

**MIND  
THE GAP!**

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

# **Intimate partner violence against older women**

**Handbook for police interventions**

Co-financed by the European Commission within the Daphne III programme by DG Justice, Freedom and Security. Coordinated by ZOOM – Gesellschaft für prospektive Entwicklungen e.V., Göttingen.



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This project was also financially supported by:

BUNDESKANZLERAMT  ÖSTERREICH

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## **Handbook for police interventions**

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## 0. Preface

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This manual was created within the project 'Mind the Gap! Improving interventions in intimate partner violence against older women'. Our research progress in this project shows that only a small percentage of older women affected by violence will seek help with the police and other institutions. The main reasons for this are that on the one hand, older women have less information on support offers than younger ones, and on the other hand, that there is little awareness amongst support institutions and prosecution services that older women, too, are victims of intimate partner violence.

'Mind the Gap!' aimed to counter these deficits. In addition to this 'Handbook for Police Interventions', we developed the following further materials:

- Manual 'When partnership becomes unbearable...' which specifically addresses older women
- Poster 'When partnership becomes unbearable... find help:' which can be used by institutions for the protection against violence, social organisations and the police for awareness-raising and prevention activities
- Training module on interventions in intimate partner violence against older women for the police

These materials are available for download on the website [www.ipvow.org](http://www.ipvow.org) or at [www.ikf.ac.at/projekte.htm](http://www.ikf.ac.at/projekte.htm) (see research on safety/violence).

In developing this manual, we were supported by Eveline Anzlin (LPK Wien, SPK 15), Sabine Güldner (LPK Wien, SPK 20), Christian Reichl (PI Eggenburg), Renate Stieb-Kanaletz (LPD Wien) and the participants at the training 'Intimate partner violence against older

women' (Nov 21, 2012). We would like to extend our thanks to all of them! And last but not least, we would like to thank Sandra Messner (ZSW) and Christian Wukitsch (SIAK, BZ Eisenstadt) for their dedicated and professional implementation of the training.

## 1. DEFINITIONS of INTIMATE PARTNER VIOLENCE against (OLDER) WOMEN

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There is a number of different definitions of violence in general and intimate partner violence in particular. Some define violence along the relevant elements of an offence in the criminal code, others also include – beyond these – non-punishable forms of violence, and still others refer back to the causes of violence; some argue from the victim’s point of view, others from the perpetrator’s.

None of the existing definitions takes all aspects of violence into account. When addressing the phenomenon of violence, however, it is necessary to first clarify what it is we are speaking about and what we actually refer to. Below, there are three different definitions, each of which approaches the issue of violence from a different angle:

### 1. The **definition of violence** in general and intimate partner violence against women in particular **from the perspective of criminal law**

The criminal code lists all actions that are legally punishable in Austria. Based on this framework, we might say: all acts of violence covered by the criminal code are violence, everything that is not punishable therefore is not violence. The dividing line is thus furnished by criminal law.

This definition, however, does not suffice to illustrate the diverse dimensions and effects of intimate partner violence. Therefore, we need to add a supplemental definition.

## 2. Johan Galtung's definition from the victim's perspective

Peace researcher Johan Galtung coined the following wording:

"Violence is present when human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations."<sup>1</sup>

This definition is characterised by not defining violence in absolute terms (as criminal law does), but chooses a subjective approach. Violence has many characteristics, dimensions and forms, and is experienced differently by each individual. This definition is about the reduction and withdrawal of life chances through violence. Galtung thus explains and describes the phenomenon of violence from the victim's perspective.



Knowing this definition may increase our understanding for victims of violence, as it clarifies the situation of affected individuals.

## 3. The definition of violence against women from the gender perspective

A UN declaration illustrates this approach:

„Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.“<sup>2</sup>

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<sup>1</sup> Galtung, J.: "Structural and Direct Violence: Note on Operationalization," in *Peace: Research Education Action. Essays in Peace Research Vol. I* Copenhagen, 1975, 110-111.

<sup>2</sup> United Nations Declaration on the elimination of violence against women 1993

This definition explains gender-based violence with unequal relations of power between men and women.

Different approaches for an understanding of intimate partner violence against women from different perspectives may help to understand the origin of violence. The three definitions presented above position themselves according to aspects worth considering; however, they only represent a selection of current definitions.

Besides a clarification of terms, we also need some knowledge regarding the forms of intimate partner violence. We will address this issue in the next chapter.

## 2. FORMS of INTIMATE PARTNER VIOLENCE against (OLDER) WOMEN

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We may distinguish five forms of intimate partner violence, and it is important to know each of them in order to interpret the behaviour of victims respectively perpetrators as 'correctly' as possible, and to deliberately ask specific questions. Especially when the police is **not** called in because of domestic violence, these might lead to evidence of violence.

In addition to the four types of intimate partner violence in general, older women are subject to a fifth one, namely neglect. This concerns older women who are cared for and nursed by their intimate partners.

Below, we list the five types of violence with examples.<sup>3</sup> The order in which they are listed does not imply any statement on the gravity of violence, as each of these forms may be felt to be an extreme strain, depending on the duration, pre-history, social environment etc. The experience of violence is thus subjective and subject to the influence of a number of elements.



### **a. Psychological or emotional violence**

This form of violence refers to e.g.

