgaben bei den Dienststellen), Hamburg: "officers for violence in relationships" (Beziehungsgewaltsachbearbeiter/innen).

## IV Recommendation on integration, scope and structure of further training courses

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A further training unit on the topic should last at least 1.5 hours. With a target group of experts specialised in dealing with intimate partner violence or domestic violence, up to three hours is also conceivable. It may be a good idea to link such further training to other topics in the area of domestic violence / intimate partner violence, taking place on a 'further-training day' addressing the general topic or focusing on the topic of violence in nursing care / elder abuse in general. Combinations like these allow lines of demarcation as well as overlapping, similarities and differences to be identified in an especially salient manner. Combination with an information unit on areas of responsibility and approaches adopted in the work of aid services for the elderly (advise for senior citizens, nursing care support offices) and facilities in the field of protection against violence (women's shelters, intervention points, counselling offices for (violence against) women may also prove useful. This is especially desirable, as further training can as a result make an immediate contribution to the specific networking of occupational groups.

The respective preconditions of the target group are to be examined closely in planning the further training course and the strategy closely aligned with these. The following have proven to be key basic questions in this regard:

- **To what extent have the participants already addressed the topic of domestic violence / intimate partner violence in training courses and programmes?**
  - If the target group does not have any prior knowledge, there is no point in providing further training on violence experienced by older women in intimate partner relationships. Basic training should first of all be performed for them. It is conceivable for the topic to be integrated in a general further training programme on the topic of domestic violence or violence in nursing care.
  
- **In what scope are the participants confronted with domestic violence / intimate partner violence in their everyday work? In what capacity are they involved with it?**
  - Here as well the following applies: If the target group does not have any experience whatsoever, it does not make any sense to provide them further training on this special group of victims. It would be conceivable for the topic to be integrated into a general further training programme on domestic violence or violence in nursing care.
  
- **In what scope do the participants deal with cases of intimate partner violence against older women in their everyday work?**
  - If there are no points of tangency, it should first of all be determined whether further training is warranted in the first place. If the participants only have limited case experience or it must be assumed that although they have been exposed to cases of intimate partner violence in old age, but have not identified these as such, an important part of successful further training is to underscore the relevance of the topic to their own work and be able to establish an emotional connection to it. Here reference should be made to the special characteristics of such cases and the particular challenges which

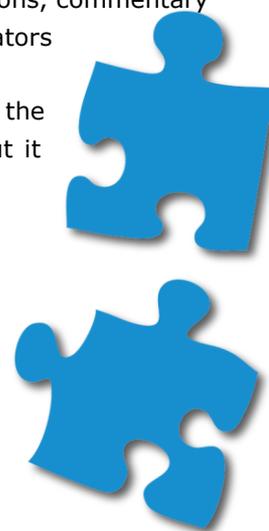
may be associated with them as well as the fact that the possible combination with care-related problems may make a specific approach to cases necessary.

- If most of the participants do not have any or only limited case experience, no structured comparison of experience should be used.
  
- **What mode in case processing is commonly applied to the target groups? (final processing of an incident versus quickly passing on a case to specialised police experts)**
  - In the case of experts specialised in domestic violence / violence in relationships, one can assume there is greater interest and that on the whole more time can therefore be devoted to this. The selection of case examples for group work should be modified to conform to the way that the target group processes cases.
  
- **In what scope have the participants had experience with academic-level lectures?**
  - The design of the teaching discussions should be coordinated as much as possible. A possible desire voiced by participants to avoid data material and research findings should by no way be heeded on the whole. Without understanding underlying factors, participants cannot understand why the topic is of relevance to them; without any explanation of where certain information comes from, participants cannot effectively interpret the information.
  
- **In what scope have the participants had experience with group processes?**
  - If they scarcely have any or even no experience, certain precautionary measures should be taken in the group work phase. It may make sense, for instance, to designate persons to perform the facilitation and reporting for the small groups in advance, for instance. Special attention must moreover be devoted to ensuring that instructions for the group work phase are completely clear, that there are between 5 and 8 members in a group and that the acoustics in the room allow simultaneous discussions to take place or that there are sufficient working group rooms available.
  
- **Is the group homogeneous with regard to the stated features?**
  - If the group's membership is of a heterogeneous nature, but individual members work on similar cases and actually cooperate in their respective activities, or there is potential for them to do so, it might be a good idea to work in mixed groups, exploring questions which relate closely to cases or general possibilities for cooperation.

## V Overview of training units

<b>Training unit</b>	<b>Thematic focal points and objectives</b>	<b>Recommended methods of conveying content</b>
<b>Introduction (basic)</b>	Concise presentation of cases to underscore relevance, establishment of an emotional connection	Interview recording, other types of knowledge conveyance that is as authentic as possible
<b>Module A I (basic)</b>	Information on the phenomenon of intimate partner violence against older women – extent, characteristics, efforts to seek help; presentation of research results	Tutorial
<b>Module A II (supplemental)</b>	Information on police and judicial handling of the phenomenon, presentation of research results	Tutorial
<b>Module A III (supplemental)</b>	Recommendations on police handling of cases involving intimate partner violence against older women	Tutorial, hand-out
<b>Module B I (supplemental)</b>	Experience of the participants with cases of intimate partner violence against older women in their everyday work	Exchange of experience in small groups, moderated presentation
<b>Module B II (basic)</b>	Possible procedure in cases of intimate partner violence – discussion and assessment of alternatives citing individuals' own experience	Small group work using case examples, moderated presentations, commentary by moderators

Basic knowledge and know-how is provided for the individual modules in the following, with methodological notes and tips being offered on how to put it all into practice. Material is provided in the Appendix.



## VI The training units

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### Introduction to the content

It is especially with a topic which participants are not familiar with from their day-to-day work, from which no pressing need to act emanates from their daily work experience, that it is important in getting started to establish an emotional connection to the topic in order to underscore the relevance of the topic to police officers' individual work. Hence it is essential to be authentic; this is achieved at the latest when older women who have experienced violence themselves are given a voice. The relevance of the topic becomes patently clear when police officers are quoted stating that they have problems coping with such cases. One option here would be to pan in a film sequence, play an audio show (from the radio or Internet) or read aloud a quote – e.g. from an older woman who has been abused, but also from police officers who have been confronted with IPVoW (see below). Supplemental use of pictorial material is also conceivable. If resources are available, a small drama play can draw the attention of the participants to the topic.

#### Possibilities:

- Television clip: "Nordmagazin" on 21 November 2011, this is a brief report by an older woman who escaped an intimate partnership characterised by violence at the age of 70 by going to a women's shelter in Mecklenburg-Western Pomerania.<sup>3</sup> (only in German)
- Example from an introduction in a further training course for police officers – various quotes are provided on the topic from different perspectives at the beginning and also address the issue of how police handle the topic:

"Let's get started with three quotes illustrating the role the police plays in cases of intimate partner violence in old age and with what difficulties the police may encounter.

First of all I would like to quote a 67-year-old woman who was married with her husband for 46 years. When her husband went into retirement he became a severe alcoholic, with this being associated with serious alterations to his personality. Her husband began to be increasingly physically violent (among other things). She reported the following critical emergency:

*"And then I was standing there in the street, in my nightgown. The neighbours were already looking out the window, and he was in the yard and kept screaming: "You – shall – come – inside – at once!". But I thought: no! And I remember, a man came by – there was a cigarette machine in the vicinity – and then I said: "please help me." A couple I knew lived a bit further down the street – so I said: "Would you call them?" Then he gave me his cell phone, and I was of course sobbing and weeping. Then I said: "I am standing here in my nightgown on the street. Can you come and help me?"*

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<sup>3</sup> This program and approval to play it must be obtained from the recording service at NDR and is subject to charge (EUR 250 and up).

*What I of course found out later was that I should have called the police and then they would have come and perhaps have taken him in to the station to sober up. But like I said, I did not do that."*

This example quote shows the following: it does not occur to many older victims, but also people from their social environment, that the police could help them, or their embarrassment and shame over what has happened prevents them from seeking help.

If the police does then intervene, this is in some cases associated with special problems. One police officer reported to us about the following case, for example:

*"This was also something rather special. The woman needed nursing care and her husband basically took care of everything. We then thought about ordering the man to leave the apartment and then his wife said: "That isn't possible. He has to take care of me here. You cannot send him away." That was kind of a dilemma then. These are the problems where we quickly run up against our limits. Theory and practice: What we could do under the law and what remains possible in actual practice."*

Yes, and who is actually in charge if an order does not work as a result of the dependency of the victim on care by the perpetrator, but separation is warranted? One public prosecutor reported on such a case and the rather far-reaching tasks of the police.

*"The police came and the woman said that her husband had hit her. The problem in her case was that she was diabetic and also had to take injections. She was not able to do that herself. Her husband probably always did it for her. And that was the problem which this lady posed to the police: Her injuries could be treated, but they were not severe enough so that she had to be admitted to the hospital. The women's shelter said that they could not guarantee medical assistance. The police ... then organised the possibility for the woman to be admitted in a hospital. They simply said that they were willing to do that – that probably would not have been possible without an acute injury, but rather for a social reason."*

## Module A I

### Information on the phenomenon (basic)

The task in the first module is to convey fundamental information on the phenomenon. The participants develop an interest in the scope of the phenomenon, the factors involved in the cases, and want to understand how intimate partner violence against older women differs from intimate partner violence against younger women in order to understand why they should address the topic. The conveyance of hard findings is thus needed here, i.e. research results should be presented. A selection of important information from the field of practice is provided in the following chapter. Detailed information on the phenomenon is contained in the study "Partnergewalt gegen ältere Frauen" (Nägele, Böhm, Görger, Kotlenga & Petermann 2011) and in the analysis of procedures contained in the files of the Hessian Public Prosecutor (both are available at [www.ipvow.org](http://www.ipvow.org)).

