



# Older Women as the Invisible Victims of Intimate Partner Violence: Findings from Two European Research Projects

# 10

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## 10.1 Introduction

Intimate partner violence (IPV) against older women is a frequently misunderstood and overlooked issue within society, by the general public, older people themselves and professionals from health and human sciences. This often results in inappropriate and unhelpful criminal justice and social care responses. The issue appears to get lost between the topics of intimate partner violence, domestic violence and elder abuse—both in research and in the provision of services [1]. In the past, and to an extent in some places even now, domestic violence services and research have not had a particular focus on the needs of older women or age-related issues, or indeed those of women with disabilities (physical, mental or combined and relating to more complex conditions) [2]. In a number of countries, including the UK, this situation has been changing in recent years, and specific programmes for older survivors are increasingly being offered by domestic violence services, particularly through the provision of outreach programmes rather than a reliance on refuge or shelter provision, which many older women are unlikely to access or, indeed, wish to access. However, it has been apparent that in general, elder abuse and adult safeguarding services within an adult social care or social services context have a predominant focus on vulnerability and issues relating to care and/or welfare, so are usually not sensitive to domestic violence occurring in later life. Also, they tend to ignore the gender-specific dimensions of violence occurring within partnerships or former relationships. An age-specific and gender-specific approach to this type of family violence appears for the most to be part mutually exclusive [3]. To this extent, the experiences and needs of older women have consistently rendered them to a status of invisible victims, a situation that is much in need of redress.

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This gap in relation to service provision has also been reflected in both domestic violence and elder abuse research in Europe. From an initial consideration of older female victims of IPV, a rather blurred picture of a relatively rarely reported phenomenon is apparent. For most European countries, national victimisation and crime surveys do not provide information on prevalence rates for this specific target group and phenomenon, with a focus on younger adult women when considering domestic violence and abuse. Of the few victimisation surveys that include older women (that is, older than reproductive age), these clearly show that IPV is a problem for older women far less frequently than for younger women (for Europe, see e.g. [4, 5]; for the US, see e.g. [6, 7]). Prevalence studies undertaken on the abuse of older men and women by family and household members arrive at similar conclusions [8–10]. The UK prevalence study of elder abuse and neglect, which included establishing the incidence of elder abuse over the past year, found that approximately 3.8% of older women reported experiencing some form of mistreatment within the previous year; in approximately half of these cases, the abuse was inflicted by a spouse or partner and would therefore be considered to be intimate partner violence [11].

Service providers relating to domestic violence often report very small numbers of older victims using their services. In contrast, however, some professionals report severe cases of IPV against older women and emphasise that IPV does not stop at age 60. Professionals also report that barriers to help-seeking and reporting violence appear to be particularly high for older victims and therefore the majority of cases remain undetected.

Research projects specifically addressing the issue of IPV against older women [12–19] and reports related to service provision for older victims [20–22] have mainly been undertaken in the USA, Canada and Australia, with some important contributions also coming from Israel [23, 24]. Within EU countries, initial actions to describe the phenomenon and to identify both service and research gaps appeared quite early within the Daphne programme (see below for further details). The Daphne funded research project ‘Recognition, prevention and treatment of abuse of older women’ provided some initial insights, although sampling methods and size and the standardised approach limited exploration of this in depth [25]. This project together with a subsequent Daphne project ‘Violence against older women’ noted a striking absence of data on the issue of IPV experienced by older women, as well as a lack of services for them [26]. Two further Daphne projects ‘Breaking the taboo’ [27] and ‘Care for Carers’ [28] focused on violence against older women occurring within care-giving relationships and therefore had a predominant focus on the relevance of care-giving to the development of violence. Apart from this, only a few studies have been undertaken in the UK—these have mostly been small-scale and based on either a small number of interviews with victims [29–32] or on expert knowledge [33, 34].

Although in general terms (and in comparison with other types of family violence) there has been a lack of research on domestic violence in later life, over the past two decades it has become increasingly acknowledged that: ‘no one, young or

old, is immune to interpersonal violence' [35, p. 297]. Indeed, consideration of the relevant research that has taken place has established that many older women have been subjected to partner violence throughout their lives and still experience the impacts of this abuse in their old age [16]. Around 500,000 older people are believed to be abused at any one time in the UK [36], with most victims of elder abuse being older women with a chronic illness or disability, according to statistics provided by the government information service [37]. Most of the abuse that is recorded is in the domestic setting, within communities.

When women become 'older', their gender seems to be forgotten or becomes hidden. This means that older women's experiences of gender-based violence are often not recognised or responded to appropriately by such services. The Counting Dead Women project shows that of those women killed, most of the women aged over 60 were killed by a male family member, either a spouse or a son/grandson [38]. Older women experiencing domestic and sexual violence may be afraid and ashamed to seek help or may not know how to access support and are less likely to report crimes or to leave the perpetrator. And due to their relative invisibility, older women are likely to face particular obstacles to disclosure and help-seeking, which have not been adequately acknowledged and are not sufficiently understood or provided for.