- Threats like 'I'll kill you', 'Just wait and see', ...
- Verbal abuse/insults like 'Whore', 'Bitch', 'Dumbo', ...
- Being made fun of, laughing at blunders
- 'Punishment' by silence

BUT ALSO:

- Use or removal of personal items without asking
- Control and permanent supervision – every step of the woman is traced
- Isolation from other people, e.g. by locking away the phone or taking away the keys to the house/apartment
- Imprisonment by being locked in

and with older women or women in need of care, psychological violence also means e.g.:

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<sup>3</sup> cf: Gewalt erkennen. Fragen und Antworten zu Gewalt an älteren Menschen, eine Broschüre des Bundesministeriums für Arbeit, Soziales und Konsumentenschutz, Wien 2012 (4<sup>th</sup> edition); [http://www.bmask.gv.at/cms/site/attachments/3/2/0/CH2275/CMS1314805959138/gewalt\\_erkennen\\_druck\\_2012.pdf](http://www.bmask.gv.at/cms/site/attachments/3/2/0/CH2275/CMS1314805959138/gewalt_erkennen_druck_2012.pdf)

- Restriction of mobility because 'something might happen'
- Sorting out of clothes or personal items without consultation or
- Denial of favourite foods or drinks

As you may infer from these examples, the characteristics of psychological violence are manifold. The first part of this list contains characteristics of verbal violence, which many understand as the only form of psychological violence, while the following parts indicate the broad spectrum of psychological violence. Psychological violence is the most current form of abuse. However, as many individuals – including victims of violence – do not rate such actions as violent, there often is no reaction to them.

Knowing the spectrum of psychological violence in any case helps in formulating suitable questions and is important for the appraisal of whether someone is subjected to violence or not.

## **b. Physical violence**

For most people, physical violence is clearly recognisable as abuse. In the context of an intimate relationship, it covers all forms of physical pain consciously inflicted by the partner, which may lead to injury and, in the worst case, death.

When a woman is in need of care and is nursed by her partner, further dimensions of physical intimate partner violence may occur, such as:

- Violent pulling of hair when brushing it
- Violent pressing down into a chair or bed
- Tying to a chair or bed

- Administering of food in larger than bite-size portions, or too cold or too hot
- Hasty or impatient administering of food and drink, or also
- Unauthorized overdosing of tranquilizers

### **c. Sexual violence**

Sexual violence is a form of abuse which is subject to a strong social taboo. This fact and the shame of affected individuals makes many women remain silent, which means that we may expect a high number of unreported cases.

Sexual violence comprises all forced sexual acts against the woman's will and ranges from sexual assault to rape (vaginal, oral, anal).

Sexual violence however also means sexual harassment.

The spectrum of abuse is broad: sexual innuendo or acts like touching intimate parts of the body, but also suggestive conversations or jokes, showing pornographic images/films or appraisal/fixing of a woman with looks.



Signs of sexual violence in the context of nursing is unnecessary contact on the part of the nursing person or the person in need of care, e.g. unnecessary touching of intimate parts of the body or violation of someone's intimacy by attending to personal care while the doors remain open.

#### **d. Financial or economical violence**

This form of violence means

- Taking self-earned money/her own pension or care allowance, so the woman cannot dispose of it any more, or
- With only one income/one pension in the relationship, not getting any money for her own needs
- Taking away or use as a matter of course of valuables
- Forging the signature or
- Termination of a savings account or the apartment without consent

Because of their physical or mental impairment, women in need of care may experience this form of intimate partner violence to a larger extent than healthy women.

#### **e. Neglect**

This form of violence may occur on a physical as well as a psychological level. In the context of intimate relationships, it is especially relevant for older women who are partially or generally nursed and cared for by their partner. Characteristics of neglect, which may, in the worst case, result in death, are:

- Insufficient personal care
- Administration of mashed food in order to save time
- Failure to instruct drinking
- Trivialization of health problems and curtailment of medical care
- Wrong or insufficient administration of medications
- Inadequate wound treatment
- Use of incontinence products instead of help with going to the toilet
- Restriction of the living space to chair and bed

- Leaving by herself
- Silence etc.

Intimate partner violence usually does not only manifest itself in only one but several forms. Thus, physical and sexual violence always involve psychological violence. Sexual violence often coincides with physical violence, and emotional violence may be paired with e.g. financial exploitation. Some forms of neglect have to be counted as physical and psychological violence.

### **3. Intimate partner violence against older women – the main results of the study**

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The data presented below are the result of two studies conducted by the Institute of Conflict Research, “Intimate Partner Violence against Older Women” (2010) and “Mind the Gap. Improving Intervention in Intimate Partner Violence against Older Women” (2012/13).<sup>4</sup> The first study surveyed the distinctive features of intimate partner violence at an advanced age by means of a questionnaire enquiry amongst 111 social service and state institutions, interviews with 30 experts and ten female victims of violence. For the follow-up study, 82 police case files from across the Federal territory – banning orders and dispute settlements – in which the victims were 60 years old and over were

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<sup>4</sup> Both projects were funded within the Daphne III framework and coordinated by the Deutsche Hochschule der Polizei (German Police University) resp. Zoom - Gesellschaft für prospektive Entwicklungen e.V. (Society for Prospective Developments). Further partners were researchers from the universities of Białystok (Poland) and of East Anglia (UK), from the research institute Cesis - Centro de Estudos para a Intervenção Social (Portugal) and the Hungarian Academy of Sciences. <http://ipvow.org/>

analysed. With some couples, there had been multiple interventions, so these files finally concerned 73 women resp. couples<sup>5</sup>.