#### 1. Explanation of terms: what exactly do we mean by intimate partner violence against older women?



"Intimate partner violence against older women" is based on the following understanding of terms: intimate partnership is defined to be any form of intimate relationship – homosexual and heterosexual, married or unmarried, living together or apart. It involves intimate partner violence experienced by women over 60 years of age. By the same token this can also involve violence committed by former intimate partners. Intimate partner violence is a specific type of domestic violence which occurs when power and control are exercised within an intimate relationship. This is independent of age, origin, social and cultural background, physical / mental condition and lifestyle. Violence is understood to be a non-legitimate action (or failure to take action) intentionally employed in order to injure another person physically and/or psychologically against their will. This may comprise the use of physical force, causing pain and injuries as well as emotional/psychological and sexual abuse, sexual harassment, financial exploitation and intentional neglect (in particular when the victim depends on nursing care and/or the support of the partner). (see Band-Winterstein & Eisikovits, 2009, p.165)

#### 2. Gender-specific orientation of training: why is the focus on women as victims?

Again and again, training staff is confronted with the objection that the focus on women as victims of intimate partner violence ignores intimate partner violence against men. This should be countered by the argument that in this focus it is precisely intimate partner violence against older women which is interesting, and this is often lost sight of when one examines all types of violence experienced in old age independently of gender. This generally places age-specific aspects at the heart of enquiry in the development of violence, psychological alterations, the need for nursing care and inability to cope in providing nursing care. By the same token, there are good reasons to adopt a gender-sensitive perspective on old age: one of the most important structuring factors in societal power relationships is the category of gender. Such central power relationships are not an abstract construct, however,

but rather manifest themselves in the concrete reality of everyday life and hence in intimate partnerships and families. This is where such power relationships are undermined, negotiated, re-established and defended time and time again – even if this is associated with many disjunctures, ambivalences and ambiguities. Violence in intimate partnerships may be a means of establishing, defending and stabilising such power relationships, but they can also be a reaction to de facto or impending losses of socially derived individual power drives (Honig, 1992). Empirical studies on violence in intimate partnerships reflect this interwoven nature of violence with aspects of control and power. They come to the conclusion that although milder forms of violence are exercised by men and women in a similar scope, men commit more severe acts of violence that lead more frequently to injuries and moreover that they commit violence significantly more systematically as a means of establishing their power and control (Kimmel, 2002; Kavemann 2009). This translates into a need to distinguish between different forms of violence in intimate partner relationships (Kelly & Johnson, 2008). It must moreover be taken into account that women who are now older have had experiences in their life histories with societally-based, gender-related power relationships, including those marked by dependency and violence, in a particularly salient manner. They have experienced gender as a factor assigning social roles, while also impacting and structuring private lives more than younger women.

To be able to examine more closely the gender-specific dimensions of experiences of violence in old age described above, this further training is limited to the group of older women as victims. It is not denied that older men also experience violence in their partnerships and that these victims also need help and support. On the contrary, special attention appears warranted here as well, as the percentage of men among victims of intimate partner violence in families according to studies on unreported cases and criminal statistics kept by the police is significantly higher among the group of men over 60. With a lower number of cases on the whole, male victims accounted for 27.4% of all cases of intimate partner violence against persons age 60 and above registered by the police in the years 2006 to 2008, while their share among victims up to 60 years of age is considerably lower at 12.4% (Hessisches Landeskriminalamt, 2007, 2008, 2009; author's own calculations). This deserves mention and it is important to bring up this topic in other contexts as well.

### **3. Frequency of the phenomenon: How many older women are affected?**

#### **3.1. Demographic change and percentage of older women living in intimate partnerships: family status and type of household**

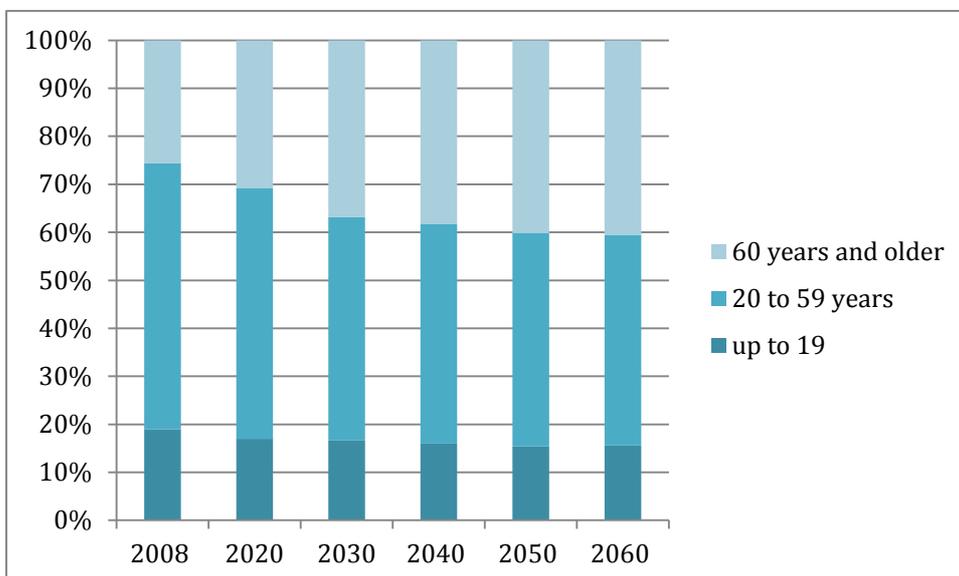
With the growing number of older people the number of cases of intimate partner violence affecting older women will also increase; the age structure of users of services for victims of domestic violence will change. Cautious population development projections<sup>4</sup> state, that the proportion of persons age 60 and above of the total German population might increase from

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<sup>4</sup> This cautious prognosis is based on the assumption of a stable birth rate and mortality and a population growth of 100.000 persons per year due to migration from 2014 on. (Statistisches Bundesamt 2009)

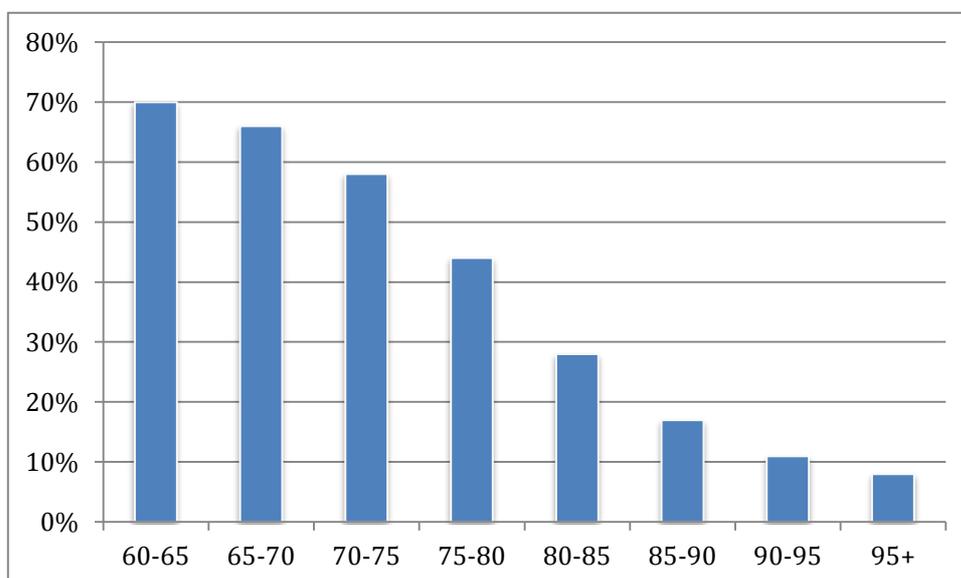
26% in 2008 to 30% in 2020 up to 40% in 2050. This development is shown in the following graph 1.

**Graph 1. Age distribution 2008 to 2060 according to the population projection (Statistisches Bundesamt 2009)**



The question as to whether intimate partners are married or not in the current intimate partner relationship or whether they live together in a common household apparently does not play any major role with regard to the degree of physical and/or sexual violence according to findings of the study on the "life situation, security and health of women in Germany" (BMFSFJ - Federal Ministry of Research, Senior Citizens, Women and Youth, 2004; Schröttle 2008, p. 144) Because the dominant form of an intimate partnership in old age is a common household and in particular marriage, the number of women who are married and those who live together with their intimate partner allows one to estimate how many older women could potentially be affected by violence in their intimate partner relationships. According to the micro census, 44% of women over 60 were living alone in a household in 1998, barely three-fourths of them being widows. 46.3% per cent were living in a two-person household, whereby 87% of these cases involved marriage and 3% pairs living together out of wedlock. (Deutscher Bundestag, 2001, S.213) According to more recent data from Lower Saxony for 2011, even 51% of women over 60 were married there. The percentage of married women declines with age. The figure is 70% for women aged 60 to 65, 66% for 65 to 70-year-olds, and still 58% among 70 to 75-year-olds. The percentage was 44% among 75 to 80-year-olds, 28% among 80 to 85-year-olds, dropping to 17% among 85 to 90-year-olds, 11% among 90 to 95-year-olds and finally only 8% among over 95-year-olds. (Landesbetrieb für Statistik und Kommunikationstechnologie Niedersachsen, 2012, p. 8f.) Hence the "possibility" of becoming a victim of violence in intimate partnerships declines with increasing age.

**Graph 2. percentage of married women broken down according to age groups, Lower Saxony 2011 (source: Landesbetrieb für Statistik und Kommunikationstechnologie Niedersachsen, 2012, pp. 8f)**



### **3.2. Unreported cases: victimisation surveys**

All victimisation surveys on intimate partnerships indicate a lower percentage of older women becoming victims of physical/sexual violence (but not only) than younger ones.

A study entitled "the living situation, security and health of women in Germany" conducted over the years 2002 to 2004 commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth has provided fundamental data on women's experience with violence in Germany (BMFSFJ, 2004). The Interdisciplinary Centre for Research on Women and Gender (IFF) at the University of Bielefeld surveyed a representative number of 10,000 women living in Germany on the basis of a random community sample in cooperation with infas, Institut für angewandte Sozialwissenschaft (Institute for Applied Social Research). The secondary analysis of the data (Schröttle, 2008) shows that the incidence of physical or sexual violence committed by a current or former partner is significantly lower among older women than younger ones. 4.9% of women up to the age of 34 report such victimisation, 2.6% of women aged 35 to 44, 1.6% of women 45 to 59, but only 0.1% of women over 60.<sup>5</sup> In estimating the scale of unreported cases, this means that one out of 1,000 women over 60 living in an intimate partnership will become a victim of physical / sexual violence in the context of an intimate relationship over a 12-month period of time.

