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Summary

Intimate Partner Violence among Older Couples in Switzerland

**Experiences, Perceptions, and Access to Support Services
from the Perspective of Older Survivors of Intimate Partner Violence, Older
People, and Professionals Working in the Fields of Ageing and Domestic
Violence**

**National Applied Research Project “Prevention of Intimate Partner
Violence among Older Couples: Study and Development of Awareness-
Raising Materials”**

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1. Context

Statistics show that older people make rarely use of the support resources available in Switzerland in cases of domestic violence (victim support centres, violence counselling centres, shelters, police, etc.). There is also little specialised help available to meet certain needs and constraints of older people (e.g. lack of access to the internet, reduced mobility, dependence on the partner for activities of daily living). It should also be noted that prevention campaigns on intimate partner violence very rarely focus on people aged 64 and over, even though they now represent almost 20% of the Swiss population. This double under-representation contributes to the invisibility of the problem.

Based on these facts, the national applied research project "Prevention of intimate partner violence among older couples: study and development of awareness-raising material" (2022-2024) aims to improve the prevention of intimate partner violence in older couples in Switzerland and the access to help resources. This was to be achieved through:

- 1) better understanding of these situations and of the cooperation between professional networks in the fields of ageing and of domestic violence;
- 2) developing, designing and disseminating awareness-raising materials as part of a national campaign, which started in December 2023 (flyers, posters, short video clips and a handbook for professionals that can be downloaded in German, French and Italian at www.vieillesesansviolence.ch)

The research project was carried out by the Haute Ecole de la Santé La Source (HES-SO), the senior-lab and the National Competence Centre "Ageing Without Violence" and was financially supported by the Federal Office for Gender Equality (FOGE), the Oak Foundation, the Swiss Crime Prevention (SCP), the Bureau de l'égalité entre femmes et hommes du Canton de Vaud (BEFH VD) and the Haute Ecole de la Santé La Source. The project was accompanied by a sounding board consisting of various national and regional organisations: Victim Support Switzerland, Home care services Switzerland, alter ego, Associazione Consultorio delle Donne, Bureau de l'égalité entre les femmes et les hommes du Canton de Vaud, Bureau de l'égalité hommes-femmes et de la famille – Etat de Fribourg, the Swiss Conference on Combating Domestic Violence, the Swiss Seniors' Council, CURAVIVA, Swiss Crime Prevention, Pro Senectute Switzerland, Pro Senectute Ticino e Moesano, UBA Unabhängige Beschwerdestelle für das Alter, Pink Cross.

2. Methodology

As part of this qualitative study, many semi-structured interviews (n=87), focus groups (n=3) and workshops (n=4) were carried out between May 2022 and June 2023. They enabled older survivors of intimate partner violence (seniors at the time of the events), older persons from the general population, relatives and professionals in Switzerland's three main linguistic regions to express their views on this sensitive subject:

- 37 interviews with professionals of various cantonal organizations working in the field of ageing and domestic violence (Pro Senectute, Aide et soins à domicile, nursing homes association CURAVIVA, APEA child and adult protection authorities, LAVI centers for victims of violence, police, women's shelters, seniors' associations) in five cantons (Zurich, Thurgau, Neuchâtel, Fribourg and Ticino);
- 8 interviews with older survivors, seniors at the time of the events (6 women and 2 men; aged 68 to 85, with an average age of 75);
- 1 interview with an older survivor's relative (adult child) ;
- 18 interviews with older persons from the general population (aged 65 and over, with no personal experience of intimate partner violence);
- 6 interviews with relatives of older persons;
- 16 validation interviews with older persons (including older survivors) at various stages of the awareness material development process;
- 2 focus groups with domestic violence prevention organizations from several cantons and 1 focus group with staff from various cantonal organizations (Vaud);
- 3 workshops with staff from various cantonal organizations in the fields of ageing and domestic violence (on the content and distribution of awareness-raising material) and 1 with staff from various cantonal organizations (Vaud).

