

## National Report **Hungary**

# IPVOW

**INTIMATE  
PARTNER VIOLENCE  
AGAINST  
OLDER WOMEN**

Olga Toth, Katalin Robert



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# **Intimate Partner Violence against older Women**

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Olga Toth and Katalin Robert



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# I

## Executive summary

### 1.1. Background

- IPV committed against elderly women has been an unexplored area in Hungary so far, thus the results of the project are stop-gap.
- Aims and objectives of the research: gathering information on IPV against elderly women as a social phenomenon, becoming familiar with the how much the institutions and experts know about the cases and what their attitudes are, revealing the experiences of the victims, and above all, directing public attention to the phenomenon.
- In Hungary research on intimate partner violence began in late 1990s. There are only comparatively few data of this topic, and the researches are usually not built upon one another. The specific problems of elderly women do not really receive great priority in the researches either.
- The system of institutions dealing with the victims of IPV is less developed than in the Western countries, and the institutions themselves or the preparedness of the experts cannot be characterized as adequate either.
- The social attitude to the topic is rather rejecting than accepting, its importance is not recognized.

### 1.2. Research methods

- The overview of the Hungarian researches conducted in this topic has resulted in contradictory outcomes. On the one hand, there is little suitable research data, and on the other, a part of this is relatively old. Moreover, resistance to a research direction aiming at female victims and male perpetrators is very strong, similarly to the tendency to reduce the problem's importance.
- In the first part of the project we distributed a questionnaire developed by the members of the research team to institutions that had presumably met older women IPV victims during their work. The difficulty of the work with this questionnaire derived from the fact that many institutions failed to fill them in instead of our repeated request.

- In the next step we made interviews with experts who could form an opinion on the most important problems of this issue. Apart from this, the ones who had gained experience in cases as well, talked about the specific nature of dealing with elderly female victims.
- Finally we made interviews with older women IPV victims as well.

### 1.3.

#### Main results of the institutional survey

- We distributed 125 short and 224 long questionnaires; the return rate was 23%.
- In the course of sampling we tried to involve a wide range of institutions (the police, public prosecutor's offices, crisis centres, family helpers, helplines, institutions looking after and caring for the elderly, etc.).
- Unfortunately we have often found that the institutions are not interested in the topic, and some of them have little information about the cases.
- It is worth mentioning that our research is not a prevalence study, and it is not a task of ours to report the number of elderly female victims.
- The majority of the cases included repeated, one-sided, long lasting violence that started before the age of 60. The perpetrator is generally the spouse or divorced spouse living together with the victim if the parties do not manage to move apart.

### 1.4.

#### Lessons of the victim interviews

- We managed to make interviews with 9 victims. We managed to reach six out of the experts through different social care institutions. In the social welfare institutions the victims under care had not necessarily been received by the social workers as a result of IPV, but later it turned out that they had been victims of IPV. The other three victims had active relationship with different helplines.
- All victims can be characterized by premature or quite the contrary, too late marriage and pregnancy – fear from being left alone, social pressure for getting married at any price.
- Usually the relationships are violent from beginning to the end; if there is one partner, then violence starts at an early stage of the marriage. If there are more partners, then the subsequent partner(s) behave(s) in accordance with the same pattern.

- Violent actions are complex, cyclic, and “terrorist type”; they rarely begin above the age of 60.
- Many kinds of severe physical and mental injuries can be revealed at the victims.
- Attempts for breaking free usually have no chance; only the joint work of the environment, the family and the experts can help.
- Victims are characterized by shame, anger, sorrow, depression, and sometimes ambivalent feelings.

### **1.5. Lessons of the expert interviews**

- In the background of the difficult recruitment we can find overwrought experts, lack of interest and lack of information.
- The complex idea of IPV is unknown for many experts, thus they do not realize the complex nature of this type of violence.
- Health related professions are the less involved in this issue, although victims primarily appear at their office.
- Some experts of the social welfare related professions have little knowledge about the topic.
- The attitude of the police and the law enforcement professions in general varies depending on the individuals involved.
- There are few institutions in Hungary the victims can turn to, and sometimes information flow is not suitable among the different professions either.
- A part of the experts refuses to accept the problem; they are of the opinion that intimate partner violence cannot occur at an older age.

### **1.6. Recommendations**

- The most important task is to raise attention at every level. It is true for the public opinion, the victims, the different experts and the decision makers alike.
- Such media campaign is necessary that does not focus on showing funny or gruesomely brutal cases, but on presenting the everyday nature of the issue.
- It is necessary to have more victim protecting institutions, which should pay more attention to the specific needs of older women.
- The outstanding role of the environment: adult children, wider family, neighbours, in smaller settlements experts (social worker, policeman, and

clergyman/priest) and the people in dominant positions shall also pay attention to this issue.

- It is also necessary that this topic is highlighted in the course of the education, training and further training of specialists.

## II

# IPVoW – a European study on intimate partner violence against older women

### 2.1.

#### Starting points and conceptual background

So far only little is known about older women as victims of intimate partner violence in Europe. The issue often gets lost between the topics of intimate partner violence, domestic violence and elder abuse – both in research and in the provision of service. Domestic violence services and research on the one hand generally do not focus in any special way on older women and age-related issues, and elder (abuse) services and research with their focus on vulnerability and care issues on the other hand usually are not sensitive to gender-specific dimensions of violence in partnerships. An age-specific approach and a gender-specific approach to family violence seem to be for the most part mutually exclusive. The Intimate Partner Violence against older Women study (IPVoW) – a European research project conducted by 7 partners in 6 countries - started its research activities with the aim of bridging this gap and arriving at a comprehensive age- and gender-sensitive view on the issue. This report explains the goals and methods of IPVoW, presenting and discussing the findings of this multi-method study and gives directions for future research and support for older female victims of intimate partner violence. In this report the situation in Hungary is highlighted. An international report (in English) summarizes the results for all countries. Like the reports from all other countries it is available on the Website [www.IPVow.org](http://www.IPVow.org).

An initial glance at older female victims of intimate partner violence produces a blurred picture of a rarely reported phenomenon. For most of the European countries national victimization and crime surveys provide no information on prevalence rates for this specific target group and phenomenon. The few victimization surveys bearing relevance to this question clearly show that IPV is a problem for older women far less often than for younger women (see e.g. Schröttle, 2008, for the US see Zink, Fisher, Regan & Pabst, 2005, Zink, Jacobson, Regan, Fisher & Pabst 2006, Bonomi, Anderson, Reid, Carrell, Fishman,

Rivara & Thompson, 2007). Prevalence studies on the abuse of older men and women by family and household members arrive at similar conclusions (Mouton et al. 2004, G6rger, Herbst & Rabold, 2010). Thus, service providers for domestic violence issues report very small numbers of older victims using their services. On the other hand, professionals report about severe cases of IPV against older women and stress that intimate partner violence probably does not stop at age 60, but that barriers to help seeking and reporting violence are for older victims especially high and thus the majority of cases remain undetected.

Research projects<sup>1</sup> specifically addressing the issue of IPV against older women and reports related to service provision for older victims<sup>2</sup> have been published mainly in the USA, Canada and Australia, with important contributions also coming from Israel (Winterstein & Eisikovits, 2005, 2009). For countries of the European Union first steps to describing the phenomenon and identifying service and research gaps have also been taken in the Daphne program. The Daphne research project "Recognition, prevention and treatment of abuse of older women"<sup>3</sup> provided initial insights, although sampling methods and size and the standardized approach limited exploration of this in depth. This project as well as the Daphne project "Violence against older women" noted a striking absence of data on the issue as well as a lack of services (Ockleford et al, 2003)<sup>4</sup>. The Daphne projects "Breaking the taboo"<sup>5</sup> and "Care for Carers"<sup>6</sup> focus on violence against older women in care-giving relationships and thus stress the relevance of care-giving to the development of violence. Aside from this only a few studies have been conducted, mostly small scale ones based on a small number of interviews with victims (Pritchard, 2004) or/and on expert knowledge (Scott, McKie, Morton, Seddon & Wasoff, 2004).

On the basis of the existing body of research the project team developed a design for a European research project on IPV against older women with the intention of filling in existing knowledge gaps on the issue and providing useful information for service providers and policy-makers. The two-year project (2009 –

<sup>1</sup> See for example Aronson, Thornewell & Williams, 1995, Bergeron, 2001, Brandl, 2002, Chrichton, Bond, Harvey & Ristock, 1999, Dunlop, Beaulier, Seff, Newman, Malik & Fuster, Fisher & Regan, 2006, 2005, Gravel, Beaulieu & Lithwick, 1997, Grundfeld, Larsson, Mac Kay & Hotch, 1996, Hightower, 2006, Lundy & Grossman, 2004, Lupri 1993, Mears, 2003, Montminy, 2005, Morgan Disney Associates, 2000a, 2000b, Mouton, 1999, Mouton et al. 2004, Rennison & Rand 2003, Teaster, Roberto & Dugar, 2006, Wolf & Pillemer, 1997, Zink, Regan, Jacobson & pabst, 2003

<sup>2</sup> Important contributions to research on service provision have also been made by Rosalie S. Wolf (1998, 1999), Linda Vinton (1992, 1999, 2003, Vinton, Altholz & Lobell-Boesch, 1997), Carol Seaver (1996) and Brandl (Brandl, Hebert, Rozwadowski & Spangler, 2003). For more publications see Brownell, 2006, Chan, 2004, Grossman & Lundy, 2003, Maxwell & O'Rourke, 1999, Paranjape, Tucker, McKenzie-Mack, Thompson & Kaslow, 2007, Paranjape, Rodriguez, Gaughan & Kaslow, 2009, Smith & Hightower, 2004, Straka & Montminy, 2006, Teitelman, 2006

<sup>3</sup> See [http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2000\\_125\\_w\\_en.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2000_125_w_en.html)

<sup>4</sup> See [http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2001\\_215\\_w\\_en.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2001_215_w_en.html)

<sup>5</sup> See <http://www.rotekreuz.at/pflege-betreuung/weitere-projekte/>

<sup>6</sup> See [http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2005\\_2\\_068\\_w\\_de.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2005_2_068_w_de.html)

2010) was financially supported by the Daphne III program of the European Commission. The project involved partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal and was coordinated by the Department of Criminology and Crime Prevention at German Police University, Muenster.

The project had a number of specific objectives. First, project partners intended to gather, compile and analyze existing national data on the issue from different sources in order to provide the partner countries an overview of the number of female older victims of IPV who somehow have access to service systems or come into contact with law enforcement agencies. An additional objective was to find out to what extent national data sources provide information on older victims of IPV (police statistics, statistics from services) in order to give recommendations concerning future data collection including at the European level.

The study was secondly aimed at closing significant gaps in existing knowledge on IPV against older women in Europe by carrying out original empirical research (a survey of institutions, interviews with professionals and interviews with victims). This research aimed at finding out how many older female victims of IPV use services for domestic violence victims (women's shelters/refuges, hotlines, counselling services) and other services, analyzing characteristics of older female victims and their perpetrators, relationship characteristics and dynamics, risk and protective factors, causes of abuse, characteristics of violent acts (dynamics, situational factors), its contexts, and exploring help-seeking behaviour of older victims and barriers to help-seeking. Additionally problems of currently provided services, inadequate service provision and inadequate outreach for the target group, and good intervention approaches were to be identified.

The third objective was to develop recommendations for future action at a national and European level. These recommendations are to be developed on the basis of the research results and discussions in expert networks. The idea was to identify current responses to IPV against older women on a national level, detect gaps in legislation and support systems and find out about needs for future action on the topic in the partner countries by discussing these issues with national experts. At an international level these recommendations were discussed within the frame of an international expert workshop in Berlin in November 2010.

There are several important principles guiding the project and its fieldwork. The project was intended to give victims a voice, which means to give them the possibility to describe their own perspective on the issue and not just rely on experts' knowledge. A crucial aspect was also to be very sensitive on ethical issues

as regards the interviews with victims. Finally project partners also intended to use the survey and interviews with staff in the tradition of action research methods as instruments for raising awareness so that older women may have a better chance of becoming a target group for institutions and to strengthen interest in the issue.

## 2.2.

### **The transnational cooperation**

#### **Partners and countries involved**

IPVoW was carried out by 7 research institutions from Austria, Hungary, the UK, Poland, Germany and Portugal – 3 universities, 3 research institutes and one academy of sciences. Given the fact that the type of welfare regime is strongly connected to the way gender hierarchies are organised in the countries, participants were included from liberal welfare regimes (United Kingdom), corporate welfare regimes (Austria, Germany), Eastern European welfare regimes (Hungary, Poland), and Southern European welfare regimes (Portugal). As regards transition states, countries were selected exhibiting a different impact of religion on the way gender relations are organized within families (Poland and Hungary). The UK was also selected because it is the only European country where some services address the special needs of older victims of intimate partner violence (Scott et al., 2004). Austria was selected because of its exemplary domestic violence legislation and intervention system. Important criteria in the selection of partners were also previous experience in cooperation, the expertise of partners in the field and the willingness of partners to bridge the gap between domestic violence and elder abuse research.

The following organisations and individuals took part in the study:

- Germany - German Police University (DHPol), Muenster: Thomas Goergen and Birgit Winkelsett (coordination)
- Austria – IKF (Institute of Conflict Research), Vienna: Birgitt Haller and Helga Amesberger
- Germany - Zoom - Society for Prospective Developments e.V., Goettingen: Barbara Naegele, Urte Boehm and Nils Pagels
- Hungary - Academy of Science, Budapest: Olga Toth and Katalin Robert
- Poland - University of Bialystok: Jerzy Halicki, Malgorzata Halicka, Emilia Kramkowska and Cesary Zuk
- Portugal – CESIS – Centre for Studies for Social Intervention, Lisbon: Heloisa Perista, Alexandra Silva and Vanda Neves



- UK - University of Sheffield: Bridget Penhale and Jenny Porritt

Associate partners were Zvi Eisikovits and Tova Band Winterstein from the University of Haifa (Institute for the Study of Society), who acted in a consultative and advisory capacity in the project.

### 2.3.

#### **Multi-method approach to intimate partner violence against older women – an overview**

The decision on the methodological approach was guided by research interest on the one hand and known research limitations as regards this specific topic on the other. Prevalence data on the issue would have been highly interesting to the research team, but no empirical approach which could produce sound data was feasible or reasonable. Given the fact that only rather small numbers of older female victims of IPV have been identified in victimization surveys down to the present, any attempt to measure the extent would inevitably lead to a need for very large sample sizes and might still not result in sufficient case numbers to allow in-depth analysis. An additional problem which was identified was that victimization surveys aiming at prevalence data are of very limited value as regards victimization in the “fourth age” because the most vulnerable older women (e.g. women with dementia) are also the least accessible to research. With these limitations in mind the research team decided to put a special focus on help-seeking and service usage by older victims of intimate partner violence and on qualitative data on cases of IPV against older women. Experience gained in a small regionally focussed German study on sexual violence against older people (Görge, Newig, Nägele & Herbst, 2005, Görge, Nägele, Herbst & Newig, 2006, Görge & Nägele, 2006) confirmed that research on rarely reported events affecting people who are difficult to access needs to combine different methods and perspectives, integrating third-hand case knowledge from professionals. The research design of IPVoW was developed on the basis of this research project and adopts some of its components.

Research aims were first of all to gain insight into cases of intimate partner violence against older women in general, and secondly to gather information on institutional knowledge of cases and ways of dealing with the phenomenon. Based on these aims, IPVoW opted for a multi-method and multi-perspective approach combining the use of existing data and own empirical work and bringing together the view of professionals and first-hand experience - the views of older women affected by IPV. Methods used for this study include reviews of

existing institutional data, a standardized postal survey, interviews and focus groups. All partners completed the same research program, while sample sizes varied across countries according to the size of the country and the service system.

The project design included the following components:

**(1) Review of existing institutional data on intimate partner violence**

**against older women:** In the first step, partners gathered and compiled research and data from umbrella organizations of different victim's services institutions and other sources (like police statistics) at the national level. Partners analyzed available data in order to obtain an overview of the number of registered older female victims of intimate partner violence, the number of victims who somehow have access to service systems or who come into contact with law enforcement agencies and to find out to what extent national data resources provide information on older women.

**(2) Institutional survey:** Partners conducted a postal survey of institutions serving the needs of victims of intimate partner violence and of other institutions who might have contact with older victims. Questionnaires were sent out to a wide range of services with possible case knowledge, including for example women's shelters/refuges, hotlines, counselling services and law enforcement agencies. The survey served as an instrument to explore how many older female victims of IPV make use of services and as a basis for an initial explorative analysis of the phenomenon. It was also used as a screening device for institutions and staff with case knowledge. In Hungary, 349 questionnaires were distributed.

**(3) Staff interviews:** Face-to-face interviews were conducted with professionals who had case knowledge and appeared to be of interest to the study. The sample of interviewees was mostly drawn from the institutions involved in the institutional survey, usually adding some other institutions the research team had been in contact with. In Hungary, 25 interviews were conducted with professionals.

**(4) Victim interviews:** Partners used different ways to access older female victims of intimate partner violence as interview partners. Mostly access was made possible via professionals from organizations involved in the questionnaire study, the interviews, or national expert networks (see 5). In some cases partners searched for possible interview partners via newspaper articles. In Hungary, 9 interviews were conducted.

**(5) National expert networks:** In all countries, partners set up or collaborated with already existing national expert networks with representatives from national organizations (e.g. from the field of violence against women, from senior's organizations, law enforcement agencies, legislation, and policy-makers). These networks first of all supported data collection and the empirical work, and secondly helped to identify current responses and gaps in legislation and support at the national level. They were used as a forum for discussing needs for national action and contributed significantly to the recommendations contained in this report.

Additionally, at an international workshop in November 2010, other European experts added expertise as regards current and future action on this issue in their countries and contributed to developing recommendations for prospective national and EU activities.

### III

## IPV against older women in context: Societal and culture background factors

### 3.1.

#### **The Demographic situation (the proportion of elderly people within society, their family status, state of health, in addition to life expectancy)**

Hungary, similarly to the majority of European countries, is an ageing population. Certain societal and demographic factors may speed up, or alternatively slow down the ageing process. A brief overview is necessary in order to gain a deeper understanding of the results regarding IPV research against elderly women.

As is well known from the results of demographic research, a given country's population state, and the proportion of young and old is influenced by three demographic and societal factors. These are as follows: the number of births, the number of deaths, and the extent of migration in a given period. The level of migration in Hungary is to a small degree positive – 18474 persons in 2007 (Demographic Yearbook, 2008), however we may generally note that the number and ratio of people migrating to and from the country – particularly in comparison to older EU member states – is marginal, hence migration effects will not be considered in relation to the ageing process.

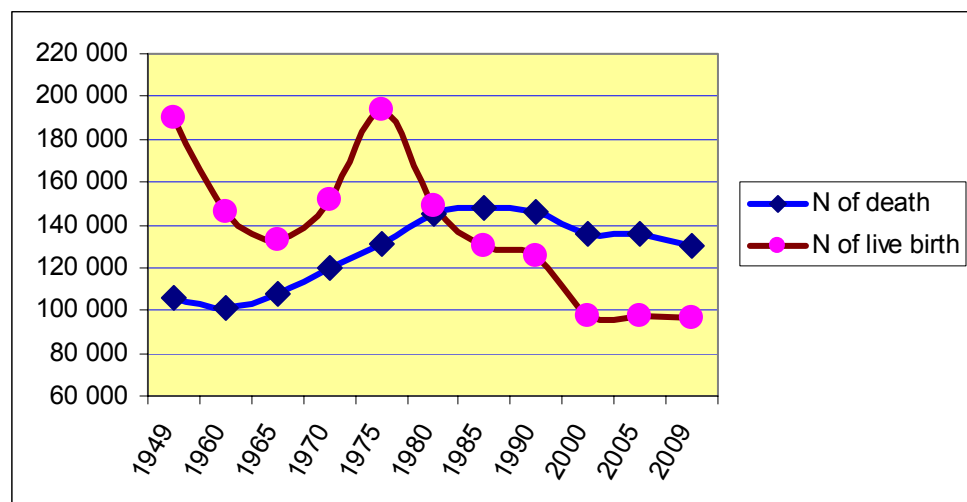
This at the same time proves the fact that in statistical terms the number of foreigners is insignificant. When considering the total number of people residing in the country, foreigners steadily make up 1,1-1,6 %- of the population. (Demographic yearbook, 2009) Foreigners receive citizenship at a varying rate and number from year to year, but their total remains below 0,1%- of the entire population. It is of significance to note that  $\frac{3}{4}$  (this fraction was even greater at the beginning of the nineties) migrants returning to their homeland, or from neighboring countries (from Romania between 1989-90, then during the Balkan

war in the mid nineties from the former republic of Yugoslavia) of immigrants speak Hungarian as their mother tongue. The large majority of immigrants were young people, which not therefore increase the number of old people within the Hungarian population; moreover with their permanent residence and the establishment of families, they indeed to a minor degree increased the proportion of youngsters within the population. *This at the same time results in the fact that the topic of our project, the IPV does not have a migration element to it in Hungary. Migrating women, special issues relating to non-native speaking older women do not concern the country.*

The natural process of reproduction began regressing in Hungary in 1981, from this time on the death rate over took the fertility rate. In the last 3 decades this trend has not changed, in other words, there was not one year, when the number of children born was greater than that of the number of deaths. The steady and trend like decline of the birth rate increased the ageing process within society.

### III.1. graph

**The number of live births and the mortality in Hungary, 1949-2009**

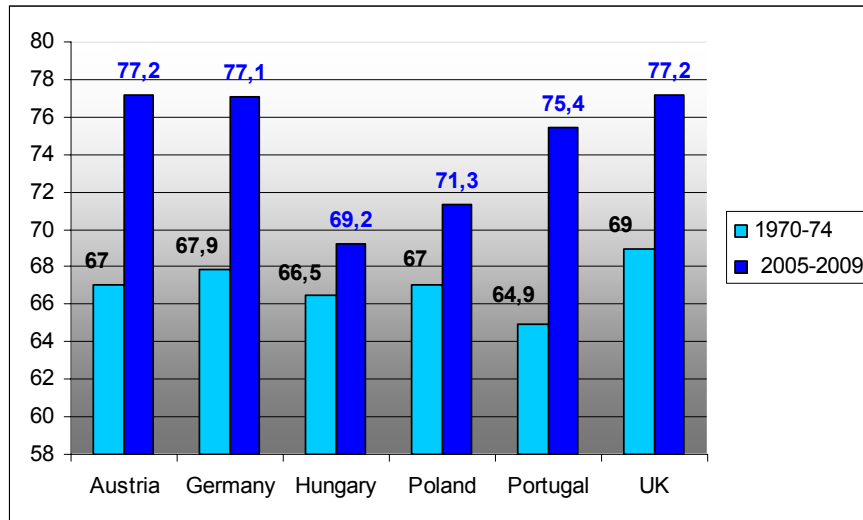


We should not however overlook the significance of the fact that the natural speed and rate at which people deacease, is greatly influenced by the high ratio of the mortality rate. *The average life expectancy in Hungary is far below that of the majority of European states.*

*The following graph illustrates the life expectancy of both males and females at birth in Hungary and other nations, where this research was conducted.*

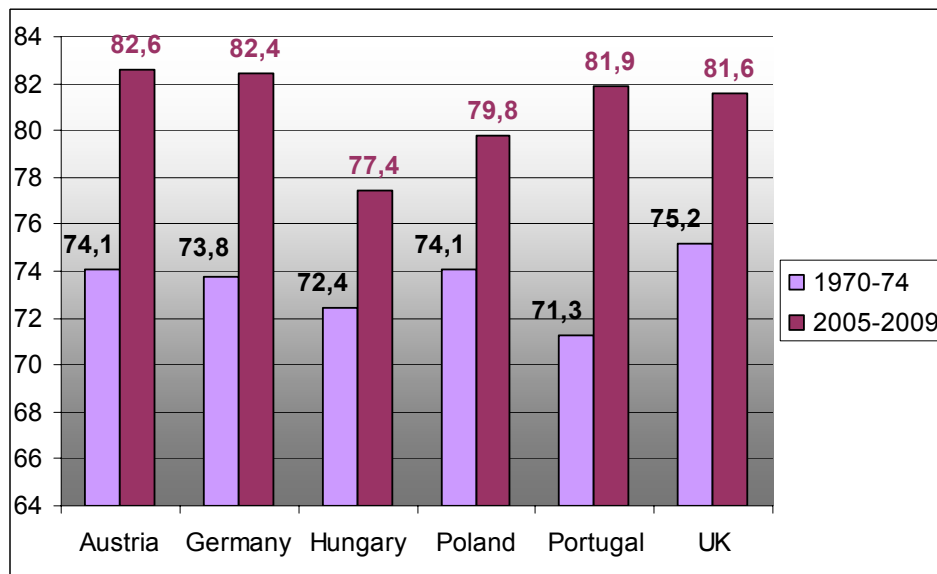
## III.2. Graph

The average life expectancy of males at birth, in the project's countries in the periods 1970-74 and 2005-2009



## III.3. Graph

The average life expectancy of females at birth, in the project's countries in the periods 1970-74 and 2005-2009



The results clearly illustrate that in the first half of the 1970's the life expectancy of both males and females at birth fit in with the European trend. The life expectancy of males at birth only marginally deviated from the results gathered in both Austria and Poland, and was indeed better than that of the data in Portugal. The extent of divergence in relation to other countries was greater in the case of females; however the difference remained between 1-3 years. The fol-

lowing 30-35 years did however significantly alter the order of things. While in the majority of European states an 8-10 year increase prevailed in terms of the average life expectancy at birth, in both Hungary's and Poland's case, this progression was far slower and weaker. In both countries an improvement of 5-6 years occurred in relation to life expectancy at birth, however the Polish case commenced at an already higher level, hence their data is more aligned with that of the data found in Western Europe. In Hungary today the likelihood of a man to pass the age of 65 is 62%, as opposed to 82% in the case of Austrian men. (UNDP 2008)

The development of such an unfavorable state in relation to life expectancy at birth may be attributed to the fact that, in the first place middle aged men constitute very negative figures with regards to the death rate. The high rate of early deaths works against the ageing of society. As a result of this, in broad terms the old age/infant ratio (the so called ageing index) is 109,9. This cannot be regarded as being significantly bad in Europe in 2010.

While experiencing substantially worse mortality rates than the majority of EU countries, the population's general state of health is also lagging behind relative to the rate of economic development. (KOPP-Skrabski 2009) According to the research, the quality of treatment initiated by doctors does not account for these negative figures. The following factors play a more important role:

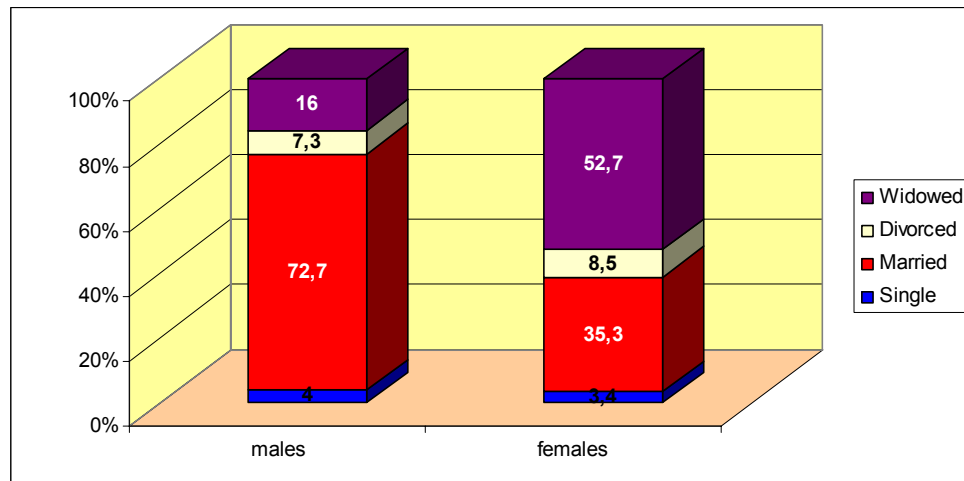
- lack of prevention,
- the drastic deterioration of health in both women and men of a young age with poor levels of education,
- steady unemployment and the combined repercussions in terms of finance and mental health,
- harmful lifestyles (smoking, high alcohol consumption),
- the sense of lack of control over one's life, stress,
- lack of a partner support system, in men' case primarily the lacking of a wife.