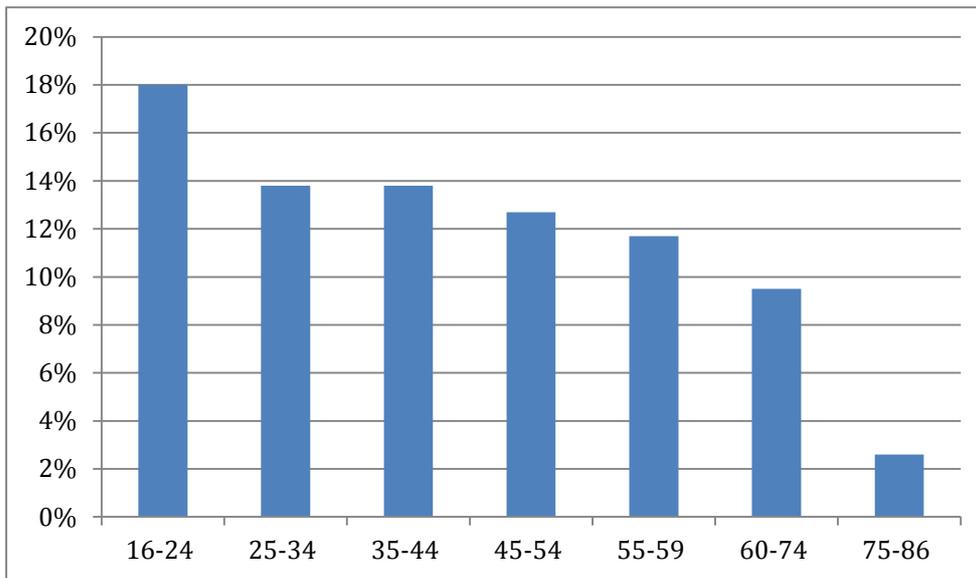
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<sup>5</sup> The author notes the limited reliability of the data as a result of the low number of cases. The trend is nevertheless very clear.

A decline in the prevalence of psychological violence, in contrast, only takes place among older age groups. Here the persons surveyed were asked to check off which statements accurately characterise the behaviour of their current partner.<sup>6</sup> If one only examines the very great salience of psychological violence,<sup>7</sup> statements checked off by the age group of women under 75 were evenly distributed – 6-7% of persons up to 75 are accordingly victims<sup>8</sup>. 3% of persons 75 and over report this kind of behaviour on the part of their intimate partner.



**Graph 3. Experience of violence in the current intimate partnership (phys./sexual). (the case base is women currently living in partner relationships; Schröttle, 2009)**



Types and the scale of older persons' experience of victimisation in the years 2004 to 2008 have been examined under the auspices of the Kriminologisches Forschungsinstitut Niedersachsen e.V. (KFN). A representative national survey of victimisation was conducted by infas, Institut für angewandte Sozialwissenschaft (Institute for Applied Social Research) for the older population aged up to 85 within the framework of this study. 3,030 persons aged 40 to 85 selected in a random sample were surveyed verbally (in German). Drop-off forms were left behind for a somewhat smaller random sample in which among other things people were surveyed about victimisation at the hands of persons from the immediate social

<sup>6</sup> The instrument is a slightly abbreviated, modified version of the Psychological Maltreatment Instrument used in U.S.-American studies. With the instrument on psychological violence, the interviewees were asked which of the statements accurately described their current intimate partner in whole or in part. Statements were then offered such as: "Is jealous and prevents my contacting other men/women", "says that I am ridiculous, dumb or incompetent", "ignores me, does not answer questions"; "checks up precisely how much money I spend on what"; "checks exactly where I go with whom, what I do, and when I come home"; "intimidates me when I am of a different opinion (e.g. by means of gestures, glances or yelling)", etc. The list of items is contained in the long version of the final report. (BMFSFJ 2004, pp. 249f.)

<sup>7</sup> i.e. at least four items / modes of behaviour regarding psychological violence were answered affirmatively

<sup>8</sup> The span derives from questions being asked at several points of the interview and in the questionnaire on experience of violence. The information here is not always consistent.

area of the persons surveyed. This study shows in general that experience of violence decreases in old age. Especially serious victimisation at the hands of adult members of households (sexual violence, serious physical violence, property crimes) was surveyed separately. 40 to 59-year-olds were victimised approximately five times more frequently in the said areas than persons 60 and older. With regard to physical violence, marital partners are the primary persons cited as perpetrators of physical violence for the higher age group, while the victims are women. (Görge, Herbst & Rabold, 2010, pp. 162f.)

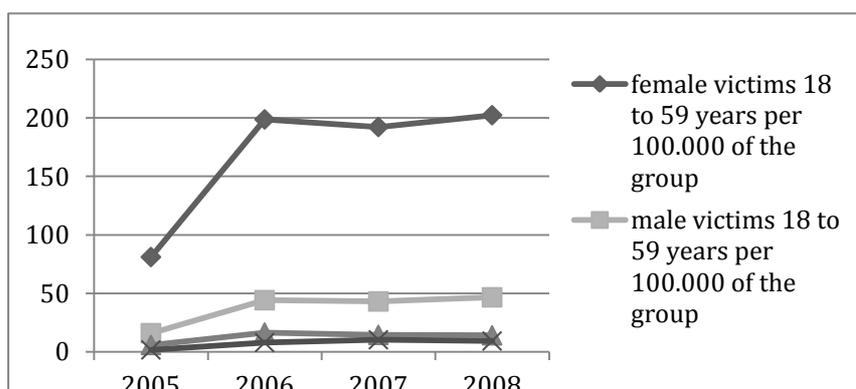
### 3.3. Reported cases: institutionally recorded cases

One cause of the low level of attention devoted to the topic by help organisations and law enforcement agencies is the limited number of older women who contact these as victims of intimate partner violence there. There are quantitative differences between institutions with regard to the total number of female victims and their prevalence as a percentage of all users/victims known to the police at an on the whole low level.

While statistics on the number of inhabitants at 140 German women’s shelters for 2008 indicate only 110 residents over 60 (1.6% of all adult residents), there were 317 clients over 60 for counselling and intervention offices (BISS offices) in the Land of Lower Saxony for 2007 (3.7% of all users<sup>9</sup>; see the overview provided in Nägele, Böhm, Görge, Kotlenga & Petermann, 2011).

Criminal statistics kept by the police available indicate that older women are also much more infrequently victims of offenses registered with the police at the hands of current or former intimate partners. The percentage of older victims among all female victims of intimate partner violence in the German Länder for which such figures are available (Hessen, Baden-Württemberg and Schleswig-Holstein) varied between 2.6% and 4.5% over the years 2006 to 2008. Here as well the absolute figures are low: while in Hessen there were on average 365 victims of intimate partner violence registered with the police for every 100,000 women aged between 18 and 50 in 2008, there were merely 20 victims per 100,000 persons among women 60 and over (Hessisches Landeskriminalamt, 2009; author’s own calculations).

**Graph 4. Victims of criminal offenses in the context of intimate partner violence per 100,000 persons in the group, Baden-Württemberg, 2005-2008**



<sup>9</sup> Although this also includes other constellations of relationships, frequently mother/son relationships.

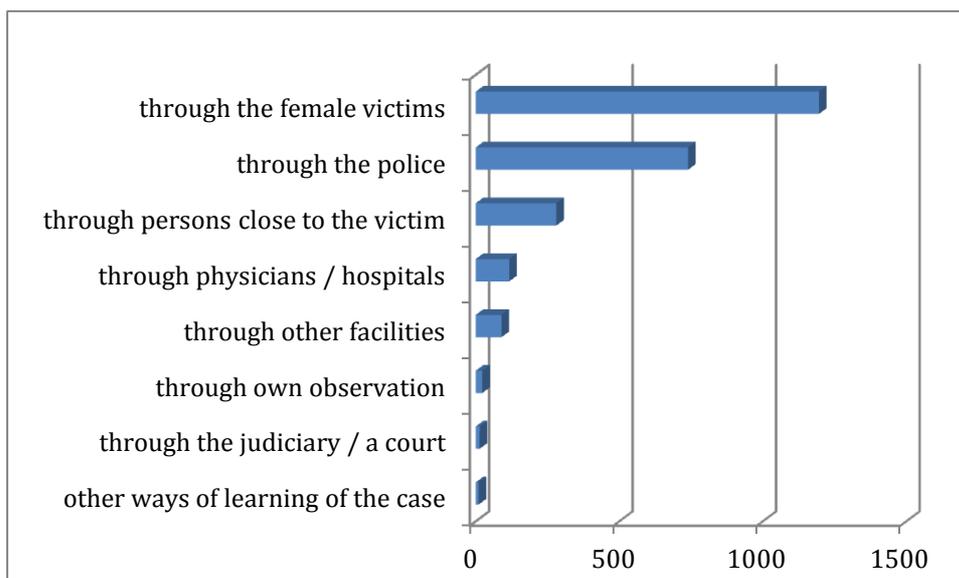
An institutional survey from 2009 sheds light on the question as to which institutions and facilities learn of cases of intimate partner violence against older women. (Nägele, Böhm, Görger, Kotlenga & Petermann, 2011)<sup>10</sup> With minor exceptions, the facilities included in the assessment were only aware of few cases – 50% of all institutions stated that they had only dealt with 4 or less cases over the years 2006 to 2009. By comparison, the intervention offices became aware of most of the cases. Half of the intervention sites reported 17 or fewer cases, i.e. 50% reported more than 17 cases. Half of the women’s counselling centres (for violence) reported 7 or fewer cases, half of the combined services more than 11 cases, and half of the women’s shelters 4 or fewer cases for the said period of time. Nursing-care advice centres and clerics reported no knowledge of any cases, while nursing-care and medical facilities in the study, community social services, other counselling offices and services for senior citizens reported only limited knowledge. Awareness of cases among the 35 police officers surveyed differed greatly. While half of them stated that they were only aware of one or fewer cases over the said period of time, 7 police officers (20%) were aware of 6 or more cases. The study revealed in some instances major differences in the awareness of cases at the same types of institutions. Staff of individual institutions reported time and again that – contrary to the general trend - they definitely had experienced such cases: a facility for aid to the homeless, a counselling office at a community housing facility, a nursing home, a social-psychiatric service, a psychiatric clinic and a psychosocial counselling office. Interviews subsequently conducted with experts at these facilities showed that a specific sensitisation to the topic based on (occupational) biographies on the part of the experts surveyed can contribute to such cases being perceived at a facility in the first place.