### **Confrontation of polled institutions with intimate partner violence against older women**

In total, around half the polled institutions (with key activities in domestic violence, violence against girls and women and women's psycho-social problems) had been confronted with intimate partner violence against older women (60 years and above). For the most part, case numbers were constant over this period of four years, half of the answering institutions took care of around ten older clients in total.

The answering institutions are little satisfied with the quality of their own services for this group of clients: According to their experience, work with older individuals demands much more intensive attention than they are able to provide.

### **Forms of violence**

Regarding the forms of violence, intimate partner violence against older or younger women does not differ. Thus, frail octogenarian women, too, experience sexual violence by their partner and are subject to physical violence.

According to police case files

- 71% experienced psychological/ emotional violence

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<sup>5</sup> The case files date from the period of July 2008 to June 2011 and concerned all incidents of violence in 4 districts each of the federal states of Lower Austria, Vienna, Styria, Upper Austria and the Tyrol; in Burgenland, we examined all incidents of violence in two districts.

- 69% were victims of physical violence (which led to injuries in one woman out of two)
- 22% were subject to their partner's extreme control and power behaviour (which manifested itself in control and restriction of social contacts or aggressive jealousy)
- 4% experienced sexual harassment or sexual violence and
- 3% experienced financial violence (mostly by denial of their "own" money)

### **Dynamics of violence & risk factors**

Violence rarely starts in old age, many older women have been living with a violent partner for decennia. The dynamics of violence, however, often change after retirement. Retirement means a loss of status, with a certain emptiness added, an occupation to fill the day is lacking, the couple is together around the clock – all this promotes violence, and women often have no possibility to avoid it.



Apart from the violence risk of retirement, the danger of violent outbursts increases when ...

- The man is chronically ill, physically or mentally handicapped or suffering from dementia
- The woman is chronically ill, handicapped or suffering from dementia, and especially when the man nurses her because there are no relief structures in place
- The man consumes alcohol regularly (and besides does not take medication or only takes it irregularly)
- The man has always been jealous (jealousy does not decline with age)
- The woman wants a separation
- There are money issues and financial problems

In police case files, we repeatedly identified signs of high-risk situations. One in four woman reported the partner's threatening to murder her, one in five was threatened with a weapon, and nearly one out of ten barely escaped strangulation. These are situations in which the woman is exposed to an extreme danger of being seriously injured or even killed by her partner.

### **Behaviour in seeking assistance**

Many older women do not experience threats or slaps as violence; for them, only serious physical violations are violence. This is one of the few differences between younger and older victims of intimate partner violence, and it strongly influences their behaviour in seeking assistance: They do not react to first, less serious violent incidents, but usually only ask for support at a very late stage.

There are other reasons why women endure a violent relationship for decennia: their economic dependency – first no income of their own, later no retirement money –, the high significance of marriage for their generation, supported by the stance of the Catholic church on divorce, the position of a woman as “subject to her husband”. A lack of a perspective beyond marriage and family is another reason that complicates separation. Increasing infirmity and need for care in old age additionally strengthen the victim's emotional as well as economic dependence on the perpetrator.

Moreover, older (and younger) women often trivialise the partner's violence and find a number of excuses for his violations.

However, there are differences in the assistance-seeking behaviour between the 'young aged' (60-70) and the 'old aged' (over 70). While 60 to 70-year-olds also turn to women-specific institutions,

septuagenarians tend to confide in the police. The older a woman is, the less likely it is that she will turn to offers of support by 'modern' institutions like violence protection centres, women's refuges or outreach centres.

According to the interviewed experts, women in rural areas turn to support institutions much later than women in cities. When for example a female farmer turns to the police or another institution, extreme violence usually has occurred.

### **Particularities in rural areas**

Surveys in the first study showed insights regarding several aspects:

**Infrastructural facilities:** The lower density of (psycho-)social institutions in rural areas handicaps their (outreach) work through long distances in space as well as mediation/support activities of the police. The assistance-seeking behaviour of women affected by violence may also be strongly influenced by it.

**Women's mobility:** Older women are often strongly limited in their mobility; they either do not have a driver's permit or own no car, and thus depend on public transport or the support of others. Some women are deterred by long distances alone. All this handicaps the search for professional support or accessing it over a longer period of time.

**Lack of anonymity:** Because of the lack of anonymity in rural areas, victims – according to the interviewed experts as well as to women affected by violence – hesitate for a long time before calling the police, and the police often reacts differently than in cities. The latter may be attributed to relationships between police officers and potential offenders. Victims are also conscious of the fact that evicted

men are often pitied in the country. The perceived higher threshold of shame with a lack of anonymity often forms a barrier for older women on their way to support institutions.

#### 4. REALITIES OF LIFE of older women affected by intimate partner violence

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Research shows that forms and dynamics of violence as well as risk factors in intimate partner violence against older or younger women are not fundamentally different. However, often generation-dependent differences play a role.