Early mortality rates, among middle aged men and 60 year old men, result a specific family structure in Hungary. While the majority of men above the age of 60 are still married, women of a similar age are more likely to be in the family category of widows. Relationships based on co-habitation in older generations are less widespread in Hungary as opposed to Western states. Old people living in co-habitation only constitute for 4,3 % of relationships in 2001. There are also deviations with regard to the genders when considering the ratio of divorcees, as in the past years, decades, re-marriages after divorce were more indicative of men, than women. Female divorcees stood a smaller chance not only

relative to younger women, but also older men. In other words the older the woman was, and the older she became, the smaller the likelihood of her entering into a new relationship.

#### III.4. Graph

**Family status of male and female population over 60 years of age in 2005**



In Hungary there are 1592 women to every thousand men above the age of 60. As a result of all of the above, the IPV as a danger or threat in the case of one stratum of older women does not occur simply for the lack of a partner.

### 3.2.

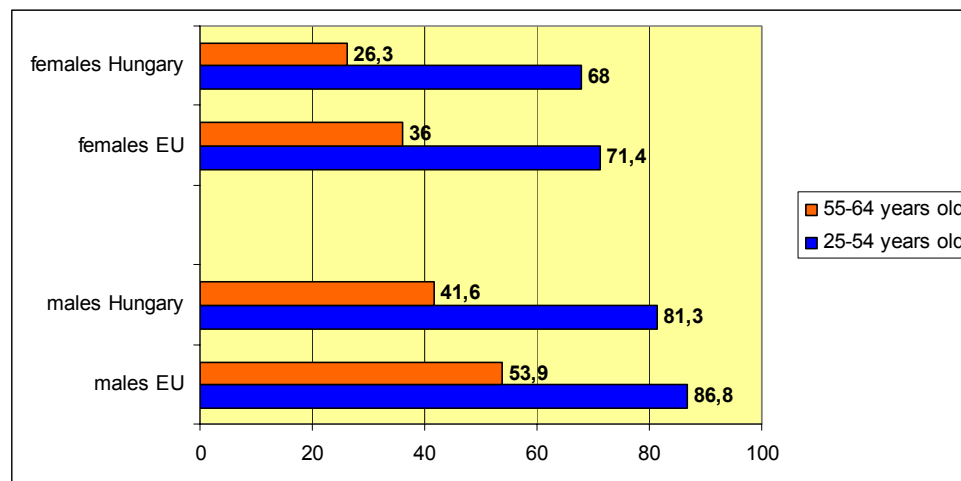
#### Objective standard of living (work, pension, income, housing)

The age of retirement in Hungary up until the 1990's (in the case of compulsory work year's completion) was 55 years for women, and 60 years in men's case. The introduction of a new retirement law in 1998, gradually imposed the extension of the age of retirement, therefore both men and women were permitted to retire at the age of 62 in 2009. However it is of great significance to note at the same time, that the rate of employment in Hungary is below the EU average. The rate of employment of able bodied males between the ages of (15-64 years) in the EU was 71, 6% in 2007. The figure stood at 64 % in Hungary, and in the case of females was duly 57, 1% and 50, 9%. (FREY 2009) The employment rate of those above the age of 50 is particularly low, as the following graph demonstrates.



## III.5. graph

**The average rate of employment of both men and women of various age groups in Hungary and the 27 member states of the EU in 2007.**



One of the main reasons for this is as follows: two decades have passed since the transition, during which a considerable number of both men and women over the age of 50 strive to obtain disability pensions, or early retirement. This on the one hand means that they avoid becoming unemployed, it can however be justified in many cases in terms of health and attributed to the country's data in relation to the bad mortality rate. It is however obvious at the same time, that the rehabilitation of people who are able to work despite disabilities of varying severity, back into the work world has not been solved. Those who have either left the work sphere due to early retirement or as a result of a disability pension, are indeed unlikely to enter back into the work world.

The average old age pension for men and women in 2009 was 104749 Forints (374 Euro) and 86357 Forints (308 Euro). ([www.ksh.hu](http://www.ksh.hu)) This average number demonstrates a fairly large variation, as compared to old age pensioners, younger pensioners receive a substantially bigger sum. Women predominantly over the age of 80 are in the worst financial position, part of this group does not even have a legal pension at their disposal, or rather if they do, the sum of which is menial. The transfer of income between generations has become fairly widespread, therefore both young and old provide financial support to their family members.

Older men usually live as husband in a family household; women however typically live in a household of one. This discrepancy has been explained earlier with regards to demographic divergences. In Hungary the family plays an important role in the looking after and care of the elderly, with primary responsibil-

ity placed on the spouse (if alive) and then children. However it is not common for families to live together with multiple generations. It is more indicative of the older people to live alone in his/her home, for as long as possible, with help provided by the family and social services. Demand is far greater than what social services have to offer in terms of space. There were 84 thousand older people living state run institutionally based households in 2008.

### 3.3.

#### **Social welfare services that deal with the elderly**

The social welfare of the elderly population is regulated under the 1993. Year III. Law. This law includes a number of different forms of welfare, and specifies that these forms should be built on, and closely related to one another. The multiplicity of the subject was proven when undertaken in a research (Bácskay 2004) which expressed that social welfare services ratified in law are not guaranteed for all who are most in need. In addition to this, the various forms of welfare that are related to each other are inappropriate. Not only are old people placed in a situation where they could experience extreme difficulties, to the higher echelons of the welfare system, where the system neglected their basic welfare, who were not cared for earlier; but similar situations frequently occur with regard to children, and families. The functioning of the social welfare system is regarded as a key issue within this project. The main principles of its functioning and anomalies will therefore be introduced in this section.

There are two complementary requirements in relation to the welfare of the elderly in Hungarian society. On the one hand in terms of the traditional family mindset, the welfare and care of the elderly is duly classed as the family's responsibility. The actual operationalisation of this type of approach frequently occurs with difficulty; since geographical mobility in itself signifies the fact that the elderly and their children may not necessarily live in the same settlement. In accordance with this type of traditional family mindset, in so much as siblings as well as relatives live in close vicinity to the elderly, they also take part in the daily care of the person. The other required/expected type of care, is state run care. Decades of Socialism shaped and strengthened a paternalistic attitude towards the state. Along these lines it is the state's „obligation” to care for all who are in need, who are not (already) receiving sufficient support, care from their own family. Social welfare is therefore founded on these two fundamental pillars, which are visibly lacking, or rather few people affected by self welfare, or provision. The larger section of Hungarian society does not prepare for self-

provision/welfare as such by the time they reach old age, are sick, and struggling with their standard of living.

Minimal services are comprised within basic social services, the undertaking of which are done or should be done by local authorities. These services function in order to make sure that those who are socially in need may remain in their own homes, and maintain their way of living, while receiving appropriate support. Basic social services comprises domestic care, social catering, in addition to caretaking responsibilities in villages.

*Domestic care* is a basic social service provided to persons being unable to care for themselves in their own home and need help in performing the tasks necessary for independent life. It may mean help in shopping, household chores, the arranging of official tasks, and the providing of healthcare services. The majority of caretakers are women, who are qualified social workers. They are the ones who visit and care for those elderly in need in their homes numerous times a week. It is of significance to note that as the law states, all local authorities should undertake the organization of such provision, and however, even today in a lot of settlements with low populations this remains incomplete. We should at the same time be aware that a substantial number of old people do live in ageing villages with a low population. In 2008 216 persons out of 10 thousand 60+ years old got domestic care in his/her home. (Yearbook of Welfare Statistics, 2008)

The other form of basic welfare service is *social catering*. This accordingly entails the providing of one hot meal on a daily basis, and may mean that those socially in need go to a central location for its consumption, or alternatively take it home, unless they are disabled and food is delivered to them. 5% of over 60 year olds received such services in 2008 (Yearbook of Welfare Statistics, 2008), this proportion reaches 9% in smaller settlements. This type of social welfare system is not indeed as widespread in its reach as its demand would require. This problem can mainly be explained by the lack of financial resources on the part of local authorities, in addition to a lack of qualified caretakers.

*Village and homestead caretaker services* make up the third type of basic social service. The purpose of this service is to alleviate the disadvantages of small villages and outlying areas arising from the absence of institutions and to ensure access to services satisfying basic needs, to public and certain other services. Village caretaker service can be run in the settlements with a population of under 600 inhabitants. Homestead caretaker service can be run in the settlements or outlying areas with a population between 70 and 400 inhabitants. Caretakers

in villages execute complex tasks, since tasks such as the ones mentioned earlier: besides home care, and the delivery of meals, the providing of transport is given in some cases, in addition to the maintenance of public areas (E.g. the clearing away of snow). The number of caretakers in villages has changed in the following way: it was 552 persons in 2001 and 708 in 2008. (Yearbook of Welfare Statistics, 2008)

The actual carrying out of basic social welfare is the primary responsibility of local authorities, in addition to official organizations, however they cannot fully complete such duties for lack of financial resources and increasing demands. Hence for these reason a number of non-profit, and profit based organizations have been established in the past decade.

Apart from basic provision, specialized forms of provision have been created for the care of the elderly. It is indeed worth listing here such daily establishments (old peoples club) where the elderly who are socially and/or mentally in need may spend their time during the day, aside from the fact that basic cleaning facilities, heating etc are all provided for. It is however the establishment's responsibility to decide whether such places will be temporary shelters, or whether they will provide further assistance. We should also list among specialized welfare provision, the place of temporary or permanent accommodation/housing such as dormitories. We must mention here the *home for the aged*, what is a long term social institution providing nursing and care for persons over retirement age who do not require regular hospital treatment. 4% of people over 60 years are living in these institutions.

### 3.4. The judging and experiencing of old age

Hungarian society's traditional family approach accurately reflects societal judgment of old age. Commonly when talking about elderly people, their financial state, role of the family, and the affiliations of younger generations are usually attributed. It is indicative of people to use the term „pensioner” most frequently for them. Hence this group, complex both in terms of the age, and social status, is categorized in relation to another criterion that is their secession from the labor market. This is additionally displeasing, as I illustrated earlier – since the earliest age of retirement is 62 in Hungary today. Hence the term, „old” will therefore also relate to those between the ages of 55-60, simply because of the preparations for retirement.

The financial state of older people comes into the forefront primarily during election years. With the exception of the elderly people, over 80 years, the large majority of over 60 year olds receive pensions based on their own rights, or spousal pensions. Those who entered retirement in the post-transition period are in a far more favorable financial state, than those who are of an older generation. This may be on the one hand attributed to the index feature within the pension system, and the fact that those who enter retirement have increasingly high standards of education, in addition to the extension of the service period. The number of old people per se, and the increasing proportion of them within the population at the same signifies the increasing place of subjects, in public and political discussions; such as the value stabilization of pensions, and the financial problems old people face.

The other important element of public discussions concerning old people, relates (without breaking away from the financial situation) to inter-generational dependence, in addition to the question of transfer between generations. The traditional Hungarian mentality manifests itself in two ways in relation to this question. They primarily regard the caring of the old who are in need as the family's responsibility. Apart from this, and that which compensates the latter, is the overriding importance of the role of the State? A paternalistic caring role is expected of the State. Even before the Second World War, self-help in addition to the mindset of group solidarity was not representative of Hungarian society; moreover the socialist takeover between 1947-1989 destroyed such implemented initiatives.

Hungarian society was representative of inter generational dependence in the past 6 decades. The increasing proportion of young mothers who became full-time workers, post 1947 meant that the help grandmothers offered was of great importance. Childcare institutions by the early 1980's became capable of satisfying demand in terms of capacity; however a number of problems began occurring regarding quality. The grandmother age played and still today plays a role of exceptional importance in terms of a woman's life course. The current government's social policy is based on the conservative mindset in terms of the family, in so much as this may be judged. The caring of young children during the day is predominantly established as the responsibility and realm of the grandparent rather than the development of the institutional network.

Inter-generational dependence also manifests itself in that society predominantly sees the buying of flats for the younger generation as the family's or parents' responsibility, which could obviously be seen during the decades of socialism. The rented flat sector in Hungary hardly exists, 95% of flats are in the individu-

als' ownership. The parents of young adults often support them financially even as pensioners (For example in the paying off of long-term mortgages), in addition to cases when the young adult becomes unemployed. Financial support gives a form of empowerment to older people, in terms of having a say in their children's or grandchildren's life. Public opinion often deems such forms of influence as being excessive and an added strain.

Older age as a life cycle is unique, comprising its own values, and interests, hardly appearing in public discussions. Hence old people are either viewed as groups that „will need care“, or as those who will be of support to younger generations. Indeed there are clubs for old people (see the introduction of the social policy part), however, these, with some exceptions do not truly illustrate the ability to be self-sufficient, only ensuring hot meals and a heated environment for old people. The re-organization of political life with regards civil organizations, in addition to its weakening has meant that old people do not demonstrate real activeness in terms of expressing their own interest. In 2003 there were 859 non-profit organizations related to old people. Half of these operated as institutionally based welfare, or rather social services, and a mere 400 that were contracted for free-time activities. (Ezüstkor, 2004)

Perhaps it may be explained as a result of all of the above, that a large majority of those experts interviewed in our research found our research issue irrelevant, did not deem it as being of great importance (chapter based on the processing of interviews with experts).

The fact that an older woman may become the victim of IPV is difficult to state in the public's view, and that this itself becomes a serious societal question that deserves attention. The image of a helpful grandmother, one that lovingly looks after a child that can no longer look after him/herself is projected onto women over 60 years of age by people, with no place at all for maltreatment. This ideal image is of such strength, that some experts who are in direct contact with IPV dismiss, and dumb down the problem.

### 3.5.

#### **Research in relation to old people – what is missing?**

The attitude that is representative in the majority of researches conducted with regards to old people is also present in public debates/discussions and political discussions. Elderly people appear as a group who signify problems to society. „Managing ageing issues is one of the most graving problems in modern Euro-

pean societies.” – notes the latest research concerning the problems of old people. (See Szirmai V. et al. 2010 p. 161) The employment system as a primary point of concern, the necessity of reform required by the pension system, the support issues that are necessary for old people at a societal level, and the financial problems old people face in the broader sense of the word are all at a focal point of study in relation to this specific group. (KOVÁCS 2010, GÁL et al. 2006, FREY 2009, Monostori 2009)

The other research group presents the rate and demographic nature of ageing, in addition to its causes. I will list research concerning state of health in this group, for as I have already demonstrated earlier, such factors have a strong effect on society’s dependency ratio, in other words an effect on old people’s family and their standard of life. (See: HABLICSEK 2010, Vitrai-Mihalicza 2006, KOPP-Skrabski 2009)

Another group dealt with issues governing old people’s emotional health, loneliness, in addition to feelings incited by marginalization on the part of society. Here great emphasis was placed on family relations, in addition to the emotional and instrumental nature of help between generations. It is worth mentioning here that many misconceptions have occurred even in these researches, which were executed in expert circles. Many people have primarily stated – in morally based writings – that the problems older people face can be today fundamentally attributed to the collapse of the big multiple-generation family, or rather the phenomenon today that encapsulates the large extent of women entering the job market. However it is of importance to emphasize that the existence of large families based on multiple generations that live together has not been representative of Hungary even at the beginning of the 20th century. (Moreover this has been the case for over 300 years in certain parts of Hungary) Furthermore women entering the job market was not on the one hand a development that had occurred during socialism, a third of women were in employment at the beginning of the 20th century, indeed this data does not account for farming undertaken by peasant families. Female employment moreover, strongly declined after the transition, and diverged from the EU average. Hence there is a certain harmony between the Hungarian population and the conservative image of the family. The existence of an idyllic family state was assumed up until the very recent past, whose decay and disappearance may be linked to the transition and the development of the capitalist system.

On the whole, research regarding older people does not as such differ so greatly from political and public based discussions. They are in fact paternalistic, investigating older people, primarily as the progenitors of social problems. There are

few researches (or perhaps none at all) that deal with old age, an age in itself with its own interests, the self governing of older people, life opportunities in the third stage of life, in addition to exceptional problems concerning old people, such as usually maltreatment, as well as the IPV.



## IV

# Overview of existing national data on the issue

### 4.1. Legal background

Violence within the family as a common term entered the professional discussion in 1998, and was henceforth parallel made public. In earlier periods the enactment and implementation of Child Protection Laws (1997. year XXXI. Law), predominantly involved issues concerning neglected and abused children within the family and henceforth came to the foreground. The Penal Code was modified, in exactly the same year which signified that forced sexual intercourse within a marriage would be punishable by law.

Civil organization started to petition in 2002, and henceforth urged the state to approach violence within the family more heavy handedly. A firmer stance was achieved in the police force, which under the authority of the Minister of the Interior in 2002 initiated courses to recognize the signs of violence within the family, furthermore in the interests of efficiency the importance of sensitivity was drawn to the attention of those involved in the police force. On the basis of this, as justified by our research, in IPV cases to this day, the police force is one of the best operating institutions.

All in all it is of significance to emphasize that violence within the family as a separate category that is punishable by law, does not as such exist in Hungarian jurisdiction. Violence committed against family members (children, spouse/partner, and other relatives) in addition to other types of violence or assault is punishable by numerous laws that are regulated separately. One of the civil organizations (NANE<sup>7</sup>) began a petition during the time of this report, which as such, demands the complex regulation concerning violence within the family, with its separate listing and indication in the Penal Code.

<sup>7</sup> This feminist civil organization in Hungary deals with IPV against women. Meaning of NANE is: Women for women against violence.

## 4.2. Ideological background

The judging of violence within the family in addition to IPV against women is accompanied by a strong element of prejudice in Hungary. The large proportion of women who are victims began bringing this to light, and into the public eye with civil organizations and associated researchers that were feminist in nature. This approach's primary explanation for the occurrence of violence is based on power inequalities, and the conservative relation between men and women. However we should note at the same time that the conservative family image that is used as an explanation by society and key decision makers also means that to this day a firm stance against perpetrators has not been achieved, or rather victims do not receive adequate protection.

There is a fundamental misunderstanding and misconception concerning feminism as an ideology in Hungary (similarly to the majority of post-socialist countries) Its place within the education system is weak, therefore the vast majority of those growing up and completing higher education have serious reservations and disagreeable views regarding this. They associate feminism with the most extreme, militaristic forms. A certain type of feminism has developed negative connotations. Those who deal with questions regarding the societal inequalities of the genders, whether it is related to labor market issues, income discrepancies, the division of labor within the family etc are duly labeled. Hungarian society which is conservative in nature is already predisposed to being suspicious of everything what can be associated to feminism.

In light of all this, it is not surprising that researches conducted against family members in Hungary did not take the same route as the majority of European countries. Influential and powerful studies that should have been large in number concerning violence inflicted on women and which would have been persuasive in nature, did not actually occur in Hungary, neither did the need and eventual emergence of the projection and duly the study of other forms of violence in the family. After only a small number of research results emerged, the appearance of the „rival camp” came into being, this on the one hand encompassed studies that try to diminish the significance of violence within the family, and on the other hand attempt to show that IPV is not primarily against women. We will introduce typical approaches to research in the following part of this chapter. On the whole, in conclusion of all of the above we may state that although there are relatively few professional studies which display accurate results, the issue of IPV against women has been judged by some researchers in addition to public opinion as being „feminist imagination”. Since results that are both accurate and

of use are scarce, it is no wonder that IPV research against older women has not in any way up until now been a focal point for researchers.

### 4.3. The first stage of researches

In Hungary up until 1998, little attention was paid to research and publications concerning violence and assault related crimes with particular focus on physical violence and rape within the family, between family members. As mentioned earlier, to this day there is no separate law regarding violence within the family. In light of this, the analysis of criminal statistics regarding violence related cases did not distinguish between the crime committed by strangers or family members. (Raskó 1978; Bakóczy 1984; Merényi 1987)

In 1998 a breakthrough was reached in this subject with the publication of Krisztina Morvai's book (Morvai 1998). As a criminal lawyer she was working on murder cases involving IPV throughout an entire year, where the victim was the spouse/partner. We may also come across in-depth interviews in her book, where both victims and people working in the judicial sphere describe their experiences. The book is not written to reflect the numerical nature of the issue, it does however endeavor to portray the character of violence, and the helplessness victims faced, and in addition to the distant approach judicial services take. The case studies, the court archives, not to mention the interview details all warrant attention, and are indeed in some cases shocking. Strangely enough the conservative researchers of this study denote such aspects as its mistake, in addition to the fact that it merely concentrated on female victims. (Tamási 2005)

Following these two large sample empirical sociological studies with regards to this subject came into being. (Tóth 1999 and Tóth 2003). These studies may be regarded as prevalence studies, as the size and representativeness of their samples allows us to form general conclusions. The 1998 study comprised of 1060 participants, based on a representative sample of 18-75 year old women within the population. Although the study does include age divisions, it does not however place a separate category in relation to the experiences of over 60 year olds. The questionnaire's focus was on the prevalence of violence within the family throughout an entire lifetime; hence we haven't been able to obtain data regarding maltreatment of over 60 year olds concerning IPV. The target group of the 2001 study was 22-26 years, however only a small part of our study relates to IPV experiences.

A poll ([www.tarki.hu](http://www.tarki.hu)) in 2003 presented in part the frequency of conflict within the family, it raised questions to people who were influenced by the topic in their own vicinity, and was based on a country wide representation concerning violence against women. Our project has observed a significant element from this study, that the older the interviewee, the less argument, conflicts they disclose within their family. The youngest age group disclosed 20-25 % information about frequent family arguments, however the rate was only 8 % in the oldest age group.

A criminological study also appeared in this period (FEHÉR-Parti 2002), in which interviews were prepared by female inmates. 60% of such cases were to do with IPV. The writers presented the fact that long-running violence cases tended to lie in the background of such cases. The abused woman defended herself at one point, or happened to take revenge as a result of the violence she had endured for so many years, which was the cause of her imprisonment. The female culprits also express that the court and judicial services did not take the antecedent circumstances into account.

The first wave of research concerning violence within the family, obviously paid particular attention to its female victims, and included feminist theory in its background. Unfortunately similar studies of this scale and depth that take male cases into consideration, which are furthermore based on a different theoretical foundation have not appeared since that time. This was largely due to financial reasons, which relate to differences in the topic, in addition to the fending off of such topics in the circles of political decision makers. It is furthermore unfortunate that studies that had already begun were not followed up by the analysis of smaller regional samples, which could have either falsified or justified hypotheses.

#### **4.4. Researches conducted in the 2000's**

There are few research results that are well founded that can be of use as regards the causes and incidence of violence of any form within the family in Hungary. Moreover the researches have not been prepared so as to be in coherence with each other, as over the past ten years an approach to research has emerged and gained strength, which does not wish to complement, but in fact neglect the pioneering research of the past ten years, in addition to diminishing the value of such researchers. Today a conservative, theoretically anti-feminist

approach has developed; this research camp is fundamentally dismissive in nature. Instead of advancing the subject, the representatives of this conservative camp attempt to create the illusion that *no information whatsoever is at their disposal with regards violence within the family*, furthermore they are of the opinion that research that focuses on female victims is exaggerated and unacceptable. They state that IPV victims are in the same proportions both men and women; moreover insomuch as women are victims (they) are in some shape or form to blame for their positions as victims. We should emphasize the fact that older women as IPV victims appear to an even lesser extent than previous studies, in the publications of this conservative camp, as this possibility is not in line with their way of thinking.

Researches conducted in the 2000's in part concentrated and highlighted victims who were children (HERCZOG 2005, HERCZOG 2007, HERCZOG 2008). In terms of methodology, these researches were analyzed on the basis of criminal archives, in addition to cases that arose in the welfare services of children. These researches attempted to illustrate on the one hand the existence of the „abuser system”, therefore in other words the social welfare system as such, in addition to the inadequacy of their staff, or the incoherence of their work that could in fact lead to violence. The other significant objective this research set was to justify that close to half of women, mothers are who commit child violence in child violence cases. HERCZOG emphasized on several professional and political forums that he would like to eliminate the illusion that only men commit such crimes regarding child violence within the family. It is important to note that credible researchers and gender activists have never made such assumptions; hence yet again we may not speak of a real professional argument, but of the contradictions of assumptions attributed to feminist researchers. HERCZOG cannot be seen as being one sided, however we should mention at the same time, that violence within the family is an important reference point for conservative researchers, particularly in relation to the growing debate on the role of mothers as perpetrators.

One emblematic figure of the conservative camp was Jenő Ranschburg, who advocated the teachings and spread of psychology, was a figure that was regarded in high esteem by public opinion. In the second half of the 2000's he found it of significance to publish a book that dealt with questions in relation to violence within the family. (Ranschburg 2006) The book was not in fact a research; he approached the subject in a personalized way based on personal accounts, and therapy experiences. One can tell from the book's title: „Cozy Violence” The book's most significant thought is that violence within the family, with primary emphasis on a form of IPV may be described as a family game,

which is practiced by both parties. The author thus played down the importance of the question, and falls into the category where responsibility is placed on the victim for the emergence of the situation, just as much as it is placed on the perpetrator.

The greatest spokesperson of male IPV victims is Erzsébet Tamási, who dedicated numerous publications, and an entire book to call people's attention to male IPV victims. (Tamási 2005a; 2005b) The author on the one hand blames researchers dealing with female victims for one sidedness, and biasness, on the other hand, she endeavors too prove with numerous methodological faults and shifts, that males in society are just as vulnerable as females as regards IPV. It is indicative of her approach to Hungarian society and media related topics, in fact meaning that at one point in time, Tamási became a media celebrity. Many believed that her statements were justified; indeed that concentrating on female IPV victims is simply feminist bias.

A larger scaled empirical research concerning questions about violence within the family came to the foreground as a result of tighter financial resources in the 2000's. In the research conducted by the National Institute of Criminology (VIRÁGH 2005), they processed on the one hand, data recorded by the unified police and crown lawyers criminal statistical organization (ERÜBS) from 1997-2002. In addition to this they processed prosecutors' documents concerning crimes which were from 2002 with the courts legally binding authorization or with a resolution of termination ended and were committed by the relative's grievance. The results and the subject's legal background, the theoretical approaches in addition to the professional credence of its conservative researchers are all included in the referred VIRÁGH's volume

The research that compiled and processed the ERÜBS data (Windt 2005a) does not unfortunately contain either the victims or the perpetrators age, it simply includes the type of crime that had been committed, the relation of the relative, in addition to the sex of both the victim and the perpetrator. Hence the processing of such a large database (7500-7600 crimes committed within the family, which on average may be regarded as being IPV based in 43% of cases) does not contain relevant information in relation to the subject of our research.

The other volume's empirical database that processed and contained 1478 (the processed proceedings is not complete, in other words they do not satisfy the criteria – see earlier – all cases) does include the categorization of age, hence we may ascertain some information in relation to the subject of IPV against elderly women. 10% of those in the sample were over 60 year olds; however we

are not aware of the male/female proportion within this. It is of importance to note that cases of family violence are also sharply related to the consumption of alcohol. „Seven out of ten perpetrators, while four out of ten of those who are survived violence are in an alcoholic state during the time of the crime.” (Windt 2005b. p. 163) The most frequent crime that is committed is grievous bodily harm, (64 %). 6 out of 10 of those who are affected by grievous bodily harm are women; the perpetrators are in the vast majority of cases their intimate partner.

598 cases were exclusively that of violence inflicted on women and/or to women and children in relation to the 1478 proceedings that were recorded in the research (41% of cases). The study that dealt with crimes committed against women (FEHÉR 2005) only analyzed 117 in detail out of this total. No methodological explanations were included in the volume in relation to the criteria used for selecting cases, in addition to this they do not account for the specific number used. It is a strange coincidence that the husbands, partners of those who were victim of violence numbered 130 in total, which the author processed without exception. It is possible that female proceedings were only partially processed in order to demonstrate the idea that „IPV equally affects both men and women”. 6,5 % of perpetrators were the over 60 year olds; however the victim's age was not taken into account by the author. Therefore we do not gain a clear picture as to the number of over 60 year old women who were the victims of IPV.

It is worth mentioning that the volume dedicated a separated chapter to violence within the family in old age. However in these cases, the author exclusively lists cases where the perpetrator is another relative (child, grandchild, sibling etc) but not the partner, ex-partner.

The volume which has been presented in detail here is the most representative volume of violence in the family at present in Hungary. Financial resources that were invested in this subject, were primarily done so with regards to this study. In light of our project, however, we may not unfortunately accept this study either in terms of a broader understanding, or the credibility of the study in terms of empiricism.