The survey showed the tremendous importance of the police force in processing and reporting cases. It was the women themselves who contacted the help facility in approximately half of the cases reported, although third parties informed facilities in half of the cases, with the police being the main facility mentioned here – of course frequently in the context of formalised referral of cases to intervention offices. The fact that within the myriad of institutions it was intervention offices – which above all receive contact to women who are victims of IPV through the police – that have the most wide-ranging experience with cases underscores the key position of the police in work involving cases of intimate partner violence in old age.

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<sup>10</sup> Firstly, all facilities offering support in the case of domestic violence in German territory were surveyed in the study; secondly, a broad spectrum of organisations and professions were written from the nursing-care, medical and psychosocial area as well as criminal prosecution offices. A total of 427 institutions returned filled-in questionnaires (a total response rate of 29.8%), of which 77.3% reported that they were aware of cases over the period 2006 to 2009. These institutions reported 4,196 cases.

**Graph 5. Modalities in awareness of cases with victims assisted by the institution 2006-2008 (N=350 surveyed institutions, IPVoW Institutional Survey)**



### 3.4. Lack of investigation of unreported cases

There are indications that a considerable number of old women affected by domestic violence are not aware of the respective institutions offering help and/or do not make use of them. Thus the secondary evaluation by Monika Schröttle (2008) shows that in comparison to women in the middle age group, among older women there is a significantly lower percentage of women victimised by intimate partner violence in their partnership who are aware of help services (67–70%<sup>11</sup> of the 25 to 54-year-old women vs. 52–58 % of women 60 and older) and make use of them (11–14% of the 25 to 54-year-olds vs. 2–5% of women aged 55 to 74). These figures are even much lower for very old women and older women with migration backgrounds. (Schröttle, 2008, S. 191ff.)

#### Most important findings:

1. The potential for victimisation in intimate partner relationships declines significantly with age as a result of changing household and family structures.
2. Experience of physical and sexual violence in intimate partnerships declines significantly with age.
3. The scale of victimisation with regard to psychological violence, on the other hand, remains stable to the mid-70s.
4. Institutions rarely experience cases of intimate partner violence among older people – including as a result of the lower number of cases.
5. Whether cases are perceived or not frequently depends on the sensitivity of experts to the topic of domestic violence.
6. Intervention offices are the institutions which most frequently experience cases of intimate partner violence in old age.

<sup>11</sup> Persons were asked about their experience of violence at several points in the survey (interview, drop-off questionnaire). This produced different findings in part. The bandwidth described relates to this.

7. The police is assigned a key function when it comes to institutions becoming aware of IPV cases.
8. Awareness and use of help on offer to victims of violence declines with age.

#### 4. Characteristics of cases: what is special about cases of intimate partner violence against older women?

It is hence not primarily the quantitative dimension of the problem which justifies a close look at the topic. The crucial point, rather, is characteristics of cases and special aspects relating to access to help and support as well as aspects characterising the existing help system.

##### 4.1. Intimate partner violence in nursing-care relationships

The study "criminality and violence in the lives of older people" contains a series of cases of intimate partner violence in the context of domestic nursing-care relationships reported in qualitative interviews. It became apparent that the dynamics of violence with reference to nursing care and those in the context of many years of intimate partner violence may overlap (Nägele, Kotlenga, Görgen & Leykum, 2010, pp. 356 ff.). Thus in addition to cases in which violence is clearly due to the added strain on the person providing nursing care, continued intimate partner violence with women requiring as well as providing nursing care as victims constitutes an important group among the cases of intimate partner violence reported in domestic nursing-care relationships.<sup>12</sup> It became clear that in those cases in which the women providing care became victims, dominance relationships can be successfully preserved in spite of dependence on nursing care, i.e. that in spite of objectively changing power positions and dependencies women were afraid of their husbands who required nursing care.

##### 4.2. Documented violent relationships – violence which crops up for the first time

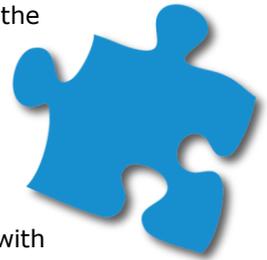
Results of studies produced to date indicate that in intimate partner relations characterised by violence among older people, one especially finds cases in which older women are suppressed, humiliated and physically maltreated on a massive scale and in a systematic manner over long periods of time and that they only come to make use of help with difficulty (c.f. Nägele, Böhm, Görgen, Kotlenga & Petermann, 2011, Görgen, Newig, Nägele & Herbst, 2005). Many cases lead to psychological and physical problems (Thomas, Joshi, Wittenberg & McCloskey, 2008). Even long violent relationships may change in old age. In part a decline in victimisation is reported, a shift to psychological violence, although other cases also describe an escalation of violence in relationships. In addition there are a series of intimate partnerships in which the partner only becomes violent in old age. There tends to be fewer cases of women entering into relationships in old age which subsequently become marked by violence.

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<sup>12</sup> In particular cases of (sexualised) violence by sons/sons in law and grandchildren against mothers, grandmothers and mothers in law which do not involve excessive strain due to nursing care also need to be analysed in the context of gender-specific power relations.

### **4.3. Causal and influential factors in the development or escalation of violence in old age**

Various age-related and non-age-related factors can contribute to violent relationships changing in old age or violence taking place for the first time. One critical life event cited again and again is retirement of the man; this eliminates free space for women (and men), with checks and controls multiplying, the male no longer receiving societal confirmation of his role, and frustration and aggression mounting along with the isolation of the couple. Serious changes in intimate partner relationships occur when men or women develop disorders and illnesses that have an effect on behaviour, emotions and personality (dementia, paranoid or bipolar disorders, changes in personality as a result of strokes or Parkinson's disease, etc.). Such changes can exacerbate relationships which are already characterised by violence, but they can also help trigger violence for the first time. Other important influential factors include processes of physical decline ranging all the way to the need for nursing care on the part of the husband and the wife; increasing need for help by the woman may intensify violence because she is no longer able to perform her function of taking care of the household, i.e. she no longer functions in line with the expectations of her husband, instead even requiring help herself; increasing need for help on the part of the male may also ratchet up violence because men take out their frustration over their loss of status, the loss of capabilities and dependence on nursing care from their wives. Finally, alcohol abuse also plays a role in violent relationships between older people in case after case. This is also frequently associated with excessive physical or sexual violence.



### **4.4. Factors specifically relating to generations**

In addition to age-specific factors, a major role is also played by factors and experiential backgrounds of specific generations in experiencing and coping with violence. Of key importance is the psychologically important experience of clear power relationships between men and women in their life histories. Experience of violence has been commonplace for many women who are older now in gender-specific power relationships, but not only these. Many of them experienced violence as a sort of biographical constant growing up with their parents (against children, against women), in school, while undergoing training, at their jobs and in intimate partner relationships. Some reported several relationships marked by violence as adults, and some even that their daughters or sons are once again involved in violent relationship. Post-war Germany and dramatic experiences with violence, poverty, flight and displacement and the loss of family and loved ones are an important element of this generation. An early lesson which many women learned during this period is that they have to endure hardship and carry on in order to begin something new. The notion of marriage in this generation is moreover that of a life-long obligation which cannot be reneged much more than is the case with younger women. Responsibility is a key part of their lives; they were responsible for taking care of family members in their families. For many this was an important part of their identity and remains so today. But the experiences of women over 60 today are of course very heterogeneous. Thus there are significant differences between women with and without migration backgrounds in this respect, between women from western and eastern Germany, women in the third or fourth life phase, women with different social, financial and educational backgrounds, etc. While as a result of their continuous working experience in most cases in East Germany, eastern German women were

usually more financially independent than western German women, they at the same time experienced domestic violence in East Germany not being recognised, as it was assumed that this cannot exist in a purportedly egalitarian society, while separation was difficult because of constraints on dwelling space, whereas in western Germany many women in this generation assumed the classic role of running the household and as a result living in massive financial dependency on their husbands. A portion of women who now belong to the "young old" have had contact with the women's movement, however, and many women have experienced enormous social change in their lives. Every new generation of older women has had its own distinct life experiences. Women who are now over 60 have had a completely different life than women who are now over 80.

#### **4.5. Special vulnerability**

Age-specific processes of decline usually lead to increased vulnerability to injury and a decreased ability to defend oneself or find help. By the same token, a greater need for help and assistance in old age is often associated with external specialists receiving access to the family system for the first time – and problems with violence can no longer be concealed. This thus creates possibilities for intervention and it is above all specialists working in the fields of aid for older people, nursing care and medicine who can play an important role if they have a raised awareness and intervene in an appropriate manner to improve the living situation of women.

#### **4.6. Impediments to making use of help**

In addition to deficitary knowledge of programmes, there are special motivational and emotional barriers to older people taking advantage of aid and filing charges.<sup>13</sup> One key factor is that they shy away from medium and long-term separation from the perpetrator, which for them has negative connotations. Changes in the living situation are scarcely conceivable for many older women, even though they long for an end to the violence. Most of these women desire nothing more fervently than for their husbands to change their behaviour.