Against the backdrop of the global ageing population, it is fundamental that the particular experiences, needs and rights of older women are adequately understood and that health care professionals respond appropriately. Whilst it is understood that the principal setting in which elder abuse and neglect happen is the domestic setting (within the community), and despite some work being undertaken, particularly in a North American context, it is still the case that comparatively little is known about the abuse of older women by their partners or former partners. Gaps in the research include understanding their behaviour in relation to help-seeking by older women or interventions that might assist recovery from abuse and moving forward following such experiences. This is the specific area of interest for this chapter, particularly in relation to two separate, but linked projects that were undertaken, funded by the European Commission within the frame of the EU Justice Department's Daphne programme. This was a specific funding mechanism developed to explore, violence against women and children. Its focus was on action based and innovative projects rather than being oriented towards research. The two specific projects that are the subject of this chapter aimed in the first case to obtain a better understanding of the specific challenges faced by older women, particularly in relation to help-seeking and in the second, follow-up project, to look at improving interventions with the development of training and guidance.

The first project, Intimate Partner Violence against Older Women (IPVoW), was developed to obtain a better understanding of the phenomenon and our knowledge about it. The second project, Mind the Gap!, was a follow-on initiative and innovative project, which aimed to increase knowledge about law enforcement interventions, and also had a focus on knowledge transfer for practitioners in social support services and the police and criminal justice agencies. It also aimed to develop,

awareness-raising material for more general use. For more information on both projects and to access reports and project materials, see: <http://www.ipvow.org>. If more UK-specific information is required, please contact the chapter author.

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## 10.2 The Intimate Partner Violence Against Older Women (IPVoW) Project

As stated, this project was supported and funded by the European Commission within the Daphne III programme. It was coordinated by the German Police University (Deutsche Hochschule der Polizei) and consisted of research teams from six European countries (Austria, Germany, Hungary, Poland, Portugal and the UK), which simultaneously explored the topic of violence against women aged more than 60<sup>1</sup> and at the hands of current and former intimate partners.

The fundamental aim of the project was to obtain first-hand knowledge from institutional and organisational perspectives and to understand how professionals and victims themselves described the phenomenon and associated help-seeking behaviours of older women affected by such violence and abuse. National reports (available in the respective national languages and in English) were developed to detail the results of the surveys in all six participating countries. An English summary report of the overall results of the study (and international comparison between the countries) was also produced. The research programme consisted of the phases as shown in Box 10.1.

### Box 10.1 Overview of the IPVoW Project

- Compilation and evaluation of data and statistics in each country, together with a review of existing research.
- A survey at national level undertaken with the different agencies and institutions that might be involved in this type of work.
- Interviews with professionals who had knowledge about cases (30–35 per country).
- Interviews with women with experiences of intimate partner violence in old age (approx. 10 per country<sup>2</sup>).
- Development of recommendations for national and international contexts, discussed and developed at an international seminar.

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<sup>1</sup>The age of 60 years was agreed as the chronological cut-off point for both projects, as demographic and retirement age variables were not consistent across participating countries, so a decision was taken to work to the youngest denominator in use.

<sup>2</sup>The original aim was to have 10 interviews per country. Due to constraints and circumstances beyond the control of the research team this was not possible to achieve in two countries (which achieved 7 and 9 interviews respectively).

## **10.3 Key Findings of the IPVoW Project**

### **10.3.1 Data About Intimate Partner Violence Against Older Women**

In most of the six countries, we found an overall lack of data on IPV against older women, particularly at the national level. Data are usually not sufficiently disaggregated by gender, age, the relationship between victim and perpetrator and/or the type of offence. However, some (mostly regional) data from services showed that the proportion of older women amongst all female clients reporting domestic violence to services was generally low, but higher in non-residential community-based services than in those providing shelters and refuges. In the UK, in the results from the British Crime Survey module on reported experiences of domestic violence, there was a lack of data concerning women older than 59 years as the module of questions was not available to women older than this cohort.<sup>3</sup> Overall, the extent of case knowledge amongst law enforcement agency participants who took part in the survey or in interviews was low.