Many older women were socialised according to the **traditional female role model** ascribed to them. This is reflected in the fact that they

- do not dispose of an income of their own/their own retirement money because of a lack of employment and are thus economically dependent on their partner
- have internalised the (religious) concept of marriage 'always and forever' and
- feel inferior ('subject') to the man because of their sex

Such attitudes are particularly strong in women who have grown up or live in a rural environment.

These conceptions of the subordination as a wife which are strongly influenced by society as well as **violence-tolerating attitudes** of

preceding generations<sup>6</sup> also led to some forms of violence (e.g. a slap) not being seen as such and only speaking of violence in cases of serious physical assault.

In addition, we assume that older women affected by intimate partner violence suffer to a larger degree from the **Stockholm syndrome** because of the duration of the relationship. (For further information on the Stockholm syndrome, please see below.)



All these factors in connection with an increasing infirmity and need for care lead to a financial as well as an emotionally strong dependency on the partner, which complicates a separation or even makes it inconceivable. This dependency is often strengthened by the lack of alternative perspectives in old age.

### **Excursus:**

#### **THE STOCKHOLM SYNDROME**

The development of the Stockholm syndrome – first diagnosed at a bank hold-up with taking of hostages – presupposes four preconditions:

- The life of the victim is threatened
- The victim cannot escape or does not believe s/he can
- The victim is isolated from other people and
- The perpetrator's behaviour towards the victim is partly friendly

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<sup>6</sup> For example the prohibition of corporal punishment for children was only legally normalised in 1989.

The **results** are

- A high identification of the victim with the violent perpetrator
- The victim acts in the perpetrator's interest and
- protects the perpetrator (e.g. no testimony against him)

"The abused long for care and protection, but the only person who they think they can turn to is the person who harms them. If the abuser shows the slightest concession, the smallest friendly gesture, the victims are ready to forget the terror and to see only the good sides of the abuser."<sup>7</sup>

Research shows that this syndrome also develops in women affected by male violence in relationships.<sup>8</sup>

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<sup>7</sup> Nuber, U. (Red.): Misshandelte Frauen: Leiden am Stockholm-Syndrom, in: Psychologie Heute, May 1992, p. 8f.

<sup>8</sup> Graham, D., Rawlings, E., Rimini, N.: Survivors of Terror: Battered Women, Hostages and the Stockholm Syndrome, in: Yllö, K., Bogard, M. (ed.): Feminist perspectives on wife abuse, 1988.

## 5. Examples from police work

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### Example 1

Herta Moser (real name withheld) reports to the officer on duty at the police station that her husband Leo has threatened her. Without any direct occasion he has abused her: "I'm not going to let you survive this!" They have been married for nearly forty years, their marriage has always been quarrelsome, but her husband has never threatened her; now she is afraid of him for the first time.

The officer questions Ms Moser about her marriage and takes the evidence. Soon after the wedding, Mr Moser has begun to humiliate and batter her. They had two children; because of them Ms Moser has endured the violence. Five years ago, when Leo retired, was an especially bad time, which is why she has moved out. A friend of hers often stays abroad for months visiting her children; and she lives in her apartment or guest room now. But she thought it important that Leo would not be able to claim that she has wilfully left him. Therefore, she established by a court of law that her separate installation was justified.

The fact that Leo Moser is an alcoholic probably has a part in his violent behaviour. His alcohol dependence has obviously increased during the last years, since her moving out. As far as she knows, he also takes anti-depressants and other psychotropic drugs.

In addition to that, he suffered a slight stroke half a year earlier; since then, she takes care of him. Leo once has collapsed and lay on the hall floor for several hours because he was unable to get up by himself. Ms Moser declares that she does not want to reproach herself

for the rest of her life if her husband should die because no one looks after him. She goes twice a day, in the morning and in the afternoon, to the conjugal apartment, and brings Leo's food at the same time, which he heats himself. Apart from that, she calls him once or twice a day, to ask how he does.

Ms Moser explains that she is at the end of her capacities, the long-lasting difficult marital situation has completely worn her down. Now she is afraid of her husband, but she can't simply leave him to fend for himself. Besides, she doesn't want a divorce, as she wouldn't be able to afford one.

The officer on duty issued a **banning order** against Leo Moser, prohibiting him from entering the apartment block where Herta Moser lives. As Ms Moser is worried about her husband's health, he offers to engage home care, for example through the Fonds Soziales Wien or the Red Cross.

In addition, he discusses several **strategies** for her protection:

- She should only enter the conjugal apartment accompanied by her children (remark: Ms Moser would be embarrassed with any other escort).
- The children should assume more of their father's care.
- She should try altogether to avoid contact with her husband and
- e.g. arrange for a redirection order for her mail.
- Besides, in case of further violence, it is advisable to keep minutes from memory.

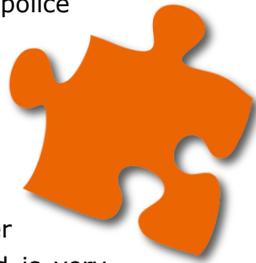
At the term of the banning order, a **legal information** with Leo Moser is held. He states that his wife Herta is always picking fights with him, he has to shout back so she stops shouting at him. Besides, it is not true that he is an alcoholic, he just has a beer once in a while. The following agreements are reached with him:

- He will avoid discussions with his wife or will only have them when necessary, with other parties present.
- He will not drink alcohol.