Criminal statistics reveals slightly more information, when through categorization and analysis such data eludes to old people. We have managed to find a publication in relation to this that goes back ten years. One separate chapter in an official volume deals with the issues concerning old people and crime. (VAVRÓ 2004). Here it is mentioned that there has been a marginal increase in the ratio of over 60 year olds who were charged with the committing of crimes against individuals between 1991 and 2002. 985 individuals that is 13,6 %, in

2002. Cases of manslaughter in addition to grievous bodily harm in particular, are higher for old people as a ratio than the average, the percentage being 16,5 and 13,8 %. The author notes in relation to this: „the relatively high ratio may be in all likelihood explained by a series of conflicts, regarding conflicts within the family.” (VAVRÓ, 2004. p.203)



## V

## Institutional survey

### 5.1.

#### Methodology of the institutional survey

##### 5.1.1. Survey aims and design

Institutional knowledge about cases of intimate partner violence against older women was a crucial component of research in the frame of the present study. Professionals working with older victims can provide information on phenomena of IPV in old age as well as on help-seeking behavior of older women, services offered, service usage, and case outcome. Since the study did not aim at representative data on prevalence and incidence but had its focus on older female victims' needs, help-seeking and service usage, institutions and professionals within these institutions were a primary source of information.

Following (and at the same time modifying) a strategy used by GÖRGEN, NEWIG, NÄGELE & HERBST (2005; see also GÖRGEN, HERBST, NÄGELE, NEWIG, KEMMELMEIER, KOTLENGA, MILD, PIGORS & RABOLD, 2005; GÖRGEN, NÄGELE, HERBST & NEWIG, 2006; GÖRGEN & NÄGELE, 2006) in a study on sexual victimization in older age, a questionnaire was developed. The instrument was directed at a broad range of institutions and professions with possible knowledge of cases of IPV against women in later life.

The survey approach in the participating countries can be characterized as follows: A fully standardized questionnaire was sent to a broad range of institutions and professions with possible case knowledge. This survey touched upon numbers and characteristics of cases of IPV against older women as well as on services offered to the victims. It then turned to perceptions of the problem of intimate partner violence against older women. Questions in this part could also be answered by respondents without case knowledge. It also includes data on the organization providing the information and the person completing the survey.

At the same time, the survey served as a screening device for the interview study with professionals described in chapter VII. At the end of the questionnaire, respondents were asked whether they would be willing to take part in an interview on IPV in old age (and to provide their contact details in case they

were interested). Since contacts to victims of IPV were largely made via these interviews with professionals, the institutional survey had a second, more indirect screening function.

In each country, the survey was done at a national level with regard to institutions that were regarded as possible key informants, especially women's shelters and institutions working in the field of violence against women. However, the range of institutions, organizations, and professions that may be in touch with older female victims of IPV is much broader. It includes medical and nursing professions, multiple counseling services and psychosocial institutions, clergy, legal professions and institutions of law enforcement. In order to take this breadth into account, additional local or regional surveys were conducted in each country.

Finally, a long and an abridged version of the questionnaire were used. The idea behind the creation of the short version was that professionals and institutions with no or very little case knowledge might regard the long version as not relevant to them though they would be able to provide valuable information especially regarding perceptions of the problem.

### **5.1.2. Content and structure of the instruments**

An English version of the long form of the questionnaire was developed and agreed upon by the partners. It was translated into the national languages (i.e. German, Hungarian, Polish, and Portuguese) and these national versions were retranslated into English to ensure equivalence of the national versions. The resulting instrument (titled "Intimate partner violence against older women" and characterized as "expert survey" on the front page) is basically divided into four parts and ends with an open section for comments and a request for further support and cooperation in the frame of the interview module of IPVoW.

The first part is titled "Institutional / professional experience with older female victims of intimate partner violence". It asks for institutional and professional contact with cases of older women (i.e. aged 60 and above) affected by violence committed by current or former intimate partners. The core reference period is the 3-year term 2006 to 2008. In order to minimize telescoping and to be able to include recent cases, two opening questions also refer to the time period between January 1<sup>st</sup> 2009 and the survey date. With regard to the years 2006 to 2008, the survey instrument asks for information about numbers of cases, forms and characteristics of IPV, victim and perpetrator characteristics. Other questions in this section refer to the type of relationship in which violence occurred,

the circumstances and pathways of obtaining case knowledge and getting into contact with victims, and the services provided. Two further questions referred to older male victims of IPV and to victimizations of older women by other perpetrators to whom there was an established relationship (like children, children-in-law, or friends). This section of the questionnaire collects core data on institutionally handled cases of IPV against older women. Due to the nature of the survey, data had to be collected across cases (e.g. how many cohabiting partners as perpetrators in cases handled in years 2006 – 2008; how many victims suffering from dementia) and not casewise. This limits the possibilities of data analysis. Casewise data could be collected in the interviews conducted with professionals and victims.

The second part of the survey is called "Perceptions of the problem of intimate partner violence against older women". It presents a number of statements on the topic of intimate partner violence against older women (e.g. "Younger female victims of intimate partner violence more often permanently separate from their perpetrators than older women do") and on professional activities with older female victims of intimate partner violence (e.g. "Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.") and requests respondents to judge these statements. Further, respondents are asked for their estimates regarding percentages of younger and older female victims of IPV pressing criminal charges, seeking medical help, psycho-social assistance, help by the clergy, or other kinds of assistance. Whereas the probing questions in section 1 were relevant only for organizations with case knowledge, everybody could respond to the statements presented in section 2 and to the requests for estimates about help-seeking behavior.

The third part of the survey ("Your organization") asks for the type of organization and some structural data, the topics the organization typically deals with and then turns more specifically to the relevance of intimate partner violence against older women on the organization's agenda and specific services offered and recommended in this field. A very short section on "Personal data" (gender, age, professional background, position, experience) follows. As already mentioned, the questionnaire concludes with offering respondents different options for further involvement in the study, especially via participation in the interview study.

The abridged version of the questionnaire basically follows the structure of the long version. It reduces the number of questions on cases of IPV handled by the institution and omits in the second section the statements on professional activities with older female victims of intimate partner violence. In the last part of the

short version, respondents are also offered the opportunity to receive (and fill in) the full version.

All in all, this survey and the instruments conceived to conduct it, aim at collecting systematic data on institutional knowledge and institutional handling of cases of IPV against older women. Regarding the institutions involved, the survey follows a broad approach and goes well beyond law enforcement's perspective on the one hand (the usual source of information on institutionally registered incidents of violence), and those of shelters and domestic violence institutions on the other.

## **5.2.**

### **Sampling and recruiting institutions**

We developed the national and regional sample of institutional questionnaires as follows. The national sample includes the institutions whose powers cover the whole country or which are linked to larger regional units. So, for example, questionnaire was sent to all county police stations of the country (in total 19 counties and Budapest), and all county public prosecutor's offices. We ranked the National Crisis Management and Information Telephone Service, telephone help lines, shelters, non-governmental organizations dealing with violence within the family and elderly affairs organizations with ministerial or national powers among institutions with national powers.

We chose three southern counties of Hungary (Baranya, Bács-Kiskun and Tolna counties) as the location of the regional sample. We chose this territory owing to the good professional co-operation developed with the local social institutions and the experts working there. 11% of the country's population lives in these three counties. In terms of settlement sociology, it is a diverse territory. The three counties include cities with large and medium number of inhabitants, small settlements with a few hundred inhabitants as well as settlements with small farms that have large outer areas. Thereby all important settlement types of the country are represented. In terms of unemployment and other important social inequality dimensions, the three counties have an average place in Hungary.

In the regional sample, we made an effort to address the local institutions that might meet with elderly female IPV victims on case level. So, questionnaires were sent to the staff members of health institutions (family doctors and hospital departments), local family help centers, experts working in basic and specialized social care for the elderly, the local police. Due to the low respondent rate,

in the second wave we sent questionnaires to institutions in Budapest too; here, we contacted institutions that corresponded with the institutions included in the local sample.

We sent out questionnaires between 9 September 2009 and 19 September 2009. A part of them by post, others (for example, where the postal address was not public, as in the case of shelters) by email. In each case, we attached a letter of request to the questionnaire, in which we outlined the objectives and the core of the project. Wherever we knew the leader or workers of the institution personally, we specially requested them in the attached letter to complete the questionnaire. We marked questionnaires with serial numbers, so we could follow up the documents returned. At the end of October 2009, we sent a letter, email of reminder to the institutions that had not filled in the questionnaire, in which we asked them again to return the questionnaire. Furthermore, we extended the sample and sent out another 100 questionnaires. Based on all that, the rates of sending out and returning were as follows.

**Table V.1.**  
**Number of questionnaires sent out and rate of returning them per institution type**

|                        | <b>Number of sent surveys</b> | <b>Response rate</b> |
|------------------------|-------------------------------|----------------------|
| <b>short version</b>   | 125                           | 21,6                 |
| violence service       | 0                             | -                    |
| law enforcement        | 53                            | 33,9                 |
| health service         | 36                            | 5,6                  |
| general social service | 6                             | 33,3                 |
| service for elderly    | 28                            | 10,7                 |
| others                 | 5                             | 40                   |
| <b>long version</b>    | 224                           | 23,2                 |
| violence service       | 33                            | 36,4                 |
| law enforcement        | 12                            | 41,7                 |
| health service         | 54                            | 9,3                  |
| general social service | 45                            | 37,8                 |
| service for elderly    | 72                            | 15,3                 |
| others                 | 8                             | 25                   |
| <b>together</b>        | 349                           | 22,6                 |

The rate of return of questionnaires, on the one hand, corresponds with the rates of return of similar questionnaires in Hungary. It is a general experience

obtained in collecting sociological and statistical data that neither institutions, nor private persons are willing to fill in and return questionnaires on any subject. This can be explained, on the one hand, by the low degree of the culture of questionnaire completion (people tend to say that they “do not understand” the questionnaires). On the other hand, in the case of institutions it can be observed that the questionnaire gets lost between the leader and staff members. As the interviews made with experts have also revealed, if the questionnaire is received by a leader at an institution, s/he will forget about it among the rest of his/her tasks, or, for that matter, s/he does not feel competent (since in the given case it is not his/her duty to administer the particular cases). And if it is received by a subordinate, s/he will not feel authorized to respond. We received the questionnaire completed from the institutions where the leader is personally committed to the subject or where they were given some kind of orders from above to complete them.

In addition to the above, we are dissatisfied with the rate of return of questionnaires also because in several cases personally known experts did not fill in the questionnaire even upon several requests. We consider it the most glaring example that a part of non-governmental organizations, telephone aid lines dealing with violence against women did not respond either. Otherwise, they regularly use our research results, regularly participate as lecturers in our training programs. We think, and we have been confirmed by the interviews too, that *indifference to the topic* is the prime cause of the rate of return of questionnaires being so low.

### 5.3. Sample characteristics

In selecting institutions, we made an effort that they should cover the full scope of entities that professionally deal with elderly people. Questionnaires were sent to all state and non-governmental organizations that provide help for the victims of violence. The first group of institutions (which we called, by a general term, *domestic violence service* group) included crisis centers, shelters, victim help institutions, telephone aid lines and non-governmental organizations dealing with violence within the family. The next group under the name *law enforcement* includes all the institutions that deal with enforcing, causing to enforce rules of law related to violence. In Hungary, they are the police, the public prosecutor's office and courts. *Health service* organizations include various institutions of health care, in our sample, primarily family doctors and medical and psychiatric wards of hospitals. The group called *general social service* includes family hel-

pers as institutions with the most overall scope of duties in social care. All the institutions that provide basic social care for the elderly (feeding, giving help at home, village caretaker service) were classified into this group. The *service for elderly* institution group includes day and residential care centers for the elderly, aid lines and advisory services set up for the elderly. Finally, the *other* institution group includes entities that deal with more overall interest protection, elderly affairs issues or are related to the topic in other forms (e.g., self-help/mutual help groups).

### 5.3.1. Institutions

**Table V.2.**  
**Division of institutions having completed the questionnaire split per length of questionnaire**

|                                    | Long ver-<br>sion N | Long ver-<br>sion % | Short ver-<br>sion N | Short ver-<br>sion % |
|------------------------------------|---------------------|---------------------|----------------------|----------------------|
| <b>(domestic) violence service</b> | 12                  | 23,1                | 0                    |                      |
| <b>law enforcement</b>             | 5                   | 9,6                 | 18                   | 66,7                 |
| <b>health service</b>              | 5                   | 9,6                 | 2                    | 7,4                  |
| <b>general social service</b>      | 17                  | 32,7                | 2                    | 7,4                  |
| <b>service for elderly</b>         | 11                  | 21,2                | 3                    | 11,1                 |
| <b>others</b>                      | 2                   | 3,8                 | 2                    | 7,4                  |
| <b>Total</b>                       | 52                  | 100                 | 27                   | 100                  |

In the first round, sending out the long and short version of the questionnaire was determined by the deliberation that we sent long questionnaire to social institutions and institutions directly dealing with the victims of violence and short one to the rest of the institutions. However, experience has showed that a shorter questionnaire does not motivate organizations to complete it any more than the long one; what is more, when someone completes it, it will contain less information. For this reason, in the second round, all institutions were sent long questionnaires. The lesson learned can be formulated as follows: the use of two kinds of questionnaires did not bring any actual benefit in Hungary.

65.8 % of completed questionnaires constitute the long version, 34.2 % the short version. 89% of social institutions, institutions responsible for care for the elderly and institutions dealing with victims of violence completed the long questionnaire. Unfortunately, we usually sent short questionnaire to law enforcement institutions although they were willing to complete it to a relatively high extent.

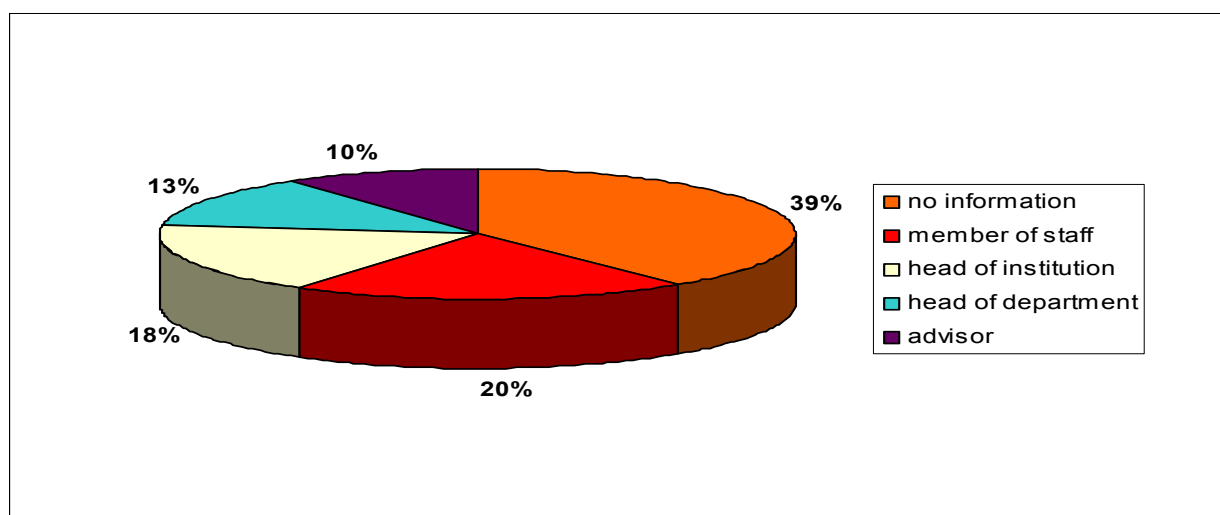
### 5.3.2. Respondents

In several cases, respondents did not answer even the simplest, socio-demographic questions either. This indicates that they are disinterested in the topic. This is also implied by the fact that we find no connection at all between the respondent having provided its personal data or not and having had or not having had cases in the past years. In lot of cases, respondents were driven by the motivation to get the task that they did not like done as soon as possible. Only in 48 cases from among the 79 questionnaires returned did we learn of data on the identity of the respondent.

The 48 respondents included 42 female and 6 male persons, which otherwise indicates the gender composition of the experts who deal with the topic. Approx. half of the 48 respondents (47,9 %) have higher education qualification in social care/work. 29 % merely indicated that they have higher education qualification but did not specify their special subject. In some cases, there were respondents with law, police, health and secondary education qualification.

**Graph V.1.**

**Position of respondents in the organization (N=79)**



Nevertheless, in terms of interpretation of data, it is a good sign that we had respondents from all sorts of position levels; therefore, the questionnaires aggregate diverse experience. The average age of respondents specifying their age is 41; there is no significant difference between institution types.

On average, respondents have worked for 8 years at the given institution; so, their experience covers a period of several years. The workers of law enforce-



ment institutions have worked at the relevant place of work for the longest period (14.5 years on average) and workers of general social service and other institutions for the shortest period (6 years on average).

## **5.4. Results**

### **5.4.1. Institutional/professional experience with elderly female IPV victims**

#### **5.4.1.1. How many institutions have case experience?**

Our sample included 19 institutions that met with cases in both periods. 3 institutions met with cases only in 2009, 14 only in the period 2006-2008. So, during the 4 years under review a total of 36 institutions contacted elderly women who were IPV victims. As our questions regarding the victim, the circumstances of committing the act and the services were addressed only to the institutions that dealt with cases between 2006 and 2008, henceforth in the calculations we declare that the number of institutions is 33. This represents 41.8 % of the institutions that have completed the questionnaire.<sup>8</sup> In all questionnaires they specified the number of cases by an exact number, so, in the rest of the analysis we always refer to exact data.

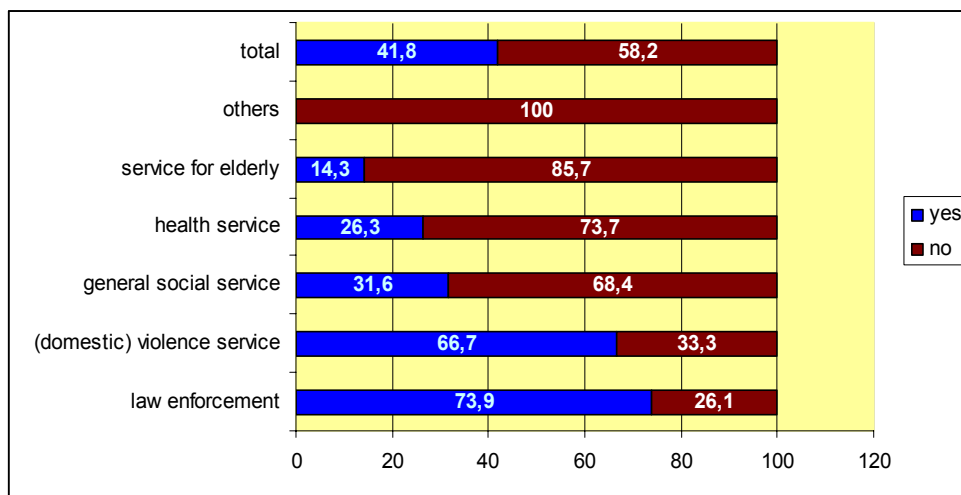
The following table shows per institution type whether they met with IPV cases against elderly women in the period under review. Now and in what follows it is important to take into consideration that the number of questionnaires returned and especially the number of the institutions that have case experience is very low. Consequently, it is problematic to use percentage calculation. And, due to low element number, we did not use more complex statistical methods.

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<sup>8</sup> It is important to add that not all the 33 institutions answered specific questions, therefore, in various calculations the comparative N might be different from 33.

**Graph V.2.**

**To what extent did various institution types meet with elderly female IPV victims? (N=33)**



Consequently, 41.8 % of all respondent institutions obtained case experience. Most frequently, the experts of the police and the public prosecutor's offices had cases. As it has been indicated above, most of these institutions completed the short version of the questionnaire, from which we learned of the background of the cases with less detail. Furthermore, mostly police and public prosecutor's office respondents had aggregated statistical data of a larger territorial unit (county or city) available to them. So, as we shall see it in taking account of specific characteristics of victims, these institutions typically were unable to give data in details on the character of violence, the characteristic features of the victim and the perpetrator. As they stated in their interviews, the available aggregated statistics do not always make it possible to split data in such fashion. This is problematic because accordingly it is just exploiting deeper knowledge that the aggregated data of law enforcement institutions are unsuitable for. It is important in the future that such institutions should carry out data collection on the subject that can be grouped better.

Two-thirds of the (domestic) violence service institutions met with elderly female victims. It appears as if elderly victims do not get to such organizations by all means. We consider it problematic that a significant part of the institutions of the social care system, especially the institutions providing special care, dealing with the elderly, have not met with cases at all. One-third of general social service institutions, 14% of services for elderly institutions have case experience. However, experts working there maintain daily contact during their work with

people who live in the region of care (see: the part on basic and special social care for the elderly). Consequently, we explain the low number of cases primarily by experts' unpreparedness and indifference to the topic. In the chapter on processing the interviews made with experts, a case study illustrates various experts' different sensitivity to the topic with an example.

At 56 % of the institutions that had any cases at all the number of victims was 1-3 in the period under review. There were 3-10 cases in the period under review at 19% of the institutions that had cases and only law enforcement organizations met with a higher number of cases. Here we can typically see the data of county police stations and public prosecutor's offices regarding the entire county.

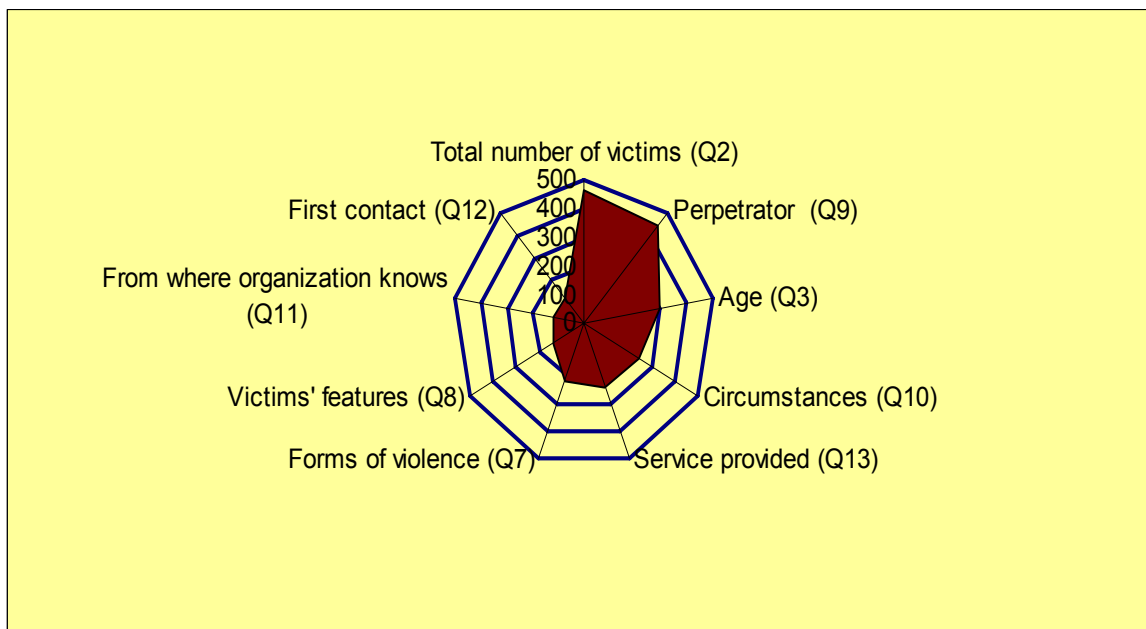
To sum it up: we can state that the institutions that have actual experience at all regarding elderly female IPV victims acquired very little and accidental knowledge on this peculiar victim group. As our sample is not representative and the size of the element is not large either, we cannot know what causes this phenomenon. As a matter of fact, it might be possible that no violence cases occurred in the scope of operation of the investigated institutions. At the same time, the very low case number or the aggregated data, data not in sufficient details available to experts do not enable deeper analysis. Therefore, only limited generalizations can be made from the experience gained from questionnaires. It might be enough for calling the attention to the problem and making further steps in order to get in-depth knowledge on the topic.

#### **5.4.1.2. How many victims were there?**

Let us look at how many elderly female IPV victims in total the 33 institutions contacted in the period 2006-2008. As it can be seen in the rest of the analysis, the number of victims will be different regarding each question. There are several reasons for that. If the staff member of an institution completed the short questionnaire, s/he did not answer certain questions. Also, it occurred that certain institutions had only aggregated data that did not contain certain material splitting of the data. In such cases they did not answer the given question and, unfortunately, did not give an estimate figure either. In other cases staff members of the institutions completed the questionnaire superficially. They did not spend enough time on searching for and finding information regarding the question or thinking about it deeper. As they did not undertake to give an estimate at least, they did not answer the given question. Finally, we believe, it might have also occurred that they misunderstood a given question; so, sometimes inconsistent responses were produced.

**Graph V.3.**

**Number of cases based on various questions 2006-2008 (institution N=33)**



The above table contains highly noteworthy information. Experts were able or willing to give information on elderly female IPV victims to a different extent. If we consider the answer given to question 2 the basis, accordingly, during the 3 years under review the 33 institutions met with a total of 465 cases. It is senseless to calculate the average per one institution because, as we have indicated earlier, most of the institutions knew about 1-5 victims, the relatively high case number is produced by the data of a few national or county organizations. We can learn of the most information on the perpetrator (441 cases). We are provided with definitely less information on the age of victims, the circumstances of committing the act and the service provided. It is unfortunate that very few responses were received on both the forms of violence and the characteristic features of the victim. And even less on establishing contact and flow of information. Consequently, general statements can be made only precariously.

Let us look at it in more details what information we get on specific topics.

### 5.4.1.3. Victims split per age in institutions' practice

**Table V.3.**

**The number of institutions where they contacted 60-74 and 75+ years old female IPV victims and the number of victims (N=33)**

|                             | There were 60-74 years old victims | N of 60-74 years old victims | There were 75+ years old victims | N of 75+ years old victims |
|-----------------------------|------------------------------------|------------------------------|----------------------------------|----------------------------|
| (domestic) violence service | 7                                  | 17                           | 3                                | 3                          |
| law enforcement             | 12                                 | 157                          | 9                                | 58                         |
| health service              | 2                                  | 38                           | 2                                | 7                          |
| general social service      | 5                                  | 9                            | 1                                | 1                          |
| service for elderly         | 1                                  | 2                            | 2                                | 3                          |
| total                       | 27                                 | 223                          | 17                               | 72                         |

With regard to the period 2006-2008, we received information on the age of 295 victims. It is not worth calculating an average case number based on the table because most of the institutions got into contact with a few victims only. Data also show that – as we presumed in the hypothesis of our project – the older the IPV victim is, the more difficult it is for her to get professional help. There is, as a matter of fact, a demographic cause of the situation: the older a woman is, the less opportunity she has for living in a partner relationship. On the other hand, it should not be ignored that people over 75 has limited physical mobility and limited willingness to ask for help.

Answer to the question how many percent of total clients and total female IPV victims can be the rate of elderly female IPV victims important in terms of our topic was given by a small part of the institutions concerned, and they must have presumably misunderstood the question. As data of orientation perhaps the response of law enforcement institutions can be put here because their statistics show higher degree of well-thought out figures in this respect. So, law enforcement institutions (N=12) estimate that the rate of IPV victims among total victims is 4.9 %, and that the rate of 60+ years old victims among total female IPV victims is 13.9 %. It is obvious that for lack of representativity here we cannot make general statements; yet, these data, albeit, being restricted, are noteworthy.

The institutions did not try at all to give an estimate whether the number of elderly female IPV victims had increased or remained unchanged or decreased in a period of 10 years. Raising this question is so new and unusual in Hungary that experts have no answer to it.

## 5.4.2. About the violence

### 5.4.2.1. What forms of violence have occurred?

As we have indicated in the previous sections, a part of the institutions gave rather incomplete responses on the details of violence and the relation between the victim and the perpetrator. 33 institutions met with elderly female victims during the period under review; at the same time, only 18 institutions gave a survey on what forms of violence occurred. Consequently, we received no more than 214 interpretable responses to this question. If we accept as a starting-point that the institutions met with a total of 465 victims, then, even if we calculate with one kind of violence, we do not get any information on half of the victims regarding this question. What is more, there seems to be an agreement in literature that various forms of violence occur usually in a combined form. It is very rare that a person becomes the victim of one type of violence only. Our data supported the above; victims suffered 3-4 kinds of violence. So, it can be stated that regarding a significant part of the victims who were noticed by the institutions not even basic information on what form of violence victims suffered was revealed.