For each category of interviewee, a diversity of profiles was ensured (according to relevance: linguistic region, age, gender, function, socio-economic status, place of living, etc.). A semi-structured interview guide with two main thematic sections (experience/perception of the problem and knowledge/perception of help resources) was drawn up. The interviews, focus groups and workshops took place face-to-face or online. They were audio-recorded, then anonymised and summarised in detail, keeping as close as possible to what the interviewees said. They were then analysed thematically on the basis of the questions formulated in the interview guide. All the ethical rules in force were respected.

3. Key results

We present here the main findings concerning the experiences and perceptions of intimate partner violence among older couples, as well as the barriers and facilitating elements to accessing help from the point of view of the older survivors, the older people from the general population and the professionals interviewed.

3.1 Experiences and perceptions of intimate partner violence among older couples

Psychological violence: Analysis of the data shows that **psychological violence predominates** in the situations reported by older survivors, older people from the general

population and professionals alike. The violence generally began at the start of the relationship or marriage and has sometimes lasted for decades, in some cases for 60 years. This psychological violence very often takes the form of **coercive control behaviour**, which affects all areas of the older victim's daily life (social contacts, financial resources, mobility, use of rooms in the home, etc.) and severely limits their power to act, as well as their access to help.

Psychological violence also takes the form of **insults, threats and humiliation**, often accompanied by sudden verbal outbursts that strike victims unexpectedly. As the victims repeatedly describe, the perpetrators know them very well and deliberately target their emotional weak points.

This includes denigration and insults based on characteristics such as migratory origin, physical appearance (e.g. "fat cow") and gender role images (e.g. "you're not a real man", "you're a slut"). Many older victims say that they are extremely ashamed to be confronted with these humiliating situations and that they fear that other people are within earshot and may hear what is happening. In some cases, threats of murder or suicide have also been made. These threats place the older victims in a position of powerlessness that encourages them to continue to submit and not to reveal their situation.

The comments of the various people interviewed show that psychological violence very often involves **a strategy of social and family isolation** on the part of the perpetrator. Two older survivors said that their partner even ensured that the couple lived in a particularly remote location, in order to reinforce their isolation. The interviewees emphasised that, in some cases, victims are so isolated that they remain silent for years, even decades. It also appears that family members, and in particular adult children, are not necessarily a resource in these situations, as they may be caught up in a conflict of loyalty between their parents, excuse or minimise the perpetrator's behaviour because of possible illnesses, or even not believe the victim.

Physical violence: According to the experience of the various people interviewed, **psychological violence is often accompanied by physical violence (blows, slaps, etc.), although this is not the case in all situations.** Physical violence is often - but not always - associated with excessive alcohol consumption on the part of the perpetrator and can lead to violent outbursts, even in public places. This creates an additional sense of insecurity for the older victims, which can lead them to be on constant alert, so as not to anger their partner. Many of the people we interviewed (professionals, older people from the general population and older survivors of intimate partner violence) pointed out, however, that it is often the presence of physical violence that finally makes the victim or an outsider (e.g. the family doctor) aware of the situation and leads to intervention (e.g. calling the police).

Sexual violence: **The presence of sexual violence (forced sexual relations and practices without consent) was also noted in several situations**, mainly involving older women. However, this does not mean that sexual violence does not affect older men. The comments of the various interviewees show that it is particularly difficult for older people to talk about this subject, as it belongs to the intimate sphere and is particularly sensitive and taboo. The notion of "marital duty" is still very present in older couples, which explains why sexual violence is often not identified as such and goes unnoticed.

Impact of the transition to retirement: According to all the interviewees, **the transition to retirement plays a decisive role in relation to intimate partner violence among older couples.** It often reveals or amplifies an already existing dynamic and can lead to an immediate or insidious worsening of the situation, regardless of who the perpetrator and victim are. Older people belong to generations that have greatly valued the social status associated with the professional activity of men, who have very often been assigned the role of breadwinner and head of the family. The transition to retirement can therefore be experienced as a loss of identity and a loss of self-worth.