The police officer informs Ms Moser about the interview with her husband, but adds that he wasn't sure if Leo Moser would really keep to these agreements. It is therefore important that Ms Moser adheres to the measures agreed for her protection.

## **Example 2**

Sabine Fellner (real name withheld) calls the police on the phone because her father has injured her mother. The old couple – both are in their mid-eighties – lives in a single-family house in the country; the nearest larger town is about one hour by car. When the officers on duty arrive at the scene, they learn that Walter Fellner has been in need of care for years and is very violent. According to their daughter, his wife Erna has been suffering under her husband's assaults for a long time, but has never called the police or filed charges.



Their daughter puts on record that she had come to visit in the afternoon and had found her mother in the kitchen: she had been crying and complaining of pain in her ankle, which was badly swollen. Sabine Fellner reports that her father is bed-ridden and should wear diapers or pads in order to relieve the burden on her mother. Walter Fellner refuses to do so, according to him it is his wife who should take care of him and therefore also wash his linen.

Erna Fellner confirms that she has asked her husband that afternoon – for the umpteenth time – not to urinate in bed but to wear diapers.

Upon that, he swore at her horribly and threw his walker after her. It hit her ankle, which hurt a lot since. However, she doesn't want to go to hospital. It has occurred before that he hit her with his walker or thrown other objects after her.

If the endangerer was a few years younger and fitter, the obvious thing for the two police officers to do would be to issue an expulsion and banning order for the conjugal home. As things are, he will be charged with assault causing bodily harm, but there is no way a handicapped man in his eighties can be simply turned out of his house. Mr Fellner cannot take care of himself; the only appropriate solution would be to place him in a nursing or rest home. The problem is that nursing homes in the area are not equipped to accept patients on short notice. Therefore, there is also no way to place Erna Fellner there, although she is completely exhausted.

In addition, Erna Fellner does not want to leave her home, and her daughter Sabine is about to go abroad. She has come by her parents to say goodbye, and can neither take care of her father or mother on an interim basis. A placement in a women's shelter is out of the question for Ms Fellner, as the nearest institution is more than one hour by car away, and she would be completely isolated from her social network.

In the course of questioning by one of the police officers, Mr Fellner finally declares tearfully that life has no more meaning to him and he doesn't want to go on living. This opens up at least an interim solution in this difficult situation. The officers phone one of the violence-prevention officers active in the district in order to discuss the way to proceed: According to the provisions of the Hospitalisation Act, a risk of suicide warrants the admittance of Walter Fellner to the nearest hospital, where suitable care can be delivered to him. Ms Fellner can at least have some time to relax and recuperate a little.

## 6. CHALLENGES to POLICE INTERVENTION

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Police interventions in intimate partner violence against older women are associated with special challenges. These are partly due to structures of policing, partly they are connected to the living conditions of older women.

- Uncertainty before/during police intervention
- Time pressures in policing
- Facts of life with older women: women's gender role or Stockholm syndrome
- Perpetrator's tactics
- Dementia or confusion of older people
- Provisions for victims and perpetrators in need of care

In detail:

- **Uncertainty before/ during police intervention: emergency call behaviour of older women**

Older women, especially those over the age of 70, hardly ever seek help with counselling institutions in cases of intimate partner violence, but mainly with the police. However, on the phone they often do not state the real reason for calling, but call the police under a pretext. This may e.g. be a suspicion of theft. Only on the scene, intimate partner violence comes to the fore when officers are attentive and check up on leads.

In such situations, one problem may be that hematoma do not only appear as a consequence of violence, but may also result from medical care or medication (see Chapter 7).

It may also occur that a woman informs the police because she has fallen as a result of intimate partner violence and cannot get up any more – and only and exclusively wants the officers to help her get up, and not the partner to be turned from the apartment. Support addressing the specific situation of violence is not wanted in such situations – at least not ostensibly.

The uncertainty of what police officers will be confronted with in an operation is immanent to policing, but complicates work and is also experienced as additional stress. Knowing about the aforementioned 'emergency call behaviour' of older women in cases of intimate partner violence allows officers to mentally prepare for such assignments, which may facilitate intervention. Concerning women affected by violence, this previous knowledge increases the probability of noticing intimate partner violence between older people and finally reacting to it with appropriate measures.

In some cases, the uncertainty whether there was violence or not will remain all through first contact on the scene, and it will be impossible to intervene satisfactorily. On possible courses of action, see Chapter 7.

➤ **Time pressures in policing: Operations take longer with older people**

Police officers often have to act under enormous time pressure and to take decisions fast. Older victims, however, need time in order to start talking, express themselves and take decisions. Taking your time and allowing enough time are therefore extremely important factors, especially in interventions with older people.

## > **Older women's facts of life: women's gender role or Stockholm syndrome**

Older women especially were socialised with strong gender role models, which make it hard for them to separate or even get a divorce from their partner. In addition to that, financial as well as emotional dependencies are barriers to separation. (For more detail, see Chapter 4).



For outsiders, it is often incomprehensible why someone stays in a violent relationship. Questions arise like: 'Why doesn't she get a divorce at last?' or 'Why does she put up with it and doesn't finally report him?' – a challenge particularly in repeated police interventions.