**Table V.4.**

**Forms of violence (N=18)**

|                   | N of organizations | percent of organizations | N of victims |
|-------------------|--------------------|--------------------------|--------------|
| physical          | 18                 | 100                      | 63           |
| sexual            | 4                  | 22,2                     | 9            |
| verbal            | 15                 | 83,3                     | 65           |
| financial         | 13                 | 72,2                     | 43           |
| neglect           | 7                  | 38,9                     | 7            |
| sexual harassment | 4                  | 22,2                     | 6            |
| stalking          | 5                  | 27,7                     | 21           |
| total             | 18                 |                          | 214          |

Each of the institutions that answered the question met with physical violence in the scope of elderly female IPV victims. In most cases, this involved verbal/spiritual violence (83.3 %) and financial exploitation (72.2 %). These are the

forms of violence that most typically go together. The number and rate of sexual and neglect type violence is relatively low. We presume that victims conceal sexual violence even more than other types of violence. And tasks of care are carried out less by the intimate partner, much rather by adult children or professional care personnel. So, in the aggregate, it was 63 victims concerning whom we learned of what kind of violence they suffered. There is no significant difference between specific institution types in terms of what type of violence they give an account of.

#### 5.4.2.2. What characterized the victim?

We received very little information on special traits of victims too. A total of 16 institutions gave some kind of answer to the question. In the given case, several characteristics were typical of specific victims. The distribution of the answers is shown in the table below.

**Table V.6.**

**What characterized the victim? (N=16)**

|                             | N of organization | percent of organizations | N of victims |
|-----------------------------|-------------------|--------------------------|--------------|
| Ethnic minority/roma        | 5                 | 31,2                     | 15           |
| need of nursing care        | 10                | 62,5                     | 21           |
| physically handicapped      | 3                 | 18,7                     | 4            |
| mentally handicapped        | 4                 | 25                       | 8            |
| other support required      | 8                 | 50                       | 23           |
| dementia                    | 5                 | 31,2                     | 22           |
| mentally ill                | 5                 | 31,2                     | 13           |
| substance misuse            | 4                 | 25                       | 10           |
| homeless                    | 1                 | 6,2                      | 1            |
| stressed in other ways      | 5                 | 31,2                     | 8            |
| living more than 50 km away | 5                 | 31,2                     | 11           |
| other characteristics       | 2                 | 12,5                     | 2            |
| total                       | 16                |                          | 138          |

Regarding this question, we found significant difference based on specific institution types. Half of the institutions classified into the domestic violence service group met with cases (too) where the special traits listed in the table characterized the victim. And every third health institution met with such a victim. The rest of the institution types answered to this question at a significantly lower rate. We think that this figure cannot be explained by assuming that victims with different kind of characteristic features are noticed by the experts of vari-

ous institutions. Much rather by the fact that domestic violence service type institutions obtain a subtler picture of victims than the rest of the institutions. This thought strengthens the point that the standard of data collection must be improved at the rest of the institutions, on the one hand, and that the number of violence service institutions with the most profound knowledge of victims and the experts working there should be increased, on the other. Nevertheless, it is worth adding that relatively few answers were given to this question because, in addition to lack of information, IPV victims are, in lots of cases, "average" elderly women who cannot be characterized by the characteristic features listed in the question.

#### 5.4.2.3. Who was the perpetrator?

In the following table we present what relation was maintained between the perpetrator and their elderly female IPV victim in the cases that the institutions learned of.

**Table V.7.**

**Were there cases in the practice of the institution (N=33) when the perpetrator**

| Perpetrator was...     | N of organiza-<br>tions | percent of<br>organizations | N of victims | %    |
|------------------------|-------------------------|-----------------------------|--------------|------|
| Cohabiting partner     | 33                      | 100                         | 168          | 38,1 |
| Partner not cohabiting | 15                      | 50                          | 56           | 12,7 |
| Former partner         | 11                      | 33,3                        | 177          | 40,1 |
| Caregiver of victim    | 10                      | 30,3                        | 38           | 8,6  |
| Care recipient         | 2                       | 6,1                         | 2            | 0,5  |
| Total                  | 33                      |                             | 441          | 100  |

It is noteworthy that most information is available to institutions on the perpetrator. With regard to almost all perpetrators we learned of what relation of kinship they maintained with the victim. As a matter of fact, categories might somewhat overlap since the partner can be at the same time caregiver or care recipient. Furthermore, after a divorce or a break a cohabiting partner can transform into a former partner.

Nevertheless, we consider it notable that it is former partners who commit IPV against elderly women to the greatest extent. The interviews made with victims support both the fact that the violence is often continued after divorce or break and that in specific cases the violence will become more serious when the woman wants to discontinue cohabitation maintained until then. This result can be advanced also by the fact that it is easier for victims to speak about the abusing



conduct of the former partner than about the currently existing partner, who might continue to live together with the victim.

#### 5.4.2.4. Circumstances of committing the act

Furthermore, it is worth looking at what information came to the knowledge of organizations regarding the circumstances of violence. Specific factors listed in the questionnaire set in pairs exclude each other; so, we can also observe that to the best knowledge of experts how characteristic it is that victims, as we presume, suffer mostly unilateral violence. (Here, we refer back to what was expounded in chapter IV, to the new wave of domestic violence researches, which consider their mission to "prove" that IPV victims are both men and women at least to the same extent.)

**Table V.8.**

**Number of victims in terms of the circumstances of committing the act**

|                           | N of institutions | N of victims |                         | N of institutions | N of victims |
|---------------------------|-------------------|--------------|-------------------------|-------------------|--------------|
| One-way violence          | 12                | 41           | Mutual violence         | 2                 | 2            |
| Frequent                  | 13                | 33           | Infrequent              | 7                 | 30           |
| Lasted longer than 1 year | 10                | 36           | Lasted less than 1 year | 6                 | 13           |
| Started before 60         | 10                | 60           | Started after 60        | 10                | 28           |
| Total                     |                   | 170          |                         |                   | 73           |

The data of the table clearly show that whenever an institution gets in contact with an elderly female IPV victim, the victim will be characterized at a higher rate by permanent, unilateral, frequent violence rather than by rare, mutual, short term violence of lower weight. As a matter of fact, due to lack of representativity, generalisations cannot be made from these data to the extent that the violence that takes place was by all means characterized by the above too. Another explanation is also possible: by the time various helping experts learn of specific cases, the relevant case will have become more serious. Our interviews also support that a part of the experts are not sensitive enough to this important problem; consequently, they do not notice "milder" cases of violence or cases of violence commencing in old age to a sufficient extent. So, in terms of prevention it would be important to make experts sensitive to this issue.

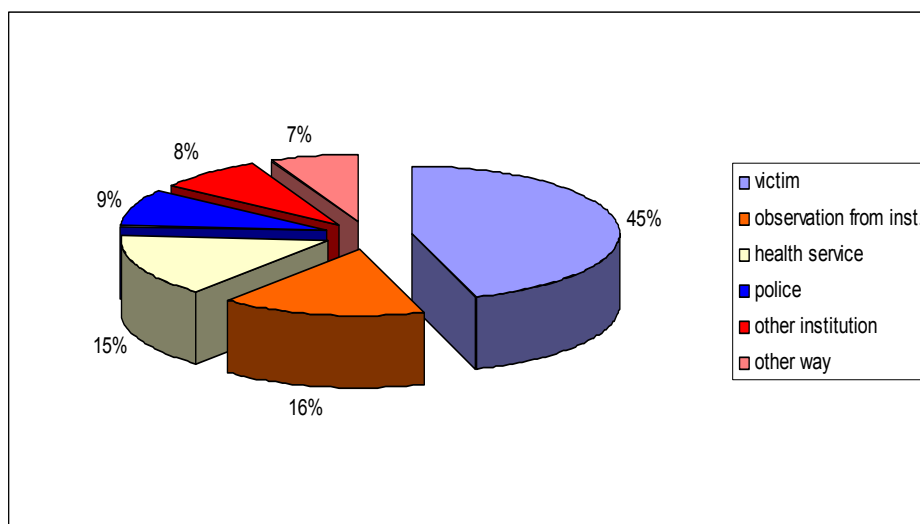
### 5.4.3. What did experts do with the cases?

There is a logical link between the former question and information obtained from the questionnaires as to in what form the institutions met with the cases and what help experts could give to victims.

It is thought-provoking that it was only every fourth of the cases known to them regarding which institutions responded to the question in what form they learned of the violence and whom they contacted first. (N=117 and N=116) Perhaps, the most problematic issue concerning this question is the above-mentioned failure of completion or undisciplined completion. Since this result makes one ponder on whether they had actually met with as many cases as many they formerly written in. We believe it is a realistic presumption that certain pieces of information concerning special characteristics of the victim or the circumstances of committing the act did not by all means come to the knowledge of the respondents completing the questionnaire. However, if a case indeed appeared at an institution, institutions would be increasingly required to document the circumstances of making contact. So, it is possible that actually more cases appeared on the horizon of the institutions than 117 or 116, yet, they were not documented or retrieved for the questionnaire with due care.

#### G graph V.4.

#### From whom did institutions learn of the case (N=117)



In almost half of the cases, the institution learned of the case from the victims themselves. It is in line with the fact that in half of the cases the first contact was made with the victims themselves. The rate of own observation is the second most frequent form of learning of the case; 16% of the total cases were classified here. It is reassuring that staff members of health institutions and

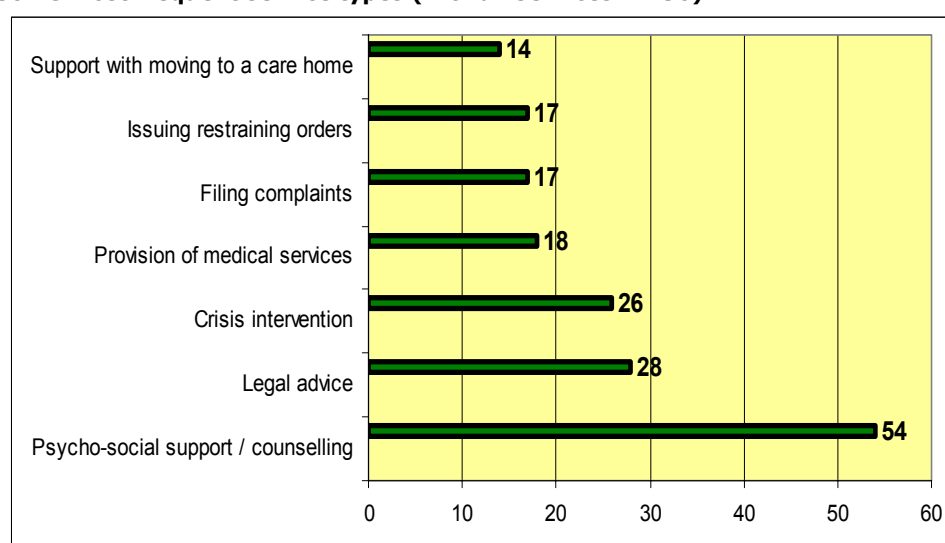
special institutions providing care for the elderly discovered violence cases relatively frequently based on their own observation. Yet, we consider the number and rate of own observation in the aggregate low since a major part of experts directly meet the target group in their daily work. Here, experts' individual expertise and sensitivity to the topic probably play an important role. Based on flow of information between health, law enforcement and other institutions, it was another institution that called the attention to one-third of the cases. Due to the low number of elements, however, we cannot demonstrate a typical "victim path"

19 institutions responded to the question what service they provided for the victims. This righteously raises the question why the 14 institutions that also met with cases did not answer this question. We cannot know if incompleteness of documenting or lack of knowledge of the person who completed the questionnaire or failure to take actual measures plays a part in these cases. The most services (4.5 on average) were provided by violence service type institutions for their clients. For all the rest of the institutions, the average number of actions is much lower, usually of one kind. The result supports the point that it is domestic violence service type institutions that can deal with victims in the most complex form and with the most expertise.

Due to the low number of respondent institutions and victims, it is difficult to make general statements on forms of services. In order, the following types of actions were taken by experts for the benefit of victims:

**Graph V.5.**

**Some most frequent service types (N of all services = 236)**



#### 5.4.4. Other violence

In our interviews, experts several times pointed out that in the case of elderly women they estimate that the number of violence committed by other family members is higher than the number of IPV. Yet, data of the questionnaire do not support the above. No more than 16 institutions met with cases where an elderly woman was abused by her own son (number of victims = 73). Less than ten institutions met with all other perpetrators (son-in-law, daughter, grandchildren, other relatives, etc.), and the number of victims was 1-17 in the period under review. Likewise, it can be declared that the number of elderly male IPV victims also lags far behind the number of female victims. Four institutions met with a total of 12 cases.

All this, as a matter of fact, does not mean that these forms of violence are ignorable, not important. However, data confirm our presumption that IPV is the most extensive form of violence within the family also in the scope of women. For this reason, we must call the attention of experts, lawmakers to this fact.

#### 5.4.5. Perception of the problem of IPV against older women

##### 5.4.5.1. Are there elderly female IPV victims at all? And if there are, are they different from younger ones?

In our research we often meet with the opinion that IPV against elderly women is not a really important problem. It was due to this argument that a part of experts did not complete and return the questionnaire. They believed – as we shall present it in the part covering the analysis of the interviews – that violence would not probably commence in old age and violence lasting for decades would in some form end by the time of reaching old age. Accordingly, in the questionnaire we put some opinion questions that tested this topic. Respondents answered to attitude questions on a scale of 6 grades where answer 1 represented the opinion *strongly disagree* and answer 6 the opinion *strongly agree*. (Distribution of questions and answers is set out in details in the Appendix.)

In evaluating the results, we need to take into account that questions were answered by the 79 experts who dedicated time and energy to completing the questionnaire. So, they are committed to the issue to some extent even if they had not met with any cases in their practice. Those who do not consider the issue important expressed their opinion by the sheer fact of not completing the questionnaire. Subsequently, it can be made probable that in a more extensive scope of the profession an opinion different from the results set out below, deeming the problem less important, would develop.

In terms of our topic, the most overall opinion question inquired whether old age rules out that a woman can become the victim of IPV. The statement ran as follows: *"Women in all stages of life are threatened by IPV – women in later life are not exempted from this."* Experts agreed with this statement at a high rate (5.3 on average). Consequently, whereas this is an unimportant social problem in common talk and to a part of experts too, another group of experts do consider it very important. This record calls our attention to the need to make the public more aware of the topic—we must make it known in a much wider scope.

#### 5.4.5.2. Special situation of elderly female IPV victims

A part of attitude questions covered special problems of elderly female IPV victims. The first question formulates the point whether an older woman can at all break up a long-term abusive relationship (*"Older female victims of IPV face particular difficulties in the breaking-up of a long-term abusive relationship."*). And the second statement attributes more active conduct to younger victims than older ones. (*"Younger female victims of IPV more often permanently separate from their perpetrators than older women do."*). We found significant difference between the averages of the two questions. Respondents deemed it is very difficult for older woman to break out (average 5.4). This opinion both relies on emotional causes and deficiencies of the care system and is determined by the general state of housing in Hungary. Indeed, there are few elderly women who, even if they decided to break up their abusive relationship, were able to find a solution for living alone. In Hungary, the overall majority of people live in flats, houses that they own. They comprise all the savings of a whole lifetime. Often, divorced spouses cannot move into separate homes either due to this fact. Thus, it is no wonder that a significant part of experts feels also due to this fact that in old age it is extremely difficult to break up an abusive relationship.

The average of agreement with the other question became 4.9. So, respondents attribute somewhat greater activity to younger victims than to older ones but they do not deem this activity much greater. This response reflects on the real problem that a significant part of younger women cannot easily manage to break up an abusive relationship definitely either. As it was described by experts in the interviews too, alternating between moving out/moving back, known from the literature, is frequent among younger victims. Hopeless financial standing, lack of proper family support or holes in the care system induces lots of victims to engage such conduct.

The third question, which refers to the special situation of older victims, makes connection between dependency of care and violence. (*"IPV against older women often occurs in the context of dependency of care."*) The average of res-

ponses to this question became 3.2. This implies that experts – at least in the case of IPV – do not identify direct connection between dependency of care and violence. Mostly, this can be explained by the above-mentioned demographic peculiarity, i.e., by the fact that by the time an average woman in Hungary becomes dependent of care she will be a widow in most of the cases. We found several references in the interviews to the fact that adult children, grandchildren violence their old relatives dependent of care more often than their partner.

#### 5.4.5.3. Importance of the topic

The next group of attitude questions concerns the social importance and negligence of the problem. The point that elderly female IPV victims would need to get more help than is given at present (*“Older female victims of IPV need more support than is provided up to now.”*) is a more or less accepted standpoint among experts since the average of the responses was 4.9. However, the point to what extent this field is not properly addressed in general (*“The importance of the problem of IPV against older women is underestimated up to now”*), and to what extent the number of such victims will grow in the future (*“The number of older female victims of IPV will grow in the future.”*) divided respondents more. Experts, while they would like to provide older victims with more – and as we shall see below – better quality care, do not consider the field very underestimated (average 4.1). It is possible that the thought behind this opinion is that in general IPV is an underestimated topic not handled as an issue of great importance in Hungary. Consequently, the situation of older victims is not significantly different from that of younger victims. Yet, it is also possible that a part of respondents – as we have referred to it earlier – do not consider IPV a widespread phenomenon among elderly couples. This latter point is implied also by the fact that respondents do not foresee any rise in the number of victims in the future (average 3.1). So, whereas the number and rate of elderly people in our society grows, respondent experts are uncertain about the question if more and more violence cases were identified in the future.

#### 5.4.5.4. Denying the topic

Thereby we have arrived at a third group of opinion questions. There is a specifically identifiable group of respondents who does not consider the issue important. In close connection with that, they do not foresee any rise in the number of elderly female victims, and think that in the case of elderly couples IPV cannot be a very widespread phenomenon. There is a strong significant correlation between the responses to questions 17\_10, 17\_1 and 17\_3. Consequently, the opinions that assert that there are few older victims, elderly women will not become IPV victims and the number of victims will not grow in the future are closely correlated. At the other pole, a group of opinions can be identified that

considers the field neglected, thinks that the importance of the issue is underestimated at present and foresees a significant rise in the number of victims in the future.

We analyzed these opinion questions by cluster analysis too. Based on the cluster analysis, opinions were classified into two clearly separable groups. Members of one the groups (N=57 persons, 72.2 % of respondents) typically consider the topic important, deem the situation of elderly female IPV victims peculiar and point out that more victims can be foreseen in the future. Members of the other group (N=22 persons, 27.8 % of respondents) do not consider the topic especially important, deem that violence of older women by their partner is not a very widespread phenomenon among older women, so they do not foresee any considerable change. It is noteworthy that there is no significant difference between institutions that have and institutions that do not have knowledge of cases in terms of what opinion group the respondent was ranked. So, knowledge of cases does not change judgment of the topic. However, we found significant difference (at .05 levels) between the opinions of experts of various institutions. At a rate much higher than at other institutions, workers of law enforcement institutions were classified into the group that consider the topic an issue of low importance. This institution type contained the police, public prosecutor's offices and courts. Within the group, specific institutions cannot be separated from one another due to the low number of elements. However, our professional information support the fact that shift in attitude to and growth of knowledge about IPV victims of the police has significantly improved in the past years; therefore, we presume, indifference to the topic can be typical of the workers of other law enforcement institutions rather than the police.

#### 5.4.5.5. Special tools in care for elderly female victims

Is there a need for special tools in dealing with elderly female IPV victims?

**Table V.9.**

**Experience concerning care for elderly female victims of IPV (N=52)**

|  |     |
|--|-----|
| Existing support systems are adequate for the needs of older female victims of IPV.                            | 2,1 |
| Professionals working with older female victims of IPV should themselves be middle-aged or older.              | 4,0 |
| Older women experiencing intimate partner violence need more proactive forms of assistance than younger women. | 4,1 |
| Older women experiencing IPV are more reluctant to seek help than younger women.                               | 4,6 |

|  |     |
|--|-----|
| Older women experiencing IPV are more ashamed of what has happened to them than younger women. | 4,7 |
| Working with older female victims of IPV requires specialist professional training.            | 4,8 |
| It is difficult to motivate older female victims of IPV to seek help.                          | 5,1 |

We find answers regarding care for elderly female victims in 52 questionnaires. Surprisingly, responses were given at a higher rate by experts who had not met with any cases (72 %) than by those who had met with cases (58 %). There seemed to be strong understanding regarding the question whether "It is difficult to motivate older female victims of IPV to seek help." This opinion confirms our conviction that it is necessary to find the support services that expressly adjust to the peculiar features of elderly female victims. The same point is supported by the high rate of agreement with the following three statements, which stress the importance of special training for experts (average 4.8); elderly female victims' sense of shame (average 4.7) and elderly female victims' reluctant to seek help conduct (average 4.6). Consequently, experts agree to a great extent that the care system must be properly prepared for dealing with elderly female victims of IPV. This can advance that elderly female victims should dare and be able to seek help.

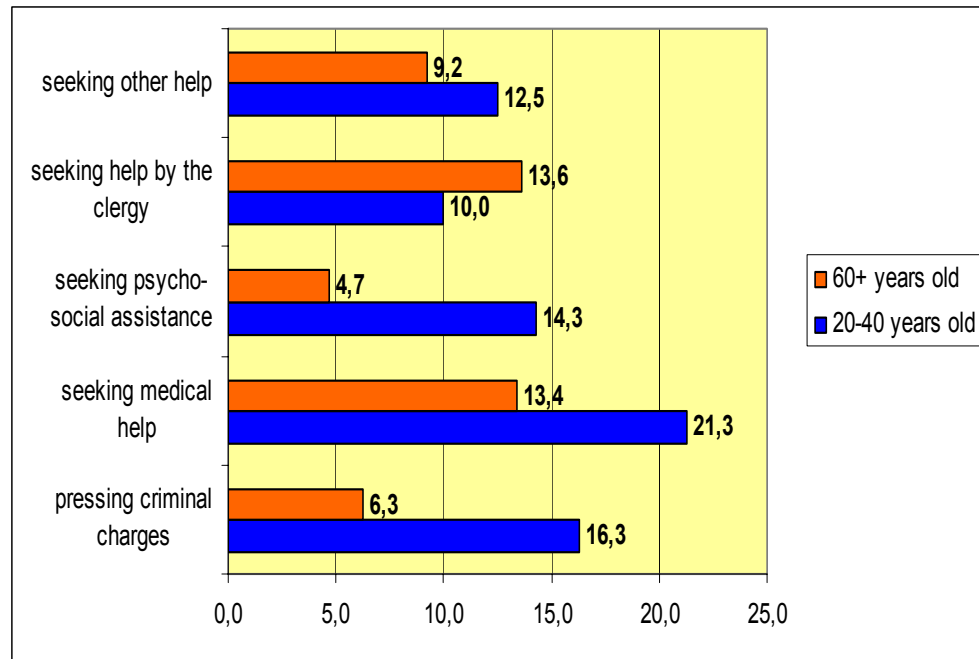
#### 5.4.5.6. Latency

In the last group of opinion questions, we asked that in the experts' view how many percent of victims aged 20-40 and 60+ seek help. Actually, this question group provides a kind of estimate on latency in the scope of young and older victims. Experts responded to this question at a high rate, the number of respondents was 69-74 (number of total questionnaires = 79). The following table shows the average of the opinion of total respondents.



**Graph V.6.**

**In your opinion how many % of IPV victims aged 20-40 and 60+ seek help?**



In general, respondents judged that victims aged 20-40 seek help at a higher rate than victims over 60. Only concerning help from the church was the figure of older people higher. Experts held the view that victims of violence mostly turn to a physician: every fourth-fifth in the young age group and every seventh-eighth among the elderly. Definitely less victims report the case to the police (16.3 % of young victims, and merely 6.3 % of the elderly). In the opinion of respondents both the rate of using external help is low and, unfortunately, the rate of victims who turn to family members, friends is very low (12.5 % and 9.2 % respectively). All this implies that in our society IPV is still considered a topic what victims find difficult to talk about and regarding which they get help with difficulties. As a matter of fact, these opinion questions are not suitable for measuring real latency. They provide a kind of estimate from the aspect of those who might meet or, for that matter, not meet with such cases.

Based on the opinion of experts working at various institutions, significantly different "seek help paths" can be identified for older and younger victims.

**Table V.10.****What help do a 20-40 years old IPV victims seek?**

| Institution type | N of institutions | Type of help                   | % of victims seek it |
|------------------|-------------------|--------------------------------|----------------------|
| Violence service | 12                | Psycho-social                  | 23,8                 |
| Law enforcement  | 21                | Medical                        | 29                   |
| Health service   | 6                 | Every kinds of help under mean |                      |
| Other service    | 4                 | Psycho-social<br>Clergy        | 25,7<br>25,7         |

In the opinion of experts of violence service and other service type institutions every fourth of 20-40 years old victims will seek psycho-social type help. These institutions themselves provide such services. So, they feel, on the one hand, that latency can be approx. four times the number of identified victims in the young age group, and, on the other hand, that victims mostly use their services. Experts of law enforcement institutions hold the view that use of physician's help is the most frequent in the young age group. As interviews reveal, the police and other legal institutions maintain work relations primarily with health institutions. It is noteworthy that workers of health institutions deem that victims use any help to a low extent. It can be presumed that they meet with numerous cases where they notice traces of violence but the victims deny it and do not seek help.

**Table V. 11.****What help do 60+ IPV victims seek?**

| Institution type | N of institutions | Type of help | % of victims seek it |
|------------------|-------------------|--------------|----------------------|
| Violence service | 12                | Medical      | 17,2                 |
| Law enforcement  | 21                | Medical      | 19,9                 |
| Health service   | 6                 | Medical      | 18,8                 |

Organizations specialized in violence, legal and health institutions all hold the view that older victims seek medical help at a relatively high rate. So, old victims demand primarily medical treatment of their injuries, and by the medical treatment they conclude the violence. A greater part of young victims seek other kind of supporting help too. Consequently, the responsibility of health institutions is very significant since a relatively considerable part of old victims appear on their horizon. If they observe violence, they are bound by obligation to report set forth in law. Only in a fraction of cases is this implemented. Often, victims

themselves do not want to accept any further help although they are in need of such help. So, it would be necessary to develop a closer relation between the experts of health institutions and the experts of the social care system and the care system helping victims. The aim to be achieved would be to attain that elderly female victims should not get help only in treating their physical injuries.

## 5.5. Summary and discussion

This part of the project, the experts' questionnaire can be just partly called successful in Hungary. It has been again proved what other sociological research studies have demonstrated that use of self-completion questionnaires in Hungary is not expedient. Completing a questionnaire independently causes difficulties to and by all means evokes antipathy in many people. Therefore, if a similar kind of investigation is made in the future, it must be prepared more profoundly, possibly by involving the supervisory authorities of institutions.

It was also due to low degree of sensitivity to the topic that only one-fourth of questionnaires sent out were returned. When we asked the institutions that had not returned the questionnaire for the second time to fill in at least the opinion questions and the questions regarding the institution even if they had no cases, we were often given the reply orally that they considered the topic uninteresting, unimportant. For this reason they feel the completion of the questionnaire is a kind of waste of time. In better cases, they underlined another form of violence from their practice as a more important subject more suitable for research (e.g. violence of elderly persons by their children, grandchildren). In worse cases, they judged the entire topic of violence within the family unimportant.

Only 11 respondents indicated that the issue was important to them and they would undertake an interview too. This number is far from the figure we expected. Furthermore, not all respondents who undertook the interview had case experience (see: the chapter on interviews for more details), and many respondent with case knowledge did not undertake the interview. So, interest in the topic arises from the personal knowledge of the expert completing the questionnaire rather than from the experience of the institution. Therefore, generating sensitivity to the topic is one of the most important tasks in Hungary.

The use of two kinds of questionnaires has brought no benefit to us. The short questionnaire did not motivate any better to complete it. It occurred that an

institution asked for a long questionnaire but eventually did not complete it. The lesson learned from this study is that in similar researches in the future we must use one kind of questionnaire because the short questionnaire will result in loss of information.

The two kinds of questionnaires, deficiencies in collecting data and indifference to the topic have jointly resulted in that we have obtained rather different data regarding the number of elderly female IPV victims. In addition to the aggregating data, the family relation of the perpetrator with the victim is the most properly documented question. Due to lack of data or for other reasons, about relatively few victims do we learn of information such as forms or character of violence. Based on the data available to us, the institutions – where it is documented – met mostly with cases where physical-spiritual-financial violence goes together. The overall majority of violence was unilateral, recurrent, long-lasting and commencing before the age of 60. Consequently, experts working in practice did not support the view extensively held in Hungary that IPV is a mutual, ad hoc and accidentally occurring form of family conflict, which inflicts men just as much as women.

Unfortunately, we have received little information as to how the institutions got into contact with victims and what services they provided for them. It was mostly domestic violence service type institutions that provided several kinds of services: primarily psycho-social support, legal advice and crisis intervention. Due to low-key information supplied on services, it would be difficult to make proposals on improving services. Yet, we can state that the experts of organizations dealing with violence are the most prepared and the most suitable for providing help; therefore, improvement of these institutions and increasing the number of experts would be of key importance. Regarding the improvement of services, it is expedient for Hungary to use the experience of the other countries that take part in the project.

