

# Fempower

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by Iris Golden, WAVE, Austria

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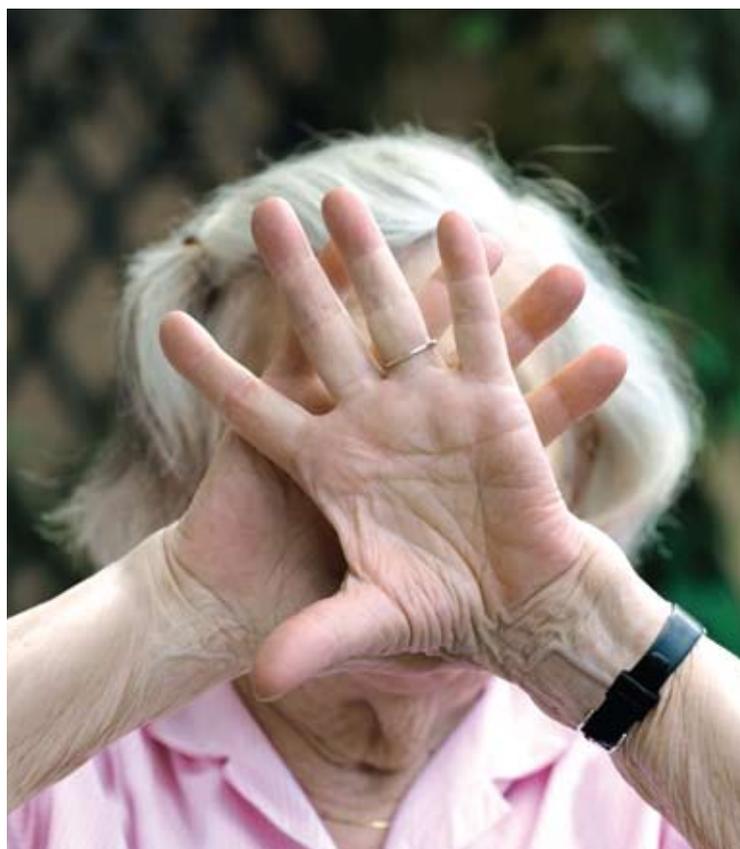
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The European Union has declared 2012 to be the “European Year for Active Ageing and Solidarity between the Generations.” The idea was to promote active ageing in the sense of growing old in good health and as a full member of society.<sup>1</sup>

One factor hindering this objective is a phenomenon in front of which society is still closing its eyes, namely, violence against elderly people in all its different forms (eg: neglect, psychological violence, various forms of discrimination, also in addition to physical and sexual violence) and in different contexts, be it in the family, in society or in care institutions. The topic is to a large extent still a taboo.

However, things are slowly changing: in the last decade, research in Europe has started to focus on the issue of violence against the elderly. For example, in Austria, the Federal Ministry of Labour, Social



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FÜR FRAUEN UND ÖFFENTLICHEN DIENST

## Editorial-Continuation

by Iris Golden, WAVE, Austria



Affairs and Consumer Protection (Bundesministerium für Arbeit, Soziales und Konsumentenschutz, BMASK), has published some information material on violence against elderly people, including a survey (in German) conducted by Dr. Josef Hörl on “Attacks, violence and aggression against older people. The experiences of experts in Austrian counseling and advisory centres.”<sup>2</sup> Another study on domestic violence against elderly people has been carried out in 2007 by the Research Institute of the Viennese Red Cross in the frame of the Daphne II Programme of the European Commission.<sup>3</sup>

While recognition of the phenomenon of violence against elderly people in general slowly enters the public conscience, this is still not the case for a specific group of elderly people, namely, elderly women, whose experience of violence is unique and who require specialized assistance. It is important to highlight the gender aspect when it comes to assessing violence against elderly people, as in general, women tend to perceive ageing in a different way than men. Their special vulnerability is not only caused by age-related factors such as frailty, deteriorating health and dependency on others, but also by the prevalence of patriarchal structures and traditional female role models, including economic dependency of women, which are still internalized by society, by the victims and the perpetrators. Thus, raising awareness of this risk factor is an important step to fight violence against elderly women. Increasing the visibility of violence against elderly women in societies must also be reflected in the legal obligations of States: According to the Committee on the Elimination of Discrimination against Women, States Parties to the CEDAW Convention “have an obligation to recognize and prohibit violence against older women, including those with disabilities, in legislation on domestic violence, sexual violence and violence in institutional settings. States parties should investigate, prosecute and punish all acts of violence against older women, including those committed as a result of traditional practices and beliefs.”<sup>4</sup>

The current issue of FEMPOWER presents some examples of studies and projects dealing with different aspects of the topic of violence against elderly women, mainly in the context of the family, but also in institutions: In the first two articles, Barbara Nägele and Bridget Penhale present the results from a Daphne III project on “Intimate Partner Violence against older Women”, conducted in six European countries (Germany, Poland, UK, Portugal, Austria and Hungary), and the emerging findings from the ongoing Daphne III Project, “Mind the Gap”. Helga Amesberger and Birgitt Haller then present some results from the Austrian Report for the Daphne III Project described in the first article. Another Austrian example of good practice, including though not explicitly highlighting the group of elderly women, is a series of regional interdisciplinary workshops commissioned by the Austrian

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Federal Ministry of Labour, Social Affairs and Consumer for professionals who are confronted with violence against elderly people, such as police and justice officials, representative of counseling institutions, care services, among others. In the fifth article, Angela Beausang and Emma Wilén from Roks, the national organization for women's shelters and young women's shelters in Sweden, present the findings and recommendations of a report published in November this year, by Roks in the context of their special focus on violence against elderly women in the year 2012. Finally, Elaine Mears presents some findings of the Rape Crisis Network Ireland on older women attending Rape Crisis Centres.

<sup>1</sup> See the information on the website of the European Union, <http://europa.eu/ey2012/ey2012main.jsp?catId=971>.

