

INTIMATE PARTNER VIOLENCE AGAINST OLDER WOMEN. FINDINGS FROM AUSTRIA

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Abstract

Research on intimate partner violence (IPV) against older women follows either a gender-specific or an age-specific approach. This paper which summarises the results of research on IPV against older women (defined as 60+) in Austria, shows the importance of an integrated approach, bridging the gap between domestic violence on the one hand and abuse of the elderly on the other. As accounts of older women affected by IPV are rare, this paper focusses on their experiences and perspectives. Furthermore the paper deals with the question to which extent institutions are confronted with IPV, with their characterisations of victims and perpetrators as well as with the help-seeking behaviour of older women and the needs for service improvement.

Key words: intimate partner violence, older women, empirical research.

Résumé

Violence conjugale envers des femmes âgées. Constats de l'Autriche

Les recherches sur la violence conjugale (VC) envers des femmes âgées suivent une approche soit en fonction du genre, soit en fonction de l'âge. Cet article qui résume les résultats de la recherche sur la VC contre les femmes de plus de 60 ans en Autriche, souligne l'importance d'une approche intégrée qui comble l'écart entre la violence domestique et la maltraitance des personnes âgées. Comme on ne dispose pas de beaucoup d'informations sur des femmes âgées qui deviennent victimes de la VC, cet article se concentre sur leurs expériences et perspectives. En plus, il aborde la mesure dans laquelle les institutions sont confrontées à la VC, leur caractérisation des victimes et des auteurs de la violence, mais aussi la manière dont les femmes âgées demandent de l'aide et la nécessité d'améliorer les services.

Mots clés: violence conjugale, femmes âgées, recherche empirique.

Resumo

Violência conjugal contra mulheres idosas: constatações sobre a situação na Áustria

A investigação sobre a violência conjugal (VC) contra as mulheres idosas tem seguido uma abordagem centrada no género, ou na idade. Este texto, que resume os resultados da investigação realizada sobre a VC contra as mulheres com mais de 60 anos, na Áustria, sublinha a importância de uma perspectiva integrada que tenha em conta a relação entre violência doméstica e maus tratos exercidos sobre as pessoas idosas. Face à escassez de informação sistematizada sobre as mulheres idosas que são vítimas de VC, este texto centra-se sobre as suas experiências e suas perspectivas. Além disso, analisa o modo como se confrontam as instituições com a VC, como caracterizam as vítimas e os agressores, como lidam com o modo como as mulheres idosas pedem ajuda e quais as necessidades inerentes à melhoria do funcionamento dos serviços.

Palavras-chave: violência conjugal, mulheres idosas, investigação empírica.

This article resumes the results of research on intimate partner violence (IPV) against older women (defined as 60+) in Austria as part of a more comprehensive European research project.¹ The research project was conceptualised having in mind that there is only little knowledge about older women as victims of IPV in Europe. Both research and social services deal either with domestic violence respectively interpersonal violence or with abuse of elderly, focusing on abuse and neglect in the setting of domestic care but not specifically on the abuse of older women by their partners or former partners. Researchers either follow an age-specific or a gender-specific approach to family violence. Women's shelters or emergency hotlines for victims of domestic violence for example do not have much experience with older victims of violence (and cannot offer specific support), whereas care institutions rarely show a better understanding of IPV. Therefore the project's intention was to bridge the gap between the research in the field of violence and abuse of elderly by undertaking an in-depth examination of the specific situation of older women who have been suffering from IPV – a situation which is at the intersection between women's experiences of violence and the processes of ageing. Furthermore it aimed at examining how social services are dealing with age and gender issues, either in conjoint or separate ways.

The focus was on women experiencing or having experienced any form of partner violence² at the age of 60+. It was not only intended to analyse characteristics of female victims of IPV, male perpetrators and their partnerships, but also to draw attention to women's help-seeking behaviour, to reactions of the help system dealing with these cases as well as to needs and options for service improvement. The article will present knowledge obtained by empirical research in different organisations working in this field and wants to shed some light on the experiences of IPV by referring to interviews with older women.

Research on interpersonal violence against older women

For most of the European countries national victimisation and crime surveys provide no information on prevalence rates for older female victims of IPV. In most countries data on IPV against older women are usually (if available) not sufficiently disaggregated by gender, age, relationship between victim and perpetrator, and type of offence. If research takes a more differentiated look at this

¹ The project was funded by Daphne III; besides Germany and Austria, Poland, the UK, Portugal, and Hungary were examined.