The group that considers the topic less important constituted a minority, yet appeared among the respondents (27.8 %). Presumably, this view is more widely held among those who have not returned the questionnaire. A part of the experts assert that relationships of the elderly do not contain any element of violence; others consider the abusive role of other family members more important. As our research was not a prevalence study, it would be difficult to convince those skeptical about the topic by data. Presentation of cases might have some kind of convincing force to them.

In summary: we think that sending out questionnaires and processing responses have brought some results. The most important is the fact that experts' attention has been driven to this issue. It can be hoped that the institutions that have so far not dealt with this issue at all will pay somewhat more attention to this topic in the future.

## VI

# Interviews with older victims of IPV

### 6.1.

#### Research aims and ethical issues

As described in chapter II, one important goal of this project was to gather knowledge on specific features of cases of IPV against older women from different perspectives. This means that it was extremely important to talk with victims themselves, listen to their accounts and learn about their perspectives. Hence, interviews with older women affected by intimate partner violence are one core element of this study - thus following the general trend in criminal justice procedures as well as criminological and victimological research to give victims an immediate voice and let them speak on their own behalf (cf. Hotaling & Buzawa, 2003; Morris, Maxwell & Robertson, 1993; Shalhoub-Kervorkian & Erez, 2002)

The interviews with victims aimed at exploring characteristics and traits of older female victims and perpetrators, aspects of violent relationships in old age, risk and protective factors, causes of violence, aspects of violent acts (dynamics, situational factors) and contexts of violence. Of special interest was the help-seeking behavior of older victims, perceived barriers to help-seeking and perceptions of professional help. One important aspect was also the way older victims speak about their experiences, the terminology and accounting structures they use and their interpretations of their experiences in the context of their generational and biographical background.

In the interviews with victims, ethical issues were highly relevant. Interviewing older victims of IPV requires certain basic ethical principles be applied just like in researching violence or other sensitive topics in general (see the principles presented by the International Organization of Medical Sciences (CIIOMS), Ellsberg & Heise, 2005, pp. 35/36). Beyond these principles, aspects had to be taken into account which related to the special target group and research interest: issues of confidentiality, problems of disclosure as well as the need to ensure adequate and informed consent. In line with international standards (Ellsberg & Heise, 2002, WHO, 2001, Elcioglu, 2004) the partners discussed and laid down internal principles for ethical issues related to victim interviews.

## 6.2.

### Methodology

#### 6.2.1. Instrument

The interview method used adopts features of so-called “problem-centered interviewing” (Witzel, 2000) and “episodic interviewing” (Flick, 2000) and places emphasis on giving space for narrative elements while at the same time following a more structured approach than Schütze’s method of narrative interviewing (Schütze, 1983). In an international consultation process partners worked out an interview guide for the interviews with victims and translated it into the respective languages. This interview guide covered four main fields of interest: (a) life history, (b) experiences of violence during lifetime, (c) changes in violence in old age and (d) help, needs and rights. The interview guide worked with open questions and narrative impulses and provided lists of aspects to be covered which had to be checked by the interviewer during the interview and used for in-depth exploration.

A brief introduction contained information on the research project and on the topic to be explored. A crucial point here was to make explicit what the study was about without restraining answers too much by pre-labeling experiences as violent which might be labeled in other ways by interview partners themselves. The issue of interest was introduced with the following statement: “We know from other studies that a lot of women experience serious conflicts in their partnerships and even violence by their own partners. So we know that living in partnerships may become difficult, agonizing and dangerous for some women. But we know very little about experiences and perceptions of women over 60.” In this introduction it was also explained how the interview would be carried out. We asked for permission to record the interview, explained what would be done with the information and the record and stated that it would be kept confidential. The interview partners were asked to sign an informed consent form and received a signed confirmation that their information would be treated confidentially. In the last section of the interview, interviewees were asked if they were informed about the regional support services available and if they knew about their rights and the legal framework. Interviewers had this information at hand and were prepared to provide information where needed. Partners also had two social data forms available, one for the women and the other for violent partner(s) or ex-partner(s). Interviewers checked whether all relevant information was provided during the interview and asked the interviewee if any information was missing at the very end of the interview.

Interviewers were supposed to fill in an interview postscript form, if possible immediately after the interview. This form requested basic information on the interview (date, duration, access, interviewer, disturbances etc.) and the information provided to the interviewer before and after recording. Interviewers were also asked for the key messages of the interview, eye-openers, the possible starting point for analysis and interpretation and other noticeable features, problems and impressions. In the last sections interviewers were to give ratings of key interview features (interviewee's perceived openness, quality of interaction, how specific the information was, perceived reliability and perceived strain of the interview partner).

### 6.2.2. Methodology

As it has been shown in the chapter on the analysis of the expert questionnaires and interviews it was not easy to find appropriate interviewees. The research originates from the hypothesis that experts can assist in finding victims who are willing to give interviews. (The comparison of the countries participating in the project is interesting from the respect to what extent this expectation has come true.) However, a part of the experts willing to give interviews had no case knowledge at all. In the course of the past few years others have had 1-2 cases, in many cases the relationship has broken off with the client, or the expert was of the opinion that the victim was unsuitable for making an interview. Thus in this part of the research we tried to search for interviewees in a wider range.

The main researcher of the research has been given the opportunity several times to talk about the project in the written and electronic media and tell that we welcome the application of victims. However, the applying victims did not meet some of the research criteria: they were either younger than 60, or their perpetrator was not an intimate partner of them, but some other family member. The announcement made on one of the biggest social portals (iwiw.hu) was not successful either. It is especially interesting that for the announcements published on forums especially designed for and used by the 60+ age group there were some especially rejecting reactions belittling the issue or even blaming the victim. Otherwise, "nobody" knew any older women in their neighborhood who had been victims of IPV. There were some who even worded a misbelieve, namely that such thing cannot occur in a social group where the elderly using social portals belong to.

Finally the recruitment of the victims was realized through two channels. On the one hand we received assistance from our social-politician colleague working at the regional site of the staff interviews. This colleague of ours works especially



with the problems of the older people within the training and further education of social workers. Her students and former students also work in elderly care. With their help we managed to find 6 victims. The leader of the research – by using his personal connections – asked the employees of a helpline to try to find victims who are willing to participate in the interviews. With this method further 3 interviews could be made. Thus altogether we perform the analysis of 9 interviews in this chapter.

### 6.3. Sample characteristics

**Table VI.1.**

**The most important characteristics of the 9 victims interviewed and the violence**

|    | Age (years) | Qualifications | Type of relationship      | Form of violence               | Assistance                    | End of violence  |
|----|-------------|----------------|---------------------------|--------------------------------|-------------------------------|--|
| V1 | 72          | elementary     | Husband living separately | Physical threat, financial     | Daughter, neighbors, GP       | Husband died   |
| V2 | 82          | elementary     | husband                   | Physical                       | Neighbors, hospital reporting | Husband is in prison, victim is at a social welfare home     |
| V3 | 61          | primary        | husband                   | Physical, emotional, financial | family helper                 | Divorced, lives in lodgings                                  |
| V4 | 73          | elementary     | husband                   | Physical, emotional            | Did not ask for it            | She is at a social welfare home                              |
| V5 | 80          | elementary     | husband                   | Physical                       | Did not ask for it            | Was taken to a nursery home, is sick                         |
| V6 | 62          | elementary     | spouse                    | Physical, emotional, financial | Hospital, family helper       | Was taken to a nursery home, has serious psychiatric illness |
| V7 | 63          | higher         | divorced husband          | Emotional, harassment,         | Helpline                      | Still lives in this situation                                |

|    |    |           |                  |  |                    |   |
|----|----|-----------|------------------|--|--------------------|---|
|    |    |           |                  | financial                              |                    |   |
| V8 | 63 | secondary | divorced husband | Physical, emotional, sexual, financial | Did not ask for it | Decreasing tendency, but it still happens |
| V9 | 71 | secondary | husband          | Emotional, financial                   | Helpline, friends  | Still lives in this situation             |

As it can be seen from the summary table all of the victims number V1-V6, who have been found by us with the help of social workers working in the countryside have primary education. This – considering the age group – means that the majority of them do not even have the currently compulsory 8 classes of primary education. All of them live in smaller settlements or villages, and they are children of parents with lower education. In their childhood their families lived from agriculture or seasonal agricultural work, and they were characteristically poor. Their childhood took place between 1928 and 1948; the social-historical changes affected their families in a lesser extent. All of them were brought up in accordance with the scale of values of traditional peasant families: the destiny of the girls after the elementary school was work, then marriage. None of them had the ambition to get out of this world. The mother of V1 died soon; she was brought up by a stepmother; the others lived in complete families. They typically did not have anything to say of their childhood. *"Neither too good, not too bad."* – as described by V3. As adults they performed agricultural work, cleaning or simple factory work. As the majority of their adulthood took place in the socialist era, all of them worked and collected such term of service that they could receive elderly or disability pension. Thus all of them have some income on their own.

Another group of the victims, i.e. V7, V8 and V9 come from a social group different from the previous ones; they are middle-class or lower middle-class people. They were born between 1939 and 1947; two of them passed their maturity exams, and one of them, also graduated from a university. Although V7 has a university diploma, she has practically never worked. V8 has medical qualifications; she worked in a hospital as a midwife, and then started a venture with her husband: they opened a guest-house. She currently lives from it. V9 worked in a factory manufacturing electronic devices as a worker; she finished secondary school while working. V9 was given to state care, she was brought up in a remand home, and thus she does not talk about her childhood. V7 and V8 were brought up in complete families. All of them got into contact with a wom-

en's helpline that indicates it precisely that compared to the first group of victims they are more self-conscious, they can word their problems better, and generally speaking they stand more securely in society.

## 6.4. Results

### 6.4.1. Relationship of the parents, violence at childhood

In case of four victims out of nine (V2, V3, V4 and V6) we do not know anything about the family atmosphere of their childhood. V1 only makes a remark of the untimely death of her mother in connection with the husband:

*"It was a hard life for me there. My mother died and there was nobody near there; my husband's family is nothing for me." (V1)*

As it has been mentioned before, V9 grew up in a remand home; she was brought back to her mother related by blood in her teenage years. Whether the short period of time spent at her mother included real violence cannot be known for sure, but it can be supposed. Anyway, the nature of the relationship is described by the following quote:

*"My parents took me out of the remand home, and well, my mother was not suitable for a mother. And there was also a man with her, and I left them. It happened at around my age of 15." (V9)*

We can find childhood violence in case of three victims. The father of V8 became a soldier in World War II at the age of 19. He fought in the Don-bend, at the Ukrainian front-lines, from where only 40 thousand people returned to Hungary safe and sound out of the troops of 200 thousand. The others fell, were taken prisoners, froze or became seriously wounded. The father returned home with a post-traumatic illness, *"he has been a mentally ill person up to now"* (V8). The birth of the interviewee only worsened the situation of the parents.

*"My poor parents fell in love after the war in that great nothing. Well, I come from the first occasion. They didn't want me at all. I was only a hump for them. I am still one. And to make matters worse I became a girl... Well, they don't love me, eh! They don't love me. And I've been feeling it all my life that they don't love me. I have a younger brother, who became a boy. They wanted him, and he is the nice, he is the clever, he is the skilful, and he cannot be compared to me." (V8)*

Our interviewee not only felt coldness and the lack of love from her parents, especially her father, but she was often a victim of physical violence.

*"I was always struck dead, always, even in my childhood. I was always bad... I wasn't good at math at the age of 15... I was given failing grades, I did not dare to say it, and because I knew that my father would strike me dead. Well, they had a look at my grade book while I was next door. And then my father came over and struck me dead just like that in front of the two neighboring boys." (V8)*

The last beating she remembers happened at her age of 28, when after a full day of work she could not participate in the agricultural work at home as much as her father expected it from her.

The parents of V7 are also victims of World War II; her fate is similar to the previous one in many instances.

*"Everybody suffered a lot in the war, but my parents especially, they were practically left alone as Jews in the countryside. Their families had not survived. My father and my mother got married after the war... My father had lost his family: his wife and his daughter; she was 4 years old. My father was quite negative with me from my childhood. He did not respect, honor or love me. I had a younger sister; somehow she became the favorite." (V7)*

The interviewee continuously felt the coldness and rejection of her father on the one hand, and her father sometimes even threatened her and rarely beat her on the other.

*"He always grumbled with me. He was disrespectful with me. It also happened that he talked about me in third person singular with my mother. He practically behaved with me as if I had been a boy, who was undisciplined and naughty."*

It was not only the little girl who suffered from her father; the marriage of her parents was not good either. Although the father did not hurt the mother physically, but he was also cold, despotic and emotionally hurting with her as well.

*"Later it became very serious, and erupted from time to time. My mother became ill of it, became neuropathic; very serious. She was taken to hospital, and practically lived on pharmaceuticals until the end of her life, when she committed suicide at the age of 69. My father was a hopeless wooden-headed person, a violent*

*character; my mother was just the opposite, an accommodating type.” (V7)*

The characters of the previous two stories could process the violent environments of their childhood more or less as grown-ups with the help of their intellect and supportive external relations. In case of V5 the situation is different; she has been a woman of low intellect from the very beginning, and currently she is suffering of dementia. From the interview made with her the story of her life can only be put together after detailed analysis. In her childhood and even when she was a young girl her older brother assaulted her sexually and physically, when *“I didn’t want to stop for him”* /i.e. she did not want to have sexual relationship with him/. One of her children is from this brother of hers; the other is from one of her brother-in-laws. The life of the victim has been composed of a series of emotional, physical and sexual violence from childhood until the death of her last husband. She talks about all this with resignation, as if she was talking of someone else.

#### 6.4.2. The first relationship with a partner

The family atmosphere in childhood, the respondent’s position in her family and potential violence against her in her childhood has significantly influenced the quality of the first relationship. All of the victims have lived in marriages. Until the beginning of the 1990s 94-95% of the population got married at least once in Hungary. The average age at the time of the first marriage was around the beginning of the 20s in case of women, thus 24-25 years old single women were usually considered spinsters. It was especially true in rural environments. Cohabitation without marriage was less accepted; public opinion condemned the ones living in such a relationship. Mothers giving birth to their children out of wedlock were similarly stigmatized.

**Table VI.2.**

**Summary of the relationships of the 9 victims asked**

|              | Relationships with partners         | Circumstances of the first marriage             | How old? |
|--------------|-------------------------------------|---|----------|
| V1 (aged 72) | One marriage, no other partnerships | The relatives organized it, she did not want it | 21       |
| V2 (aged 82) | One marriage, no other partnerships | No information                                  | 24       |
| V3 (aged 61) | One marriage, no other partnerships | Became pregnant                                 | 17       |
| V4 (aged )   | Two marriages, one life-            | Became pregnant                                 | 20       |

|              |   |                                   |                |
|--------------|---|-----------------------------------|----------------|
| 73)          | partnership in-between                      |                                   |                |
| V5 (aged 80) | Several chaotic relationships, one marriage | No information                    | No information |
| V6 (aged 62) | One marriage, one life-partnership          | Became pregnant                   | 24             |
| V7 (aged 63) | One marriage, two life-partnerships         | Was afraid of running out of time | 29             |
| V8 (aged 63) | One marriage                                | Was afraid of running out of time | 32             |
| V9 (aged 71) | One marriage                                | Became pregnant                   | 18             |

There were two victims from whom we have not received interpretable information about the circumstances of how they selected their partners, the others discussed this issue with more or less details. For one group of the interviewee marriage was a must, as they became pregnant. V3, V4, V6 and V9 similarly became pregnant without planning it; in their case marriage was the only acceptable solution as per the pressure of their environment. There are some who mention it as evidence:

*"I was good at dancing, and in such a case many will take you for a dance; I also became acquainted with my husband there. Because he's good at dancing, too. Well, in the early days he behaved well, but I became pregnant from him. We got married, because I'd become pregnant." (V9).*

In the case of V3 preserving the pregnancy and marriage seem to be the decision of the husband:

*"I was attending school at that time, and well, I was over 17, I became pregnant. And I wanted to have an abortion, I told him what the situation was; I was two-month pregnant ... He said to keep the child, because if not, then he wanted to see me any more. I loved my husband very-very much, and I kept my daughter."*

Thus the relationships of V3 and V9 based on love and mutual understanding; presumably they would have stayed together anyway. The unexpected pregnancies only brought the marriages forward. In these two relationships in the first years of cohabitation there was no violence.

There are more pressure elements in the marriages of V4 and V6. In case of V4 the victim's family and the husband's family agreed in the issue of the marriage:

*"I married him in a way that he came to us, we slept together and then I became pregnant. And then my mother went to them, and said that if you did, marry her. Then my in-laws came... I said, that your son doesn't want to marry me. He didn't want to give his name to the child either. And then my mother said that there's no such thing." (V4)*

Perhaps it is little wonder that this relationship was violent from the very beginning. The relationship of V6 became offensive also early, but not so self-evidently.

*"I got married, because I was pregnant. I didn't want to keep it. But that year I had another abortion. The man who made me pregnant said that it's out of the question, he wouldn't marry me. And then my husband came and said that he would marry me." (V6)*

As a result this relationship started as problematic at the very beginning, as the child to be born was not her husband's. It seemed to be a good solution for V6 that somebody marries her, but at the same time she felt that she got married too young, *"I have not lived out myself in reality"*. This relationship was offensive almost from the very beginning.

Although V1 does not mention that she was pregnant at the time of her marriage, the pressure of the environment obviously played a role in the marriage. It was her mother who died when she was a child, thus her family tried to marry her off as soon as possible. There was no choice given to her.

*"In reality I didn't want it; and I didn't know my husband. We got into contact with the help of the relatives, but I didn't want this marriage. I didn't know him, and I didn't know it either whom I was to get married. It's like travelling abroad where we don't have anybody. I didn't want him, but in the meantime he didn't leave, he was so pushy that it cannot be expressed." (V1)*

Thus the woman getting into an unknown town among people she didn't know begins her marriage in a way that she had no say in her own life. As opposed to this the relationship started well, and there was no violence for a few years.

Unlike the others, V7 and V8 did not get married too young or too early. In their case differing from the norms of their environment appeared from the opposite:

they were considered as spinsters, because they had not got married at the end of their 20s. Both of them had problematic relationship with their fathers; they explain their low self-confidence and inability to twit with this.

*"I have suffered for not being able to make relationships. I thought that I was ugly, not only ugly, but stupid and untalented. I was extremely inhibited."* (Says V7, who is a definitely pretty and attractive woman even now.)

V8 also felt similarly:

*"I cannot get on well with men, not for the world, in no way. So I rather put on weight to be 150 kilo, so that I can hide away from everybody."*

Both V7 and V8 were of the opinion that they were running out of time and will never find a partner if they do not got married to the persons, who are willing to marry them. To make matters worse their situation was considered to be as unsustainable in the parental house as well. Thus both of them got into a relationship that was violent from the very first time; they considered this relationship as a solution for escaping from home.

As a result selecting the partner and the first serious relationship involved the possibility of violence in case of seven interviewees. In a part of the relationships the violent behavior of the partner could be or could have been realized from the very beginning, but the woman did not have a real choice. In other situations the relationship based on real feelings turned to be some kind of a trap for the man, and as a result violence started relatively soon.

Out of the nine victims five spent their lives with their first husbands, and did not have other relationships. In these five relationships the first marriage became violent, either at the beginning of co-habitation, or some years later. In the other four cases the relationships of the woman after the first one were typically violent, too. We do not find a connection between the number of the relationships and the occurrence of violence. Only in the life path of two victims, namely V4 and V7 were there periods when among their several relationships there were some without violence. But altogether it is typical all of them, that the majority of their adult life was influenced by IPV.



### 6.4.3. Life in a violent relationship

Out of the 9 victims there was one who was insulted only at her elderly age. She is V2, whose relationship could not generally be characterized as violent, but by her older age there occurred a serious event. This event will be discussed in details later on. For all others interviewee it was typical that they spent the majority of their lives, or their entire lives as victimized. Four of them (V1, V3, V8, V9) had only one relationship in their lives, the husband. This relationship became violent within a short period of time after the marriage. Thus when we are talking about IPV at an elderly age, we have to talk about a process having been lasting for decades in reality.

Four victims (V4, V5, V6, and V7) had several different relationships. In all of their cases even the first marriage was violent, and then their further relationships established after having divorced from the first husband became similar. They experienced violence at a young and older age as well, but with several partners. Their efforts to start again thus failed, and their second and further choices always brought similar partners for them. In the following we are discussing what the two groups mentioned about violence at a younger and at an older age.

### 6.4.4. Violence at a younger age

By analyzing the interviews we tried to find it out whether there were some typical *violence-paths* these victims have walked along. What could be the form of violence that first characterized these relationships? When did it appear? How did the certain forms of violence build upon one another, how did violence escalate? In the following we briefly take a glance at these relationships one by one from the aspect of the offences occurred at a young age. Let us begin with the ones who had several relationships, thus young age IPV had been closed somehow. As a result these offences occurring at a young age have secondary significance in terms of our present research.

The story of V6 represents the type thrown to and fro, vegetating at the bottom of the social hierarchy. (V4 can be included in the same category as well.) V6 was the one, who was pregnant when she got married, but the husband was not the father of her child. The relationship, which began peacefully started to become violent when the wife began to work again after the maternity leave. Jealousy, alcohol, and then impecuniosities similarly contributed to the deterioration of the relationship.

*"The relationship got worse when I began to work again. My child benefit was over... A year later I got into hospital, to the psychiatry. I was on sick leave, and then I have been pensioned off." (V6)*

A few years later V6 and her husband divorced. The husband's mother became the legal guardian of the two children, because the court did not find either the mother with an unstable nervous system or the alcoholic father as suitable for bringing up the children. After the divorce V6 soon began cohabitation, from which she gave birth another child.

*"After we divorced I still lived in Sz. I had other one or two boy-friends, but one was crazier than the other. There were some who even hit me. There was one who even broke a bone in my face; then I had enough from him. I have known for long the man who became my cohabitant partner later... There was no problem with him for two years. Then when we had the baby he began to drink. Then he lost his work as well, we began to have financial problems. He had a glass too much, and then he came home and hit me. If I mentioned it, talked back, then because of it, if I listened, then that was the problem."* (V6)

The peculiarity of IPV, the cyclic feature of violence is worded in several stories. However, V6 worded this process more precisely.

*"When he got drunk, then the other day he knew that he had done something stupid, especially when he gave me a sound beating like this... On the following day he always came to heel, he came, fat-mouthed so that I forgive him, once more, for the last time, it won't happen any more. Well, OK, I forgave him. Although I knew that if not that night, but on the following day it would continue."* (V6)

The story of V7 is a good example to the fact that high educational level and IPV do not exclude one another. The victim characterizes the divorced, intellectual, research worker husband of V7 from whom she divorces as follows:

*"He was a kind man, sweet and silent. He didn't really court me, he was only kind. It wasn't a real man-woman relationship... And then he involved me into a foreign scholarship. We have to get married, because he will only be let out this way. Then he drank quite hard, he was run down, I thought that the loads of work... Then he had terrible fits of fury, he was raging, he broke the flat where we lived into bits."* (V7)

The case of V5 differs from those of the other victims from the aspect that she is not in such mental condition that she could provide real reconstruction of her

life. She went through several physical and sexual violence as a child. This situation continued when she was a young adult.

*"My first son is from my brother-in-law. I didn't want that. I was squabbling with him. Then my brother kneaded my eyes, my head was all blue and green. I didn't sleep all night, I was very sick... Q: What did your brother-in-law do with you? A: He hit me. In my face. Because I didn't want to stop for him. Q: And why did your brother hurt you? A: I didn't want to stop for him. For neither of them. My other son is from this brother of mine." (V5)*

We have seen several relationships where the first threatening sign in an early phase of the relationship was financial, pecuniary retrenchment. The later offences derived from this. The story of V8 is perhaps more typical, whose relationship is characterized with financial dispossession and making things impossible. She was the one who got married at the age of 32 with the thought that she would remain a spinster.

*"Once he came home saying that he's found a lot, he buys it, because we were on separate budgets... While I was at home on child benefit, he didn't give me any money." (V8)*

The couple built their first common guest-house in a popular tourist town working hard in co-operation. They both agreed that it was a good investment and they can earn a lot with it. However, their long-term motivation was different. The wife was happy that the extra high income can be spent on the education and bringing up of their child. However, the husband emphasized it from the very beginning of their marriage that the jointly earned money is especially for his needs.

*"He has been preparing for this since we are together. He always said that by the age of 50, by the time all his children grow up, he'll be a free man." (V8)*

After some time the revenue of one, and later several guest-houses were entirely dispossessed by the husband after a time. In the next step he restricted the woman's contact with her friends and the external world.

*"It was like, that I was locked up – believe me – into this house for 20 years. And I couldn't get out of here. When I haven't been to anywhere for two weeks, and I had a very serious claustrophobia, I said to myself that I go to the market. I went, but I could not even get to the town, he called me saying 'come home immediately', because we have guests and they are looking for me. I came home, but there was nobody here." (V8)*

External relationships also appeared in the man's life soon. Continuous unfaithfulness and the connected humiliation, emotional and physical violence have been characteristics of the relationship in the long-term besides the financial spoliation.

*"He was looking for relationships among the guests. At a Christmas he almost struck us dead with the child. Because he was to go to his girlfriend. He began to pack at one o'clock in the morning, got into the car, saying that he goes to E. to this woman. He was continuously phoning that year. I get up in the morning, the phone rings and then a woman says that 'last night I danced with your husband and I fell in love with him'. My life was full of with such harassments." (V8)*

The relationship of V1 turned to be violent after a few quite good years and it also began with financial spoliation.

*"Until my mother-in-law lived we had been living with her for 5 years. He (i.e. her husband) earned for himself, but I had to give money to the house... When my mother-in-law died, then his grandmother and elder sister persuaded him not to work." (V1)*

The couple moved separately from the man's family, but then other problems arose. Everyday life was going on in such atmosphere until the victim, close to retirement age, finally moved from home.

*"Later everything became even worse... He was very cruel, very bad. He was also womanizing, didn't work or help me at home. He was shouting and quarrelling with the child as well... He threatened me to beat me and that he would do me this and that." (V1)*

The marriage of V3 was also free from serious conflicts in the first few years. However, after some time the man had changed, and serious physical violence began to take place.

*"We went to the market and I had left my wallet at home. He took me home by car and it was winter, he gave me a spade and said: 'now dig the hole for yourself, this is where I'm gonna bury you'. And I'm telling you this seriously; I was digging there in the winter a hole for myself, because he said that if I stopped doing it he was going to hit me with the spade on the head and I would die there. I was digging. And well, he saw that I got upset, and I was crying then he said me to go inside." (V3)*

The victim has told several similar stories about her husband insulted her with her justification, or without any special reason. He hit her with the most diverse things, he tied her, and psychical terror was not missing either.

*"If I was chewing a chewing gum, that was the problem. If eating chocolate, then that. I weighted 52 kilos and he said that I was like a fat pig... He said 'when will you perish, why can't you die now'? He banged my head against the wall, I was bleeding profusely, and he said 'I caress you a little bit and the blood is immediately flowing from your head?'" (V3)*

#### 6.4.5. Violence above the age of 60

The ones who had only one partner generally did not find a significant change in the process of violence in their older age. V2 is an exception from this respect, who characterized her marriage that it was basically good, and not violent. This case is currently in front of the police and the investigating authorities. Because somebody threw an axe at the victim's head. In accordance with her first testimony it was her husband, but subsequently she declares that the crime was committed by her adult grandson who was also there. The investigating authorities assume that it is more likely that the husband was the perpetrator. He is currently waiting for the decision of the court in the prison hospital.

*"It happened that I went into the room to go to bed. Both of them came after me (i.e. her husband and her grandson)... I remember to switch on the TV, but I don't know whether there was anything on, because I fell asleep. I was hit on the head while I was sleeping. I cannot remember anything. Then I regained consciousness. I wanted to make a call, but I could not. My husband was standing there, but didn't say a word. Then I collapsed, and I don't even know how I went to the neighbor's. The neighbor said, auntie E., who injured you? I said that it must have been Daddy. I was lying unconsciously in hospital for three weeks." (V2)*

In case of V8 the financial spoliation lasting through the entire marriage has continued over 60. Both parties started divorce proceedings several times and also withdrew them several times. The husband finally agreed with the divorce in a way that he demanded the majority of the pooled property for himself, and even took away everything he could. The process of the divorce began in the second half of the victim's fifties, but ran through to her sixties as well.