<sup>2</sup> Hörl Josef et.al., Übergriffe, Gewalt und Aggression gegen ältere Menschen – Erfahrungen von Expertinnen und Experten in österreichischen Beratungs- und Hilfeinrichtungen (commissioned by the Federal Ministry for Labour, Social Affairs and Consumer Protection), Vienna, 2009. For more information, see also the website of the Federal Ministry for Labour, Social Affairs and Consumer Protection: [http://www.bmask.gv.at/siteEN/Social\\_Affairs/Senior\\_Citizens/Violence\\_against\\_older\\_people/](http://www.bmask.gv.at/siteEN/Social_Affairs/Senior_Citizens/Violence_against_older_people/).

<sup>3</sup> Kuss Barbara and Schopf Anna, Breaking the Taboo – Empowering health and social service professionals to combat violence against older women within families.

<sup>4</sup> Committee on the Elimination of Discrimination against Women, General recommendation Nr. 27 on older women and protection of their human rights, CEDAW/C/2010/47/GC.1, 19. October 2010, para 37.

## RESULTS FROM THE DAPHNE III PROJECT “INTIMATE PARTNER VIOLENCE AGAINST OLDER WOMEN” (IPVOW)

by Barbara Nägele, Germany, and Bridget Penhale, UK

Domestic violence services generally do not have a special focus on elderly women. Elder abuse services with their focus on vulnerability and care issues are usually not sensitive to domestic violence occurring in later life and tend to ignore the gender-specific dimensions of violence in partnerships. This gap is reflected in both domestic violence and elder abuse research in Europe. Whilst it is understood that the principal setting in which elder abuse and neglect happen is the domestic setting (within the community), comparatively little is known about the abuse of older women by their partners or former partners. This is the area of interest for two projects funded by the European Commission within the frame of the Daphne programme concerning violence

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against women and children. The first project (IPVoW) aimed at developing a better understanding of the phenomenon and our knowledge about it; the second project "Mind the Gap!", which is still ongoing, aims to deepen the knowledge in relation to law enforcement interventions and concentrates on knowledge transfer to practitioners in social support services and the police.

## The project IPVoW

Supported by the European Commission within the Daphne III programme and coordinated by the German Police University (Deutsche Hochschule der Polizei), researchers from the Universities of Białystok (Poland) and Sheffield (UK), the research institutes Cesis - Centro de Estudos para a Intervenção Social (Portugal), Zoom – Gesellschaft für prospektive Entwicklungen e.V. (Germany), the Institut für Konfliktforschung (Austria) and the Hungarian Academy of Sciences simultaneously explored the topic of violence against women aged 60 and over at the hands of current and former intimate partners during 2009-2010.

Our fundamental aim was to obtain institutional and firsthand knowledge and to understand how professionals and victims themselves describe the phenomenon. National reports (available in the respective national languages and in English) detail the results of the surveys in all six participating countries. An English summary report of all results is also available. (see [www.ipvow.org](http://www.ipvow.org)).

The research programme comprised the following steps: Compilation and evaluation of data and statistics, review of existing research, survey amongst institutions, interviews with experts with knowledge of cases and with women with experiences of intimate partner violence in old age and development of recommendations for national and international contexts.

In most countries, we found an overall lack of data on IPV against older women. Data are usually not sufficiently disaggregated by gender, age, the relationship between victim and perpetrator, and type of offence. However, some (mostly regional) data from services show that the proportion of older women amongst all female clients is generally low, but higher in non-residential community-based services than in shelters and refuges. Overall, the extent of case knowledge amongst law enforcement agencies is low.

According to experts' and victims' reports, women and men involved in violent intimate relationships in later life come from all social and educational backgrounds. Violence is predominantly performed by cohabiting partners within the context of long-standing relationships. A traditional gender role distribution with high degrees of economic dependency of the women was often reported. All the interviewed women discussed some form of partner abuse within their relationship though many were reluctant to use terms such as 'domestic violence' or 'partner violence' and often appeared to minimise the severity and significance of the abuse they had been subjected to, some perceiving such behaviour as normal. Most of the women reported that they had already experienced violence at the beginning of their relationships and throughout the complete course of the marriage/relationship. Unequal power relations, gender specific roles and



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is working in the research institute Zoom e.V. in Göttingen, Germany. Since many years and based on her former work in battered women's shelter, she is interested in the topics age, gender and interpersonal violence. Together with Thomas Görge (German Police University) research was carried out on intimate partner violence and sexual violence in old age, violence in private caregiving relationships and in close personal relationships of older people.

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patriarchal societal structures were mentioned as causes of IPV against older women. Alcohol consumption/alcoholism, abuse of medication and jealousy were seen as specific triggers. In several cases violence started or worsened in later life and the following factors lead or contributed to a late onset or aggravation of violence: increasing dependency (care, household matters), matters relating to property and household income, mental health disorders such as dementia and substance abuse, retirement of partner (loss of self-esteem and increase in amount of time spent together) and disturbances in sexual function.

In most cases, unidirectional violence by the male partner against the older women was reported. These cases were marked by pronounced shame of the women, social isolation, psychological disorders, low self-esteem and reduced options for change. Health problems played a major role in cases of IPV against older women, these situations increased vulnerability, reduced coping opportunities and options for help seeking. In our study, from the institutional survey and other reports, it became apparent that often other people in the social proximity of the older women must also be considered as perpetrators, such as sons (in high numbers), neighbours, acquaintances, children of new partners, tenants; staff members of care services were also mentioned as perpetrators. For many older women victims of IPV, experiences of (male) violence appear to be a biographical constant. Many of them reported that they had experienced rigid upbringing by their parents and had experiences of violence in their childhood and as young adults. For this generation of women many had been brought up to accept traditional gender roles and were taught to perceive marriage as a life-time commitment. Although there were many reasons for them not to leave their violent partners, the wish to change their situations and live free from violence was still very strong and several women separated from their partners.