### **10.3.2 Perceptions of Intimate Partner Violence and Older Women**

From the interviews that were held in all partner countries, according to both professionals' and victims' reports, women and men involved in violent intimate relationships in later life come from all social and educational backgrounds. Violence was viewed as predominantly perpetrated by cohabiting partners within the context of long-standing relationships. A traditional gender role distribution – with high degrees of economic dependency of the older women and a substantial number of whom had not worked outside of the home – was often reported. All of the women who were interviewed across the different participating countries ( $n = 56$ ) discussed some form of partner abuse within their relationship, some indicating that they had experienced multiple forms of abuse; the majority of women had experienced several types of abuse at the same time (for example physical and psychological/emotional forms of abuse). However, many of the women participants were reluctant to use terms such as 'domestic violence' or 'partner violence' and did not consider these terms, or the concept of violence to refer to their situations. In addition, many of the women appeared to minimise the severity and significance of the abuse they had been subjected to, with some women apparently perceiving such behaviour as normal, particularly within the context of their relationship(s). Most of the women reported that they had experienced violence from the beginning or early stages of

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<sup>3</sup>This situation remained the case until the age limit for participation in the module was raised to 79 years in 2018.

their relationships and throughout the complete course of the marriage/relationship. Unequal power relations, gender-specific roles and patriarchal societal structures were mentioned by professionals and the older women as causes of IPV against older women (the terms used by the women may not have been exactly these, but broadly referred to such issues). Alcohol consumption/alcoholism, abuse of medication and jealousy were seen as specific triggers for violence that occurred.

In several cases, the violence began or worsened in later life, with a number of factors leading or contributing to a late onset or aggravation of violence. Such factors included: increasing dependency (relating to care, household matters); issues relating to property and household income; mental health disorders such as dementia or relating to substance misuse; retirement of partner (loss of self-esteem and increase in amount of time spent together) and changes in sexual function. Unfulfilled or thwarted expectations, or with additional (perhaps too much) time spent together in retirement, also contributed to the onset or increased levels of violence in a number of relationships.

### **10.3.3 Older Women's Experiences of IPV**

In most of the cases that were described to the researchers, unidirectional violence by the male partner against the woman was reported. These cases were marked by pronounced shame by the women, increased levels of social isolation, psychological disorders, low self-esteem and a perception of reduced options for change. Health problems appeared to play a major role in cases of IPV against older women; these situations increased vulnerability, particularly to the effects of violence, reduced coping opportunities and reduced options for seeking help. Although such health problems related to the women, health problems on the part of husbands/partners were also reported to play a part (for example a partner with a cognitive problem such as dementia becoming violent during the course of the illness).

In our study, from the institutional survey and other reports, it became apparent that often other people in either social proximity or the social network of the older women could also be considered as perpetrators. This included sons (in relatively high numbers, the next most frequent to husbands/partners), neighbours, acquaintances, children of new partners, tenants and staff members of care services. For many older women victims of IPV, experiences of (male) violence appeared to be a biographical constant seemingly across their lives. For some women this included the possibility of the extent of the violence increasing in later life, perhaps because of the women's reduced capacity to deal with the abuse and also because the consequences of such violence were experienced more severely.

Many of the women reported that they had experienced rigid upbringings by their parents and had experiences of violence in their childhood and as young adults. For this generation of women, particularly from the cohort of older than 75 years, many had been brought up to accept traditional gender roles and were taught to perceive marriage as a life-long commitment and one which meant acceptance of the partner as dominant, and which did not allow for divorce or separation.

### 10.3.4 Leaving or Staying in the Violent Relationship

Although there were many reported reasons for the women not to leave their violent partners, the wish to change their situations and live free from violence was still very strong. Indeed, a number of women who were interviewed had separated from their partners, despite experiencing difficulties in doing so. For example, within the UK sample of 10 women who were interviewed, 8 had successfully left their partners. Identified advantages of leaving included being able to live without fear (of ongoing or future violence), having improved relationships with their children and other family members and the possibility of improved 'peace of mind'. Difficulties that were experienced either during or after leaving the violent relationship included increases in levels of violence that happened, or changes in the type of violence encountered, with former partners finding other ways to exert control over the women; financial consequences of leaving, or loss of the family home (for those women who moved out on separating from their partners), and raised levels of loneliness for those who had also moved to a different area. For the two women who were still in their relationships at the time of interview, relevant factors influencing the decision to stay with the partner included being able to stay in the family home, small but significant changes that happened in the situations (so that they felt safer) and acknowledging a need for financial security (which would not have been the case had they separated from the partner). This was counter-balanced, however, by the reported continuation of unhappy relationships in overall terms for both women.

### 10.3.5 Intersectional and Contextual Factors

Our study showed that the intersection of age-, gender- and generation-specific factors played a key role on a number of different levels; additionally, some specific problems were reported by women with migration backgrounds, who were ageing in adopted countries rather than native contexts. Although there were not many immigrant women in the study overall, the problems experienced by this subsample, particularly in relation to help-seeking, appeared to be substantial. Amongst the reported continuing and even persistent effects of long-term abuse were severe physical health and psychological problems, including exacerbation of illnesses unrelated to the violence, as well as low self-esteem and increased 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 and who probably have the ability to attain financial independence and rebuild their lives and self-esteem, albeit over a period of time. For older women who experience IPV, however, time is not generally on their side.