² For the purposes of this study, violence was understood as a non-legitimate forceful tactic, intentionally employed to cause physical and/or psychological harm. It includes the use of physical force and infliction of injuries as well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (particularly if the victim depends on care and support from the partner or former partner).

problem, it is shown that older women are far less often confronted with IPV than younger ones (see e.g. Schröttle & Ansorge, 2008; for the US see e.g. Zink *et al.*, 2006; Bonomi *et al.*, 2007). Prevalence studies on the abuse of older men and women by family and household members arrive at similar conclusions (Mouton *et al.*, 2004, Görden, Herbst & Rabold, 2010). Furthermore, service providers for domestic violence issues report very small numbers of older victims using their services. But there are also professionals who report on severe cases of IPV against older women assuming that they are only the tip of the iceberg.

Research projects specifically addressing the topic of IPV against older women³ and reports related to service provision for older victims⁴ have been published mainly in the USA, Canada and Australia. In Austria only a few experts are working on the issue of IPV against older women (see e.g. Hörl, 2009; Hörl & Spannring, 2001), so there is only very little research apart from studies with Austrian participation undertaken under the Daphne program.⁵

Methodology

The research objectives were to get insight into cases of IPV against older women and to collect institutional knowledge about IPV as well as ways of dealing with it. Based on the experiences of a regionally focused German study on sexual violence against older people (Görden & Nägele, 2006) the research team decided to use a multi-method and a multi-perspective approach. With this approach we aimed at bringing together the views of professionals and the views of older women affected by IPV.

The project design included several components: In the first step a review of existing Austrian institutional data and research on IPV against older women took place. The compilation of data of national umbrella organisations of different victims' services institutions and the analysis of existing studies should provide a first overview as to what extent these institutions are faced with IPV against older women. In a second step we conducted a postal survey among institutions which might be confronted with IPV against women aged 60+ (e.g. women's shelters, hotlines, law enforcement agencies, counselling services). With

³ See for example Dunlop *et al.*, 2005; Fisher & Regan, 2006; Görden & Nägele, 2006; Hightower, 2006; Lundy & Grossman, 2004; Montminy, 2005; Mouton *et al.*, 2004; Teaster *et al.*, 2006; Zink *et al.*, 2003 und 2006.

⁴ Important contributions have been made by Brownell, 2006; Paranjape *et al.*, 2009; Pritchard, 2004; Straka & Montminy, 2006; Teitelman, 2006.

⁵ E.g. the Daphne projects *Breaking the taboo* and *Care for Carers* which focus on care-giving relationships (<http://www.rotekreuz.at/pflege-betreuung/weitere-projekte/> ; http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2005_2_068_w_de.html).

this survey we explored how many older female victims use these services, the characteristics of this clientele and of intimate partner violence. In total 111 institutions took part in the Austrian survey (see below). In addition 30 interviews with professionals who had case knowledge were conducted; the sample was drawn from the institutional survey. In this third module of the research project we focused on the help seeking behaviour of older women and on the preparedness of the institutions, the services rendered, and the institutional limitations. The fourth step was to conduct interviews with older victims of IPV (in total 10), as it was extremely important for us to learn about their perspectives. The interview method used adopted features of so-called «problem-centred interviewing» (Witzel, 2000) and «episodic interviewing» (Flick, 2000) and put the emphasis on space for narrative elements (Schütze, 1983). The interview guide covered four main fields of interest: life history, experiences of violence during lifetime, changes in violence in old age as well as help for and needs and rights of older victims of IPV.⁶

Talking to victims of intimate partner violence

We gained access to the interviewees via professionals of organisations involved in the survey. They targeted clients in accordance with the criteria given by us, like age, marital status, migration background, rural – urban divide. The search for women who had separated from their partner turned out to be particularly difficult, as did the search for women with migration backgrounds (especially from Turkey). One interviewee was a migrant; she came to Austria from former Yugoslavia as a young adult. Six out of ten interviewees were living in a rural environment when the acts of violence took place.

Eight women were not living with the aggressor any more when the interview took place. Four of them are divorced; divorce proceedings are on-going with two others. One woman who does not want to get divorced lives permanently separated from her husband, while another interviewee's husband died before the divorce procedure was completed. The average age was 72. At the time of the interview the youngest interviewee was 62, the oldest 88. Seven women were between 60 and 75 at the time of the last violent incident, while three women were older. With the women who no longer live together with the aggressor, the violent experiences occurred between 9 months and 12 years ago. The two women who are still living in the same household with the aggressor said that violence continued to occur frequently. The last physical aggression

⁶ The average length of an interview was two and a half hours. All interviews were recorded and transcribed. The coding of the interviews was performed with the aid of computers using Atlas-ti, while the codes were developed using the Grounded Theory procedure (Glaser & Strauss, 1967).

took place in one case three years ago when the woman was 80 years old, in another case 13 years ago when the woman was 75.