Our study shows that the intersection of age, gender and generation specific factors played a key role on a number of different



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levels; some specific problems were reported by women with migration backgrounds. Among the enduring effects of long-term abuse are severe health and psychological problems as well as low self-esteem and financial dependency in later life. This could make it more difficult for older women to end the relationship than for younger women who have been in their relationships for a comparatively shorter time. The historical and current societal contexts in the participating countries also shaped women's experiences of IPV. Examples of country specific differences were the differential importance of religion, of alcohol abuse, specific experiences of dictatorship and war, specific values, attitudes and gender roles, the current economic situation and country specific urban – rural gaps. For all countries it became clear that in most cases IPV against older women is deeply rooted in inequality and power issues in the relations between men and women. In addition, age related vulnerability, marginality and dependency worsened the situation for many women. Furthermore it also became apparent that IPV against older women may also be caused by a partner who suffers from mental health problems. It is therefore very important to differentiate cases.

For experts, working with older women victims of IPV often means facing bigger challenges than working with younger women in a similar situation. Older women victims of IPV, when they seek support, principally seek information about their rights and someone with whom they can build a trusting relationship and share their feelings. Older women appear to separate from their violent partners or press charges against them somewhat less often (exact figures for this are unknown) and they do not know about and make use of services as often as younger women. Specialist professionals/workers in this area reported that they regularly see a particular demand for support of older women, which, according to them, is not yet appropriately met. Nevertheless, older women do seek help – through contact with relatives, neighbours, organisations working in the field domestic violence, the police and other law enforcement agencies, doc-

tors and other health services and social services and social support agencies. If older women are exposed to violence by their partners, their greatest needs would appear to be in the areas of health, finance and housing-related. Housing stands as one of the main/major problems older women have to deal with and as one of the strongest limitations within the interventions that support agencies can engage in. Most institutions were critical about the lack of resources to provide appropriate support to older women as well as a lack of close cooperation with other organisations in some situations.



## MIND THE GAP!

### – IMPROVING INTERVENTION IN INTIMATE PARTNER VIOLENCE AGAINST OLDER WOMEN - EMERGING FINDINGS FROM AN ONGOING DAPHNE III PROJECT

by Barbara Nägele, Germany, and Bridget Penhale, UK

#### The project Mind the Gap!

The workstream commenced in the IPVoW-project has been continued in the frame of a new DAPHNE project (3/2011 – 2/2013), and again involves seven partner agencies. This project aims to transfer the knowledge gained in the previous IPVoW study into practice and to gain additional knowledge and understanding of the ways in which law enforcement agencies deal with cases of IPV against older women. The project aims to gain further insights into possible effective and adequate interventions and support by law enforcement agencies, to raise awareness within law enforcement and social support agencies about older women as victims of IPV, to encourage agencies to tackle the problem and to improve outreach to this subgroup of victims and to build the capacity of law enforcement and social support agencies so that they can respond to and intervene more successfully in such cases.

#### Analysis of police and/or public prosecutor's files

In order to gain a better understanding about what happens when police, public prosecution and courts intervene in situations of IPV against older women and to gain knowledge about possible good practice, an analysis of selected police, public prosecutor or court files involving cases of IPV against older women was carried out in all six participating countries. In some countries access could be gained to public prosecutor's files, others analysed police or court files. First discussions of emerging results showed that some issues connected to police/judicial intervention in cases of IPV against older women appeared to be relevant in all or most of the countries and some similarities between the cases were seen. Victim - perpetrator relationships were mostly long lasting, partners were usually cohabitating, or partly separated but living under one roof, but also a number of shorter term relationships were reported. In most countries there was a considerable proportion of younger perpetrators and a considerable

very high percentage of intoxicated perpetrators was described. In those countries where further proceedings could be tracked, a very high percentage of cases were dismissed – which mirrors findings for IPV cases in general. Older women victims often involved the police when they were in need of safety and with a wish to stop violence, but many were not interested in the criminal prosecution of their partner or ex-partner or were ambivalent in this respect.

Questions about how to ensure inter-agency co-operation are important in all cases of intimate partner violence, but perhaps become more crucial when victims and/or perpetrators are dependent, chronically ill or frail. The important role of the police in recognizing health-care and/or social needs and initiating procedures to gain a substantiated medical diagnosis and the necessary support was clear in such cases, as well as an apparent need for an agency to assume case-management functions for complex cases. UK structures with police officers who specialise in dealing with domestic violence and/or safeguarding vulnerable adults seem to ensure that dependency and frailty issues are tackled and thereby may be a model for other countries. Some countries appear to lack any protocols for interagency cooperation, in still others domestic violence is not seen as a crime at all. However, even in the UK it is still a challenge to bridge the gap between procedures, specialists and concepts of domestic violence and adult abuse including within police forces. Problems encountered in the participating countries are also related to insufficient or inadequate risk assessment procedures; this seems to be due in part to the fact that they do not fully consider aging issues.

Final results of the case file analysis will be available in the national languages and with summaries in English on the homepage of IPVoW ([www.ipvow.org](http://www.ipvow.org)) by February 2013; a summarizing report will also bring together national results from the six countries.

### **Capacity building of law enforcement: Development of a manual and trainings**

On the basis of findings from IPVoW, the file analysis and discussions with experts, a manual for capacity building of police and other law enforcement agencies working in the field of domestic violence is currently being developed in each country as well as a template for training. The guidance manuals and training module will contain information about characteristics of cases of intimate partner violence against older women, some of the typical problems in dealing with these cases, possible measures to improve handling of such cases and possible partners for cooperation, together with relevant information sources.

It is evident that national differences found across the partner countries require different approaches to solutions. Whilst in some countries the development of new curricular concepts and manuals is necessary, in others the modification of existing curricula and manuals is possible and yet others prefer to develop training and guidance (manuals) for both law enforcement agencies and social support agencies together. Some countries may undertake multi-agency training for the different organisations involved. Initial (pilot) training sessions are being held in partner countries. Examples of training materials and manuals developed across the countries will be available from the project website both in

national languages and in English in spring 2013.