*"He has taken everything that he could move from the house. There was a small sacred picture on the wall, he stole that too. Then five years after moving from here he came by motor truck and took away for example the ladders. Then he broke the door*

*with a hammer-pick. He turned everything on end in the back yard. He made our life impossible.” (V8)*

V9 has been living separately from her husband for ten years. It was her decision. On the other hand, they could not sell their flat so that both of them could have normal housing. Thus they live in a two-roomed flat in a way that the kitchen, the bathroom and the toilet are common. Living together is the root of many conflicts. They are not only quarrelling, but two years ago there was a serious violence because of living together. It seems that there is no real chance for the victim to get out of this situation.

*“It resulted from the fact that he had not cleaned the cooker after himself. I wanted to cook, but the gas didn’t take fire. When he came home I told him that he should at least clean it so that I could cook. And then he said not to molest or annoy him, and to leave him alone. And he said that if I didn’t stop it he would kill me. And then he got the knife, ran into me, and cut my two hands. My fingers were hanging here.” (V9)*

The most serious violence of V1 took place after having moved separately from her husband. First she moved to a sublease into a neighboring town, but her husband visited, annoyed and kept frightening her. After a longer treatment in hospital she moved to her daughter. But she heard that the garden of the common house and the flat itself was untidy and neglected. So she went home to clean it.

*“I went into the room, everything was higgledy-piggledy... I greeted from outside, well, he was lying in the bed, tucked up. He said ‘I’m sick’. I went into my son’s room, changed clothes to begin. I have to wash and clean, everything is dirty. A house, a flat cannot be left like this... And then he comes to the room. He closes the door. Open the door, why do you close it? Then he doesn’t say anything. He came to me, grabbed my throat and tried to strangle me. I kicked him on the groin, gained some time, and I could run out.” (V1)*

The violence continued and finally the victim ran away to the neighbor from her husband. The man continued to harass and frighten the victim, who did not dare to get out of the street alone. Finally the story ended with the death of the husband.

In the story of V3 the continuous violence did not stop with growing old, and not even with the victim’s moving away. V3 is just over 60, cannot be considered

really old. They divorced two years ago; the distribution of wealth is in progress. In the last period of living together the husband hit his wife because of so to say "concern", when she smoked, drank coffee or wine, because she should not consume them upon medical advice. The victim is filled with anguish and is terrified of her husband on the one hand, with whom they are still living in the same settlement. On the other hand, she is still closely connected to him.

*"The biggest problem with me was that I loved him very much. And even when we divorced I was puzzling over what could be with him, who cooks for him, who washes for him. That is to say I really loved him. I didn't want this, that we divorced." (V3)*

The victims that found new relationships during their lives after their first violent relationship got into a violent one again, very similar to the first relationship. This happened to V5 as well, who – in the period before the interview - had been living together with her husband until his death. The man was talking rudely with her, he was jealous of her, and sometimes also beat her, although he was a seriously ill bed-ridden person.

Hardly had V7 got rid of her furious husband who broke the house into bits, she began a relationship with a man, who admitted it at the very beginning of their relationship that he was beating his previous girlfriend, that is why they had broken off. Of course he began to violence V7 very soon.

*"It was a very-very huge love. It was the first time that I felt that somebody was really loving me. It was a really good feeling. But he not only drank, but when he drank, he was also beating me. In the first month he hit me so hard that my face was bleeding... He was a very positive personality, extremely adorable... He mentioned it in advance that he had a girlfriend who separated from him because he had hit her." (V7)*

However, the relationship broke off after some time, but V7 is still thinking of it basically like this: "He really loved me, and it was the best relationship of my life." After some further relationships, two years ago the ex-husband of V7 appeared again. Once he rang and without any peculiar questioning he moved back to the victim's flat, because he had been thrown out by his new wife.

*"Then his wife threw him away at Christmas. He rang late at night. And I couldn't turn him out then. It didn't even come to my mind that he would stay. This is a small flat, a one-roomed one, and he was always there, I couldn't get rid of him. I did not have an intimate sphere. Finally I lost weight, my central nervous system broke down, and my lungs were ruined by his smoking." (V7)*

The victim tries to turn out her husband from the flat with more or less success. However, her feelings are evidently ambivalent, because on the one hand she is suffering from the situation, but on the other she seems to be understanding towards the man's problems.

#### 6.4.6. Consequences: physical and mental injuries

All of the victims have mentioned more or less serious illnesses, lasting physical and/or mental injuries. They generally link them up with the violence, but when it is not mentioned separately, it can also be supposed that the development of the illness can also be connected to the long-lasting stress situations they have been living in for decades. V1, for example, had been living with her husband when she was freed from the relationship temporarily by a hospital treatment lasting for 8 weeks. V5 and V6 are living in an older people's home, they are under psychiatric treatment.

V6 was under psychiatric treatment even at the beginning of her marriage. After her divorce she suffered from many physical injuries next to her new partner, and her mental illness also broke out again several times. She tries to commit suicide on several occasions.

*"Last year is a total mystery... I took a lot of medicaments that I could find at home, every kind. This is why the entire past year is so misty, because I tried it several times. It also happened that I drank wine afterwards; I took the medicaments, and drank wine, so that it produces an effect. This is why I was taken to the psychiatry... I diapered myself, because I always pissed and made a mess in my pants. I can't decide what was wrong with me in those times." (V6)*

Although V8 is over the most critical part of her life, she also had a serious illness and also needed psychiatric treatment as a result of the violence.

*"He brought here one of the women, then I was taken to hospital, because I was in ruins. Nervously, mentally, and physically. I lost thirty kilos, which was not bad, but I fell ill as a result. I had the gripes and then my large intestine cracked. And then I was operated on." (V8)*

V3 was taken to hospital, to the surgery and then to the psychiatry after a more serious beating. She spent there one and a half months; the hospital reported it to the police ex officio. Upon the pray of her husband she withdrew the action,



but the psychiatric treatment had to be repeated several times. She takes sedatives even now.

V7 attributes her mental and physical deterioration clearly to her ex-husband's persecution:

*"And I was deteriorating; finally I couldn't get out of the bed. Horrible. I had so many problems, I couldn't even list them. I lost weight; I began to grow old, panic attacks." (V7)*

#### 6.4.7. Attempts of breaking free

Some of the victims have tried to get out of the violent relationship for several times. In some cases we do not know how real these attempts were, or whether they were only fantasies about terminating the relationship. It is very likely that the former happened in the case of V9, who – although words the wish to break free – could never make it true.

*"From this point all hell broke loose. In reality one word led to another, I also told what I wanted. I wanted to move very often." (V9)*

The situation is similar in the case of V7, who, although divorced from her violent husband after some time, has not separated from him. After several relationships, above the age of 60 it is her former husband who is insulting her.

*"A year later I felt it really that we should divorce, but I didn't dare to make it real what I considered good. I didn't get it from home that I dare. I didn't even dare to dream small." (V7)*

The attempt of breaking free was difficult and practically impossible of the victim who was not supported by her family.

*"I went to my grandmother and told it told her. And grandma said, my little girl, come to us. You'll see it will be all right. He won't go there. I spent there about half a year." (V4)*

V4 ran away from her violent husband several times, and until her grandparents lived, she had a place of refuge. However, her mother (who otherwise forced the marriage) did not agree with her leaving her husband, and acted against it every time.

*"My grandmother's were really kind. But from my mother I always heard that 'go back to him, he's the father of the child'. I said: Mother, understand it; I don't want him to beat me. Look at – I*

*said – what my hands look. She didn't say a word, then said 'I'd still go back if I were you'." (V4)*

As a consequence, breaking out of the violent relationship is only manageable if the victim receives real support for this from her environment, especially her family. The previous quotations referred to situations when the currently older victims were still young. 3-4 decades ago the approach, opinion of Hungarian society, especially rural society was quite patriarchal in connection with gender roles. The acceptance and bearing of violence was part of the womanly destiny, its concomitant for a part of the public opinion. Divorce, leaving the father of the child(ren) was considered as a more significant disgrace than violence.

#### **6.4.8. Point of rest (if there is such), end of the story (if there is such)**

Finally the husband of V8 was willing to divorce. The "price" of the divorce was that financially he almost entirely ransacked the victim and her adult daughter. The story slowly reaches the point of rest, but they live close to each other. V8 is still terrified of her former husband, she is afraid that he can shatter any time, ruin her house, her guest-house. To make matters worse, the husband still tries to keep on give orders for his family from the distance, but it seems that the victim – to quite a great extent with the help of her child – is decreasingly at his mercy.

V9 is in a trap-like situation. She lives separately from, but still in the same flat with her husband. The two-roomed flat that can be found in a housing estate cannot be sold in a way that both of them could have some housing. The co-habitation comes together with everyday disagreements and quarrels. Keeping the commonly used kitchen and bathroom tidy, storage, and managing cooking are the roots of everyday conflicts. The last case of serious physical violence also rooted in a dispute related to cleaning. The victim tries to spend the least possible time at her own home.

V3 has divorced, but she is still tied to her husband with strong feelings. She is sorry for his being left alone, and she still loves him. On the other hand, she is frightened of him, she tries to come and go in the settlement so that they do not meet. At the same time she is angry with him for all the suffering she experienced next to him, and she is also jealous because of his new relationship. This case is far from being closed for her.

Although V7 can get rid of her ex-husband, who lives in her flat, from time to time, her own weakness does not make it possible for her to do it for good and all.

#### 6.4.9. The reaction of the children and the community

The environment, the tighter and broader families of all victims were aware of the violence, and instead of this only a very few of them tried to help them. In case of V5, where the parental family, including the siblings, was the primary perpetrators, it is no wonder that nobody helped her. Moreover, when she turned to an older neighbor, she could only find lack of understanding there.

*"I went to T. and she said that you won't go away from here until you tell me what has happened to your eyes. I told it to her, and she only yelled at me. She split with laughter. She did not say anything, she did not even give me advice." (V5)*

In case of the other victims the support of the neighbors manifested in the fact that they made it possible for them to take shelter at them for a short period of time. It happened to V4, who flew to her grandparents when she was young, to V3, who ran to her parents and to V1 and V9, who took refuge at the neighbor's. The neighbors appear in several stories; they are the ones who call for the doctor, the ambulance, and the police.

*"He caught in the courtyard and tried to strangle me. The neighbor heard that somebody was shouting: help, help! They somehow managed to save me... I ran to the street and they said to go inside, to the yard!" (V1)*

The parents of some victims (V8, V4) behaved in an especially hostile way with them, they did not let them move home. The workplace also played an important role in the lives of several victims until they worked. In the paternalistic world of the socialist era it was acceptable that the victim complained about her problems to her boss, or even her husband boss, who in a good case tried to appeal to the perpetrator's better feelings. In most cases these attempts were fruitless, but for the victim they still meant some kind of support, mental help.

Within the environment and the family members and adult children play a highlighted role. As we could hear it in the interviews made with experts, authorities generally try to involve children in the defense of their mother, and in certain cases in rescuing them from the violent situation. In our interviews we can find mixed contribution indicating how much the children were willing to participate in such solutions.

The daughter of V9 is clearly supportive; she herself also grew up in the family as an insulted child. It is a great sorrow of the victim that she could not protect her daughter from the violence.

*"And she is still suffering from it, to this very day. She hates her father even now so much, that it simply hurts my heart, because it is not good for my child, not good for her soul." (V8)*

It is more frequent that the several children of the victim maintain different relations to the victim. This is the situation of V2; her case is the one where one of her children is the father of the grandson who was present at the serious injury of the victim, and it might even be true that he himself was the perpetrator. This child does not visit his mother in the nursing home. The children of V6 also rather stand on their father's side, both generally and also in connection with the judging of the offences.

Perhaps those stories are the most painful where the children have become alienated from their mother with time. The daughter of V1 was standing by her mother for some time, similarly to her son.

*"My son also said to take him away, take him away to hell, to prison, and Mom, what has he done with you?!" (V1)*

However, the situation has changed by now. The victim's son had become a psychiatric patient and died. Her daughter has become alienated from her. She has found a partner similar to her father.

The son of V3 acted especially against his mother in connection with the authorities.

*"I didn't dare go home and I came here to the family support office. Well, then they called my son saying that his mother was with him and she didn't dare go home, because she's afraid of his father. He said that she could safely come home, he wouldn't hurt her. Who said that she couldn't come home? Well, I went home, and he /i.e. the husband/ didn't hurt me that day, only two days later. Then he struck me to death saying how I dared come here?" (V3)*

It is a further significant question whether the victims asked for and received help from the authorities. When our victims were young, IPV was widely accepted, as we can know it from other researches. Even in our research as of 1998 it was an often mentioned opinion that the police only go to the sites of offences if "there is blood". However, by now there is a provider system in Hungary dealing with especially the victims of violent deeds (even if it is not of the level of Western European countries). Thus in connection with violence suffered

at an elderly age it could be expected that the provider system and the victims find each other.

The situation is obvious in the case of V2, who was a victim of a serious crime. The report was made by the hospital on behalf of the victim ex officio. The judiciary work is ongoing.

V5 is suffering such serious dementia that it is not clear from the interview whether she has ever asked for help from the authorities. When reading the story of her problematic life we do not consider it as likely.

V1 was so seriously hurt in violence that she was taken to hospital where on the basis of the law the hospital wanted to report her husband to the police. However, she refused it; as she commented on it she did not have the necessary moral strength. Although the victim had heard about the family support office, she did not know what it is good for, and did not want to ask for help anyway.

V6 got into contact with the hospital social worker in the hospital, she could get a place in the nursing home with her help. However, she did report her perpetrator to the police either, because she was of the opinion that the local policemen are the friends of her partner.

V3 had not asked for help from the authorities for long, but after some time and a more serious humiliation she went to the family support office and asked for help.

As mentioned in the introductory part before three of the victims were found in a way, that as clients of one of the helpline they agreed in making an interview. V7 and V9 also got into connection with the helpline and they received and currently also receive mental a legal support. V8 has not asked for help from anybody, because her perpetrator used to be a policeman, thus she does not trust in the police. She was recommended by her daughter, who is a voluntary worker at the helpline, for the interview.

#### **6.4.10. Message for the other women**

*"I'm of the opinion that there's no remedy for villainy for a woman. I've gone through almost all dreads described in films and books. If someone is such a junk, there's no protection against him. The only protection could be if I were also a filthy person rotten to the core, which can see through all these things. I cannot say anything. I can only say not to faint because of men... I think*

*I'm such a natural born victim. I'm telling you this seriously. This is what men can see in me, that she is so stupid, she can be exploited, because she's so foolish. How can they see it, where is it written on me?" (V8)*

*"I'd send it as a message to every woman that when the first processes are over, thus there's one or two that can be allowed. But if it goes on in the future, no one should allow that. Because it ruins the entire life. And to live a life like I did, it shouldn't be done. It shouldn't." (V9)*

*"Leave your partner as soon as possible. Don't live with such one. It's not worth believing in such. Because he won't change just because he has a child. If someone begins to drink, then he has to be left. If someone has hit his wife once, it's not true that he will never do it again." (V6)*

## 6.5. Summary

In this chapter we introduced the processing of the interviews made with the victims. It is very difficult to draw general conclusions from nine interviews. However, we can stress it down anyway that a violent family in childhood and the cold, unloving childhood predestines to a great extent that the woman gets into a violent relationship. A marriage contracted at an early age, because of pressures or pregnancy can ruin even relationships that had begun relatively harmoniously. We have also experienced that the series of relationships have not brought escape for the victims. One intimate relationship came after the other in their lives.

Alcohol appeared in every story as a companion of the violence. In Hungary alcoholism is a real widespread disease. Drinking that began in a younger age generally gets more and more serious every year and it has increasingly serious consequences.

The environment usually knows about the serious violence, but they can do relatively little for the victim. They house her if she is in trouble, call the ambulance, or sometimes the police. If a victim does not want to report the event to the police, then they cannot do anything. Some of the children are not standing by their mother. It typically occurs in cases when their childhood was also tor-

mented, either because of the frequent partner changes of the mother, or because the mother is suffering from serious psychiatric disorder.

Those know somewhat more about women's rights and the possibilities of asking for help, who have higher educational level, or who get into the horizon of the authorities with the help of some lucky accident or the efforts of a conscientious expert. They are all of the opinion that they should have left their violent partner, but the feelings of some are still ambivalent. Love and anger are both present in them.

## VII

### Staff interviews

#### 7.1.

##### Research aims

It is proposed that the range of services available to older women who experience IPV needs to be researched in order to identify potential areas for future service development. It is also important that research investigates the barriers that prevent older women from accessing the support they need and the difficulties professionals experience when attempting to meet the specific support needs of older women. This phase of the study, therefore, aimed to collect information on the services available to older female victims of IPV and the types of support available to them. This element of the study also aimed to investigate the difficulties professionals and services may encounter when providing support to older women who have experienced IPV and the challenges posed by such difficulties.

#### 7.2.

##### Method

##### 7.2.1 Instrumentation

A Short Interviewee Form (SIF) was completed, prior to the commencement of the interview, which obtained personal and institutional background information from the participant (see appendix ?). The information collected from the participant included: gender; age; professional/educational background; organization details; job title; job role; number of hours worked per week; and length of time working at the particular organization.

An agreed, standardized interview topic guide was used within the staff interviews to explore particular areas of interest. Semi-structured interviews explored professionals' experiences of providing support to older female victims of intimate partner violence but allowed for additional information from interviewees through the semi-structured nature of the process. The interview collected information on the following main topics:

- (1) Characteristics of older female victims, perpetrators and violent relationships
- (2) Specific needs of older women
- (3) Co-operation/communication and collaborative working with other organizations



- (4) Range and types of support and services offered to the older women
- (5) Problems and challenges encountered in this work
- (6) Recommendations for service development

Once the interview had been completed the interviewer completed an Interview Postscript (IPS) form. This form obtained information on details of the interview and provided a basic account of how the interview had been conducted. The information recorded on this form included: date/time of interview; location; disturbances; key themes that emerged; special features of the interview; possible starting points for analysis; noticeable impressions/problems within the interview; and the interviewer's evaluation of the validity and reliability of the information that the interviewee had reported. The main purpose of this exercise was to present the research team with an opportunity to produce a reflective account of the interview experience and provide some potential starting points for subsequent data analysis.

### **7.2.2. Sample characteristics**

Preparing DAPHNE III, that is expert interviews constituting the second phase of the research based on the research plans submitted in the tender. Based on the plans every country has to make 30 interviews, which try to discuss the more factual type of data asked for in the questionnaires. The aim of the interviews was to become familiar with the major characteristics of the victims and the perpetrators, and examine it through real stories how certain cases can get to the different professional institutions, what their process is like, and how help can be provided to the victims in the specific types of institutions. Furthermore we also wanted to know how experts see their own work and that of each other. The specific conversations happened in the form of semi-structured interviews, and lasted for 20-90 minutes depending on whether the specific experts had cases where the violence of older women committed by the partners had a role, and also how many such cases they had.

When making the interviews we would have used the returned questionnaires as a basis for selecting the interviewees. As already mentioned in the introduction of the questionnaires, in the last phase of the questionnaire we asked the respondent to help our work with an interview that goes into the issue in more details. In the returned questionnaires the respondents willing to give interviews could indicate their contact details, with the help of which we could agree a date with them. The few results and the uninteresting character experienced at the returning of the questionnaires clearly appeared in the interviews as well: out of the 80 questionnaires received only 11 respondents indicated that they would be ready to give an interview as well. It made our situation even more difficult that

among them four did not have a case – and out of those who did have a case by their own admission, it turned out in the course of the conversation that these are not cases of IPV or not offences committed against older women.

As out of the respondents of the questionnaires only a few accepted to give interviews – and because we could not make interviews with all of them as a result of technical or weather related problems, or just because of lack in interest –, we had to look for further interviewees. For this reason we used the snowball sampling technique on the one hand: we asked all our interviewees to recommend some other ones whom we can appeal to and ask to take part in the conversation (they did not fill in questionnaires). It was an interesting experience that after a good, in-depth conversation – during which the interviewee mentioned other institutions as well with which they are regularly co-operating, thus they must be in connection –, when we asked for phone numbers the interviewees often said that they did not know anybody with whom we could talk about the topic. Thus we often reached a dead-end with this method.

The other method we tried to find further interviewees with was appearing on conferences, introducing the topic of the research and advertising the interview there. With this method we mainly got to the leaders of such self-help groups, who participated in the conferences and listened to the lectures. Thus with this technique it was less possible to find real experts belonging to institutions. On the other hand, we had the opportunity to become acquainted with the existence and situation of some self-help groups with the help of the interviews.

The second phase of the research was conducted between December 2009 and May 2010. As a result of the previously described difficulties it often lasted long to find and reach certain interviewees, thus finally the end of the expert interviews was partially made at the same time with the third phase of the research, i.e. the victim interviews. We made 25 interviews, we have conversations with 4 men and 21 women (see Table VII.1.). The duration of the interviews was between twenty and ninety minutes; it was mainly influenced by the fact whether the respondents faced with the violence against elderly committed against by the partners – and if they did, how many such cases they had and how detailed they could and wanted to talk about these. The average age of the interviewees was 43, the oldest one was an 82 years old volunteer telephone operator, whereas the youngest was a 25 year-old social worker.

There are nineteen interviewees who are working full time – sometimes it meant even daily 10-12 working hours, not only the compulsory 8 hours –, there is one respondent who works part time, and there are five people who have casual

work, in weekly 2-3 working hours (they are volunteer telephone operators, or leaders of self-help groups). Out of the respondents there were 11 with university degree, 11 with college diplomas and for 3 the highest qualification was the maturity exam.

**Table VII.1.**

**Expert interviews**

| <b>type of organization</b>   | <b>male</b> | <b>female</b> | <b>together</b> | <b>had case(s)</b> |
|-------------------------------|-------------|---------------|-----------------|--------------------|
| <b>violence service</b>       | 1           | 4             | 5               | 3                  |
| <b>law enforcement</b>        | 0           | 3             | 3               | 3                  |
| <b>health service</b>         | 2           | 1             | 3               | 3                  |
| <b>general social service</b> | 1           | 7             | 8               | 5                  |
| <b>service for elderly</b>    | 0           | 4             | 4               | 4                  |
| <b>others</b>                 | 0           | 2             | 2               | 2                  |
| <b>Together</b>               | 4           | 21            | <b>25</b>       | 20                 |

### 7.2.3. Interpretation problems

In the course of the interview the experience has strengthened in us that could be guessed on the basis of the returned questionnaires: In Hungary violence against older women committed by partners are recorded to a less extent; the majority of the institutions do not have exact figures, statistics are imperfect everywhere – if they are made at all –, and the experts could not interpret the research topics appropriately. Although in the questionnaire we even defined words such as “older women”, “partner” and “violence”, it often turned out only during the interview that the interviewees have not considered these definitions. They considered the age group typically only approximately. Many of the respondents was convinced that around and over the age of seventy there is no violence between the partners – partially because there are less men living to this age, and partially because if a couple has been together for such a long time, they do not hurt each other –, but they listed the cases of victims above fifty also into the topic.

It proved to be a bigger problem that it turned out of several respondents during the interview that they do not consider verbal violence as an insult. There were some – when asked while answering the questionnaire or at the beginning of the interview of how many such cases they met – who said that they do not have any – then it turned out during the conversation that mutual or one-way verbal violence exists in case of almost all older couples (s)he meets. It was an interesting experience that one of the respondents considered it rather something annoying thing making her work even more difficult, than violence between the partners. And to my question, namely how much she can intervene/intervenes she answered that if she cannot work because of them, then she rebukes them.

It can be supposed from the results of the interview that while filling in the questionnaire many respondents indicated that they had not met such victims, because they were only thinking of physical violence.

Finally it turned out clearly that experts do not differentiate between cases of family violence committed against elderly and older women broken down to perpetrators. Thus it occurred that when we asked from the respondent to tell his/her case, (s)he was not telling a case of violence committed by the partner, but on committed by the child. And there was even an interviewee whose most memorable case was a man who was insulted by his son – thus when I asked her to tell the story, she began with this one, although it did not suit the profile of the research at all. There were many respondents who criticized the topic, because they found it too narrow, and they bridged it in a way that they were talking about what came to their minds. It was often difficult to drive them back to the research topic, and make them recall also cases we wanted to hear about.

### 7.3. Results

#### 7.3.1. Introductory questions

As it can be seen from the draft interview found in the appendix, in the course of the interview we first introduced the research itself – based on the experiences of the first few interviews we made the notions of the researched topic more accurate once more –, we expressed our thanks for the help and participation and to begin with we asked the respondents about their professional experiences, and we also raised a few questions in connection with the operation of the institution. Then we asked them about what comes to their minds immediately about the examined topic, and when in their lives they met violence between partners for the first time.

There were a few very similar ideas within the first reactions appearing at almost all respondents: they considered the topic, violence against the elderly as “horrible” and „shameful”.

*“The first idea that comes into my mind about violence is that it is very-very sad that it still occurs even now.” (E21)*

*“It always come to my mind of this topic that it’s terrific, there’s no help.” (E9)*

*“This is amazing. But such things do happen. And the topic is too narrow. As the problems occur, there are injured, insulted elderly. But it is difficult to categorize in accordance with the topic, because it is often committed by another family member.” (E16)*

As it could be seen at the previous opinion, there were many mentioning that the topic was too narrow, as during their work they met women who were insulted not only by partners, but by their children or potentially even by the tenant. These are often not separated really as per the perpetrators. It also occurred that the respondent asked back whether we were really only dealing with partners and spouses, because another story came to his/her mind. Others regarded the topic too narrow, because they consider other cases of violence – against children or young women – as also very significant:

*"It comes to my mind that it is not only the elderly who are exposed to this. Furthermore, that fortunately I haven't met this. Although verbal violence and making the other stressed do exist and is really a living thing. So to say I meet this type of violence in quotation marks." (E14)*

*"First it comes to my mind that the cases of the elderly occur less often within the total cases of family violence – at least we know of less. It is true that we don't necessarily ask for the age of the callers. Of course no generality can be drawn from this, only what appears at us. The rate of insulted elderly is around 2% (40-45 cases), but there are not only partners involved, but other family members as well." (E23)*

*"In case of violence women have to face it the most often, then come the children, older women, and finally men. Violence against men is not included in common knowledge – although verbal and even physical violence can exist. In the case of violence committed by women mostly verbal aggression is typical." (E11)*

*"First it comes to my mind that it is only the age that distinguishes them from the non older people." (E13)*

Although in accordance with the above opinion there is no difference between elderly and young victims, many have mentioned it even at the first impressions that the situation of older victims is even more difficult, because they have less chance to change their situation. It is also typical that they cannot obtain information as easily as the younger do – this can be the result of either their state of health, their financial situation, or simply their internet or phone provision.

*"An older woman has much less possibilities than a younger. She cannot start her life all over again like before. The ones who phone and are older are often very isolated – that is also a means of violence, and it can be done easily with the elderly, because they don't even go to work. The elderly have often born violence for such a long time, that much stronger calling is needed to step forward." (E7)*

*"The older one is, the smaller way out there is, partially because of the state of health and also as a result of the financial situation. But basically the longer one lives with a certain problem, the more it belongs to her. If someone was hit all her life, she cannot imagine it differently, she made ideologies about it for herself, why it is normal. She should turn against herself, and it is always the hardest thing – it is not easy to be done at a young age, but still easier than 40-50 years later." (E18)*

*"In accordance with my observations older women were never able to ask for help from anybody, they were not informed of the possibilities either." (E3)*

The three above quotations express the problems older victims have to face with: they have been living in the violent relationship for years, and they are unable to get out of it, because they have already accepted their situation. In other cases by the time they decide to wish to get out of the relationship they become so isolated that they are unable to ask for help – and to make matters worse, because their partner or husband is also a pensioner, they are locked up with him all day, thus they have even less chance to ask for help secretly. Finally, it is usually problematic for the elderly to use the Internet; they do not have a mobile, thus they cannot gather information about their possibilities and ask for help as easy as the younger ones can.

The ideas trying to find an answer to the phenomenon analyzed also appeared immediately.

*"The critical age also has an effect on men. First I faced such thing within my own family: my father had such a period when he couldn't bear that would never be a man, he got frightened, similarly to the majority of men, and then he womanized, became aggressive, and handled my mother roughly. I have heard several similar stories since then. Men got some internal frustration because they're afraid of not being human if they are not men any more, and they're looking for scapegoats. But this is the root of aggression in an older age." (E8)*

*"The first idea that came into my mind about violence is that generally men under the effect of alcohol insult older women. But dementia can also produce aggression, however, this is not a really conscious act." (E5)*

*"The rate of violence is higher in case of older women than younger ones, because previously men lived it as a solving mechanism, thus they said that this was everybody was doing, and that wives are good if they're beaten up." (E3)*

On the other hand, among the first impressions several respondents also mentioned that they did not or only rarely met this problem, because the victims do not like or dare talk about this issue. It was a typical conviction that the majority of these cases are not revealed.