The historical and current societal contexts in the different participating countries also shaped women's experiences of IPV. Examples of country-specific differences were the differential importance of religion, of alcohol abuse, particular experiences of dictatorship and war, specific country/cultural values, attitudes and



gender roles, the current economic situation and country-specific urban–rural gaps. For all the partner countries, it became clear that in most cases IPV against older women is deeply rooted in inequality, power and intersectional issues in the relations between men and women. In addition, age-related vulnerability to increased risk of harm, marginality and in some cases dependency served to worsen the situation for many older women. Furthermore, it was also apparent from the interviews that IPV against older women could also be caused by a partner/former partner who had mental health problems, either of a long-standing nature or that the man had developed in later life. It is therefore very important to differentiate between individual cases and situations and to explore the precipitating factors in the circumstances presented within cases as these will likely be quite different between individuals undergoing what might appear, externally, to be quite similar situations and even experiences.

### 10.3.6 Help-Seeking and Provision of Support

For the professionals who took part in interviews, working with older women victims of IPV often meant facing bigger challenges than working with younger women in apparently quite similar situations. From the IPVoW study, and specifically from the interviews held with older women across the different partner countries, when older women victims of IPV seek support, there were a number of relevant key factors. These included finding out information about their rights and finding someone with whom they could build a trusting relationship and share their feelings and experiences and explore possible options for change. Older women appear to separate from their violent partners or press charges against them somewhat less often (exact figures for this are unknown, but a brief comparison of relevant reporting rates across the police and public prosecution services in the different partner countries within the subsequent *Mind the Gap!* study suggested such a trend). This can be for a variety of different reasons but includes at times a lack of available and suitable alternative accommodation—for example our partners in Hungary noted this impediment to separation for older survivors. Additionally, older women do not know about or make use of services as often as younger women who experience these types of violence [39, 40]. In one of the interviews held in the UK, the woman said that she had been persuaded to make contact with the local Women’s Aid group (in the area in which she was living at that time) after her daughter had been in touch to receive assistance for herself and had then told her mother that she thought that such contact could also be of assistance to her; this daughter had instigated contact with Women’s Aid and accompanied her mother to her first meeting.

In the IPVoW study, specialist professionals/workers in this area reported that they quite often saw a particular demand for support of older women, which, according to their accounts, was not sufficiently well met at that time. Some respondents suggested that this could be due to resource issues within their agencies, one example of this being unable to undertake long-term work with any of the women in



contact with the agency but acknowledging that older women might be more likely to be in need of longer periods of support and assistance. The study provided evidence, however, that older women do seek help through a variety of different ways. This could be through (initial) contact with relatives, neighbours, organisations working in the field of domestic violence, the police and other law enforcement agencies and from doctors and other health services and social services and social support agencies<sup>4</sup> (for example Non-Governmental Organisation (NGO) or third-sector organisations working either with older people in a more general sense or with domestic violence).

One of the key findings from the series of interviews held with professionals as well as with the older women was that partner violence does not appear to decrease or stop as women become older and enter 'later life'. However, it is of note that in some cases, the type(s) of violence that women were subjected to did change in later life. Situations were described in which perpetrators who were no longer capable of physical violence (for example due to the development of health problems or physical frailty) chose to use alternative methods of abuse—for instance through increased forms of psychological and emotional abuse. In the UK context, women felt that it was fear that had often caused them the greatest difficulties when it came to leaving their violent relationship, considering leaving the situation or accessing help for the violence that they had experienced. This comprised fear of other people's reactions, fear that the violence would get worse if they tried to leave or sought help and/or fear that they would not be able to support themselves financially if they left the situation. These were all significant barriers to leaving and even to seeking help in more general terms. The findings indicated that a proportion of older women could be at an increased level of situational vulnerability because of the dependence on their partners for financial security and/or their healthcare needs—and that in some circumstances a double dependency might occur, which could further heighten risk for individuals. Both the professionals and the older women who were interviewed reported that there was limited information available to older female victims of IPV relating to available help and support for older women who have experienced (or are experiencing) IPV.

If older women are exposed to violence by their partners, amongst the greatest needs reported in the study by older women and professionals working on this issue were in the areas of health, finance and housing-related issues. Housing was indicated as one of the main problems older women have to deal with, and as one of the strongest limitations within the interventions that support agencies could be successfully involved in. From the survey findings, most of the respondents from the different institutions were critical about the lack of resources to provide appropriate support to older women, including adequate accommodation and, additionally, the lack of close cooperation with other organisations that was apparent in a number of situations. A central theme derived from the interviews with both professionals and the older women themselves highlighted a clear need for more awareness across several

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<sup>4</sup>As formal, state provided social services were not available across all the countries in the study, the term social support agencies was adopted to denote both state and NGO or third sector organisation involvement in this field.

contexts—amongst the general public, but also amongst older women—about 1) IPV and other forms of elder abuse and 2) what organisations can provide assistance and support to affected older women.