### **Support for public relation of social support agencies for improving the outreach to older female victims of intimate partner violence**

Within the scope of the project, material for public relations (poster, postcards, flyers and information leaflets or brochures) for professionals, the general public and particularly for older female victims of intimate partner violence is under development and will be made available to agencies for use to raise awareness about IPVoW. Well-developed consultation processes were undertaken in each country, involving experts, practitioners and older women themselves, including some who had experienced IPV in later life. Following consultation and feedback, different needs were identified in the partner countries and therefore six different posters are being developed. On all posters a free space will enable support organisations to add their own specific contact details. Interested organisations may contact the participating organisations (see below) and will be provided with copies of the relevant material (either in an English version or one of the other languages used within the project: German, Hungarian, Polish or Portuguese).

### **Capacity building of social support agencies: Development of a manual**

Following the findings from IPVoW and the file analysis information across all countries, material is also under development for social support agencies which might have contact with women affected by IPV (e.g. for women's shelters, intervention centres, crisis intervention units, care services etc.). In Austria a specific brochure for older women themselves is being developed.

The manuals and brochures will also be available from the project website ([www.ipvow.org](http://www.ipvow.org)) both in national languages and in English by late February 2013.

**For more information on both projects see:**

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

**or contact project co-ordinator of Mind the Gap!**

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Ich will selbst  
über mich  
bestimmen!

Er darf mich  
nicht schlagen!

Er soll  
aufhören, mir  
zu drohen!

Ich will  
nicht beschimpft  
werden!

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

**Es ist nie zu spät**  
etwas zu verändern – es gibt Hilfe



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Improving intervention in intimate partner violence against older women”.

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## INTIMATE PARTNER VIOLENCE AGAINST OLDER WOMEN. FINDINGS FROM AUSTRIA

by Helga Amesberger and Birgitt Haller, Austria

This article resumes some results of research on intimate partner violence (IPV) against older women in Austria as part of a more comprehensive European research project.<sup>1</sup> The focus of the research project was on women experiencing or having experienced any form of partner violence<sup>2</sup> 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. Due to space limitations we will only present some of the findings from a range of (in total ten) interviews with victims of IPV whose aged varied between 62 and 88 years.<sup>3</sup>

While the unequal distribution of power in society is generally acknowledged as an important factor leading to violence against women, this aspect is often ignored when older women become victims of IPV. As older women are perceived as genderless, cases of violence against them are mostly analysed under the aspect of age-specific factors, like fragility. In the interviews it became evident that societal structures are placing women at a disadvantage. 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 – goes along with significantly lower wages for women and the lack of a pension or very low pensions, which again increases their economic dependence on husbands. Furthermore, traditional societal norms (the “perfect” family, a “decent” home for the children) as well as the role of women and children in a patriarchal society were effective in keeping women in their relationships.

Apart from that, the interviews clearly indicate that a majority of the women have a very narrow definition of violence. They considered verbal abuse and humiliation, but also less serious physical violence such as slaps in the face as a “normal” male behavioural pattern for a long time. Even serious physical violence was accepted under the cover of apparent normality (also by relatives and friends of the victim).

### Enduring violence

Literature states that “the prevalence and frequency of violence in intimate settings or violence in partnerships in an advanced age declines significantly”<sup>4</sup> (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 (two more implied that this had happened). All interviewees reported psychological violence (insults, verbal abuse, humiliation). The analysis of the interviews does not provide any indication of a decline of violence while the couple was ageing: with one exception all women found that the frequency of attacks had increased continuously over the course of the marriage. They also reported that there had not been a shift from physical to psychological violence over time. None of the women was able to identify a behavioural pattern preceding the act of violence – assaults happened out of the blue.

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 became even more restricted because of their husbands' round-the-clock presence at home; some of them mentioned the experience of extreme control.

The women developed a bundle of behavioural patterns for enduring violence and dealing with it. 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<sup>5</sup> 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. 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.

### 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 heard 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.<sup>6</sup> Only when the women took concrete steps to separate they received multiple support.

Assistance provided through organisations was significantly more helpful and solution-oriented. Most interviewees had gone to court because of divorce and other proceedings; some turned to the police and accepted help from women's or other psycho-social counselling centres. Most 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.

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. The assurance that they could go there at any time, the planning of protective measures and the fact of being accompanied to court provided a feeling of 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 offered psychological assistance.

When women went to see a physician, some of them had received psychotropic drugs to calm them, only very few physicians had made serious attempts at talking about the assaults, 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<sup>7</sup> 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.

### Perspectives

Even beyond the experiences with the police there were also other considerable differences between the women living in an urban area and those living in the countryside. The societal taboo on violence and thus the shame and embarrassment of the victimised women appear to be more pronounced in rural areas. But these differences are getting smaller, at the same time a weakening of traditional gender-specific roles can be observed, and on an individual level economic independence of women gets much more frequent. These are factors which make it easier for younger generations of women to leave violent partnerships.

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<sup>1</sup> See Barbara Nägele's and Bridget Penhale's contribution in this issue.

<sup>2</sup> For the purpose of the 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 partners).

<sup>3</sup> We also conducted a postal survey among institutions which might be confronted with IPV against older women (e.g. women's shelters, hotlines, law enforcement agencies, counselling services). In total 111 institutions took part in the survey. In addition 30 interviews with professionals who had case knowledge were conducted; the sample was drawn from the institutional survey.

<sup>4</sup> Görge, Thomas, Herbst, Sandra, Kotlenga, Sandra, Nägele, Barbara & Rabold, Susann *Kriminalitäts- und Gewalterfahrungen im Leben älterer Menschen. Zusammenfassung wesentlicher Ergebnisse einer Studie zu Gefährdungen älterer und pflegebedürftiger Menschen*, edited by the Bundesministerium für Familie, Senioren, Frauen und Jugend, Berlin (2009), 37.