Knowing about the victim's facts of life and these victimising dynamics is important in order to meet women affected by violence with more understanding and subsequently support them in an appropriate way.

## > **Perpetrator's tactics**

Violent men often use tactics in order to confuse and manipulate their partner and their social network, as well, and to trivialise or deny their violence towards the woman, their family, friends, but also towards institutions like police or justice, and these are often successful. These so-called perpetrator's tactics are diverse and may constitute traps in dealing with abusers, which result in intervention attempts to come to nothing.

## Possible perpetrator's tactics are

### **Influencing the victim and the social network, like e.g.**

- Threatening the partner that she will lose everything if she calls the police
- Telling her that nobody will believe her
- Publicly putting her down in front of acquaintances, relations, friends
- Telling the police that the partner has been confused and called the police because of that
- Arguing that he – the man – has to be present at the police questioning because the partner is hard of hearing, can't follow, etc.

**Denial of violence**, e.g. stating to the police that the partner has never been abused,

**Trivialising violence**, e.g. minimising the extent of the violence,

**False accounts of the incident**, e.g. accounting for injuries with the partner having slipped in the shower, having bumped against the kitchen cupboard, ...

**Victim-blaming:** The victim of violence is made responsible for the violence, using 'explanations' like 'She doesn't manage to keep the house clean, that's not acceptable.'

**Loss of control as an argument for violence**, e.g. 'I can't take her answering back all the time.'

**Reference to provocation on the part of the victim**, e.g. 'She made me look ridiculous, that's why I had to hit her.'

**Reference to financial problems, stress or other pressures,**  
e.g. 'Usually I am not violent, but I haven't been feeling well lately.'

### ➤ **Dementia or confusion of older people**

Because of a higher life expectancy, more and more older people suffer from age-related confusion or dementia. Thus, in 2008, approximately 100,000 individuals in Austria were affected by dementia; for 2050, up to 290,000 cases are predicted.<sup>9</sup> For policing, this means an increasing incidence of contacts with individuals suffering from dementia.

Dementia has no clearly defined clinical picture, but refers to a number of symptoms caused by different brain diseases. "There are at least 50 different forms of dementia with different impacts on the intellectual capacities and behaviour of patients."<sup>10</sup> The severity of the illness (minor, moderate, major) is graded according to the extent of cognitive impairment, the possibility of autonomous living, the disruption of impulse and affect and the extent of support needed by the patient.<sup>11</sup>

The challenge in police interventions with people suffering from dementia being involved often lies in the difficulties in communication and in the 'unusual behaviour' of those individuals. Individuals suffering from dementia progressively withdraw from the 'linguistic world', which means that they no longer understand what is said or no longer use language as a means of

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<sup>9</sup> Competence Center, Integrierte Versorgung/ Gleichweit, S., Rossa, M.: Erster österreichischer Demenzbericht. Wiener Gebietskrankenkasse (eds.) 2009, p. X

<sup>10</sup> Scholta, M., Weissenberger-Leduc, M.: Gewalt erkennen. Fragen und Antworten zu Demenz und Gewalt, eine Broschüre des Bundesministeriums für Arbeit, Soziales und Konsumentenschutz, Wien 2010, p. 5

<sup>11</sup> vgl. Competence Center, Integrierte Versorgung/ Gleichweit, S., Rossa, M.: Erster österreichischer Demenzbericht. Wiener Gebietskrankenkasse (eds.) 2009, p. 9

communication. In its place, gestures, facial expressions or repetitive gestures may be used. 'Unusual behaviour' may for example also occur in the following ways:<sup>12</sup>

- perambulation, packing, "cleaning"
- leaving, pushing away, "wanting to go home"
- vocalisations (screaming, singing, repetitive sounds, ...)
- aggressive behaviour, testiness
- distrust
- apathy, retirement
- depressive moods, fears
- excitement

The overall spectrum of behaviour patterns is diverse, and encounters with individuals suffering from dementia are correspondingly varied.

At any rate, violent behaviour of dementia sufferers can frighten and endanger their environment. Therefore, a clear stance against violence and suitable action – of victim protection – are necessary.

For hints for (better) communication, please see Chapter 7d "verbal communication requirements".

### ➤ **Provisions for victims and perpetrators in need of care**

Constellations like violent partners nursing the victim who have been expelled by the police are a specific challenge for police interventions. The same is true for violent expelled men who were

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<sup>12</sup> cf.: Heimerl, K., Reitingner, E., Eggenberger, E.: Frauen und Männer mit Demenz. Handlungsempfehlungen zur person-zentrierten und gendersensiblen Kommunikation für Menschen in Gesundheits- und Sozialberufen. Bundesministerium für Gesundheit, Sekt. III, Wien 2011, p. 16

nursed by the woman and now need to be provided for elsewhere (see Chapter 7).

## **7. REQUIREMENTS for POLICE OPERATIONS in INTIMATE PARTNER VIOLENCE against (OLDER) WOMEN**

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From the challenges to police interventions, we may deduce practical requirements.

### **a. A stronger focus on intimate partner violence against older women – factor uncertainty**

Older women affected by intimate partner violence will call the police, but in many cases they will state a different reason for their emergency call. The violence often only becomes apparent on the scene or stays hidden, because the perpetrator as well as the victim endeavour – for different reasons – to keep it a secret.