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## **10.4 The Mind the Gap! Project**

The work that had commenced in the IPVoW project was continued in the context of a second Daphne project and again involved seven different partner agencies from six EU countries; these were the same as those previously involved in the IPVoW study, providing useful continuity within this strand of work. This follow-up project aimed to transfer the knowledge gained in the previous IPVoW study into practice, specifically within the settings of law enforcement and social support agencies and, particularly, to gain additional knowledge and understanding of the ways in which law enforcement agencies deal with cases of IPV against older women. The project aimed to obtain further insight into possible effective and adequate interventions, and support by law enforcement and social support agencies, to raise awareness about older women as victims of IPV. The underpinning aim of which was, to encourage agencies to tackle the problem and to improve outreach to this subgroup of victims by raising awareness about this issue. There was also an additional objective to strengthen the capacity of law enforcement and social support agencies so that they could respond to and intervene more successfully in such cases, through participatory and co-production activities with professionals and organisations in this field of work. One of the awareness raising activities that was especially undertaken with social support agencies was the development of awareness-raising promotional materials for older women; more detail and information on this will be provided in a later section.

### **10.4.1 Analysis of Police and/or Public Prosecutor 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 and using an agreed analytical framework. In some countries, access could be gained to public prosecutors' files, in other countries, we analysed police or court files. In the UK, analysis of 150 police case files across seven different police forces in England and Wales was undertaken; the same number of cases was also accessed and subject to analysis in Germany. In smaller countries, or those where law enforcement responses to domestic violence/IPV were less well developed, 75 such cases were analysed. Preliminary discussions of the results from all the partner countries determined that some of the issues connected with police/judicial intervention in cases of IPV against older women appeared to be relevant in all or most of the countries, and some clear similarities between the types

of cases were seen. Similarities between cases included the following factors: in the majority of cases, victim–perpetrator relationships were generally long-lasting and of many years duration, partners were usually cohabitating (or partly separated but living under one roof), but also a number of short-term relationships were reported, although these tended to be of more than five years duration [41].

In many countries there was, however, a sizeable proportion of younger perpetrators, with perpetrators being middle-aged rather than older, as seen in the following Table 10.1, containing the mean ages of the perpetrators. Within the comparative analysis, the mean ages of suspects and victims were relatively close together; however, the age range was broader for perpetrators. In the total sample, 12.5% of victims were more than 9 years older than the suspected abuser. In Poland, this ratio was the lowest (2.9%) and in Hungary the ratio was much higher (21%). The age gap between those intimate partners who were not living together at the time of the reported incident and ex-intimate partners appeared particularly large (at more than 50%).

To provide some further comparison, in the UK, it was found that in the analysed cases, just over three-quarters (76%) of the victims were aged between 60 and 69 years old (with over half the sample, 56%, between 60 and 64). A further 18% of reported victims were between 70 and 79 years. However, just under half (49%) of the sample of perpetrators were between 60 and 64 years, whereas 16% were aged between 50 and 59 years and a further 7% were in the 41–49 range. Almost three-quarters of the sample (72%), therefore, were aged between 41 and 64 years. Additionally, a considerable percentage of perpetrators were reported as intoxicated at the time of the violent incident (or incidents), as seen in the following Table 10.2, which compares levels of intoxication (at the time of the incident) for perpetrators and victims.

In the field of domestic violence generally, it is often reported that intoxication increases the risk of violent behaviour happening. Within our samples of case files, partner countries differed significantly from each other concerning this aspect. In Poland, almost every perpetrator was reported as intoxicated during the incident, but none of the victims were recorded as intoxicated through alcohol or drug use at

**Table 10.1** Mean ages of perpetrators, by country

	Austria	Germany	Hungary	Poland	Portugal	UK	Total
Mean age	67.9	68.1	65.5	63.8	67.7	65.4	66.3
Min–max age	46–90	40–90	28–90	52–82	47–86	41–90	28–90

**Table 10.2** Reported rates of intoxication (alcohol and/or drug use) at the time of the incident

	Austria	Germany	Hungary	Poland	Portugal	UK	Total (Mean)
Perpetrator intoxicated	42.7	31.5	31.7	95.7	23.7	44.7	43.8
Victim intoxicated	7.3	8.7	11	0	0	22.7	10.3

that time. In the UK, there was a relatively high percentage of rates of intoxication amongst both perpetrators and victims. The lowest level of recorded IPV incidents by intoxicated persons occurred in Portugal. Within the samples, information was only coded if it was clearly recorded in the case file. If information about drug or alcohol use was vague, incomplete or contradictory, this was coded as unclear. In the case files from both the Hungarian and German samples, most of the information was unclear. However, files from Poland, UK and Portugal contained the most detailed information about the intoxication of victim; whereas the Polish and UK files were the most detailed concerning perpetrators. Across the sample, quite different drug/alcohol consumption patterns relating to IPV against older women were apparent. Additionally, it is of note that many perpetrators committed acts of IPV without the use of any kind of drugs or alcohol, as with other types of domestic, or familial violence.