<sup>5</sup> Jack, Dana C., *Silencing the self: Women and depression*, Cambridge, MA: Harvard University Press (1991).

<sup>6</sup> Adult children, who for the most part supported their mothers in the process of separation, often became ambivalent when they feared that they themselves might become responsible for their fathers' care.

<sup>7</sup> "Gewaltschutzgesetz" - Bundesgesetz zum Schutz vor Gewalt in der Familie, Federal Gazette. I 759/1996, in force since 1. Mai 1997).





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## **VIOLENCE AGAINST ELDERLY PEOPLE: IDENTIFICATION AND ADEQUATE RESPONSES**

by Maria Rösslhumer, Austria

With the aim of enhancing the identification of and encouraging an adequate and professional reaction to violence against elderly people, interdisciplinary workshops are commissioned by the Austrian Federal Ministry for Labour, Social Affairs and Consumer Protection, and have been held in all nine Austrian Federal States since the summer of 2011.<sup>1</sup> These workshops are organized and held by the „Working group for Regional Advisory Competence“ („Arbeitsgruppe Regionale Beratungskompetenz“), which comprises the Association „Autonomous Austrian Women's Shelters“, the Association „Pro Senectute“, and the office for Social Technology and Evaluation Research („Büro für Sozialtechnologie und Evaluationsforschung“).

### **Removal of taboos, transfer of knowledge, networking and sensitization**

The aims of these workshops are various: The central aim is to break the taboo around the issue of violence against elderly people and to make it more visible in society. It is also important to connect as many relevant institutions as possible on the regional level and to provide information on the background, forms, patterns and consequences of violence against elderly people, to enhance people's sensitivity about the topic and to support existing regional institutions dealing with the needs of the concerned people. Equally, another objective is to establish new counseling services and victims support services nationwide. Another long term objective of the working group is the establishment of interdisciplinary

networks in each of the nine Austrian federal states, through which representatives of counseling institutions, non residential care services, social services, police and justice officials would meet regularly and discuss topics, strategies and common support of survivors of violence. Whereas the Working Group dealt with concepts of violence and definitions and analyses of incidents of violence in its first year, the focus in 2012 lies on a thorough discussion of the issue on the basis of the relevant Austrian civil and criminal legislation, as well as legislation on protection against domestic violence<sup>2</sup> and on legislation on the protection of personal freedom of inhabitants of nursery homes and other care institutions<sup>3</sup>. Experts are analyzing the relevant laws using theoretical and practical approaches with a focus on their impact on violence against elderly people.

Violence in intimate partnerships, violence in the domestic and familial context, as well as in the institutional context, is being discussed in these workshops.

### **The taboo around violence against elderly people**

Whereas the topic of domestic violence against women has been publicized since the 1970s and 1980s by the women's (shelter)-movement and child protection institutions in Austria, violence against elderly people is still a social taboo. Also, the real dimensions of violence are barely known, as little research has been undertaken on this issue and the people concerned are often reluctant to seek help. Many of those affected even do not know whom to address.

Also, family members and staff members of non-residential nursing services have little knowledge of this topic, or keep silent when a suspicion of abuse and violence against elderly persons within the family arises. One main problem is that organizations often do not communicate to their nursing staff in a clear manner how to proceed in cases of suspected violence. There are almost no common rules within institutions as to how staff members should react to violence or suspicion of violence.

Many institutions in the nursing sector, as well as the Association „Pro Senectute“ have been working for many years to enhance the situation of elderly people affected by violence in nursing institutions and nursing relationships. Even if there is a tight network of counseling services and victim protection institutions for women affected by violence, the services are seldom used by elder women. There are many reasons for this: Women's shelters are open to all women, but elderly women in need of special care can often not be accepted for infrastructural or budgetary reasons.

### **Practical examples of violence against elderly people**

#### **An example of violence in an institution**

Ms. Angela K (88 years) has been living in a nursing home for three years. She is in a physically very weak condition and can move only with the help of a walking frame, however, she dresses and undresses independently and just needs some assistance with her personal hygiene every morning. She is very interested in all aspects of life and enjoys watching TV. Recently, the nurse on night duty undressed her at 7:30pm

and sent her to bed. Her harsh reply to Ms. K's protest, that it was still bright outside and that she did not want to sleep that early was: "As soon as you received your evening medication, you have to go to bed".

#### **An example of violence in the family**

Ms. Amalia (79 years) and Mr. Josef (82 years) Z. live together with their adult son in the same household. The other two siblings have distanced themselves from the family because of their father's drinking. When a protection order was pronounced against the son, a staff member of the intervention center contacted the family. There, she found a man who depends on the assistance of his wife for his personal hygiene, for dressing and for walking around and who says very determinedly that he does not want any help from outside the family and that in his family, everything is fine. The wife seemed very intimidated; she could not speak with the social worker undisturbed, as her husband was always present in the conversations. The social worker gave a mobile phone to the woman, so that she could at least have phone conversation without being under the supervision of her husband. After a certain period of time, the husband cut off the contact between his wife and the intervention centre worker, justifying himself by saying that that no further help was desired.

#### **An example of violence in the ambulant sector**

Ms. Elfriede R. (86 years) suffers from dementia and lives on her own in an attic flat. The house has no lift. A staff member of an ambulant assistance service takes care of her in the morning and leaves her alone after that. Ms. R. cannot understand why she has to remain alone in the closed flat. While the staff member of the service was walking down the stairs, she heard Ms. R's knocking on the door and her calls, however she did not react.

#### **Violence against elderly people has many faces:**

Violence against elderly people occurs in different social constellations and is very complex. Next to physical ill treatment, threatening, humiliation, neglect, offences, insults, denial of necessary bodily hygiene and inappropriate financial demands can also be forms of violence.