Barbara Nägele (2008) cited two different factors in explaining violence against women in general and violence against older women in particular. With regard to violence against women, primarily notions of inequality of power in society are stated as the cause of violence, whereas in the case of violence against older women aspects of fragility and other age-related factors are placed at the forefront. This means that gender-specific aspects of violence which are embedded in society are frequently ignored with regard to violence against older women; older women are apparently genderless. Interviews carried out with older victims of IPV show that both aspects are relevant, but that societal structures placing women at a disadvantage are predominant. None of the ten women interviewed refer to their own physical fragility, in spite of the advanced age of some of the interviewees.⁷ On the contrary, most of the violent relationships were kept up and continued for decades, among other things as a result of economic dependence. In most of the cases violent relationships have «grown old»: the age of the victims and the long duration of the relationships increase the dependence of the women; societal discrimination has an even stronger effect in old age.

The interviewees gave up work outside the house to raise their children and take care of the household. Only four women worked throughout their marriage, one gave up work outside the house completely and the others interrupted their employment for ten to 15 years what had severe impacts on their economic independence and on their pensions. It is always a complex made up of existential imperatives, individual personality structure, hopes and societal norms which make it more difficult to escape a violent relationship. The gender-specific division of labour – the man being responsible for the household income; the woman being responsible for raising a family and a harmonic marriage – is an additional obstacle. Furthermore it goes along with significantly lower wages for women, what again increases the economic dependence on husbands. Therefore, the gender-specific division of labour, which the interviewees did not question or explore, prevented them from seeing any way out of the violence they experienced in the early years. In old age the lack of a pension or very low pensions made it difficult to end the violent relationship. So it is not age, but rather the effects of the gender-specific division of labour which reduced the options of the women. The lack of income or low income were not the only reasons for staying in the relationship, however. A traditional worldview and societal norms concerning the family and the role of women and children were just as effective. Divorces were still rare in the 1960s and 1970s (particularly in rural areas), and until the major reform of family law in the 1970s the husband was legally recognised as the head of the family and was able to decide on important aspects of his

⁷ No interviewee was dependent on aid to cope with their everyday lives.

wife's life (such as professional activity). For the women over 70 in our sample in particular, this meant socialisation in a world where male dominance was taken for granted. Part and parcel of this were notions of the «perfect» family, which they attempted to come to terms with under the most difficult conditions, and their lack of sensitivity towards violence directed against them. The interviews clearly indicate that a majority of the women have their own narrow definition of violence. They considered verbal abuse and humiliation, but also less serious physical violence such as slaps in the face as «normal» for a long time, as something which, although unpleasant, was simply part of the male behavioural pattern. Even serious physical violence was accepted under the blanket of apparent normality (also by relatives and friends of the victim).

Eight out of the ten interviewed women finally separated from their violent partners. Half of them feared being killed if they did not undertake this step. Separation was not an easy decision because it also meant that they had to leave behind what they had built together and accept a lower standard of living, in part even the threat of poverty. A new beginning in old age – some of the women were already over 70 when they separated – thus offered very little in the way of a positive alternative – they lacked prospects for their future both subjectively and objectively speaking.

The fragility which often accompanies old age only played a role with respect to their husbands, but not to the interviewed women.⁸ One of them was physically and psychologically abused by her husband who required nursing care; some women suffered increasingly from their partners' psychological disturbances in old age (two men were placed under guardianship, in a third case there was an on-going procedure). As a consequence of the partners' illness, social pressure to uphold the marriage and to further provide assistance increased. Also adult children, who for the most part supported their mothers in the process of separation, became much more ambivalent towards separation as they feared that they themselves might become responsible for their fathers' care.

Factors influencing violence

The specialist literature states that «the prevalence and frequency of violence in intimate settings or violence in partnerships in an advanced age declines significantly» (see Gørgen *et al.*, 2009: 37). This is not true for our interviewees. Eight of them have experienced physical violence during the whole course of their partnerships and also in old age (two became victims of violence only once), six have experienced financial violence. Three women have become victims of sexual violence, and two more implied that this had happened. All interviewees

⁸ Literature expressly points out the high risk of being subjected to violence for persons suffering from dementia and in need of nursing care. As this did not apply to our interviewees, no statements can be made on this complex of problems.

reported psychological violence (insults, verbal abuse, humiliation and denigration). The analysis of the interviews does not provide any indication of a decline in violence: with one exception all of the interviewed women found that the frequency of attacks had increased continuously over the course of the marriage.