Of the risk factors that were identified for perpetrators across a number of domains, the following Table 10.3 provides a comparison between the partner countries.

As seen in Table 10.3, despite some variation between countries, overall the main risk factor for perpetrators concerning intimate partner violence was substance use. All the perpetrators in the Polish sample of cases had reported problems with substance use and another 50% had some kind of health problem (physical, or mental health related, or both). As seen in Table 10.4, below, in relation to the victims, the main risk factors appeared to be health problems and being in a caring situation (either providing care for the perpetrator or being cared for due to their own health problem(s)).

In those countries where further proceedings could be tracked, a very high percentage of cases did not proceed—which mirrors findings for IPV cases in general. Whilst across the total sample (all countries) the police initially instigated criminal proceedings in almost three-quarters (73%) of the situations, full prosecution did not always proceed, for a variety of reasons and in only 13% of cases ( $n = 91$ ) was the prosecution successful and resulted in conviction of the perpetrator. It appears

**Table 10.3** Comparison of perpetrator risk factors, by country, across several domains

	Austria	Germany	Hungary	Poland	Portugal	UK
Caring situation	12.2	17.1	0	4.3	15.8	32
Health problem	22	37.1	15.9	50	21.2	19.3
Substance abuse	34.1	14.9	15.9	100	46.1	12.7
Economic dependency	1.2	0	8.5	10	6.6	3.3

**Table 10.4** Comparison of victim risk factors, by country, across several domains

	Austria	Germany	Hungary	Poland	Portugal	UK
Caring situation	13.5	16	0	4.3	13.2	31.4
Health problem	23.2	21.3	18.3	48.5	18.4	31.3
Substance abuse	0	2.1	7.3	1.4	0	5.3
Economic dependency	7.3	4.3	6.1	1.4	31.6	4

that one of the prime reasons that prosecution did not proceed was due to a reluctance on the part of the victim. Throughout the full sample, a third of the victims (33.8%) was fully supportive of criminal prosecution of the perpetrator. It is of some interest that the highest proportion of victims who fully supported prosecution was found in Hungary (66.3%) and in Poland (55%), although in these countries the extent of organised and legal actions in relation to IPV have the shortest history (and in Hungary, domestic violence is not wholly recognised or recorded as a crime). However, in Poland, only files relating to court proceedings were analysed, which could mean that only the most severe cases were contained in the sample—or the fact that these cases were subject to full prosecution could be due to the victims being more supportive of prosecution. In Hungary, police case files were analysed (as in the UK sample), but in the former situation, the majority of reports to and requests for intervention by the police were made by victims. In addition to this, the highest proportion of recorded major injuries related to victims in Hungary (40.2%, with a further 24.4% of records containing reports of moderate injuries). This might explain the higher proportion of Hungarian victims being supportive of prosecution. The lowest number of supportive victims was found in the UK and German samples—in the UK sample, 42% of victims were recorded as either mainly or totally reluctant towards prosecution (as opposed to 34% who were mainly or fully supportive), although it must be borne in mind that the UK sample included initial investigation files, rather than (exclusively) prosecution or court files.

Older women victims often made reports and involved the police when they were in need of safety and had a clear wish to stop the violence, but this quite often happened in the context of uncertainty or lack of knowledge about where to obtain help from. However, many of the women did not really wish there to be any criminal prosecution of their partner or ex-partner, or were rather ambivalent in this respect, perhaps withdrawing a complaint after initial agreement that the police should proceed with investigations and so forth. In this respect, although the majority of reports to the police were made by the older women themselves (somewhat contrary to the expectations of the research team), such reports appear to relate more to a ‘cry for help’ rather than any desire for punishment of the partner or former partner.

Questions about how to ensure inter-agency cooperation are important in all cases of IPV, but perhaps become more crucial when victims and/or perpetrators are in some way dependent, are chronically ill or frail. The important role of the police in recognizing healthcare and/or social needs and initiating procedures to obtain a substantiated medical diagnosis and associated necessary support was clear in such cases, particularly as in the case files this did not always appear to have happened. There was also an evident need for an agency to assume case (or care) management functions for complex cases and to ensure collaborative and transdisciplinary working. UK structures with police officers who specialised in dealing with domestic violence and/or safeguarding vulnerable adults seemed more likely to ensure that such issues concerning dependency and frailty were tackled, and this might be a useful model for other countries to develop and use.

Several countries appeared to lack any protocols for inter-agency cooperation or information sharing, and in others domestic violence, perhaps especially towards older women, did not appear to be perceived as a crime at all. However, even in the UK, it was apparent that it was still a challenge to bridge the gap between procedures, specialists and concepts of domestic violence and adult safeguarding (or elder abuse) within police forces and also other agencies. Due to a number of issues, including for example the consequences of a long period of austerity and associated resource restrictions, it is likely that this situation (of challenges) still pertains now. Problems encountered in the participating countries were also related to insufficient or inadequate risk assessment procedures; this seemed to be due, at least in part, to the fact that such assessments did not fully consider age-related issues and were not particularly adapted to or focused on the intersectional issues that exist in relation to older women's experiences of violence in later life, whether this concerned IPV or some other form of elder abuse.