While speaking of violence against elderly people, we differentiate between various forms of violence:

##### **Direct violence by acting persons:**

- Psychological, emotional violence: insults, threats, expression of disdain, violation of the sense of shame
- Physical violence, ill treatment, neglect: Beating, burning, immobilization, overdose of medication, "economized" medication, unnecessary catheters, forcible feeding or underfeeding leading to death and homicide
- Sexual violence, sexual abuse
- Financial abuse: persuasion to give presents to someone, coercion to hand over the control over the finances, changes in the last will and testament...

- Restriction of free will: Coercion to live in a certain domicile, isolation from social contacts, locking, coercion to conform to a certain kind of behavior (eg. to wear particular clothes)

##### **Indirect-structural violence: she is "silent" and rooted in the system:**

Examples of indirect-structural violence within care institutions include insufficient capacities for rehabilitation, lack of staff, forced life in shared rooms, no private sphere, rigid day structure, no animals in the house, age-unfriendly infrastructure and transport planning (e.g. too few toilets in public space).

A special pattern of indirect-structural violence is cultural degradation and discrimination. This is sometimes defined as a hostile attitude towards elderly people (ageism), and also through pejorative terms in the media. : An example used in German is "Vergreisung, "Überalterung" ("excess of age")<sup>4</sup>.

#### **Conclusion**

The more awareness on violence against elderly people a society gathers, the greater is the chance to achieve positive structural changes and swift and professional assistance to concerned people.

<sup>1</sup> The German title of the workshop is "Gewalt an älteren Menschen erkennen und ihr fachgerecht begegnen".

<sup>2</sup> Austrian Federal Act on Protection Against Domestic Violence (Bundesgesetz zum Schutz vor Gewalt in der Familie) , Federal Gazette I 759/1996, in force since 1. May 1997 and amended in 1999, 2002 and 2004; Second Federal Act on Protection against Violence (zweites Gewaltschutzgesetz), Federal Gazette I. 40/2009, in force since 1. June 2009.

<sup>3</sup> See for instance the "Heimaufenthaltsgesetz", Federal Gazette I 11/2004, in force since 1. July 2005.

<sup>4</sup> Kuss Barbara, and Schopf Anna, Breaking the Taboo, A study on domestic violence against older people in care relations from the perspective of health and care services in Austria, Research Institute of the Viennese Red Cross December 2007.

## **RECOMMENDATIONS FOR IMPROVED SUPPORT AND PREVENTIVE WORK WHEN IT COMES TO VIOLENCE AGAINST ELDERLY WOMEN**

by Angela Beausang and Emma Wilén, Sweden

This year, Roks, the national Organization for Women's Shelters and Young Women's Shelters in Sweden has put a special focus on violence against elderly women. At the beginning of the year, we had two goals. First, to break the silence surrounding this issue, make it visible and start talking about violence against elderly women. And second, to examine our women's shelters experiences of violence against elderly women, and to provide them with information and tools to



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be better prepared to support elderly women exposed to men's violence.

In the beginning of November, we published our report "Violence against elderly women"<sup>1</sup>. It provided a summary of the existing research and knowledge of the issue, the women's shelters' experiences of meeting elderly women, and our suggestions for better support to elderly women exposed to violence, and for better preventative work.

The existing knowledge about violence against elderly women is limited. But we know that elderly women are exposed to the same types of violence as younger women; physical, psychological, sexual and economic. In addition, these women are also exposed to neglect, deletion or abuse, and other kinds of violence that are connected to their need for care. However, we know very little of how common violence against elderly women is, although there are no signs or proof that violence against women should be less common among elderly than it is in other parts of the population. Rather, two risk factors for exposure to violence—age and dependence on others—are directly connected to elderly women. In a Swedish prevalence study from 2001 that is often referred to (since it is the only one of its kind), by the Swedish Crime Victim Compensation and Support Authority<sup>2</sup>, 16 per cent of the participating women said that they had been exposed to violence after the age of 65.

In 2011, Roks' women's shelters met and supported 100 women over 65. That is around 1 per cent of the total number of women that came to Roks' women's shelters. Thus, elderly women are not common at the Swedish women's shelters. However, our members have met elderly women and have some experiences and ideas about the situation for elderly women that are exposed to violence.

According to our shelters, the most common form of violence against elderly women is psychological violence. It can be connected to the fact that a lot of elderly women have not undertaken paid work outside the home, and are economically dependent on their husbands. This can be a reason for men to control and verbally abuse women. This is of course also a form of economic violence.

Our women's shelters have met women who have been physically abused for decades, where a lot of people have seen their injuries but have not interfered. The health care



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sector, the hospitals and emergency rooms are the institutions that are most likely to have met these women, according to earlier studies.

To improve support for elderly women, and prevent future violence against elderly women, Roks has the following suggestions:

First, we need to break the silence! There is a need for political initiatives and devoted work from authorities and organizations.

Second, it is important to keep a gender sensitive approach when talking about violence against elderly people. There are differences in the expression of violence against men or women. Violence against elderly men is often connected to nursing, whereas violence against elderly women is occurring in their relationships. Different kinds of violence call for different kinds of actions.

Third, attitudes, taboos and tolerance of violence must change. Both the women themselves and the rest of us need to stop ignoring the violence or excusing it as something that has to do with age or disabilities. For this to happen, it is important to recognize that violence against elderly women is a part of men's violence against women that all women are exposed to.

Fourth, much more knowledge and research are needed in this field. We need research, we need statistics that show the exposure to violence for people in different ages, and we need examples of best practice to learn from.

Fifth, better preventative work is needed. That includes education for professionals that meet elderly women such as those working in nursing homes, the health care sector, social services and the judiciary. Education should cover violence against women, violence related to age, the connection between disabilities and violence, and the range of violence, its expressions and consequences, as well as risk factors.