- The fact that people leave their accustomed space less often in old age (facility, apartment, house, garden, city district) and withdrawal into ever-smaller areas plays a role here. The loss of this living environment arouses fear if it becomes necessary to move out or sell the common dwelling as a result of separation. This is all the more distressing as dwelling property is experienced as a tangible life achievement by the generation of now older people. This generation is also afraid of losing its children's inheritance.
- Financial factors are moreover frequently major obstacles especially for older women. They fear a worsening of their living standard and often do not know that they may have pension claims or social assistance.
- Many women, although they want a stop to the violence in their lives, are nevertheless at the same time afraid of losing the intimacy and closeness of their partner relationship, which they have become accustomed to after many years and with whom they are linked by a common history.

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<sup>13</sup> The factors listed here were identified in the study "intimate partner violence against older women" (Nägele, Böhm, Görgen, Kotlenga & Petermann, 2011). Many of these factors are also prevalent in other studies. (z.B. Scott, McKie, Morton, Seddon & Wasoff, 2004; Dunlop, Beaulaurier, Seff, Newman, Malik & Fuster, 2005)

- IPV victims in need of nursing care and help dread the idea of having to move to an in-patient care facility. Many of them would prefer to be cared for by their husbands. Vice versa, the need of the man maltreating them for nursing care and the responsibility associated with this has the effect of forging much stronger ties. Nevertheless, concerns for the perpetrator of violence may be decisive in deciding to remain in a relationship in relationships involving nursing care, however.
- Victims frequently cite a deep-felt feeling of shame and embarrassment and the feeling that they themselves are responsible for the violence they have experienced and that they have not been able to end the relationship.
- On top of this, there is the fear of reprisals by the person committing the violence.
- An additional reason for not making use of help is the assumption that the aid and assistance on offer will not be in tune with the individuals' need for help.
- On top of all this, many older women lack the energy and prospects to venture a new beginning because their lives are drawing to a close, as a result of low self-esteem and not least depression as well.
- A feeling of powerlessness, hopelessness and isolation play a major role in these persons not taking advantage of help,
- on top of this all is the desire to avoid jeopardising the reputation of the family.

Some of the factors listed are also of relevance to younger women, especially when they have been living in violent relationships for many years.

#### **4.7. It is possible to make a new beginning**

Even if there are major obstacles to separation, many specialists have experienced successful separations on the part of older women again and again. The reason for this in these cases is in part experience of violence taking on potentially fatal dimensions, but also an increase in frailty and vulnerability in old age as well as a decline in the ability to cope with the violence and its effects. Surveyed persons also report that some women in view of the approaching end of their lives see the final opportunity to separate, "now or never", "not the golden anniversary to top it all off" with their husband, "a desire to see the sun once again" and "to finally have peace and quiet". (c.f. Nägele, Böhm, Görden, Kotlenga & Petermann, 2011). A successful new beginning is possible; but women only rarely take over the common dwelling or the common house. They frequently do not want to fight for it, and prefer a new beginning in a small apartment, in some cases assisted living, in others in nursing homes as well.



#### **4.8. Importance of adult children**

Generally speaking the persons surveyed described adult children as key persons – they are able to support separation of their parents (and do so frequently), but they can also help prevent it. Not infrequently they themselves were victims of violence at the hands of the father as children, and as adults are still emotionally caught up in it all and are after all personally affected by the consequences of separation, for example when care of the father is no longer provided for, or when separation and/or placement in a nursing home would lead to sale of the parents' property or they would even be involved in financing the care themselves.

#### **The most important findings:**

- 1. Older women usually experience violence during relationships lasting many years. In most cases these have already been characterised by violence for a long time. In part, however, relationships change in old age, with violence occurring for age-specific reasons.**
- 2. Even cases of violence in nursing care may involve many long years of intimate partner violence; conditions prevailing in nursing care may even exacerbate an existing violent relationship. Specific age and generation-related factors play an important role in experiences of violence by older women.**
- 3. Counselling and advice facilities report that older victims separate less often than younger ones. The obstacles are greater for older women.**
- 4. Grown children may be an important source of support for older victims of intimate partner violence, but at times they may have an ambivalent or rejectionist attitude towards such.**

#### **5. Appropriateness of the system for protecting against violence: are existing help services and intervention possibilities suited for older women?**

If older women or persons from their social environment decide to seek help and support after all, they are confronted by a help structure which is not specially geared to them. Experts working in the field of help and care for senior citizens have a limited general awareness or no awareness at all and experts from the field of medicine only a partial awareness of the topic of domestic violence, while few experts perceive domestic violence in old age as an independent problem in and of itself. By the same token, facilities working in the area of protection against violence are not explicitly focused on the target group of older women and in particular are sometimes called upon to act on a scale which exceeds their possibilities (extensive need for advice and assistance). The lack of sensitivity and the frequent lack of knowledge regarding the dynamics of domestic violence as well as intervention and support possibilities relating to these among experts in the area of care and aid to senior citizens portends the danger of an incorrect assessment of the causes of violence and potential for victimisation and, as a result, the intervention strategy derived, as a result of an inaccurate assessment of the situation. Frequently it is attempted to relieve the perpetrator of the violence along the lines of an interpretation of "violence as a reaction to excessive stress" – an approach which in cases in which violence is based on ingrained conflict and power structures is not capable of preventing further victimisation. Moreover, this often leads to other possibilities of ending a situation of victimisation being overlooked (c.f. Nägele, Kotlenga, Görden & Leykum, 2010, S. 468f.).

Generally speaking, crisis intervention in cases involving intimate partner violence in old age such as that offered by intervention offices in a proactive manner following police missions is not sufficient in order to clarify and improve the situation. Older female victims of IPV frequently do not make use of initial counselling and advice. Here long-term support and reach-out aid is necessary to shed light on the prospects of both intimate partners and not to simply rely on short-term changes. Intervention offices frequently lack the resources for such

cases. At the same time there is no clearly prescribed responsibility for such cases within the structure of local institutions, i.e. in contrast to violence against children, in which the statutory social service takes action, it is not clear what agency is in charge in cases of IPV involving older people. General responsibility is repeatedly assigned to the local government and its social services because of the general obligation to provide public care and a guarantee obligation in this regard, but by far not all local governments also see things this way and act accordingly. Concentration on services for young people and financial constraints faced by local governments cause problems connected with ageing to be afforded less attention. Another problem is that if an intimate partner requires nursing care the application procedure and decision on who is to bear the costs are often tedious and take a long time to resolve. There are recurring examples of how efforts to achieve separation over the short to medium term fail for these reasons.

## Module A II

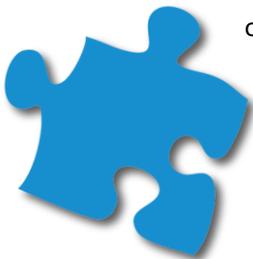
### Information on how law enforcement authorities deal with cases of intimate partner violence in old age (supplemental)

#### 1. Challenges facing police work

As interviews with experts from law enforcement systems have shown (on this see Nägele, Böhm, Görger, Kotlenga & Petermann 2011), the work of law enforcement agencies with older women victimised by IPV faces major challenges. Thus again and again it is police calls which reveal serious problems in intimate partnerships and families for the first time (for example, dementia and related illnesses, problems finding for oneself) which require a solution. In order to find solutions, it is necessary to broker additional help. Brokering help of this type is not infrequently left up to the police officers involved because it is not clear who is in charge as well as due to gaps in the help structure. Frequently help remains unsuccessful because no adequate solutions can be found.

An additional important problem – especially for the police – is that instruments set out under the Act for Protection Against Violence developed to protect against domestic violence are not effective among a certain portion of older women. First of all, banning the suspect often fails because one of the partners is dependent on support from the other partner – even if separation of victim and perpetrator is considered to be urgently necessary. First of all, the counselling strategy of the intervention office which operates in a proactive manner is often ineffective in many cases where complex problem situations cannot be solved by brief counselling contacts – and this applies to a large number of cases of intimate partner violence in old age.<sup>14</sup> Short-term changes are not the rule in such constellations, with separations being possible in fewer instances for these women compared to younger ones; at the same time, however, these women want the violence to be stopped or to be protected and to have free space in their particular living situation.

Last but not least, the fact that police officers generally have little experience in dealing with older suspects also plays a role. Some describe a special hesitation and uncertainty over how to act in these situations, which after all relates to the fact that the suspected perpetrator and alleged victim are of the same age as the parents or even grandparents of the police officers. The ambivalent attitude of many victimised women towards the police is also considered to be problematic. As is the case with younger women, this attitude is marked by embarrassment, a desire to avoid criminal charges and hope that one's life situation will improve, and in particular that the husband's behaviour will change.



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<sup>14</sup> For an overview of these problems, c.f.: Nägele, Böhm, Görger, Kotlenga & Petermann (2011).

## 2. Results produced by an analysis of files

### 2.1. Procedural files from the public prosecutor relating to cases of domestic violence against older women by intimate partners or ex-intimate partners

94 procedural files were examined in the faculty of criminology and interdisciplinary crime prevention at the German Police University (Deutsche Hochschule der Polizei – DHPol) in Münster within the framework of the project “Mind the Gap! – Improving intervention in intimate partner violence against older women”. The files from the years 2008 to 2010 related to cases of domestic violence against older women aged 60 and over through intimate partners or ex-intimate partners. On average the victims were 68 years old at the time when charges were filed, with only one-sixth of the women being 75 and over. The suspects averaged 68 years of age. 80% of the persons involved in the offenses were spouses or life companions at the time of the offense, with their relationships having been very long, on average 40 years. Special jeopardy and stress characterised those few cases in which the partners, although separated, continued living in the same house, usually for financial reasons.

Although minor and also verbal violence tended to predominate in the spectrum of offenses in the majority of cases, and the physical consequences of the offenses were mostly of a minor nature, death threats were nevertheless made against the victim and/or suicide threats by the suspects in more than one-fourth of the files analysed. In one out of every seven cases the victim was strangled and 10% of the suspects possessed firearms – as often only became known in the course of the investigations – for which they frequently did not have a gun license and/or which were not properly kept under lock and key. The following case typology provides insight into special constellations of cases and problems which the analysis was able to identify.