The fact that both partners spend much more time together at home can also reinforce the perpetrator's controlling behaviour and the victim's social isolation. The fact that both partners spend much more time together at home can also reinforce the perpetrator's controlling behaviour and the victim's social isolation, thereby reducing her opportunities for social contact and help-seeking.

3.2 Barriers to requesting help and mobilising existing resources

Analysis of what older people in the general population and older survivors of intimate partner violence interviewed said shows that **older victims often hesitate for a very long time to seek professional help.** This hesitancy is generally linked to emotional obstacles, feelings of shame, conflicts of loyalty, a lack of information, factors linked to their situation of dependency, psychological barriers and their state of health, as well as family models and roles specific to older generations. Having had bad experiences in the past with professionals in the fields of ageing, medicine and mental health may constitute an additional obstacle for older victims, as it creates a loss of confidence in professionals and institutions.

For their part, the professionals interviewed identified - in common with older survivors and older people from the general population - several factors that often make it very difficult for older victims to access support resources:

- **Inadequate knowledge of existing support services:** Many older people do not know where to find information about support services, which are mainly available online, or have misconceptions about their possibilities or preconceived ideas about care centres and professionals.
- **Support services not adapted to needs of older people:** Many professionals feel that existing support services are not sufficiently adapted to the needs of older people (particularly emergency shelters and the provision of information through channels with which older people are not sufficiently familiar, such as the internet).
- **Coercive control and social isolation:** Violent intimate partners often exercise coercive control and socially isolate victims, which can delay or make it more difficult for them to seek help, especially when this situation is compounded by insufficient knowledge of existing help resources. The absence of trusted people (family members or professionals) who can act as a 'bridge' and support the victim can also limit access to help.
- **Shame and guilt:** Many victims of violence are ashamed of their situation and feel guilty, which prevents them from seeking help. This situation can be reinforced by the fact that the violence has sometimes been going on for decades.

- **Non-recognition of the violent situation:** Some victims deny or minimise their situation and do not identify themselves as victims of violence, particularly when they suffer mainly psychological violence. This phenomenon can be even more pronounced among older victims, as they have grown up and lived a large part of their lives in a situation of psychological violence at a time when violence within the family was much more tolerated than it is today.
- **Fear of the consequences:** The fear of losing control of the situation and the fear that the partner's violence will increase if they ask for help prevent some older victims from seeking help. Some may also fear having to leave the home to which they are attached.
- **Fear of change (age-related):** Older people may feel that they lack the strength to tackle change (weighing up the effort required against the time remaining in their lives), particularly when it comes to legal procedures or changing accommodation. This feeling is reinforced by physical and cognitive limitations (e.g. reduced mobility, memory loss), as well as financial dependence on their spouse and lack of awareness of financial and administrative assistance.
- **Generational values and solving problems within the family:** Older people often want to solve relationship problems internally within the family and not expose them to the outside world, so as not to damage their reputation or, more generally, to avoid 'gossip' about the family situation. Some older victims also wish not to speak ill of their partner, even after his or her death.
- **Location:** Living in the countryside, in a small village where everyone knows everyone else, can prevent some victims from talking about their situation. What's more, the geographical distance involved in accessing certain support resources (e.g. victim support centre, emergency shelters, police station) can be a major barrier for some older people.

3.3 Elements facilitating the request for support and the mobilisation of existing support resources

It appears that older victims seek and use help resources in an extremely wide variety of ways. However, it can be seen that this **search for help generally begins with a form of informal help**. Several of the people interviewed said that (repeated) discussions with people they trusted, whether family members, friends or neighbours, encouraged them to seek professional help. Consultations with general practitioners or psychologists with whom the victims were already receiving treatment were also mentioned on several occasions. Some victims were also advised to contact shelters or organisations that offer and provide more specific help for victims of violence. In this way, **both trusted members of their private circle and professionals with whom they already have a relationship of trust** can act as intermediaries in accessing professional help specifically related to intimate partner violence. On the other hand, as mentioned above, social and geographical isolation, as well as the absence of trusted people in one's circle (relatives and professionals) are major obstacles to seeking help.