The requirement for police work is to allow for the possibility of such behaviour patterns and to act accordingly.

Regarding the evaluation of the origin of hematoma, an enquiry with the GP about whether these might be connected to medical treatment may help. This enquiry would at the same time inform the GP of the existence of police suspicions.

If uncertainty remains, violence prevention officers may be asked to re-evaluate the situation.

**b. More time for interventions in intimate partner violence against older women**

It is important to give older victims of violence enough time in order to patiently lead them towards the actual issue.

**c. Particularities in questioning**

Separate questioning is a standard in police interventions in the context of intimate partner violence, but may be swayed when the husband claims that the woman is hard of hearing, confused, ... – i.e. tries to apply his perpetrator's tactics. It is important to clarify whether a conversation without the presence of others is possible or not in direct contact with the victim of violence, without calling in any other party. If it appears difficult, the victim of violence should be asked who should be called in. With persons suffering from dementia, calling in external nursing personnel may be expedient and helpful.

When there is no obvious intimate partner violence, separate questioning is not the standard. However, when there is suspicion, the police should try to talk to the woman by herself. In order to reduce pressure on the victim, the husband might for example be asked for a glass of water or sent for some documents.



Other tips for conversations with (older) women affected by violence are:

- Police insignia may be intimidating and should be reduced as much as possible when talking to victims; it may e.g. be helpful to take off the police hat inside a room.
- Remaining standing in front of someone who is bedridden or sits in a chair appears very dominant; a better atmosphere for a conversation may result from the police officer asking to sit

down. This does not only enable a conversation 'at eye level', but also signals that you will take your time and listen carefully.

- Even before starting a conversation, you should offer the victim a glass of water. This signals care for the wellbeing of the woman, but hydration is also extremely important, especially with confused individuals.

#### **d. Verbal communication requirements**

In general, police interventions in intimate partner violence demand a clear (communicative) stance against violence as well as specific communication behaviour towards the victim and the perpetrator.

##### **Communication requirements towards the victim**

In order to 'enter the conversation', victims of domestic violence need – besides an environment conducive to communication – specific communication conditions, too. The following has to be taken into account:

- Provide a quiet communication atmosphere.
- Address the woman by her name.
- Use simple and clear language. The woman is in an exceptional situation and will not respond to complex language.
- Avoid police-specific expressions.
- Believe what you are told – statements like e.g. 'I cannot imagine that' or 'But that is no violence' will only unsettle the victim and result in her not being able to trust you.
- Show the victim that you can relate to her current situation and that you understand e.g. her fears, her fatigue, her confusion, ...
- Explain to the woman what is going to happen next, which steps are possible. You should take into account that many older women do not have the same knowledge as yourself. Thus, some believe that women's shelters only take in women with small children.

- Offer your information step by step, and do not communicate several pieces of information at once.
- Ask the woman whether next of kin, acquaintances or friends might be able to take care of her.
- Allow her time to ask questions, to think and to put things into words, i.e. not only taking your time is important and necessary, but also pauses in the conversation.
- Close the conversation in such a way that its end is clear to the woman. Say for example that you have no more questions and that you would leave now, provided she has nothing more to ask.

Moreover, if possible, older women should in general be questioned by a female officer, and they are able to talk more easily with older intervening officers.

### **Communication requirements towards the perpetrator**

In dealing with perpetrators, it is especially important to make it clear that violence will not be tolerated. This means that in contact with perpetrators, at the acute stage, clear statements on what he has done are necessary, e.g. 'You hit your wife, that is violence and thus a punishable offence.'

In addition to the above communication requirements, with people suffering from dementia, some further considerations are important:

### **Communication requirements with people suffering from dementia<sup>13</sup>**

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<sup>13</sup> cf.: Heimerl, K., Reitingner, E., Eggenberger, E.: Frauen und Männer mit Demenz. Handlungsempfehlungen zur person-zentrierten und gendersensiblen Kommunikation für Menschen in Gesundheits- und Sozialberufen. Bundesministerium für Gesundheit, Sekt. III, Wien 2011, p. 20ff

- Speak slowly and clearly, especially in cases of advanced dementia.
- Rational discussion and arguments about 'reality' are no longer accessible to dementia sufferers.
- Avoid questions like 'why, why so, wherefore?' Such questions demand cognitive capabilities, a possibility of logical thought and/or insight. All this is what people suffering from dementia have lost.
- Announce your activities verbally as well as non-verbally. Then wait with actually acting until the person suffering from dementia shows they understood.
- Do not use any 'baby talk', i.e. belittling things, trivialising, dismissing, ...
- Treat the individual suffering from dementia as an adult and take them seriously.
- Do not speak about the individual suffering from dementia while s/he is present as though s/he was not there.

## **8. THE FOLLOWING INSTITUTIONS specialise in the issue of VIOLENCE AGAINST WOMEN and offer HELP AND SUPPORT**

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### **Support institutions for older women**

#### **Nationwide:**

##### **Frauenhelpline gegen Männergewalt**

An Austrian charge-free and anonymous telephone helpline for women affected by intimate partner violence.

Phone: 0800/222 555 (täglich 0-24 Uhr)

##### **Frauen beraten Frauen Online-Beratung**

[www.frauenberatenfrauen.at](http://www.frauenberatenfrauen.at)

#### **In Vienna:**

##### **24 Stunden Frauennotruf der Stadt Wien**

This institution is a crisis intervention centre for women affected by physical, psychological and/or sexualised violence. The offer is anonymous and free of charge.