Sixth, elderly women's support services in both the short and the long term must be improved. For example by intro-

ducing a national, easily accessed support service such as has been done in Norway. Also, sheltered housing must be available also for elderly women, and for this the women's shelters need to be granted resources to be able to accommodate them. Further, elderly women who have been exposed to violence, something we know has very serious consequences both physically and psychologically, should always be offered therapy and physical rehabilitation.

Last, both the framing and the implementation of the law need to be improved. Violent offenders against elderly women must be brought to justice more often.

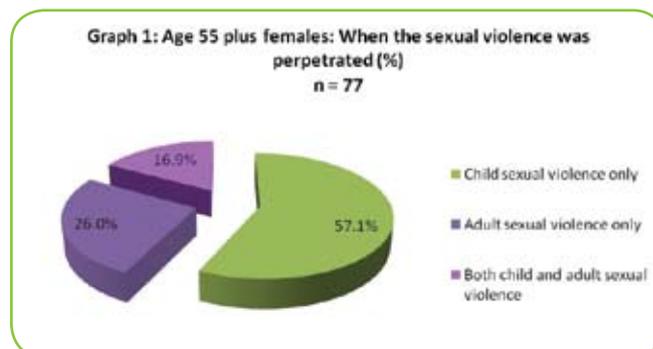
Within Roks, we continue to prepare our shelters to better accommodate and support elderly women. But we need action from authorities, organizations and individuals in all our society, to help break the silence, change attitudes and improve the preventative work and support to elderly women exposed to violence.

<sup>1</sup> A summary in English will soon be available at our website, [www.Roks.se](http://www.Roks.se).

<sup>2</sup> Eriksson, H. (2001) Ofriid? Våld mot äldre kvinnor och män – en omfattningsundersökning i Umeå kommun. Brottsoffermyndigheten (Non-peace? Violence against elderly women and men – a prevalence study in Umeå municipality). The Swedish Crime Victim Compensation and Support Authority.

piled into a fact sheet which accompanied a DVD resource for older women about sexual violence, and was created in conjunction with the Older Women's Network. The following data is taken from this project.

In 2010, 123 people attending 14 RCCs in Ireland were aged 55 or over. The majority of these were female (77%) and 23% were male. This article focuses on the female survivors of sexual violence aged 55 plus who attended RCCs in 2010.



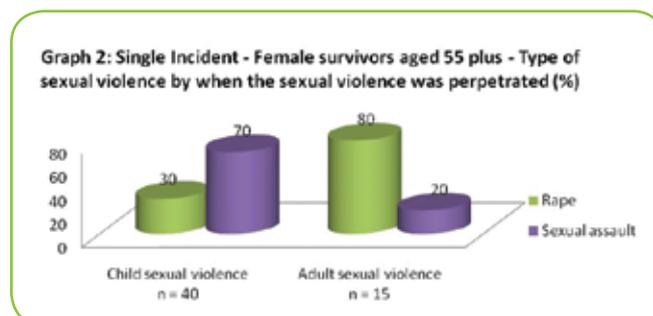
#### Age 55 plus women: When the sexual violence was perpetrated (%); n = 77

- The majority of women aged 55 plus contacted a RCC because they had been abused solely in their childhood (57.1%);
- Others made contact with the RCC because of abuse they were subjected to solely in their adulthood (26%);
- A minority came to the RCC because they were subjected to the sexual violence in both their childhood and adulthood (16.9%).

In the analysis we refer to incidents of sexual violence. An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by either the same perpetrator acting alone, or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. The RCNI database collects data on survivor's abuse details by incident, in line with internationally recognised standards and definitions.<sup>4</sup>

The majority of female survivors aged 55 and over were subjected to a single incident (SI) of sexual violence (72%). The following information focuses on these women.

#### Type of sexual violence



Of the women who were subjected to sexual violence in their childhood, 70% said that they had been sexually assaulted

## SEXUAL VIOLENCE AND OLDER WOMEN IN IRELAND

by Elaine Mears, Ireland

Older women contact and attend Rape Crisis Centres (RCCs) for a variety of reasons. Counselling helps women to realise the impact that sexual violence has had on their lives, to deal with their feelings and to rebuild their sense of trust. There are certain difficulties that an older woman may face when contacting Rape Crisis services; she may feel a sense of shame and secrecy about the abuse she suffered, or that the service is only for younger women, or that it happened too long ago to seek help now. She may find it very difficult to talk about or come to terms with what has happened, particularly if the abuse occurred within the context of marriage, as 'things were different in my day' and attitudes to sexual violence may be very different now to when she was growing up. Often, it is a change in her life circumstances such as a bereavement, her children leaving home, or the onset of menopause which has triggered memories of the abuse and prompted her to seek help and support. Counselling helps women to realise the impact that sexual violence has had on their lives, to deal with their feelings and to rebuild their sense of trust.

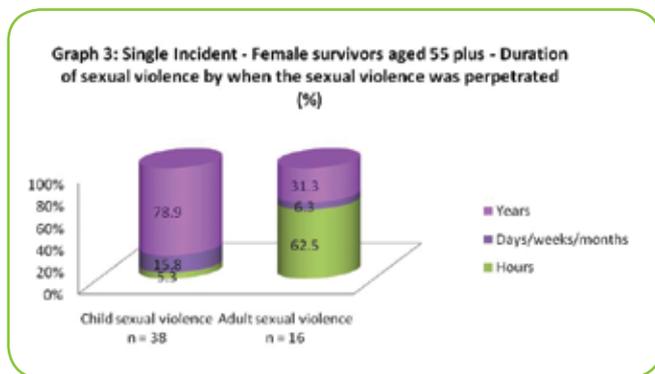
In 2011 Rape Crisis Network Ireland (RCNI)<sup>1</sup> carried out research (funded by Cosc: the national office for the prevention of domestic, sexual and gender based violence) on older women attending RCCs.<sup>2</sup> This research was conducted on data entered into the RCNI Database<sup>3</sup>. This data was com-

and 30% had been raped. This contrasts with those who were subjected to sexual violence in adulthood, of whom 20% said they had been sexually assaulted and 80% said they had been raped.