Final results of the case file analysis are available in the national languages (English, German, Hungarian, Polish and Portuguese), together with summaries in English on the homepage of the internet site developed for the IPVoW study (see: <http://www.ipvow.org>). A further summarising report was produced that also brought together national results of the law enforcement analyses from across the six countries.

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## **10.5 Capacity Building for Law Enforcement: Development of a Manual and Training**

On the basis of findings from IPVoW, the file analysis and participatory discussions with experts from justice agencies, in each country a manual was developed for capacity building for police and other law enforcement agencies working in the field of domestic violence, in order to develop awareness of and increase responsiveness to the needs of older women victims. A framework for training police and other law enforcement agencies was also developed in a co-productive manner with relevant justice agency representatives. The guidance manuals and training template were designed to contain information about the characteristics of cases of IPV against older women and some of the typical problems in dealing with these cases. Possible measures to improve the handling of such cases, together with possible partners for collaboration, and information sources and resources relevant to each country were also included. In most countries, the training that was developed was also tested out.

In the UK, the training framework was developed and agreed with the (then) National Policing Improvement Agency (NPIA) and then passed to the College of Policing on its inception, for incorporation into their curriculum on Protecting Vulnerable People. The framework was in the form of learning objectives and scenario-based case compilations derived from the analysis of case records, which illustrate different discussion and learning points. Overall, this was framed within a modular format for the NPIA to use and potentially to develop further; unfortunately, at that time it was not possible to fully test the framework due to

organisational reasons within the College of Policing and in any case, implementation was determined to be an internal matter for the police.

National differences found across the partner countries within the project meant that different approaches to guidance and training documentation were established to be necessary. Whilst in some of the partner countries the development of new curricular concepts and manuals was needed, in others the modification of existing curricula and manuals concerning domestic violence was possible and undertaken. In some places, several of the participating partners preferred to develop training and guidance (manuals) for both law enforcement agencies and social support agencies together. In both Austria and Portugal, multi-agency training sessions were devised, through co-production, working with the principal organisations involved in work in this area. Such sessions involved professionals with specialist backgrounds in both IPV and working with older people. Examples of training materials and manuals developed across the countries are also available from the project website both in national languages and in English.

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## **10.6 Awareness Raising to Improve Social Support Agency Outreach to Older Victims**

Within the scope of the project, awareness raising materials (posters, postcards, flyers and information leaflets or brochures) were developed for professionals, the general public and particularly for older female victims of IPV. In the UK, this initiative centred on the development of posters. Well-developed participatory and consultative processes were undertaken in each country, involving experts, practitioners and older women themselves, including some who had experienced IPV in later life, to gain valuable information about the design and content of such material and what would be both acceptable and most likely to be beneficial. Following such methods of consultation and feedback, different needs were identified across the partner countries and therefore six different posters were developed, although the design centred on a common theme. On all posters a free space appearing in the bottom section was created to enable support organisations to add their own specific contact details before use in a local area or in a particular context. On completion of the project, a USB stick containing a copy of the UK poster templates was disseminated to the participating agencies and organisations (and similar approaches adopted for the resources developed in other partner countries). This followed consultation about the preferred type of dissemination requested by partner organisations—although virtually all opted for this method. Following further dissemination of the project findings via presentations at relevant conferences and meetings, links to a downloadable copy of the UK poster templates and other project resources that had been developed were made available for use. In addition, a link to a downloadable copy of the UK poster templates was circulated in a Women's Aid (England) member's bulletin during 2018. Copies of the relevant material in one of the other languages used within the project (German, Hungarian, Polish or Portuguese) were also made available to download through the project website, available at [www.ipvow.org](http://www.ipvow.org) as stated earlier.



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## 10.7 Capacity Building of Social Support Agencies: Development of Guidance

Following the findings from IPVoW and the file analysis information across all countries, materials were also developed for social support agencies which might have contact with older women affected by IPV, for example women's shelters/refuges, intervention centres, crisis intervention units and a variety of care services. In Austria, following the participatory methods and consultative approaches, a special brochure for older women was created, whilst in the other countries, separate guidance for practitioners and organisations was produced. In the UK, in addition to the more general booklet-type document provided for organisations (both statutory and voluntary or third sector organisations), a smaller sized, more portable version of the guidance for practitioners was produced so that this would be more readily accessible for use. This separation of the material into two distinct elements also occurred as a result of the co-production methods used within the project and again were made generally available via the project website on completion of the project. This is also the case for the resources developed in other countries; these are provided in national languages, with some English versions also made available.