In the beginning, I don't know, he freaked out every two or three months. But later on this happened every month, every week. His attacks became more and more frequent. The older he got, the more violent he became. (Interview K., para. 384)

Retirement seems to be an important factor for violence to rise. Eight interviewees talked about an aggravation of violence after their partners had given up work. As retirement creates a new social identity and is often linked to a loss of reputation and power it may reinforce violence. The women's limited scope of action was even more restricted because of their husbands' round-the-clock presence at home; some of them mentioned the experience of extreme control.

... He forbade me everything. ... He tried to control me all the time. He wanted me to put my underwear to his, my socks to his, everything like this. Doing everything together and always being as close as possible. Terrible! (Interview S., para. 57)

Alcohol consumption and the partners' jealousy have been considered as triggers and causes of violence by most women; one interviewee mentioned her partner's image of women as the root-cause of his violent actions. None of the women was able to identify a behavioural pattern preceding the act of violence – assaults happened out of the blue.

Enduring violence

Most women justified remaining in their partnerships for decades primarily with existential fears and requirements (as well as with the wish not to leave behind what the couple had built together). Especially in younger years it had been important for them to provide their children with a «decent» home. Some also mentioned societal conventions, their own socialisation during childhood and the influence of the Catholic Church as motives for staying with their partners.

The women developed a bundle of behavioural patterns for enduring violence and dealing with it. With regard to the conflict behaviour of the interviewees, two patterns can be identified: submissiveness and self-assertiveness. The first one did not only mean total submission to the will of the partner, but also the disappearance of the woman's Self and her vanishing from the aggressor's field of vision (cf. Jack, 1991). Self-assertion strategies included re-gaining personal autonomy, trying to influence the aggressor's behaviour, and (short-term or permanent) separation: six women reported that they had fled from home, some once, some several times. At the time of the interviews, eight women had permanently separated from their former husbands.

Looking for support

The women needed a considerable portion of self-assertiveness and they involved family members, friends, different organisations and facilities in their attempts to end violence. As it turned out, a majority of persons in the interviewees' social surroundings were aware of the violent actions. Children and close relatives had repeatedly eye-witnessed or overheard what was happening; the victims had explicitly confided in some family members, female friends and neighbours. Nevertheless support was limited – as a result of helplessness or of being uninformed, and it was biased. Without intending to downplay their emotional support, third persons in general seem to have pursued a policy of non-interference. Only when the women took concrete steps to separate they received multiple support. Assistance provided through organisations was significantly more helpful and solution-oriented.⁹ Most interviewees had gone to court because of divorce and other proceedings. Seven women turned to the police, four accepted help from women's or other psycho-social counselling centres. Seven women had contact with organisations for the protection of victims (centres for protection against violence, women's shelters). The interviewees frequently contacted physicians and less often clerics.

When women went to see a physician, some of them talked about partner violence as a cause of their problems, while others did not make this known or even denied violent acts. Some patients had received psychotropic drugs for years if not for decades to calm them, only very few physicians had made serious attempts at talking about the assaults. If physical injuries were reported by physicians, it took a very long time, and doctors only rarely informed their patients about victim protection and counselling. The unwillingness of physicians to perceive IPV and to react properly is problematic as this professional group in particular is confronted with domestic violence and could play an important role not only for the support of victims, but also for prevention.

The experiences the women had made with the police differed a lot – in particular time and place of the police intervention were of decisive importance. Interventions before the entry into force of the Protection against Violence Act in 1997 usually did not have any effect (charges for bodily injury were filed only against two men). According to the recollections of the interviewees some violent actions were even downplayed. For interventions in the recent past, most women reported on correct behaviour of the police officers. Only two interviewees – both living in a rural area – complained about the police: the officers did not inform them about facilities for victim protection, they trivialised the violent acts, did not process the charges and tried to avoid getting involved in cases of domestic violence.

⁹ The fact that all our interviewees sought help outside the family and group of friends is given because contact with them was made by specialised facilities.