### 2.2. Case typology for cases of domestic violence against older women recorded by the police

The following typology of cases analysed states the dominant aspects of the relationship between victim and perpetrator/suspect based on the perception, interpretation and records made by police officers involved in the investigations. The descriptions contain characteristics of the cases, the respective types of prehistory leading up to the violence, details on cooperation between the victims with the criminal investigation authorities and, if known, the outcomes of the procedures.



## **Ongoing history of unilateral violence<sup>15</sup>**

### **> Victim reports an ongoing history of violence (n=12)**

This category contains the most serious physical and sexual abuse in the entire data material. These cases were marked by victims experiencing anxiety and physically violent, controlling partners who threatened the victims and furthermore frequently threatened to take legal action against them for slander and libel if the victim testified against them. The majority of victims who nevertheless decided to file charges were supported and encouraged by family members or neighbours. Most of the victims in this category were not interested in criminal prosecution of the suspect; they simply wanted an end to the violence. These cases exhibited the highest rate of previous attempts at separation and permanent separation.

### **> History of ongoing violence: reported by witnesses or implied by the victim (n = 4)**

In two cases the victims stated that they had (previously) never been victims of physical violence. In both cases the adult children were convinced, however, that there had already been physical violence for some time.

In two other cases the victims testified that there were not any problems: their husband was not violent, but rather merely "aggressive when he is drunk". Both of them furthermore stated that their husbands were alcoholics. Both victims wanted to solve the domestic problems and achieve reconciliation with their intimate partners; both accepted social support services.

### **> Victim rejects criminal prosecution (n=11)**

A portion of the cases analysed were marked by the victims rejecting criminal prosecution of the suspects. These cases usually involved physical attacks by perpetrators/suspects that did not cause any visible, or only slight injuries. All the cases were reported by witnesses; the victims exercised their right to refuse testimony or did not even show up at the appointment for questioning in the first place. There is evidence of a previous history of violence in the intimate partnership among most of these couples. All of the victims wanted reconciliation with their intimate partner or had already achieved this. For this reason, they were not interested in criminal prosecution of the perpetrator/suspect; they also rejected involvement of intervention offices. All procedures in which information was available on the outcome were dropped due to lack of sufficient evidence (§ 170, section 2 of the Criminal Procedure Code (StPO)).

## **Care situation: dementia / psychological illness / physical illness (n=29)**

The largest group in the random sample was characterised by the intimate partner developing dementia or another severe psychological or physical illness and a corresponding need for nursing care and assistance, which had a very negative effect on the relationship. Previous violent incidents were reported in most of these cases.

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<sup>15</sup> This category first of all contains cases in which the victim reports ongoing violence to the police. Secondly it contains cases in which the (assumed) violent nature of the relationship is not explicitly reported by the victim, but is inferred from testimony by witnesses and implicit statements by the victim. In addition, it includes cases in which the complete refusal of the victim to cooperate with the police indicates a problematic domestic environment, possibly as a result of the controlling behaviour of the intimate partner.

➤ **Violence against victims with physical/psychological impairments (n=11)**

In one-third of these cases, the victim was cared for by an intimate partner who according to testimony by witnesses and family members was unable to cope with the strain. Most of the victims were beaten by the perpetrator/suspect, although the injuries had no or only slight repercussions. All cases involving victims suffering from dementia were reported by eyewitnesses. A majority of these procedures were dropped because these victims could not be questioned as a result of their illness, or they stated that nothing had happened. Most of the victims in this category were moved to a nursing care facility following the respective incident and were to be cared for by their own children in the future. Some remained in the nursing-care situation overshadowed by violence, however.

➤ **Violence by perpetrators/suspects with physical/psychological impairments (n=13)**

In the case files with perpetrators/suspects suffering from dementia or another illness associated with a change in behaviour, unforeseen attacks by the perpetrator/suspect predominated. Most of these perpetrators/suspects required domestic care, but at the same time behaved highly aggressively, insulting, beating and threatening their wife providing nursing care as well as other persons. Some of these perpetrators/suspects attempted to kill their wives: one pushed his wife in front of a tram; another stabbed his wife in the head with rose-pruning scissors. Most of the perpetrators/suspects were admitted to a hospital directly after the incident and then placed in a nursing-care facility long-term. The victims were not interested in criminal prosecution: they desired a solution to the situation. Because the suspects were all only criminally liable to a limited extent and scarcely fit to stand trial, most of the procedures were dropped.

➤ **Violence against purportedly psychologically ill victims (n=5)**

An additional group of cases describe victims who exhibited very aggressive behaviour and indications of paranoia and who according to information provided by the suspects had a previous history of psychiatric disorders. These victims often filed charges against their intimate partners for minor physical injury and death threats/attempts. The police officers did not investigate the (alleged) prior psychiatric illness, contact the physicians providing care or question the legal guardian of the victims in any case. Even though most of the victims testified and filed charges, all the procedures were dropped (§ 170, section 2 of the Criminal Procedure Code). The reason stated for dropping the charges was usually contradictory statements by the victim and perpetrator/suspect; it would appear, however, that the accusations were not believed because the victims behaved in an unconventional manner and were (allegedly) psychologically ill.

**Reciprocal violence (n=8)**

Another case type with an ongoing history of violence was characterised by frequent mutual physical and verbal disputes, threats and insults between the intimate partners. Most of these couples regularly called the police in the heat of the fight; when the dispute was over, they exercised their right to refuse testimony, however.

### **Violence by former intimate partners (n=12)**

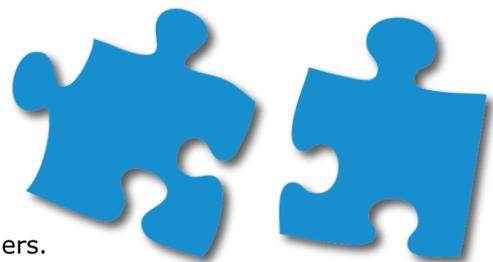
Some of the case files examined involved violence occurring in couples living separated or already divorced. In some of these cases, the men stalked, threatened and beat their ex-intimate partners. In other cases disputes characterised by verbal and physical violence occurred in the course of splitting up the common possessions. In three cases the intimate partners were separated, but still living in separate parts of the common household, maintaining the appearance of a married couple towards the outside world. In all three cases there was mutual verbal and/or physical violence.

All the victims in this type filed charges themselves, and most of them testified. In spite of this, almost all of the procedures were dropped as a result of the private nature of the incident or lower level of culpability (§ 153, section 1 of the Criminal Procedure Code - StPO).

### **2.3. Conclusion**

The analysis of the procedural files of the public prosecutor indicates several specific problems in reported cases of domestic violence against older women by intimate partners or ex-intimate partners.

Generally speaking, the couples affected had already spent many years of their lives together and the persons involved in the offense in most cases appeared to find it inconceivable that they could carry on without their intimate partner. Often the persons involved in the offense had physical or psychological disabilities, and this was not always known or recognised when the initial contact took place with the police. Contrary to what is known from studies of unreported cases (Schröttle, 2008), the victims only stated that violence had been taking place for a long time in the relationship in rare cases – a parallel analysis of intervention centre files indicates, however, that some women only reported some of the incidents to the police. Only in a minority of cases were there witnesses, and the women involved rarely filed charges. In most of the cases the victims tended to be looking for help or protection and were less interested in criminal prosecution; some women stated this explicitly. The police officers only involved the facilities helping the victims or intervention offices in the analysed files in scattered cases – no doubt also as a result of the survey regions, in which it is only possible for the police to pass on information on cases with the consent of the victim. Banning orders were issued in roughly one-third of the cases. This measure is no doubt in many cases capable of de-escalating the situation and providing emergency protection to the victim, but it may also fail to have positive effects, especially if there are problems relating specifically to age in which mutual dependencies and/or nursing-care relationships exist. In these cases a support network is needed, as a glance at the outcomes of procedures in these cases indicates: almost all of the cases (83%) were dropped by the public prosecutor because there was no evidence, no charges were filed or the suspect was only slightly guilty. The 14 cases in which charges were filed either involved serious offenses, repeat cases and/or there were additional witnesses to the offense. In lieu of any medical evidence or persons to support the victim, no charges were filed in any case and – to the extent the files indicate such – the situation of the woman affected almost never changed.



## Module A III

### Recommendations on how the police should deal with cases of intimate partner violence against older women

A desire is frequently expressed in further training courses with police officers to receive clear guidelines on how to act or even checklists on top of lists of addresses. Instruments like these cannot be created for the field of intimate partner violence against older women. This would create the illusion of clarity when this is not the case in reality. Challenges facing police work can be identified and tips offered on how to deal with such cases. These tips should be provided within the framework of a tutorial (e.g. as the last part of an introductory lecture). It is moreover conceivable for the following text to be distributed as a hand-out.

#### **Tips on how to deal with cases of intimate partner violence against older women**

The following aspects need to be kept in mind in processing cases:

**In cases of intimate partner violence against older women, health impairments of victims and/or perpetrators place special requirements on police intervention, prosecution and support.**

- Older victims, but also perpetrators, are dependent on medical and nursing care much more frequently than younger ones. This poses special challenges to the police and social services. There is frequently a need to ensure immediate and long-term care for victim or perpetrator.

**Involvement of professional and private support networks of the persons involved in investigations and the initiation of possible solutions**

- With older victims of intimate partner violence, it should be kept in mind that they are frequently in contact with professional helpers. This offers the opportunity to “expose” long years of intimate partner violence while at the same time opening up the possibility of external controls. Physicians, members of health professions, legal guardians appointed by courts or working on a voluntary basis should be regularly included in police interventions; they may be helpful as witnesses, but also in the development of possible solutions. In seeking a way out of the violence, especially for older victims of long years of intimate partner violence, support from the social environment, but also especially from their family, can be crucial. Adult children often play a decisive role here – they can be helpful, but can also block needed changes, however. It is easier to understand their behaviour when one takes into account that they were or are frequently affected by long years of partner violence themselves. They also often have to bear the burden of a change in the living situation of their parents themselves.