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### Reflective Questions

- Identify the main areas of improvement needed at professional and organisational levels in order to improve responses to older victims-survivors of IPV.
- Think about whether these are similar (or different to) established responses that exist in relation to younger adult women who experience IPV.
- Consider if these are similar (or different to) established responses that exist in relation to older people who encounter elder abuse (outside of an intimate of former relationship).
- What appear to be some of the main similarities between older and younger women when disclosing abuse and/or seeking support?
- Identify some of the key differences between older and younger women when disclosing abuse and/or seeking support?

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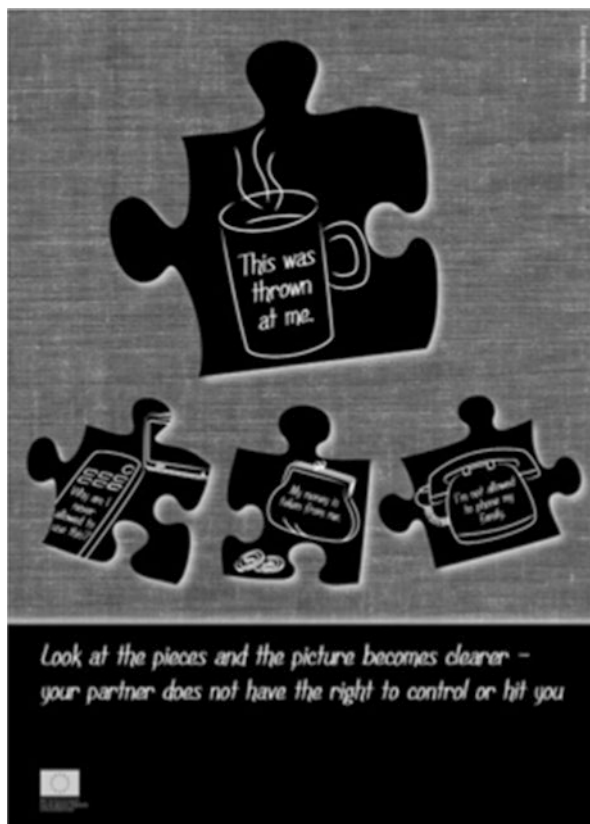
## 10.8 Concluding Comments

In order to further develop the field and to improve professional practitioner responses to older women in such situations, a number of different approaches need to be used. It is apparent that there is a need to improve awareness and recognition of mistreatment, across the general public, professionals and the older population themselves, perhaps most importantly older women. Work needs to take place to develop knowledge and to understand about abuse and neglect, the

interrelated aspects of causal factors and consequences and the interaction of gender and power relations within such situations. Development of theoretical and conceptual frameworks and foundations are also of central importance here [42, 43] and these need to include gender perspectives, as appropriate. Social perspectives on abuse must also be fully incorporated in such frameworks. Above all, it is imperative that the voices of older people, particularly those who have experienced abusive and neglectful situations, are central to such developments and that such voices include those who are the most marginalised and excluded, many of whom are women.

Several of these approaches will need thorough research and development to happen. There is a need for intervention studies to be undertaken to try and discover which techniques work best and in which circumstances. This might include the development of model projects concerning different interventions, with appropriate and rigorous evaluation of the different projects in order to establish necessary areas for future development. Research on effectiveness and impact, not just of interventions including the effect(s) of processes and interventions but also the impact of abuse and neglect on individuals who have experienced or are at risk of abuse and harm, also needs to be undertaken. Further work on the differing models of service provision (for example different types of specialist teams) should also take place, but as it is not yet clear which model might work best, in which situation or type of abuse, and for whom. In-depth research and evaluation of such models would be valuable and would be likely to be beneficial for developmental reasons (to develop the field further, including health and care practice with individuals who experience such violence and abuse).

Equally, a need for sufficient focus on individualised and personalised approaches for people who experience mistreatment and harm is required; as far as possible these types of approaches should be tailored to the needs of particular individuals. Key and central issues here relate to autonomy, choice, empowerment and independence, with further essential elements relating to individuals' capacity and consent. Self-determination, independence and service user-control are not necessarily juxtaposed to matters concerning individual safety and protection. Indeed, most safety planning for older people aims to support and empower individuals to keep themselves safe and to change their own situations (if they are willing and able to do so). If we wish to achieve the aim of assisting all older people to live their final years free from abuse, neglect and exploitation, perhaps particularly older women who are the most disenfranchised segment of cohorts of older people, there must be more research, development and evaluation of practice initiatives and transdisciplinary collaboration to further counteract the differing and pervasive forms of mistreatment that exist. Attention to issues relating to gender equality and the specific needs of older women who experience IPV will undoubtedly strongly support this undertaking.



One of the UK posters developed as part of the Mind the Gap! project, available from [www.ipvow.org/en/campaign-material](http://www.ipvow.org/en/campaign-material)

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