Dissatisfaction with court proceedings, judges and attorneys was closely related to the outcome of the court proceedings. So some women were very disappointed with the criminal penalty as they had wanted their partners more severely punished. Another point of critique was the duration of divorce proceedings, and the «we-will-take-care-of-this-now-just-don't-you-worry» attitude of attorneys was criticised because the women felt not taken seriously. Some interviewees interpreted the behaviour of judges and attorneys as results of (male) patronage networks acting to their disadvantage.

But all the interviewed women were highly satisfied with the organisations for protection against violence as well as with women's and psycho-social counselling institutions. In particular the competence of the staff and their professional help, the possibility of in-depth talks and the «open door» were emphasised. The assurance that they could go there at any time, the planning of protective measures and the fact of being accompanied to court provided safety to the interviewees. Two women had lived in a women's shelter for one year: they appreciated in particular the chance to calm down and the psychological assistance which helped them sort out their lives and escape from their violent relationships.

I needed someone to talk with. This was important for me because in a situation like this you think that everything is wrong. You think that even everything you are thinking is wrong, not only the things you are doing. It was like this, yeah. A woman [from the intervention centre] came and she talked with me. She came to see me twice or three times, she came to the hospital twice, yeah, twice. (Interview K., para. 624)

The finding that older victims of violence turn to facilities less often than younger ones – as is cited in literature and by experts (see Görden *et al.*, 2009: 37; Brandl & Cook-Daniels, 2002) – can neither be confirmed nor invalidated here. It is a fact, however, that victims of IPV usually wait very long before seeking professional help. If centres for protection against violence were not notified about acts of domestic violence by the police, and if these centres did not contact the victims of violence themselves¹⁰, significantly fewer women would find support from facilities for victim protection. According to Josef Hörl (2009: 17), older women primarily seek help from «classic» organisations because the image of the new facilities does not appeal to these women. This is not the case with our interview sample. Six out of ten women turned to centres for protection against violence, (counselling bureaus of) women's shelters, women's counselling organisations and other psycho-social facilities of their own volition. Half of them were already over 70 at this point in time. Nevertheless, specific awareness of these facilities – their tasks, possibilities for support and target groups – is very limited in general.

The messages from the interviewees for other women who suffer from IPV are simple and concise: women should end such relationships upon the first indi-

¹⁰ These procedures are anchored in the Protection against Violence Act.

cation of violence; any hope for change is in vain. And they should make use of all help available, especially of professional help.

Institutions' perspectives of IPV against older women

111 institutions who work in the area of IPV against older women took part in the nationwide survey by questionnaire. They can be divided into six different types. The biggest group are NGOs which offer social services (e.g. women and family counselling offices, psycho-social institutions) – namely more than one-fourth of the respondents. The next group, comprising the police, public prosecutors and the staff commissioned by the judiciary to carry out victim-offender-mediation, is subsumed under the heading «law enforcement» and is almost as large. They are followed by institutions for protection against violence, which account for one-fifth of the respondents (above all centres for protection against violence/intervention centres and women's shelters) and public health institutions (around 12 per cent). Significantly fewer answers came from organisations which offer services for older people (for instance, in the nursing area), namely eight per cent, and institutions of regional and local authorities (e.g. the national social telephone and pension insurance agencies), around five per cent.

IPV against older women is a central issue for one-third of the institutions. All in all, around half of the responding facilities were confronted with more than 40 cases of IPV against older women in the years 2006 to 2009. The figures reported for 2009 indicate that this trend is continuing. In comparison to ten years before, one-fourth of the responding institutions believe that the number of cases is on the rise. Above all, law enforcement institutions – but scarcely any institutions for victim protection – noticed an increasing number of cases. In the latter case this may be due to the fact that the centres for protection against violence have been informed about all violations of the Protection against Violence Act by the police since 1997.¹¹ The increase in the number of court cases may be a positive effect of assistance provided in trials, an offer to all victims of violence aimed at empowering them and encouraging them to provide evidence to the police and testify before court.

Regarding violent relationships the responding institutions confirm what is already known about IPV in general: violence generally is perpetrated on a long-term basis and is not only of short duration, and violence usually begins when the victim is younger.

¹¹ The Protection against Violence Act, which came into force on the 1st of May, 1997, rests on three pillars: (a) eviction and barring orders imposed by the police (two to four weeks); (b) a longer term protection by an interim injunction issued by the family court (six months); and (c) free counselling and support by the so-called 'Intervention Centres'.

Almost all the victims lived in a common household with the aggressor, and there is frequently a nursing care relationship between them (the perpetrators being more often carers than the victims).