## Other violence

Research tells us that sexual violence is usually not perpetrated in isolation. It is often accompanied by other types of violence.<sup>5</sup> 78% of female survivors aged 55 plus who were subjected to a single incident of sexual violence were subjected to other forms of violence as well as the sexual violence. This included emotional/psychological abuse, such as threats to kill, stalking, and harassment/intimidation, and physical violence, such as attempts to kill and imprisonment.

## Duration of sexual violence



- The majority of survivors of sexual violence as children disclosed that the abuse was carried out over years (78.9%).
- This contrasts with survivors of sexual violence as adults where the majority disclosed that the violence lasted hours (62.5%).

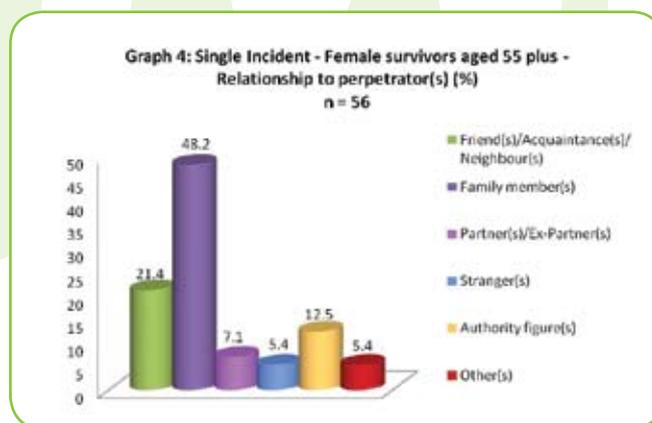
## Location of sexual violence

Over half of female survivors over the age of 55 who attended RCCs in 2011 were subjected to the sexual violence in their own homes (55%). A further quarter were subjected to the violence in the perpetrators home (25%).

## Perpetrator information

Increasing our understanding about perpetrators will support an evidence based response to the sexual violence in supporting survivors, holding perpetrators to account, and preventing this type of violence in the future. The RCNI Database allows examination of vital pieces of information on perpetrators, such as, how perpetrators acted, the nature of the survivor/perpetrator relationship, and the age of perpetrators.

The majority of female survivors aged 55 plus disclosed that the perpetrator was male (95%). Nine out of ten disclosed that they were abused by one perpetrator acting alone (91%).



The majority of female survivors aged 55 plus knew the person who abused them (89.2%).

- Almost half of female survivors aged 55 plus were abused by family member(s) (48.2%);
- Over two out of ten were subjected to the violence by friend(s), acquaintance(s), neighbour(s) (21.4%);
- Authority figures were named as the perpetrators by over one out of ten survivors aged 55 plus (12.5%);
- Less than one out of ten were subjected to the violence by partner(s)/ex-partner(s) (7.1%);
- Or stranger(s) (5.4%).

A stranger is defined as someone the survivor has never met before, in contrast with an acquaintance who is someone that the survivor may have known to say hello to, or have chatted to in a nightclub, etc. The category of friend(s)/acquaintance(s)/neighbor(s) used in this report offers a wider catch-all which allows for any subjective differences that may arise in defining these types of relationships.

## Counselling older women

Counselling can help survivors to fully understand the dynamics of sexual violence, to place responsibility for her abuse firmly at the hands of the abuser and to regain a sense of self. It gives survivors a safe place to find her voice and build up her self-esteem. It is never too late to look for help and support - you do not need to suffer in silence. RCCs offer the same service to older women that they offer to all women; a safe, free, and confidential space in which to get information on any aspect of sexual violence or to talk about anything that may have happened to them. We recognise the added challenge for an older woman to use our service as they may feel that what happened to them was so long ago. They may not recognise the impact that past sexual violence has had on their lives, on their relationships and their sexuality. Keeping the sexual violence hidden for such a long period of time can also have detrimental effects on a person's life. Female vulnerability to sexual violence does not decrease to same degree for women as they age, as it does for men. It is never too late to begin the journey of healing from sexual violence.



For more information on this project see:

<http://www.rcni.ie/older-people.aspx>

<sup>1</sup> Rape Crisis Network Ireland (RCNI) is a specialist information and resource centre on rape and all forms of sexual violence with a proven capacity in strategic leadership. The RCNI role includes the development and coordination of national projects such as expert data collection, strategic services development, supporting RCCs to reach best practice standards, using our expertise to influence national policy and social change, and supporting and facilitating multiagency partnerships. We are the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual violence in Ireland.

<sup>2</sup> Rape Crisis Network Ireland (2011) Sexual Violence and Older Women in Ireland, RCNI. Available at:

<http://www.rcni.ie/uploads/OlderWomenAndSexualViolenceFactSheet.pdf>.

<sup>3</sup> The RCNI Database is a highly secure online database which allows authorised sexual violence services personnel to log in and record specific information on service user. This data collection system, which has been specifically designed to collect data in frontline services dedicated to working with victims of sexual violence, equips RCNI to deliver comparable national data and simultaneously equips sexual violence services to, at any time, extract data regarding use of their own local service.

<sup>4</sup> Basile, K.C., Saltzman, L.E., (2009) Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements, Centers for Disease Control and Prevention & National Center for Injury Prevention and Control Atlanta. Available at: [http://www.cdc.gov/violenceprevention/pdf/SV\\_Surveillance\\_Definitions-2009-a.pdf](http://www.cdc.gov/violenceprevention/pdf/SV_Surveillance_Definitions-2009-a.pdf).

<sup>5</sup> McGee, H., Garavan, R., de Barra, M., Byrne, J., Conroy, R. (2002) The SAVI Report: Sexual Abuse and Violence in Ireland, The Liffey Press in association with Dublin Rape Crisis Centre.

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Fempower



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