*"I experienced in this issue that it is difficult to tackle it in the case of the older women, because they only talk about it when they are safe and there are no consequences of telling it." (E20)*

*"These cases were swept under the carpet. Everybody was familiar with them in our neighborhood, but they did not talk about it with anybody, and they have never asked for help." (E3)*

*"The problem is that it is still a taboo in case of the majority of people. They perhaps accept it anonymously, they make phone calls, but they don't go to the police, and don't ask for help personally." (E13)*

*"Older women become open in this issue with much difficulty, thus these cases have to be dealt with for sure." (E6)*

*"I have already met insulted elderly and experienced that they don't like talking about it. If there is such a client coming to the care centre, then she doesn't want it to become public that she has been insulted. They rather keep it secret." (E5)*

*"People still don't really know where to turn for help. Every case turned out accidentally. It is most often the sense of shame that prevents the victims from telling it, thus they generally come to the institution with another problem, and the violence is revealed during the conversations." (E21)*

The majority of the respondents first met violence between partners and within the family in the course of his/her work. Some of them also mentioned that they have heard the story of an acquaintance and this is how they met violence at a younger age, or even in their childhood. Two respondents mentioned that they also had violent relationships, and one talked about the violent relationship of her parents.

### 7.3.2. Discussing the cases in details

As it has been mentioned before part of the interviewees questioned have not met actual cases, thus we had a conversation with them about the issue only theoretically. These respondents were generally of the opinion that the topic – especially insulting the elderly, violence between the partners – is important, such a topic that has to be dealt with. At the same time the ones who have never met specific cases generally wished to make it clear that the choice of the subject is either too narrow, or it is too typical that older victims try to keep the cases in secret. It is true, that it can also be typical of younger victims as well. Thus even experts who have met some cases in the course of the surveyed period were often of the opinion that the number of these is low as a result of their 'secret nature'.

Out of the experts questioned only those had high number of cases who worked at the police or the prosecution, where cases have often arrived from the entire county. However, the individual institutions most often met fewer, often only 1-4 cases during the surveyed three years. The majority of the respondents were of the opinion that the reason of it was keeping the events in secret, and shame, not that there were no such cases. On the other hand, there were some who did not separated violence committed against older people by partners and other family members because of the types of their statistics or way of thinking.

*"Between 2006 and 2009 I met four cases where while talking about the paths of life violence committed by the husband was mentioned. This number is low in my opinion, because in reality it happens three times as often. In our institution there are 125-130 women, and I think that at least ten percent can be insulted."*  
(E3)

*"We met four cases between 2006 and 2009. I think that this is a low number in absolute terms, and unfortunately latency is not known for us. It is generally typical for the cases of insulted women – not only for the older ones –, that they tend to keep their problems for themselves for a longer time, and they only turn to the authorities when they are unable to ask for help anywhere else."* (E1)

*"Calls about older women having been insulted by partners are quite rare. Although we do not have statistics broken down to age groups, during 3 years we could have approx. 30-40 such cases."*  
(E7)



It was an interesting phenomenon that several experts mentioned it in connection with the topic that it was strange to imagine for them that older couples do not live happily if they have grown old together, if they have not divorced before.

*"I cannot tell you statistical data about how many cases I met. There were some. But people don't like talking about these things, and the elderly are less willing to do so. Even if they have lived a life, if one of them is a difficult personality, it is not under discussion. I cure a lot of such couples, who have grown old together, and I find it really valuable. I rather consider it a resource that it had been difficult, but they endured it side by side." (E25)*

*"I'm sure that I've seen more violence committed by partners at an older age than I can remember. It might happen that there is such an idealization in people from a psychological aspect. Similarly to the child for whom it is difficult to accept something bad about his/her parents, it is also difficult to notice the phrases uttered by such elderly, honorable couples that can refer to this." (E15)*

*"We meet older people mainly because of financial problems. They don't really talk about problems about their relationships. And the ones living in a relationship over the age of 60 are living in a "harmonious" relationship." (E13)*

We can consider the opinion of a person participating in a self-help group as almost a reaction; this person had a really tough opinion of the experts who do not believe in violence between the elderly:

*"Experts who are of the opinion that there is no violence at an older age were brought up by their parents with violence, because they were also reared like this in their times. This is thus a problem of several generations. It is always suspicious if an expert – or even a person – says that (s)he does not know what ill-treatment is, because (s)he has never seen such thing. The in reality (s)he also has this problem and tries to hide it. And these people are practically unable to help the victims. In this case the experts are trying to avert, because they saw violence for example in their childhood, and they don't want to revive or face with it." (E9)*

As the respondents generally had few cases, it was difficult for them to group the specific cases in the course of the interviews. As a result we cannot search

for or describe the situation of the victims and the perpetrators or the nature of the violence in details. In the course of the conversations rather the generalizing comments came to the foreground.

*"In the four cases mentioned it can be mentioned as a general characteristic that the victims were in a life-relationship with the perpetrator, and the cases were always evaluated as grievous bodily harm." (E1)*

*"It is characteristic of this violence that they were mainly physical ones, but there were also cases of negligence as well. It was also typical for all four cases that one of the main reasons was alcohol consumption. It was always true for the violence that they occurred regularly lasting for years or even decades, thus while it was physically possible, these things did occur. The reason from the side of the partners was maybe alcohol; it is true for all four cases." (E3)*

*"As for the types of the violence it can be said that psychical and physical violence occurred similarly in the cases mentioned, and that negligence was also present in case of a client." (E20)*

Thus it can be seen that physical, and verbal, psychical violence is the most typical, experts most often met such cases. Negligence also appeared in some of the cases – especially if the victim had some kind of illness, as a result of which she needed medicaments. The experts are of the opinion that in the majority of the cases the violence has been going on for years, beginning at a younger age of the couple. And if the violent relationship is relatively new, then it also occurs often that the victim lived in a violent relationship beforehand as well. It was only aggression related to old age dementia and different illnesses that did not have any events preceding in the relationships.

When characterizing the victims the experts were of different opinions about whether there are such cases in connection with couples who are better-off. There were who were convinced of the fact that it occurs rather in connection with couples who are in worse family or financial conditions. However, their more or less agreed in the issue that victims of higher educational level and better financial situation dare ask for help less, they are more ashamed of becoming victims of violence.

*"It occurs with people of lower intellectual and financial level. They've been living together for many years, sponging on each other for years, because they don't have good family life, but they*

*don't get divorced. But maybe it occurs, because they dare report their cases to the police. Because I'm not sure that if an intellectual doctor is slapped in the face three-four times by her lawyer husband, she runs to the police and reports it. She either moves or endures it, but does not ask for help from the police."* (E4)

*"It is true in the case of the victims that the better the social situation is, the more they feel ashamed. The prole look upon the doctor and tell it. It is harder to drag it out from the ones who don't look upon doctors, saying that they're degree holders as well. It is said to be similarly frequent – but I don't believe it, I can assure you. I think it's more frequent in the case of the prole. But it absolutely occurs in case of higher social situations as well."* (E18)

*"As for the circumstances of the victims it can be said that it happens both in wealthy and poor families; there were also especially well-off families among the families. The perpetrators are generally very aggressive, self-confident, they can solve everything, they pay absolutely no attention to the needs of their partner, and these perpetrators are also aggressive with the employees of the institution."* (E22)

*"We tend to say that victims with high income do not get into the system, because they can rent a property and solve the problem within their own frameworks. In my opinion it is not so for the elderly. An older woman with a high pension might also get into the system, because she is lacking that supportive medium. She is somewhere else both mentally and intellectually, and cannot straighten her affairs."* (E17)

The experts typically meet victims under seventy-eighty more often. It is often not the victim herself, but some of her family members, or maybe the neighbor or the porter who gets into contact with them. It is a general observation of the experts that although the issue has been mentioned in various media in the recent years, and as a result victims dare defend themselves, there are many who don't talk about what has happened to them, because they feel ashamed.

*"The victims are typically under 80, and it is characteristic that they are very isolated; they are generally badly off, they complain about low pensions and that they are unable to support themselves independently. The old callers often have been enduring vi-*

*olence often for decades, and then they find it too much at some point and try to escape." (E7)*

*"Before the case gets to the institution it is difficult to ask for help. It is very difficult in a village. They either undertake it and visit the local leader and talk about it, or close the door so that the outside world doesn't hear it. Because now we're talking about this one case, but it can be taken for granted, that there is not only one case. It can be heard, but not known." (E19)*

The experts questioned told 44 specific stories during the interviews. Within these there were some of which they only said one or two sentences, only the most important events. In other cases they told the entire story, including how they became familiar with the information, and what they did, what they could do in order to help the victims. However, within the stories told it often happened that the perpetrator was not the partner or the husband, but the tenant, the subtenant or some other family member.

Out of the stories eighteen were complete, mentioning also the details, and twenty-six were fragmentary. Here sometimes it was the expert herself who knew just a little about the story, or she only mentioned it in order to compare it to another story and did not get into details. Among the perpetrators there were twenty-five husbands, two former husbands, three currently or former partner and two life-partners. In the other stories the perpetrators were the sons (6 cases), the tenant (1 case), the subtenant (2 cases), the caretakers (1 case) and the grandchild (1 case). And in one case it is not clear from the story who the perpetrator was, only that the victims has been insulted. There were two stories told by the experts where the victim was an older man. Here the perpetrator was not the partner, but the son of the victim.

The most frequent type of violence mentioned during the interviews was physical violence. It appeared in the stories in 21 occasions. Sometimes there was only physical violence, but in other cases other forms also appeared besides the physical violence.

*"The insulted woman was hurt by her husband physically, he hit her, it has become a case at the police, medicolegal constat was also made." (E19)*

*"In accordance with the final hospital bulletin and the story of the lady her husband hit her on the head with an axe." (E6)*

*"The violence was revealed when the husband passed away. The old man loved alcohol, and physical and mental violence similarly occurred." (E20)*

*"The caller didn't know what exactly was happening, but she was pretty sure about the physical violence. And if there's physical violence, then everything else can also be expected. If somebody does not respect the safety of his partner so much, then why would he respect her sexuality or why wouldn't he insult her verbally, why wouldn't he take her money?" (E7)*

As for frequency, physical violence was followed by verbal aggression. Here we listed cases when the victims were hurt, offended and underrated verbally. There were twelve cases where verbal aggression was noticed, or it also appeared besides some other kind of violence.

*"A couple has been separated as a result of violence in the institution. It was a dilemma for the employees when they heard quarrels; it was a question how much they could intervene, even like this, within the institution." (E20)*

*"First they were temperate when it turned out why I had come, then they began to quarrel where the documents were taken and by whom, and why they didn't have them. I could see the impatience towards the other. It was absolutely clear from this who the stronger and who the more temperate was. As time passed, they became increasingly tired and the quarrel became increasingly loud." (E14)*

*"In this case both physical and verbal violence took place, the husband almost hammered it into the woman that she isn't good for anything, she's a fat pig, although the woman hardly weighted fifty kilos. She didn't dare eat because of her husband. If she turned her head right, she was slapped because of that, if left, then for that." (E21)*

The third most frequent type was psychical violence. Here we list cases where the insulting husband was intimidating, humiliating and jealous not in his words, but with his behavior. There were eight cases where psychic violence also appeared.

*"This type of violence is interesting, because here it was always the man who told her to go away. But the woman couldn't go an-*

*ywhere, thus tried to maintain the marriage. This is not the kind of violence where there is subordination, where the perpetrator is ruling and exercising power.” (E17)*

*“The man was taking care of his disabled wife, and found a woman, who officially helped him in house-keeping, but who was practically his lover. But he didn’t do it in a discrete way, but in such a hurting manner that the wife got psychologically ruined. Twenty years of disability was nothing compared to this. She died of this type of aggression in months.” (E10)*

*“Jealousy also appeared here, but the couple was around 70. Jealousy is anyway a premature sign of violence if someone controls the other with reference to this.” (E7)*

Harassment appeared mostly in case of former spouses or partners with whom the victim has broken off or wanted to do so. There were five cases where the experts mentioned harassment.

*“She has divorced her husband, who insulted her: tortured her psychically, exploited her financially. And to make matters worse, the flat is still a joint property, because they couldn’t manage to sell it, thus there’s still a connection between them. Then the husband followed her, listened to her mobile phone, was after her, life-threatening her, and followed her with a knife. The man sometimes goes to here even now and harasses her. He does not life-threaten her any more, but harasses her up to the present. For this reason the woman is still frightened, checks it in the street whether she is followed or not.” (E9)*

*“The man harassed the woman in mail. She reported it to the police, but then withdrew it. The man forced her to write a letter saying that she loves the man and does not want to break off with him.” (E9)*

*“The perpetrator was a formal boyfriend of her, who imposed himself upon her, and she got not get him out of her flat. She has asked him several times to go away, but the man didn’t pay attention to it. He smoked in the flat that disturbed the caller, because she didn’t smoke, and cooked and used her ingredients. Because of his presence the woman couldn’t dress or behave in her own*

*flat the way she wanted, and it caused her a lot of inconveniences.” (E7)*

Sexual assault was mentioned by the experts also five occasions. Out of these the spouse, the partner was the perpetrator in four cases, whereas in the fifth it was the victim’s son.

*“The man is continuously jealous, he doesn’t want to let the woman go anywhere, and he says that she must be meeting somebody else. At nights he has his legs over her, rapes her, and forces her such sexual things the woman doesn’t want at all.” (E7)*

*“A woman in her sixties complained about her husband because of sexual assault. The husband tried it during the most prosaic activities – for example while making pancakes. They are of the same age and they’ve been married for thirty years. The only possible excuse is that they often look after the pupil grandchild, and the woman keeps the child next to her, so that her husband is kept off. The man is mentally perfectly all right, but from the moment he arrives home, there’s no peace for the woman.” (E11)*

*“There was no physical violence; he only opened the window and said that you either jump out or open your thighs. She didn’t have to be hit so that he could rape her, a sentence was enough.” (E8)*

Finally, the interviewees mentioned negligence, the refusal of help and financial exploitation in a few cases. In a story it was only mentioned that the woman had been insulted; we couldn’t get more detailed information.

Mutual violence or violence was mentioned only very few cases. There were one or two experts who said that there are also women among the perpetrators, especially in connection with verbal aggression:

*“I have almost met more cases where the woman violence the man psychically. These are tough women, who exploit the men who are trying to meet the expectations of them.” (E15)*

*“I meet continuous, regular verbal aggression between couples and life-partners every day, and it does not necessarily have to be connected to alcohol. These couples aren’t in consideration of each other, and this is typical to both sexes.” (E14)*

The victim “defended herself” in only one story; and it proved to be successful in accordance with the expert:

*“The husband tried to hit an older woman – who has five or six children – several times, but the woman always hit back, this violence failed to come about after some time.” (E3)*

Even the expert was of the opinion that it also depends on the victim, whether she is exposed to aggression or not. And the idea, namely that the woman provokes the aggression also appeared:

*“In many cases the woman could change so that it would be impossible to hit her. Because it is partially fear that incites aggression. An aggressive person can be enraged, but settled down likewise. It doesn’t mean that it is the woman’s fault or responsibility, but I think that women should be taught how to deal with aggression. It’s very often up to us what is happening to us, and it is not communicated in the world enough. There’s always a choice. One can always get out of a sado-masochist situation.” (E15)*

*“Her drunken husband comes home, and instead of letting him go to bed, and have a sleep, she begins to quarrel. I know, it’s difficult not to do so if it has been the fifth night when he comes home like this.” (E4)*

In half of the cases it was not clear from the stories whether the violence has been going for long. There were thirteen cases mentioned by the experts where the violence had been going on for years, and then it continued at an older age. We have heard of seven cases where violence has begun quite recently. Out of these there was one where the violence had health related reasons: the perpetrator was suffering from Alzheimer-disease, and this is why he had become aggressive. The violence where the perpetrator was a tenant or subtenant of the victim were also long-lasting.

We were often unable to find out the end of the story, whether they could find a solution or not. Where the experts could still tell it, there were victims who returned to the perpetrator, in some cases the victims could move to the children, in two cases the perpetrator was taken to prison, and in several cases the victim could take a refuge in a social welfare home. In some cases the victims died of the violence, or other illnesses caused by the violence, whereas in other cases the story ended with the death of the perpetrator.

*“It is a nasty thing, but we can say that it often happens that there’s no solution until the victim’s husband is run down.” (E9)*



In seventeen cases out of the stories told it was the victim herself who talked about the violence to the interviewee. In a part of these cases the victim did not visit the expert directly because of the violence, but asked for help in some other issue, and it turned out during their conversation that the victim had been insulted.

*"Violence are revealed usually in the course of conversations; this is when the clients talk about the tortures they have suffered during their lives. Not only their husbands, but unfortunately even their sons might insult them. They never come to the service because of the violence; they come with other issues, for example a claim for home maintenance support, but they realize if somebody is empathetic and talk about the problem." (E21)*

In five cases it was a relative of the victim – once a sibling, four times a child – who got into connection with the expert and asked for help. In four cases it was the interviewee herself who turned her attention to the signs and noticed the violence, and in a further four cases other employees of the institution noticed it. In three cases the neighbors reported it to the institution that they have found some problem, and in five cases some other institution got into connection with the institution of the interviewee (public guardianship authority, child welfare service, family helper or the National Institute of Criminology (OKRI). Finally, in case of two stories the informant is unknown.

In all cases when it is not the victim who visits the experts – or if the victim does not ask for help –, the experts have to make the decision, to what extent they can get involved in the case. Several interviewees have mentioned that they very often make a mistake exactly by sending the family helper, or the police to the site without the victim's request.

*"It is not effective if the helper is also aggressive, because the victim lives in a situation where what is happening is not what she wants, and it might seem to her a similar situation." (E7)*

*"Of course we know we're doing harm exactly by sending there a policeman, because then the victim will be insulted even more. In such cases it's always a dilemma if it's not worded by herself to take real steps and use the help, whether we could help her from outside. The best solution is to build trust, and then finally it will be herself who asks for help." (E23)*

In the majority of the cases the experts do not involve other institutions. The reason of it is partially that the victims do not always ask for help from them; they often simply tell what has happened to them. It is especially true for the phone relief services, for which sending help is not a must at all, they only listen to the caller, and potentially give them some other contacts, so that they could get out of the relationship, or report the problem to the police. In other cases it has also occurred that the expert was not quite sure about whether she has the right to interfere, or as a physician she was responsible for both parties. If other institution were still involved, then these were most often old people's homes, family helper, or maybe the police if the victim wanted to report the case.

When telling the stories the experts only rarely mentioned that they were really touched by a given story and it was tantalizing for them.

*"I've heard it through, he didn't want to give it [the money], I heard the slaps. So it was not only about verbal aggression. I thought that I was going crazy to hear it through." (E21)*

However, the majority of these stories were rather objective, up to the point. As for the formulation, they concentrated mainly on the description of the stories, or maybe the physical or mental condition of the victim. Defining the environment, the occupation or the status became important in not more than one or two cases. Two experts mentioned it while telling the story that the perpetrator was of Roma origins – we do not know it in connection with any of the cases whether the victims belonged to a minority group or not.

### 7.3.3. Administration

After telling the concrete stories we were talking with the experts about what measures they take when they met such an older victim. How they can help them, what difficulties the elderly have to face, how their situation differs from younger women insulted by their partners.

The specific administrative methods were very different depending on the kind of institution the respondents worked for. Because the main task of phone relief services is to listen to the victims, and potentially to provide some help. Although they take notes on the inbound calls, they only use these at the regular supervisions – or maybe they make their own, internal statistics –, thus they do not have to account for them so accurately than the police, the prosecutor's or a shelter.

It can be stated on the basis of the interviews that only the prosecuting attorneys, the police and the shelters take accurate minutes of the cases. The family

helpers make case books, the phone relief services take notes on the calls, whereas the general practitioners only write it down to the patient's case card if they hear about the violence. Then they can provide help of different level and kind to the victims. There are many experts and institutions that only try to help the victims by listening and talk to them.

*"We consider attention and conversation as the most important support and help, because there aren't many possibilities in a small settlement. The elderly really need attention, conversation, that they are asked about how they are, and to stop for some chat. They are invited to events, common festivals, and they also have church services." (E19)*

*"Although the wives sometimes complain that their husbands have changed. But somehow I had the feeling with almost all of them that the little chat, a little support, a little help rather pushed the women to be proud of how they can take it. It is a value if two people have been living side by side for decades." (E15)*

*"We give every kind of advice to the callers." (E10)*

*"Older women usually need such support that makes it possible for them to have a hearty talk with somebody, without being judged. We have to talk to them, listen to them, be empathetic and make they feel that we're on their side and they can talk about their problems from the bottom of their heart." (E21)*

*"When providing help the most important thing is to communicate that they can turn to me whenever anything happens." (E18)*

Other institutions, experts try to give phone numbers and send the victims to psychologists who can help them process the events. Or they even accompany the victim to the police so that she can make a report.

*"If they turn to an institution, then there is the possibility to turn to a psychologist or lawyer without charge, or send them to public health institutions, and we can also involve the police if necessary, because we are also in good connection with them." (E22)*

*"If I hear about a violence, I tell the person that there are lawyers and psychologists I can recommend. If she answers that she doesn't need help, I don't force it, I maximum make an offer, saying that she can come whenever she changes her mind." (E18)*

*"If someone really asks for help, then I have a conversation with her or collectively with them. Moreover, I recommend pair therapy and meditation. I know quite a lot of family therapeutic, I also have mediator friends, thus I can make concrete recommendations from them. I don't work together with the organization, I rather move my own relations." (E15)*

Physicians have the obligation to report if they notice that some of their patients have suffered violence. However, the doctors asked do not really believe in this solution, and do not live with it either. Some, because the victims ask them not to do it. Others, because they believe in the power of conversation, not in the police. It is also a problem for general practitioners, because both parties are their patients, and they do not regard it as ethical to defend one of them against the other. In case of patients taken to the traumatology it is also obligatory to report the event at the police, and because there is no personal relationship between the hospital and the patient, it usually does happen.

The administration of shelters is very complicated. As the addresses of protected houses are qualified as state secret, the victim has to sign that she will never reveal where she was. Following this the health condition of the victim is examined, and if necessary she is given legal advice, help and also a psychologist deals with her. Moreover, they also help the victims in continuing their lives after leaving the temporary shelter.

*"The clients have to be taught how they can create their own safety. We teach them basic rules about how to contact the perpetrator if necessary. We talk to them about not to feel about the event as a shame or sin when they return. There are many who go back because of many things starting with emotional connection to financial dependency. But if they return in a way that they feel ashamed and are afraid of talking about it, then they won't ask for help in future similar cases." (E17)*

The police and the prosecutor's office basically only meet the victims when the actual reporting is done. The prosecuting attorney only during the trial, the policemen have to visit the victim's home from time to time, but it is often the victim who personally goes to the police to report the event.

Most institutions and interviewees somehow got into touch with the police during their work. Their judgment was very different. As it has been mentioned before, a few years ago the police did not treat cases of violence appropriately at all, but there have been several trainings for policemen as a result of which they are

now well-trained, and they know how to deal with the specific cases. This change has been noticed by many institutions:

*"The policeman – the district deputy – was really helpful, he visited the old man, and tried to talk to him "man to man". (E19)*

*"The experience with the police is increasingly positive, a change in the approach and development can be clearly seen there. It is obvious that they are organizing an increasing number of trainings." (E23)*

*"We have good relations with the police; the deputy commissioner of the police organizes a meeting with the institutions in every quarter; it's about the help the institutions can provide them, because there're many sneak thieves and violence in case of older people, and that's where they are given help. The institutions make signals towards the police." (E3)*

However, there are still areas and experts who think that policemen are not helpful enough:

*"There's still a little problem with the police, because they don't take it really seriously, and they still only go to the site if there's blood. Perhaps there're too many men, man solidarity, I don't know, but it's not really working. There's the thirty day long restraining, but it's not really effective, and then the violence continues on: we beat the dust out of the wife, because she wanted to say a word. And the police always deals with the poor perpetrator, then what will happen to him, where he will be, etc. They don't deal with such issues abroad, this is missing at us." (E21)*

*"Well, I'd rather not talk about the policemen – I don't know whether they can be called experts –, and how they've taken measures. Or rather not taken measures. I've also known a victim, whose son worked at the police, and because her son also insulted her, not only her husband, she was not given any help by the police." (E9)*

*"They're often given our number by the police, and this is entirely revolting, because in a situation when it would be necessary that they went to the site and protect the woman, the police simply pass the case to us and they don't do anything." (E7)*

It the course of the administration work it depends on their own institution of the respondents involve other institutions, similarly to the method of note taking and assistance. Thus there was only one among the phone relief services whose task was to get into contact with the police or the shelters if necessary and assist the victim in the actual administration.

*"This institution is generally considered a gate where the victims and the helpers give their first try. Then here they receive advice where to go and where to ask for help." (E23)*

However, the interviewees working at the other three phone relief services maximum give phone numbers to the victims; they do not get in touch with other experts personally.

As I have mentioned it before, physicians have to involve the police if the victim has suffered from injuries healing over eight days. But this is a very difficult ethical issue for the general practitioners if they should involve other experts. For this reason they generally rather give only phone numbers to the victims, too, but they rarely get in touch with other institutions. At the traumatology they usually really report the cases to the police, and later they often have to bear witness at court. Apart from these the doctors questioned also mentioned that if they get to know that children are also insulted or are in any danger as a result of the violence, then they immediately involve some external institution – public guardianship authority – as well.

The family helpers most often get in touch with the police, and they also have to co-operate with different social welfare homes, and general practitioners in the course of the administration. There are also psychologists and lawyers in the shelters, often as the employees of the shelters. The social welfare homes also send the victims usually to experts in mental hygiene or health/legal advisors. Based on the answers it seemed that the primary aim at the institutions is that their own employees help the victims, and they only forward the case if necessary. The police and the prosecutor's office generally involves other institutions in case of bearing witness, or if it is necessary to find a place for the victim in a shelter or a social welfare home.

We were curious how the victims accept the efforts of the experts. The primary answer of the respondents was that they are very grateful. They are happy if someone listens to them, if they can tell someone what has happened to them. It is also often important that these experts believe them and do not blame them. On the other hand, when we continued the conversation it turned out that almost everybody has met negative reactions as well. There were different rea-

sons for that. On the one hand, it is important to make it clear that – as it has been mentioned before –, if the victim does not ask for help, she does not accept its being forced either. The experts always have to consider whether to send help to the victim if she had not asked for it herself. There were cases when this was the reason of the refusal.

On the other hand, it also often occurs – especially in case of phone relief services –, that the victims would expect something else than what the institution can provide. In such cases they are disappointed, because they are not given assistance immediately by the expert they had turned to.

*"There are some who are disappointed, because they want us to go to the site as if we were commandoes and solve the case. It disturbs these victims that they can only talk to us on the phone that we don't report the cases instead of them, and they ask then what exactly we're doing." (E7)*

And the victims might also refuse help, because they feel it humiliating or hurting against them. Or they are ashamed of their situation in front of others, and although they open for a person, they are afraid of turning to someone else.

*"People of a lower status have preconceptions in connection with psychologists – but alcohol or drug dependency is an illness in their opinion too, and in connection with this they are willing to ask for help. If they go to the psychologist for this reason, then a good psychologist can treat him/her in a complex way. Or they might be sent to a neurologist with symptoms like trembling or sleep disorder, and then the doctor can examine him/her more closely." (E18)*

*"It's difficult to talk about what difficult situation the victim lives in. Until there's the illusion that we're reprimanding the evil together, there's no problem." (E15)*

On the other hand, it also appeared that the victims refused help, because they were tired of the fight and didn't believe that their situation would really improve:

*"They accept help until they know that it's for their survival. Food, clothes, medicaments. If we want to get into their lives besides these, they avert. Because they've lived a life and try to arrange it somehow, and there's the sense of shame. This occurred in all*

*cases: "Look, don't help. My life's so short. Please, give me only a little bit of peace!". They don't want to fight any more." (E2)*

As it can be seen from the above quotation the elderly often see their situation differently; they think that there is no reason for them to fight, because they will die soon. It is obvious that a younger victim would never refuse help by referring to this. As a result we considered it important to find out how the situation of older and younger victims differs. We wanted to know if an older victim needs different assistance than a younger one. And what chances do the elderly have at all to get out of a violent relationship or situation – to what extent do they have less chance than the younger victims, and how this situation could be improved. We have mentioned it before at the characterization of the victims that the majority of the experts were of the opinion that the situation of younger and older victims can be easily separated.