Older women affected by violence get in contact with many fold institutions: women's, migrants' or social institutions, but also the police, the courts and the health-care system. Above all, institutions for victim protection and NGOs who offer social services do not only become aware of IPV through the victims themselves or their family members, but rather through a number of different sources. They are informed by the police, by other victim protection and caring institutions what makes them the centre of a network and at the same time underpins the importance of networking.

The services which are available at the surveyed institutions comprise a broad spectrum, but almost all of them offer psycho-social support and legal counsel. Around three-fourths of them offer crisis intervention services. Beyond this, everyday practical aid (assistance with bureaucratic offices, filling in applications) and referrals to other institutions are important. Most of the respondents are not satisfied with their own services for older female victims of IPV because of legal and social conditions and the insufficiency of available resources. Because of the differences between younger and older victims of violence – for example, older women hesitate longer before looking for help, which is why support needs to be proactive, and older women are more ashamed than younger ones – older ones would need much more intensive support. It should furthermore be kept in mind that according to the responding institutions, one out of every five victims whom they assist suffers from a psychological illness (including dementia), one in every eight is physically handicapped and in addition one in every nine requires nursing care. Almost half of the victims are apparently severely physically or psychologically challenged.

According to the respondents one key point in the support of older female victims of IPV should be intensive public-relations work. As most people do not bring together older age and partner violence, the public awareness has to be raised. For a better support of older victims, measures are especially needed in the area of accommodation: the practical experts did not only demand affordable and suitable forms of housing and emergency shelters, but also criticised the lack of nursing beds and of out-patient and day-hospital services for violent geriatric clients.

Perspectives

Significant differences relating to the women's situation indicate that the establishment of an age limit at 60 which was chosen for the Daphne study is very arbitrary and probably distorts results. The 60 to 65-years-olds of today – which is to say the cohort born in the second half of the 1940s – have for the most part been socialised in the same manner as younger women. In part, this involves

the age group which has initiated and carried the feminist movement in the 1970s. It must also be assumed that this age group is still basically physically and mentally fit – in contrast to a large part of women older than them. According to the survey results, the «younger old» apparently seek support with relatively new institutions for victim protection, while persons over 75 tend to contact the traditional institutions – police and Court. Not only as to their help seeking-behaviour the age groups differ a lot, but also factors as economic dependency, social isolation, or taboos as to domestic violence divide the age groups.

In spite of the largely homogenous sample in terms of socio-economic status¹², there were also considerable differences between the interviewees living in an urban area and those living in the countryside. Both, interviews with experts and older women indicate that the societal taboo on violence and thus the shame and embarrassment of the victimised women appear to be more pronounced in rural areas than in urban ones, even though the interviewed experts stated that this difference is decreasing. Moreover a weakening of traditional gender-specific roles can be observed, and on an individual level economic independence of women gets much more frequent.

There is a lot of concordance in the views of experts and older women affected by IPV. The interviews both with victims and professionals indicate that marriages/partnerships are often violent relationships for many years; that violence often commences soon after having married; that older women experience all forms of violence and that older women tend to characterise only stronger forms of physical violence as such. But the analysis revealed different perspectives, too. With regard to the explanations of staying in a violent marriage older women stressed in particular their economic dependence whereas experts pointed also to many other factors like emotional dependency, fear of isolation, or a traditional worldview. Another example concerns the dynamics of relationships. The majority of experts questioned state that there is (again) a shift from physical to psychological violence and thus a decrease in physical violent acts when the perpetrator is getting old. The narrations of the interviewed victims do not support this view.

Working with older victims of IPV scarcely differs from working with younger ones, according to a majority of the interviewed experts. Nevertheless, organisations for protection against violence and other NGOs in particular see a stronger need for support among older women; evidence for such a need is also given by the stories of older women. Most of all, more time is needed for counselling as awareness raising is a more tedious process. Older women tend to give

¹² As a result of the recruiting process for our interviewees this study leaves open some questions. It does not provide insight into the situation of women who have not sought institutional support. We have no information on how older upper class women deal with IPV, nor data concerning women who do not belong to the dominant nationality/ethnic group in society, or those who live in lesbian relationships or women requiring nursing care.

up earlier and because of their limited opportunities it is not easy to develop alternative prospects with them. Therefore information should be conveyed only step by step, requiring smaller intermediate steps. The experts underlined that the consequences of separation are completely different for older women and for younger ones, who can quickly re-establish their own autonomy and build up new social ties. Main issues of support are usually securing the client's existence, finding a place to live for her and maybe counselling with regard to divorce.

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