Phone: 01/71719 (täglich 0-24 Uhr)

[www.frauennotruf.wien.at](http://www.frauennotruf.wien.at)

### **Frauen beraten Frauen**

A counselling centre for women of all ages who want to address issues like e.g. violence or divorce/ separation or need counselling on these issues.

Phone: 01/587 67 50

1060 Wien, Lehargasse 9/2/17

[www.frauenberatenfrauen.at](http://www.frauenberatenfrauen.at)

### **Verein Wiener Frauenhäuser**

Women's shelters focus on women and their children who are affected by intimate partner violence and need temporary accommodation. In addition, an outreach counselling centre supports and advises women who do not need the protection of a women's shelter.

Emergency call: 05 77 22 (daily 24/7)

[www.frauenhaeuser-wien.at](http://www.frauenhaeuser-wien.at)

Counselling: Phone: 01/512 38 39

Monday, Tuesday, Wednesday, Thursday: 9 a.m. to 1 p.m.

Monday, Thursday: 3 p.m. to 7 p.m., Friday: 9 to 12 a.m.

### **Wiener Interventionsstelle gegen Gewalt in der Familie**

The Vienna Intervention Centre is an information and counselling body for victims of domestic violence.

Phone: 01/585 32 88

1070 Wien, Neubaugasse 1/3

Mon-Fri (working days): 8:30 a.m. to 8 p.m.

Sat (working days): 8:30 a.m. to 1 p.m.

[www.interventionsstelle-wien.at](http://www.interventionsstelle-wien.at)

### **Lila Tip – Lesbenberatung**

Lila Tip is a comprehensive counselling and information centre based at the Rosa Lila Villa.

Phone (01) 586 8150

1060 Wien, Linke Wienzeile 102

Mon, Wed and Fri: 5 to 8 p.m.

<http://www.villa.at/lilatip/modules/news/lesbenberatung@villa.at>

### **Kraftwerk gegen sexuelle Gewalt an Frauen mit Lernschwierigkeiten** (Kraftwerk is part of the association Ninlil)

Phone (01) 714 39 39

1110 Wien, Hauffgasse 3-5/4th floor (barrier-free access)

Monday and Wednesday: 10 a.m. to 1 p.m.

Tuesday and Thursday: 1 to 4 p.m.

### **Kriseninterventionszentrum**

The Crisis intervention centre offers telephone and face to face counselling in crisis situations and in cases of an imminent threat of violence.

Phone (01) 406 95 95

Monday to Friday: 10 a.m. to 5 p.m.

### **Sozialpsychiatrischer Notdienst und mobiler Krisendienst**

An offer by the psycho-social services of Vienna (*Psychosoziale Dienste Wien - PSD*) which provides quick assistance for individuals with a mental illness.

Phone (01) 313 30 (24/7)

## **Psychosoziale Akutbetreuung der Stadt Wien**

Provides on the spot care for victims and family members during the first hours after a traumatic experience. Request via the Wiener Rettung control room.

Phone 144

## **Support institutions for older women in need of care:**

### **Fonds Soziales Wien (FSW) – Care and Assistance**

The FSW provides information and counselling on home care and assistance as well as residential care institutions.

During the day, the FSW can organise emergency measures for care and assistance at home, but also admission to the geriatric centre 'Am Wienerwald' (and only there). This offer is open to victims as well as perpetrators in need of care.

Ambulance transport to the geriatric centre incurs a fee.

Phone: 01/24 5 24 (daily 8 a.m. to 8 p.m.)

At night, in case of nursing needs the ambulance has to be called. When the woman is *not* injured and does *not* need specific hospital medical care, but cannot stay in the apartment by herself because of her nursing needs, a **bed can be requested for socially compelling reasons**. Viennese hospitals have a duty to admit such patients. This possibility is also open for perpetrators in need of care.

Phone: 144

Alternatively:

### **Akutflegedienst Wien (Johanniter)**

Provides professional care and assistance in emergency situations. A trained nurse will come to the apartment in order to assess the current care situation and need. This offer is exclusive to the Johanniter. However, you need to admit for some delay, as there is only one such ambulance for all of Vienna. Any cost will be covered by the Fonds Soziales Wien.

Phone: 01/ 470 70 30 – 5778 (24/7)

### **Wiener Frauenhäuser**

The Viennese Women's Refuges (see above) provide shelter for women in need of care, however they cannot undertake any nursing services. This means that the nurse would have to move into the Women's Refuge with the patient or, in cases of little nursing need, see the patient in the refuge. Please clarify individual cases in a phone call.

Women's Refuge emergency helpline

Phone: 05 77 22 (24/7)

### **24 Stunden Frauennotruf der Stadt Wien**

The Women's Emergency Helpline (see above) is open for counselling in cases of nursing needs of older women.

Phone: 01/71719 (24/7)

[www.frauennotruf.wien.at](http://www.frauennotruf.wien.at)

# MIND THE GAP!

IMPROVING  
INTERVENTION IN  
INTIMATE PARTNER VIOLENCE  
AGAINST OLDER WOMEN

## **Impressum**

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