**Caution in overly hasty “diagnoses” of dementia and psychological illnesses**

- In particular people suffering from many years of violence may behave in a confused / psychologically disturbed manner. Here it is necessary to initiate a diagnosis by a physician – not only for the investigation, but also in brokering appropriate help.

### **People also (or especially) suffering from dementia or psychological illness / confusion may also be victims of an offense**

- Also in the case of people who display confused, psychological disturbances as well: reports on victimisation should be investigated and the possibility of a criminal offense examined. Psychological illnesses may also be a result of long years of violence.

### **Avoidance of overly hasty interpretation of violent incidences**

- In cases of violence in domestic nursing-care relationships, it is frequently first of all assumed that the burden caused by nursing care is the cause. Several reasons should be examined, however. Excessive burden in connection with nursing care is not always the cause or the sole cause. In many cases it involves a continuation of long years of a violent relationship, exacerbated by a nursing-care situation.
- In cases in which the perpetrator displays altered, aggressive behaviour as a result of an illness, this may involve the continuation of a long-term relationship characterised by dominance and violence. The current change in behaviour may also reinforce already existing dynamics of violence.
- In many cases, an age-related illness on the part of the perpetrator offers an opportunity for the first time to allow the victim to ask for help from outside without having to reveal that one has been victimised by many years of violence. That is why possible victimisation from violence in an intimate relationship and the required help should also always be considered as "part of the equation".

### **Interpret correctly – brokering appropriate help**

The right interpretation or avoiding premature attributions of causes helps in brokering appropriate additional help and developing solutions for the victim.

- If the violence is due to excessive demands posed by nursing care and/or violence in connection with an illness, services such as out-patient nursing care as well as care and family member counselling may help; it should in addition be considered whether to involve the medical and psychiatric professions. This often means ascertaining the situation, whether the parties can fend for themselves, and their common need for help. It should be kept in mind that professions in the field of aid and nursing care for old people are not always sensitised to the topic of violence in relationships.
- If there is a case of violence in a relationship which has been going on for many years, counselling and support services by institutions specialised in dealing with violence are also important in analysing experiences of violence and in developing possible solutions. Separation of victims and perpetrators or the establishment of effective control and protection mechanisms may be necessary here.

### **Circumspection and sensitivity in dealing with older victims of violence**

- In dealing with older victims of violence, the same tips apply as for dealing with younger victims. It should be taken into account that a conversation with the police offering relief may be especially important for older women, but that they may need time for this, that the clear message from the law enforcement agency to the effect that the behaviour of their partner is not acceptable may serve as a crucial confirmation of their own notions of what is right and wrong and that victims place too much hope in a police intervention in some cases.

### **Beyond the use of violence and prosecution – initiating solutions to ensure care!**

- Measures aimed at protecting against violence may run up against constraints especially in cases in which nursing or medical care and assistance of victims and perpetrators is necessary. For the police or even other institutions involved in such cases, the priority task here is to initiate a process of seeking (alternative) care possibilities to protect the victim. To this end it is helpful to make advance arrangements with the facilities in charge (e.g. district senior citizens advice offices). Working in a local network with various professions (e.g. from the fields of medicine, nursing care, provision of housing, meeting basic social needs and psychiatric services) may produce common solutions. It is a good idea to conclude local agreements on long-term domains of responsibility for such cases and devise solutions for the possibility of emergency short-term lodging of victims or perpetrators requiring care.

### **Sensitise multipliers**

- Because victims of many years of intimate partner violence are frequently unable to seek help themselves, addressing and sensitising potential professional or private contacts is assigned tremendous importance. Attention should be drawn towards the phenomenon of intimate partner violence in old age in special public-relations work on the topic of violence and criminality (in old age) and possibilities of obtaining help shown.

### **Following the completion of investigations: maintain contact**

- Older victims of violence in relationships make use of help less frequently than younger ones. Rapid changes in the living situation are unlikely, problems often remain. In such situations it may be useful to sporadically reach out or phone the family in certain cases after the completion of investigations.

### **Intervention and support for victims are never in vain!**

- Especially with victims of many years of intimate partner violence, intervention by the police and social services often remain without any visible impact. Nevertheless, every intervention and every offer of support is important in providing emergency protection to the victim and as a signal: the intimate sphere is not a legal vacuum. Repeated police actions and the (renewed) involvement of social support services may trigger change processes or at least prevent worse from happening.

### **What actors and institutions should be involved?**

- There are a host of services and institutions available in all or most communities, but the services often have different names. In some cases these services are identical, but their domains of responsibility differ. Other institutions and services are not to be found everywhere. The actual situation on site should be analysed when planning further training; this requires preliminary research.
- In determining the emergency short-term **need for comprehensive care** in the area of nursing care, health care and dwelling:
  - Senior citizens advice by the local community, in some cases general/local social services as well (there are different names for these)

- Nursing care support offices: currently available in about 550 cities and towns; independent information and advice offices regarding the topics of nursing care, general care and assistance as well as additional support services; coordination of required services in individual cases; each provided with equal funding by the nursing-care insurance scheme and social aid agency (i.e. local governments) (exception: Saxony-Anhalt and Saxony, where there are nursing-care advice offices)
- Office for lodging emergencies (not available in all communities)
- Statutory social-psychiatric services (in part other terms as well such as, e.g., social medical services)
- Regarding emergency short-term and long-term aid in cases of **intimate partner violence**, to clarify the need for help and inform persons about possibilities under the Act on Protection against Violence
  - Intervention offices
  - Women's shelters
  - Women's advice offices
  - Shelters for protection of victims
- Advice and support for **migrants**
  - Advice offices for migrants
- Violence in **care relationships** (cause: excessive burden, inability to cope)
  - Nursing care support offices or other nursing care advice
  - Advice offices for family members
- To initiate **court-ordered guardianship** (initiate or change a care solution independently of the perpetrator)
  - Court assigning guardianship
  - Association providing guardianship



## Module B I

### Structured comparison of experience

If they have relevant experience with cases, participants in further training programmes often find it particularly useful to compare notes on their own experience with intimate partner violence against older women in their everyday work in small groups. Following the completion of group work, the results should be presented in small groups.

#### **Total time for the unit 40-45 minutes**

- Time assigned to work in working group: 30 minutes
- Time assigned to presentation in the plenary group: 10-15 minutes

#### **Example: work instruction for the comparison of experience (hand-outs for all participants)**

##### **Tasks for the comparison of experience**

*First find out who is to record the results (recommendation: flipchart) and who is to present them later in the plenary group.*

*Compare experience regarding the following questions:*

Do you encounter the problems described in the tutorial in your everyday work? In what form?

Please describe individual cases to each other. Discuss one of the cases you have selected in terms of the following questions:

- What significant problems and challenges do you see for your work?
- What mode of procedure would have possibly improved the situation of the victim here?
- What external actors could have/should have been included?
- Where do you see deficits or potential for dealing with such cases in your community?



## Module B II: Discussion of cases

In the module “discussion of cases”, the participants in the further training course should discuss possible alternative modes of procedure in cases of intimate partner violence based on a case example (see annex) while citing their own experience. Case examples taken from case files of public prosecutors have proven to be effective. It can be shown in this manner that these cases involve real problems for police action. The groups should analyse different cases which differ as much as possible in several groups. If the total groups are too large, several groups can also analyse the same cases with different tasks.

The group should not exceed 6 to 8 persons. In the case of groups with little experience in group work, it is a good idea to select facilitators for the groups and rapporteurs or assign external facilitators in advance. All the groups should be able to present the results of their discussion following the group work phase. In the case of larger groups, a form of presentation makes sense in which the facilitator goes to the table groups with a microphone in order to ask the rapporteurs questions on the group work stage, in this manner conducting a relaxed discussion, with other participants being invited to comment and add their observations. The cases used are briefly presented by the rapporteurs using a PowerPoint file. The presentation stage then closes with a discussion in the plenary group. It is the task of the facilitation to identify individual aspects and invite the participants to comment and add their observations.

### Material required

- Written instructions are required for the small group work and copies describing the cases (see annex) as well as a PowerPoint file describing all the cases.
- Discussion in table groups

### Total duration of the unit 90 minutes

- Small group stage: 30 minutes
- Presentation of small group results: 30 minutes
- Final discussion in the plenary group: 30 minutes

### Example of written instructions for small group work

#### Tasks for the table group discussion: intimate partner violence against older women

*Please read the case description carefully.*

*Think together about which of you will report on your discussion later in the plenary group and select someone to take notes on the most important points in your discussion.*

*Then discuss the following questions in your table group:*

- What (age-specific) challenges do you see in the case for police work?



- What specific approach by the police could have possibly improved the situation of the victims and optimised criminal prosecution, protection of victims and prevention of danger? What external actors could have been included?
- What findings would you derive for your own work from this case?

## Literature

Band-Winterstein, T. & Eisikovits, Z. (2009). "Aging out" of violence: multiple faces of intimate violence over the life span. *Journal of Qualitative Health Research*, 19 (2), 164-180.