The professionals interviewed also stressed **the importance of establishing a relationship of trust** with the victim. This relationship should be characterised by **listening without judgement, a deep respect for the victim's individual wishes and needs**, and the adoption of **an appropriate pace** (often longer listening times and smaller objectives than with younger victims). **Providing information on existing support services and taking steps to strengthen the**

victim's social network and social contacts in order to reduce isolation are also considered to be extremely important in facilitating access to support resources and increasing opportunities for action.

3.4 Conclusions and recommendations

The analysis of the extensive data collected as part of the national project has led to a number of conclusions and recommendations for improving older people's access to support services for intimate partner violence in Switzerland.

1. **Intimate partner violence among older couples generally displays the same characteristics as among younger couples.** In particular, psychological violence and coercive control are omnipresent, as are physical and sexual violence. Even if the latter two forms of violence are not systematically present, it is important to pay attention to them, as representations of the older population as frail and dependent may lead professionals to think that physical and sexual violence are less of a problem for older couples (both as victims and perpetrators).
2. **The transition to retirement is a particularly risky time and can exacerbate an already present or underlying dynamic of violence.** It is therefore important for professionals to pay attention to these situations and provide information on existing support resources, not only for people aged 65 and over, but also for those still working. This topic could, for example, be addressed in pre-retirement programs and at events organized by local authorities to welcome new retirees.
3. **In many situations, the social and health problems associated with advancing age** (e.g. reduced mobility, dependence on one's partner for activities of daily living, lack of access to the Internet or poor command of digital tools) **add to the problem of intimate partner violence and make access to assistance resources more complex for older victims.** It is therefore essential that victim support services consider the specific needs and constraints of the older population (e.g., consultations by telephone or in a location close to the home rather than only on site, possibility of receiving care at home in emergency accommodation). Professionals working in the field of domestic violence also need to have a basic theoretical knowledge of ageing.
4. **Access to assistance resources must be confidential and trustworthy, without the older victim losing control of the consequences of seeking help.** To this end, it is important to promote low-threshold assistance services that are easy for older people to access. This is particularly true of the contact point of the National Competence Centre for Ageing without Violence, which can be contacted free of charge in three languages (French, German and Italian), by telephone on **0848 00 13 13** or by e-mail at info@vieillesesansviolence.ch. This contact point can be contacted anonymously. It offers listening, advice and guidance, considering the needs and wishes of older victims. It is aimed at older people, family members, third parties and professionals alike. In the event

of immediate life-threatening danger, call the police (117) or the medical emergency number (144) without delay.

5. **The issue of intimate partner violence among older couples needs to be given a higher profile in prevention campaigns on domestic violence and intimate partner violence.** Older people are rarely represented in existing campaigns. This invisibility may give the impression that this category of the population is not affected by the problem. This is even more important given that, since older victims make little use of help resources, they are under-represented in the available statistics. To reach older people, it is important to take into account and represent the heterogeneity of the older population (state of health, family situation, independence in activities of daily living, etc.) and the diversity of couple situations among older people (long-term marriages, late recoupling, LGBTQ+ couples, etc.)
6. **Intersectoral collaboration between professional networks dealing with ageing and those dealing with domestic violence should be strengthened at cantonal and federal level,** to improve access to existing support resources for older victims of intimate partner violence. A better understanding of the organizations active in each field, their services, how to access them and the implications of using these offers would enable professionals to better inform and guide older victims of intimate partner violence and their relatives. This increased collaboration requires the provision and funding of sufficient resources in terms of time, personnel and skills, as well as institutional recognition of cross-sectoral networking (e.g. participation of a staff member from the field of ageing in meetings of a cantonal commission to combat domestic violence).

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