Deutscher Bundestag (2001). Dritter Bericht zur Lage der älteren Generation in der Bundesrepublik Deutschland: Alter und Gesellschaft und Stellungnahme der Bundesregierung. Drucksache 14/5130. Verfügbar unter: <http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/PRM-5010-3.-Altenbericht-Teil-3,property=pdf,bereich=bmfsfj,sprache=de,rwb=true.pdf>

Dunlop, B.D., Beaulaurier, R.L., Seff, L.R., Newman, F.L., Malik, N. & Fuster, M. (2005). Domestic violence against older women: final technical report prepared for the National Institute of Justice by the Center on Aging of Florida International University Miami. Verfügbar unter <http://www.ncjrs.gov/pdffiles1/nij/grants/212349.pdf> [10.07.2008]

Görgen, T., Herbst, S. & Rabold, S. (2010). Jenseits der Kriminalstatistik: Befunde einer bundesweiten Opferwerdungsbefragung. In T. Görgen (Hrsg.). „Sicherer Hafen“ oder „gefährvolle Zone“? Kriminalitäts- und Gewalterfahrungen im Leben alter Menschen. (pp. 122-174). Frankfurt: Verlag für Polizeiwissenschaft

Görgen, T., Newig, A., Nägele, B. & Herbst, S. (2005). "Jetzt bin ich so alt und das hört nicht auf": Sexuelle Viktimisierung im Alter (KFN-Forschungsbericht Nr. 95). Hannover: Kriminologisches Forschungsinstitut Niedersachsen. Verfügbar unter <http://www.kfn.de/versions/kfn/assets/fb95.pdf> [11.02.2009]

Hessisches Landeskriminalamt (2007). Jahresbericht häusliche Gewalt für Hessen 2006. Wiesbaden: Hessisches Landeskriminalamt

Hessisches Landeskriminalamt (2008). Jahresbericht häusliche Gewalt/Stalking für Hessen 2007. Wiesbaden: Hessisches Landeskriminalamt

Hessisches Landeskriminalamt (2009). Häusliche Gewalt/Stalking. Jahresbericht 2008. Wiesbaden: Hessisches Landeskriminalamt

Honig, M.-S. (1992). *Verhäuslichte Gewalt*. Frankfurt a.M.: Suhrkamp.

Kavemann, Barbara 2009: Täterinnen – die Gewaltausübung von Frauen im privaten Raum im Kontext der feministischen Diskussion um Gewalt im Geschlechterverhältnis. *Neue Kriminalpolitik*, 2, 46-50. Nomos: Baden-Baden.

Kelly, J.B. & Johnson, M.B. (2008). Differentiation among types of intimate partner violence. Research update and implications for intervention. *Family Court Review*, 46, 3, 476-499.

Kimmel, M. S. (2002). 'Gender symmetry' in domestic violence: A substantive and methodological research review. *Violence against Women*, 8 (11), 1332-1363.

Landesbetrieb für Statistik und Kommunikationstechnologie Niedersachsen (2012): *Statistische Berichte Niedersachsen. A I 3 Bevölkerung nach Alter, Geschlecht und Familienstand*. Verfügbar unter: [http://www.lskn.niedersachsen.de/portal/live.php?navigation\\_id=25688&article\\_id=87679&psmand=40](http://www.lskn.niedersachsen.de/portal/live.php?navigation_id=25688&article_id=87679&psmand=40)

Nägele, B., Böhm, U., Görgen, T., Kotlenga, S. & Petermann, F. (2011). *Partnergewalt gegen ältere Frauen*. Frankfurt: Verlag für Polizeiwissenschaft.

Nägele, B., Kotlenga, S., Görgen, T. & Leykum, B. (2010). Ambivalente Nähe: Eine qualitative Interviewstudie zur Viktimisierung Pflegebedürftiger in häuslichen Pflegearrangements. In T. Görgen

(Hrsg.). „Sicherer Hafen“ oder „gefährvolle Zone“? Kriminalitäts- und Gewalterfahrungen im Leben alter Menschen. (S. 208-491). Frankfurt: Verlag für Polizeiwissenschaft

Schröttle, M. (2008). Gewalt gegen Frauen in Partnerschaften. Eine sekundäranalytische Auswertung zur Differenzierung von Schweregraden, Mustern, Risikofaktoren und Unterstützung nach erlebter Gewalt (Langfassung). Verfügbar unter:

<http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationen,did=120792.html?>

Scott, M., McKie, L., Morton, S., Seddon, E. & F. Wasoff (2004). '...and for 39 years I got on with it.' Older women and domestic violence in Scotland. Prepared for Health Scotland by the Centre for Research on Families and Relationships.

## Annex



### Case descriptions from the analysis of files

#### Case 1

On 11 June 2008 two witnesses (one neighbour and one Polish nurse living with the victim and suspect) notified the police that the husband (aged 73) was beating and physically abusing his wife (aged 75). The victim had suffered several strokes since November 2002 which led to severe disabilities (including dementia, hallucinations, partial paralysis, etc.) and was now being cared for by her husband at home.

The neighbour stated that she had moved in with them in 2004 and that since then had frequently witnessed the accused verbally abusing, neglecting and psychologically abusing his wife. The nurse had moved in five weeks before charges were filed and stated that she had experienced three cases of physical violence (a thrust with his elbow, fist slugs in her stomach and back as well as punches when she was getting in and out of cars). Both witnesses furthermore reported neglect and domineering behaviour, e.g. that the accused forced the victim to eat all the meals he prepared for her and that he deliberately prepared food which had gone off. The nurse stated that she no longer wanted to live and work with the couple in the future as a result of these cases. Originally the two witnesses contacted the social city hall in charge to report the cases of violence, and were referred to the police.

When the police came to the house of the couple, the accused was nowhere to be found. The wife had just returned from a day nursing-care facility, which she visited three days a week. The wife was not able to go into her house, as she did not have any key. The police decided to take the victim directly to the day nursing care facility in order to protect her against further mistreatment by her husband.

According to statements made by the nursing care facility, they were only aware of one injury in the past, but this was said to have been caused by a fall. The taxi driver who took the wife to the day nursing care facility at times stated in her testimony that she noticed how the accused spoke very aggressively with his wife and once, when she came to pick up the wife too early, had overheard an argument and that it sounded like "someone was being hit on their naked skin". Another taxi driver who took the wife to day nursing care also reported verbal aggression and threats (with a raised arm) being made by the accused towards his wife.

The victim herself did not want to make any statements and said that her husband had never hit her. As a result of her psychological condition, she was assessed as not being capable of giving testimony. When the accused came in to be questioned by the police on 18 July 2008, he referred to "slanderous testimony" by third parties and said that he had never caused injury to his wife.

Another neighbour stated that he had seen how the accused had behaved in a verbally aggressive manner towards his wife and that he had handled her very roughly. He

furthermore reported that the Polish nurse had fled to him on 16 August 2008, stating the reason for such being the repeated violence in the house of the accused and that the key to her room had disappeared. She reported that she felt especially threatened when the accused was drunk. She spent the night at the neighbour's and left the next day. The accused stated in this regard that she had stolen something from the house and then ran away.

The nurse returned to Poland and consequently could no longer be questioned. The case was dropped due to insufficient evidence. According to the information available in the file, the wife is living with her husband again.

## Case description from the analysis of the file

### Case 2

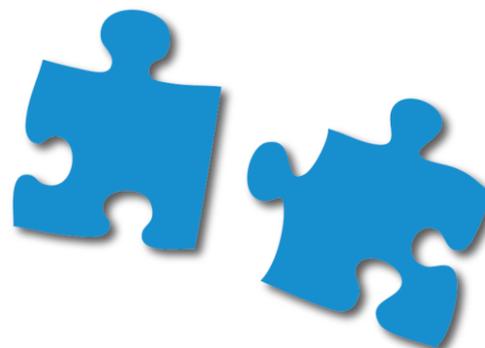
On 20 January 2010 an 89-year-old man informed the police in an emergency call that his wife (79) had been kidnapped by their common son. When police officers arrived at the site, he stated that he had phoned with his wife and son. The wife had told him that she would be spending some time with their common son. The police officers noted that the man seemed to be confused and did not know where his son lived.

Several hours later the husband called the police at the emergency number once again and reported that his wife was still not at home. The police officers called the son. He told them that his mother did not want to return home as long as her husband was there. The following day the police were informed by the local court that an application had been filed for legal guardianship to be provided for the husband and for him to be admitted to a psychiatric clinic as a result of dementia. The police were requested to determine whether the man could fend for himself until the decision was made or whether immediate admittance was necessary. The police officers determined that this was not necessary.

The application for appointment of a legal guardian for the husband was forwarded to the police station. There it turned out that the husband had beat his wife, whereupon she informed her son and ran away with him. The police officers thereupon contacted the son once again. He stated that his father had beat his mother that day and had been doing so for 10 years. In addition, the father had threatened to kill his mother, the son and himself while brandishing a knife in his hand. The police officers set a date for questioning.

On 25 January 2010 the suspect attempted to commit suicide by cutting his arteries. He survived, but with severely injuries. He behaved aggressively in the hospital and was consequently admitted involuntarily to a psychiatric clinic. An attorney was assigned to act as his legal guardian. The physician treating him stated that the suspect would probably never be able to return home.

The victim and her son did not want to file any criminal charges. The public prosecutor dropped the procedure as a result of the mental condition of the suspect and because no charges had been filed.



## Case description from analysis of the file

### Case 3

#### **1. Public prosecutor's file on the procedure**

On 23 September 2009 the police were informed by a call-centre employee that she had been telephone witness to domestic violence. She stated that she had just been telephoning with a customer, that she had not put the receiver back on the phone properly and that (this was the employee's interpretation of the noises she heard) the customer had been beaten by her husband. She thereupon recorded parts of the telephone call.

When police officers went to the scene of the crime, they found the victim and the suspect working together in the garden. The wife stated that, although there had been an argument, that she had not called the company in question.

The police officers went to the call centre and listened to the recorded call. They heard a male voice subjecting a woman to massive insults and threatening to lock her in if she went out again. They were not able to hear any noises which indicated physical violence. The employee stated that she had heard the noise of blows and only then decided to record the call.

The victim, suspect and neighbours refused to make any statements to the police. The victim stated that she did not want her husband to be punished.

According to statements by the suspect, the victim is suffering from dementia. Several police reports in which she was registered as missing support this statement. Investigations were discontinued due to lack of suspicion.

#### **2. Case file of the public prosecutor on the same couple**

On 26 September 2010, the police were informed by a man who had noticed an older man yelling at a woman who was crying and hitting and kicking her in a parking lot bordering on his property. He remembered the license plate, which allowed the couple to be identified.

Police officers went to the house of the couple and found that the victim did not have any visible injuries. She could not be questioned as a result of her dementia. The victim was summoned to the police station, but could not follow the questions posed by the police officers there. She stated that "nothing was happening".

Because the suspect made use of his right to refuse to testify, the investigation was dropped without any additional police measures. The first charges are not mentioned in the police report.

Infos: [www.ipvow.org](http://www.ipvow.org)