Almost every respondent mentioned that the situation of older victims is much more difficult, than that of the younger: it is harder for them to gather information about where and how they can ask for help. As they do not have an income on their own, it is more difficult for them to start a new life, and they are often in such physical or mental condition, that they are unable to run away, even if they were given some help.

The first and most significant problem has come to surface over and over again during the conversations, and also often in connection with the question, what an expert should really pay attention to if dealing with older victims: it is really difficult for older women to open up and they are less willing to tell what has happened to them. It is also typical of the younger victims that they are ashamed of the story, but they are much more willing to talk about it than the older ones, according to some experts:

*"It's more difficult for them to open up and tell what has happened to them. They often consider it their own fault. They feel ashamed of it. A 22 years old woman easily talks about it, but they are of the age group that was brought up like: your husband is your lord and master, what's given that's given. My mother always used to say that everyone smells the flower she has picked." (E4)*

*"As it is even more typical of the elderly that they don't dare ask for help, they don't dare admit that they're victims and what has happened to them, and for this reason the faceless way of asking for help, i.e. the phone is really useful for them." (E23)*



The next important difference also occurred often, in connection with several questions: it is more difficult for the elderly to make inquiries than for the younger generations:

*"The situation of the younger is easier when they are searching for help, because they can search the Internet. In case of the elderly it's the GP they can turn to. There's practically nobody else with whom they can start." (E8)*

However, after gathering information and asking for help it is also a significant problem that in case of helping the elderly other things have to be focused on than in the case of the younger victims. For example the physical condition of the old victims is generally poorer, and it can mean various problems for the specific institutions.

*"The most important difference in connection with the elderly was the impairment of the state of health. There's no elevator, they cannot go downstairs. Then they cannot deal with the administration, because they don't know where to go and what to do. Then comes that they cannot take care of themselves, they cannot even get out of the bed." (E14)*

As the condition of the elderly deteriorates, they are less able to ask for help or get away, and it can become more often that their environment considers their complaints part of old age dementia or mental derangement. Moreover, the leader of a shelter also mentioned that it also raises difficulties that they should receive medical reports, diagnoses from the GP of the fled victim so that they could prescribe medicine for him/her – but it often takes weeks, and delay and the lack of medicaments can be fatal for some patients.

In case of older victims financial situation is a significant problem. As it was mentioned in the introductory part, the level of pensions significantly differs in Hungary: there are pensioners living under the subsistence level, while others receive a higher amount, or who can even work beside the pension. It is more difficult to flee to safeguard those older victims who are in worse financial situation. In such cases the shelters try to find a family member whom the victim can move to.

*"Their most serious problem is their poor financial situation, and unless their families support them, they cannot run away or start a new life – although this is what is often needed for the victim in order to get out of the violent relationship. In reality relations are the most important, not money. It's another difficulty that these relationships have always been violent; the children were brought*

*up in a violent family, and they run away from home, they don't want to know anything about the story.” (E7)*

Although it is also significant in the life of young victims if there is a friend or family member who can house them when required, it becomes a key issue for older victims. Because, they do not work any more, and their pension is often not enough for renting a flat and also covering food and the overhead expenses.

There were interviewees who took it for granted that older victims can always be sheltered at their relatives:

*“The middle class can fend for itself, and for the elderly there's hopefully a relative or family member, where they can go, who can house them for a few months. My mother is also 65, and if my father insulted her, I would obviously take and bring her home. Me, as her child would do everything so that my mother was at a safe place. All in all, the situation of the elderly is more settled. It's very rare if they don't have anybody to who they could go.” (E4)*

However, a leader of a shelter was of a totally different opinion. Based on their experiences it is not exceptional that the older victims have nowhere to go. A reason of this could be that the children of the victim are not that well-off so that they could house her. In other cases they are also afraid of the perpetrator, and it is not infrequent that they were also insulted by him as a child. In such cases, if the victim or her children do not have a higher amount for housing her in an older people's home, the shelters are under the necessity of getting in touch with a homeless shelter. And to make matters even worse, recently it is also problematic:

*“Nowadays the most difficult thing is that up to now we could house the elderly into a women's hostel, but now seven out of the ten institutions we contacted says that they can only house women in their active age, thus no pensioners. And yesterday our supervision was about how we should act upon this.” (E17)*

The fact that rescuing and housing the older victims after the permanent shelter is so difficult also reduces the chances of their asking for help. They have even less expectations for fleeing than the younger ones, and they elderly are also less flexible.

*“The most important demand of the elderly is safety.” (E20)*

Several experts have mentioned that GPs and policemen could play a very significant role in helping the victims. It is especially true for GPs who regularly meet the older women, thus they could notice the signs of violence. All questioned doctors said that they know it exactly when the patient lies in connection with the circumstances of his/her wounds. On the other hand, the experts are of the opinion that doctors do not help enough:

*"Physicians, policemen often minimize the violence, they do not describe it properly what has happened, they make comments, saying that the victim will return to the perpetrator anyway." (E8)*

It is also important to take it into consideration that physicians are in front of a serious dilemma when they have to decide if they help the victim or not. Both interviewed general practitioners mentioned that the perpetrators are also their patients, and they also have to consider their interests. It is typical of policemen and lawyers likewise that they try to keep in mind the interests of the perpetrator as well. It is a recurring problem in Hungary that the act on restraining orders that can be used for a very short period anyway is exercised very rarely, because in such a case the perpetrator's rights with respect of the utilization of his own house would also be violated. It could be important to have a look at the question in what cases and how long the perpetrator should be protected, and when it is time to focus only on the victim.

#### 7.4. Summary

As it can be seen, unfortunately it is very usual that the victims of violence, either old or young, do not ask for help because of the shame they feel about what happened to them. Thus it is important to know that more people suffer from violence by their partner than it is known by the police or family helpers. This is why we deemed it important to ask the experts in the final block of the interview about what can be done so as the victims dare to ask for help and the cases are revealed.

It was a recurring opinion amongst those who were asked that the victims will dare to talk about all that happened to them when they experience that they are listened to and taken care of. When intimate and good relationship is created between the expert and the victims.

*"Older women need a kind of support that they can speak about their problems, but they won't do it voluntarily; they need to be opened up. So the home caretaker has to see what the matter is*

*and they have to see what the situation is, and she should make the women more open and talk to her.” (E3)*

*“These cases have not been revealed because old people usually live alone in an old people’s home, so you can’t meet with such incidents, and the other thing is older people are ashamed and don’t talk about them. These incidents will be revealed only if we can establish an intimate relationship that they open up. More attention should be paid to the elderly, but unfortunately even in home care there is very little time for such things.” (E5)*

*“In many cases violence is not revealed because older people are ashamed and do not talk about it. These incidents will be revealed only if we develop intimate relationships with them and they open up.” (E24)*

According to the respondents, what is necessary for the victims of the violence within the family to ask for help is not to be ashamed and not to blame themselves for what has happened to them. For it a change of attitude is needed in Hungary, as several interviewees claimed. The judgment of the victims and the role of women within the family should be changed in order to encourage the victims to ask for help.

*“It would be very important for revealing that the victims dare to accept themselves, for it is a great problem that they are ashamed and blaming themselves for what has happened; they do not dare to turn to the public because, they are condemned. Because, to be frank, this is what happens. It still happens that the victim is blamed. It still happens in the country, though it might be less characteristic in the cities.” (E21)*

*“People should understand that there are things one can’t do even to animals; how can they be done to older women or men. It’s still an attitude of older people that women serve men, they are slightly inferior, are worth less than men. However, it’s not true for the young. It would be important to say that older women are of the same value, and have the same rights; they are equal thus men have no right to violence them.” (E19)*

*“For revealing the incidents they should be communicated in a way that it does not generate shame. There should be some processes in the society that everyone dares to speak about their*

*own problems, imperfection instead of dealing with those of others. For everyone can only change himself.” (E15)*

According to the interviewees a change of attitude would be possible if the topic appeared in the media. However, they think it is a serious problem that domestic violence appear only in talk shows of low prestige and the problem is not dealt with seriously but is shown as a joke or presented as a problem of a certain social layer only. Thus it would be very important to present the problem seriously in the proper media with serious experts.

*“We need the help of the media; not tabloids but the reality. Cases should be shown which are solved, are success. Not only what hasn’t been done and what is not present in Hungary; we will learn nothing from it. It will discourage people to ask for help. The reality should be shown, and the opportunities. Proper documentary films, reports and advertisements; much greater publicity is needed.” (E17)*

*“The revealing would be promoted if the clients turned to the helping institutions with trust and allowed that such incidents, stories appeared in even local newspapers.” (E22)*

In the case of the appearance of the topic in the media it is important that people are informed where and what kind of assistance they can ask for. As we have mentioned earlier, older victims have even fewer opportunities to get information. The majority of experts claim probably such cases are not revealed because victims do not know who to turn to, what rights they have and how they can ask for protection.

*“For revealing the incidents better information of the older clients is necessary. One of our tasks would be to inform the older people when visiting them about what options they have in case of violence; who they can turn to. Thus we have to provide them with as much information as possible. In this area the family support service has a lot to do.” (E22)*

*“For revealing the incidents presentations should be kept, and flyers should be used to get the information to them.” (E6)*

*“I can think about marketing: publications, flyers with proper information are needed. The flyers should be distributed at places where they occur. At markets, churches. Priests could talk about it at the end of the mass. Who is trustworthy for them? The father*

*said, so it's true. They could even say that they got the information from the police. It could be included in the sermon." (E6)*

From the above mentioned quotations we can see that not only the victims but also the experts need more information. In order to be able to help the victims turning to them it is needed on the one hand that they recognize the presence of the problem, and, on the other hand, that they know who to turn to.

*"For revealing the incidents they should be discussed more at professional meetings, a professional consultation should be initiated because the experts and the older people still deal with this problem as a taboo; this could be improved in work." (E20)*

*"Even in school depth psychology should be dealt with, because everything stems from the roots. There should be discussions with every psychologist and experts about their childhood. We should be honest at last." (E9)*

*"Those people should be informed on these things who meet older people: rural constable, civil guard, older caretaker, social worker, and postman. They should know a telephone number where they can direct the older people to. Crisis number, the phone number of mental support." (E4)*

*"They have no information. It's our fault. When talking about IPV at different forums, then they call district nurses, the child welfare service and do not pay proper attention to the elderly. They should visit an old people's home too, to inform them." (E2)*

*"The public should be informed to help them recognize the signs, and to encourage them to ask for assistance when needed. The experts should also be trained to be able to recognize the signs. And, above all, we need legislation." (E23)*

As we can see based on the above mentioned many think that assistance should not be initiated from the side of the victim. The question is not why they do not ask for help; it is important that the different professionals, doctors, family helper, home caretaker, who are in general contact with the victim notice and report that violence has taken place. Almost every interviewee agreed that the experts should be able to notice the violence. However, it was disputed whether they are or not.

*"For experts it's quite obvious if there's been violence. For good experts. For me it is usually suspicious at least, but I have no chance to investigate the case, I just report it." (E12)*

*"It depends on the family helper too how deep he gets involved in other people's business and lives. During home visit he experiences things that he might ask questions about or not. Thus much depends on the person, if he is able notice the signs." (E13)*

*"Experts do not "meet" this problem because can't do anything so they do not undertake the thing. For if I know about it and I can do nothing it is frustrating. Conscientious experts feel bad about it." (E16)*

*"The matter is that we do not pay enough attention to each other, and the warning system, the doctor, the nursery teacher, the district nurse, the woman living next door, that should work, does not work properly. There should be punishment for not noticing these signs. Because they are obliged to do so, however there is no sanction, thus they are not obliged practically. Often these people do not want to get in trouble with reporting the incidents." (E11)*

*"Experts learn from book, and don't want to get involved emotionally. They stay outside, don't identify." (E9)*

It is clear that many interviewees mentioned that even experts should be trained; it should be taken care of that they notice the signs and stand up against violence. As we know the police have been trained properly. However now it seems that more attention should be paid to GPs, home caretakers, family helpers.

We had the chance to examine a mini case study during the interviews: we were talking to a GP who noticed some cases of domestic violence amongst older people committed by the partner and tried to help. At the end of the interview we asked him provide us with the contact to further, possible interviewees because of the above mentioned sampling method. We got to the leader of the care service operating in the area of the GP. Although he reported some verbal aggression, but claimed that he had never met severe violence amongst the aged. He redirected us to the family helpers working in his area, and said, if there are such cases in the area, they know about them. However, the family

helper said that the clients do not contact them with such problems so he does not know about any kind of violence. The older people living together have harmonious relationship as far as they know. Perhaps home caretakers might meet the phenomenon.

Thus we can see that experts working on the same field and with the same clients have so different view on violence. While one of them was able to notice, the other recognized only violence on the surface; the third one knew nothing about it. It supports the idea that it is very important to establish trainings for the professionals on the problem, and where they are encouraged to communicate and if they face the problem then they may try and help.

At the same time it is a very important question if it makes sense if the victims ask for help. Majority of the interviewees thought that real, lasting help can not be delivered to the victims. And for many of the victims does not believe in getting assistance, or had tried to get in vain earlier, they rather do not speak about the incidents.

*"The terrorized party feels that if she makes it public the situation will worsen. The solution would be to get out of the situation: if the aggressor was taken away or she was given a new home. However, it can't be afforded." (E10)*

*"It's worth revealing these incidents if we can help, not moan only. It is important that the system is able to help the victims; now it is not so." (E16)*

*"One further issue in connection with revealing the incidents is that there are no real sanctions for the perpetrators, and the victim will not be safe if telling it to somebody. If she goes back home, violence will go on." (E20)*

*"The victims will go back anyway, because they can't do on their own and fend for their children without a proper financial background." (E16)*

*"The problem is that these victims do not get real support, not even if they are complaining. The police is completely useless. The family support service also have their limits in assistance." (E10)*

It was a typical answer during the interviews that it is not worth asking for help for the victims because of the legislation and the attitude of the courts. Nowa-



days in Hungary the act on restraining orders is not effective enough and in many cases the courts prefer the rights of the perpetrators to the defense of the victims.

*"It is difficult for them because they have to change their whole life. As long as such solutions can be offered only those will choose them whose life has already been like hell. Others say I will rather endure it instead of giving up my life, moving to another town, finding new relationships where I do not even have my relatives at hand. It is quite hard to take in. It's not a solution that the victim gives up their lives. The perpetrator must be removed." (E13)*

Thus the interviewees think that it is no use making the act on restraining orders stricter in Hungary, it is still not effective enough; furthermore many people do not have information about the amendments. If we want to help the older victims, it would be most useful to provide the experts with more profound training and to make them cooperate. On the long term legislation should also be changed. One further problem is that only mothers with small children can move to maternity homes, rooms should be reserved in an old people's home, social welfare homes for older victims fleeing from their husbands giving them the opportunity to find a temporary shelter at least.

Furthermore it was very important that almost every interviewee emphasized that older people need more attention. It is a basic issue that older people get to the margin of society after retiring, they do not feel useful any longer and lose contact with the world; it is especially true when their grandchildren have grown up. It would be extremely important for them to get involved by experts, villagers, the ones living in the house, family members. They should be provided with some daytime activity or simply talked to more often and taken care of. For trust is the base of revealing the incidents it would promote the victims being willing to ask for help.

The interviewees do not know about institutional regulations, frameworks or other plans or changes. It was mentioned that it would be important to monitor the operation of NGOs and GPs should improve their cooperation with the support organizations. We know that majority of the GPs do not regard the problem relevant: fairly few of the GPs sent the questionnaire back and when we contacted them on the phone they kept aloof. Although it is not very likely, that these GPs did not take in the research, because they were helping the victims instead. It is rather typical that they thought it did not belong to their scope of authority. It should be changed. A respondent would also welcome organizations providing social work that supports the operation of hospitals, but only if it does

not hinder the work of the physicians. Several experts claimed that their work conditions could also be improved, which would certainly improve their efficiency too.

## VIII

### Networking

One of the most important aim of our project was to build a national network of experts. Our plan was to gather experts and representatives of civil and government organizations to be committed to issue of older female victim of IPV. As presented in the previous chapters, IPV has not got enough publicity in Hungary. Even some experts regard it unimportant issue. A lot of explanations can be found for this fact.

It is a general problem that situation of females, domestic violence and special problems of older people do not enjoy a suitable priority in decision making and public debates in Hungary. State of development of social services especially organizations dealing with victims of domestic violence is lagging behind the Western European countries. Issue of domestic violence does not get enough attention in law enforcement. Social workers and other experts are overburdened by tasks as many organizations have few employee comparing to the tasks. Knowledge about IPV and especially about IPV against older women is insufficient. Civil society undeveloped in Hungary and in this situation it is very difficult to give voice for NGOs.

Under these circumstances we faced special difficulty during networking activity. We tried to make contact with all the most important organizations with tasks concerning IPV and/or elderly people. We sent invitation letter to take part in the network to all of the countrywide institutions and also to biggest ones in the three chosen county (see chapter V). Types of institutions can be grouped by the following way:

- Legal enforcement institutions (police, public prosecutor's offices)
- domestic violence services (shelters, crisis intervention centers, victim support services)
- general social services that has contact to older people in everyday activity (basic and specialized social services)
- health care institutions and experts (GPs, hospitals)
- help lines, self-help groups, NGOs dealing with IPV and gender issues.

Making contact was successful in some cases however we met refusal too. It seems those experts and institutions were most ready to deal with this issue who have been committed to it before. Our awareness rising activity amongst experts with neutral or refusing attitude was not successful enough.

The other way we tried to make contact experts with was appearing on conferences, introducing the topic of the research and asking audience to join our network. (European Female Academy; The Day of Hungarian Science; Young Researchers' Day – Institute of Sociology, HAS; European Action Days Against Violence). With this method we got to the leaders and activists of such NGOs and self-help groups, who participated in the conferences. Some cases it made us possible to become acquainted with the existence and situation of some organizations we did not know before.

Not only at professional meetings but at university courses and lectures were the places where we called attention of experts-to-be to the problem of older female victims of IPV. (Eötvös Loránt University Social Science Faculty, University of Pecs, Faculty of Social Policy and Social Work). We contacted to other colleagues working in other DAPHNE projects (Budapest Social Source Center), we took part at their conferences and are planning common meetings and conferences too.

In order to call attention of public and victims we had numerous media speaking (in public radio two times, interview in a countrywide daily paper, commercial radios three times, internet journals) and also on the most popular Hungarian community site (iwiw). Networking activity just has started but it is not finished yet. We plan to organize a meeting for those experts who expressed their interest towards the results at the beginning of 2011.

## IX

# Summary and conclusions

### 9.1.

#### Main results of the institution survey

Institutional knowledge about cases of intimate partner violence against older women was a crucial component of research in the frame of the present study. Professionals working with older victims can provide information on phenomena of IPV in old age as well as on help-seeking behavior of older women, services offered, service usage, and case outcome. Since the study did not aim at representative data on prevalence and incidence but had its focus on older female victims' needs, help-seeking and service usage, institutions and professionals within these institutions were a primary source of information.

It has been again proved what other sociological research studies have demonstrated that use of self-completion questionnaires in Hungary is not expedient. Completing a questionnaire independently causes difficulties to and by all means evokes antipathy in many people. Therefore, if a similar kind of investigation is made in the future, it must be prepared more profoundly, possibly by involving the supervisory authorities of institutions.

We distributed 125 short and 224 long questionnaires; the return rate was 23%. In the course of sampling we tried to involve a wide range of institutions (the police, public prosecutor's offices, crisis centres, family helpers, help lines, institutions looking after and caring for the elderly, etc.).

It was also due to low degree of sensitivity to the topic that only one-fourth of questionnaires sent out were returned. When we asked the institutions that had not returned the questionnaire for the second time to fill in at least the opinion questions and the questions regarding the institution even if they had no cases, we were often given the reply orally that they considered the topic uninteresting, unimportant. For this reason they feel the completion of the questionnaire is a kind of waste of time. In better cases, they underlined another form of violence from their practice as a more important subject more suitable for research (e.g. violence of elderly persons by their children, grandchildren). In worse cases, they judged the entire topic of violence within the family unimportant.

The use of two kinds of questionnaires has brought no benefit to us. The short questionnaire did not motivate any better to complete it. It occurred that an institution asked for a long questionnaire but eventually did not complete it. The lesson learned from this study is that in similar researches in the future we must use one kind of questionnaire.

Statistical data are available in aggregate form and many institutions have no clear knowledge about the most important socio-demographic features of victims and perpetrators. It means that institutions have no official data but estimation or We have obtained rather different data regarding the number of elderly female IPV victims. In addition to the aggregating data, the family relation of the perpetrator with the victim is the most properly documented question. Based on the data available to us, the institutions – where it is documented – met mostly with cases where physical-spiritual-financial violence goes together. The overall majority of violence was one-sided, multiply, long-lasting and starting before the age of 60. The perpetrator is generally the spouse or divorced spouse living together with the victim if the parties do not manage to move apart.

We have received little information as to how the institutions got into contact with victims and what services they provided for them. It was mostly domestic violence service type institutions that gave the more detailed data about victims and services. These organizations provided several kinds of services to victims: primarily psycho-social support, legal advice and crisis intervention. Due to low-key information supplied on services, it would be difficult to make proposals on improving them. Yet, we can state that the experts of domestic violence organizations are the most prepared and the most suitable for providing help; therefore, improvement of these institutions and increasing the number of experts would be of key importance. Regarding the improvement of services, it is expedient for Hungary to use the experience of the other countries that take part in the project.

The group that considers the topic less important constituted a minority, yet appeared among the respondents (27.8 %). Presumably, this view is more widely held among those who have not returned the questionnaire. A part of the experts assert that relationships of the elderly do not contain any element of violence; others consider the abusive role of other family members more important. However we think that sending out questionnaires and processing responses have brought some results. The most important is the fact that experts' attention has been driven to this issue. It can be hoped that the institutions that

have so far not dealt with this issue at all will pay somewhat more attention to this topic in the future.

## 9.2. Lessons of the victim interviews

The research originates from the hypothesis that experts can assist in finding victims who are willing to give interviews. However, a part of the experts willing to give interviews had no case knowledge at all. In the course of the past few years others have had 1-2 cases, in many cases the relationship has broken off with the client, or the expert was of the opinion that the victim was unsuitable for making an interview. Thus in this part of the research we tried to search for interviewees in a wider range.

The main researcher of the research has been given the opportunity several times to talk about the project in the written and electronic media and tell that we welcome the application of victims. However, the applying victims did not meet some of the research criteria: they were either younger than 60, or their perpetrator was not an intimate partner of them, but some other family member.

Finally the recruitment of the victims was realized through two channels. On the one hand we received assistance from our social-politician colleague working at the regional site of the staff interviews. This colleague of ours works especially with the problems of the older people within the training and further education of social workers. Her students and former students also work in elderly care. With their help we managed to find 6 victims. The leader of the research – by using his personal connections – asked the employees of a helpline to try to find victims who are willing to participate in the interviews. With this method further 3 interviews could be made. Thus altogether we perform the analysis of 9 interviews in this chapter.

It is very difficult to draw general conclusions from nine interviews. However, we can stress it down anyway that a violent family in childhood and the cold, unloving childhood predestines to a great extent that the woman gets into a violent relationship. A marriage contracted at an early age, because of pressures or pregnancy can ruin even relationships that had begun relatively harmoniously. We have also experienced that the series of relationships have not brought escape for the victims. One intimate relationship came after the other in their lives.

Alcohol appeared in every story as a companion of the violence. In Hungary alcoholism is a real widespread disease. Drinking that began in a younger age generally gets more and more serious every year and it has increasingly serious consequences.

The environment usually knows about the serious violence, but they can do relatively little for the victim. They house her if she is in trouble, call the ambulance, or sometimes the police. If a victim does not want to report the event to the police, then they cannot do anything. Some of the children are not standing by their mother. It typically occurs in cases when their childhood was also tormented, either because of the frequent partner changes of the mother, or because the mother is suffering from serious psychiatric disorder.

Those know somewhat more about women's rights and the possibilities of asking for help, who have higher educational level, or who get into the horizon of the authorities with the help of some lucky accident or the efforts of a conscientious expert. They are all of the opinion that they should have left their violent partner, but the feelings of some are still ambivalent. Love and anger are both present in them.

### **9.3.** **Lessons of the expert interviews**

When making the staff interviews we would have used the returned questionnaires as a basis for selecting the interviewees. In the last phase of the questionnaire we asked the respondent to help our work with an interview that goes into the issue in more details. In the returned questionnaires only 11 respondents indicated that they would be ready to give an interview as well. Besides it we could not make interviews with all of them as a result of technical or weather related problems, or just because of lack of interest –, we had to look for further interviewees. For this reason we used the snowball sampling technique on the one hand: we asked all our interviewees to recommend some other ones whom we can appeal to and ask to take part in the conversation (they did not fill in questionnaires). The other method we tried to find further interviewees with was appearing on conferences, introducing the topic of the research and advertising the interview there.

We made 25 interviews, we have conversations with 4 men and 21 women. The duration of the interviews was between twenty and ninety minutes; it was mainly influenced by the fact whether the respondents faced with the violence



against elderly committed against by the partners – and if they did, how many such cases they had and how detailed they could and wanted to talk about these. The average age of the interviewees was 43, the oldest one was an 82 years old volunteer telephone operator, whereas the youngest was a 25 year-old social worker.

As it can be seen, unfortunately it is very usual that the victims of violence, either old or young, do not ask for help because of the shame they feel about what happened to them. Thus it is important to know that more people suffer from violence by their partner than it is known by the police or family helpers. This is why we deemed it important to ask the experts in the final block of the interview about what can be done so as the victims dare to ask for help and the cases are revealed.

It was a recurring opinion amongst those who were asked that the victims will dare to talk about all that happened to them when they experience that they are listened to and taken care of. When intimate and good relationship is created between the expert and the victims.

According to the respondents, what is necessary for the victims of the violence within the family to ask for help is not to be ashamed and not to blame themselves for what has happened to them. For it a change of attitude is needed in Hungary, as several interviewees claimed. The judgment of the victims and the role of women within the family should be changed in order to encourage the victims to ask for help.

According to the interviewees a change of attitude would be possible if the topic appeared in the media. However, they think it is a serious problem that domestic violence appear only in talk shows of low prestige and the problem is not dealt with seriously but is shown as a joke or presented as a problem of a certain social layer only. Thus it would be very important to present the problem seriously in the proper media with serious experts.

In the case of the appearance of the topic in the media it is important that people are informed where and what kind of assistance they can ask for. As we have mentioned earlier, older victims have even fewer opportunities to get information. The majority of experts claim probably such cases are not revealed because victims do not know who to turn to, what rights they have and how they can ask for protection. Not only the victims but also the experts need more information. In order to be able to help the victims turning to them it is needed

on the one hand that they recognize the presence of the problem, and, on the other hand, that they know who to turn to.

Many experts think that assistance should not be initiated from the side of the victim. The question is not why they do not ask for help; it is important that the different professionals, doctors, family helper, home caretaker, who are in general contact with the victim notice and report that violence has taken place. Almost every interviewee agreed that the experts should be able to notice the violence. However, it was disputed whether they are or not.

It is clear that many interviewees mentioned that even experts should be trained; it should be taken care of that they notice the signs and stand up against violence. As we know the police have been trained properly. However now it seems that more attention should be paid to GPs, home caretakers, family helpers.

Experts working on the same field and with the same clients have so different view on violence. While one of them was able to notice, the other recognized only violence on the surface; the third one knew nothing about it. It supports the idea that it is very important to establish trainings for the professionals on the problem, and where they are encouraged to communicate and if they face the problem then they may try and help.

At the same time it is a very important question if it makes sense if the victims ask for help. Majority of the interviewees thought that real, lasting help can not be delivered to the victims. And for many of the victims does not believe in getting assistance, or had tried to get in vain earlier, they rather do not speak about the incidents.

It was a typical answer during the interviews that it is not worth asking for help for the victims because of the legislation and the attitude of the courts. Nowadays in Hungary the act on restraining orders is not effective enough and in many cases the courts prefer the rights of the perpetrators to the defense of the victims.

Thus the interviewees think that it is no use making the act on restraining orders stricter in Hungary, it is still not effective enough; furthermore many people do not have information about the amendments. If we want to help the older victims, it would be most useful to provide the experts with more profound training and to make them cooperate. On the long term legislation should also be changed. One further problem is that only mothers with small children can

move to maternity homes, rooms should be reserved in an old people's home, social welfare homes for older victims fleeing from their husbands giving them the opportunity to find a temporary shelter at least.

Furthermore it was very important that almost every interviewee emphasized that older people need more attention. It is a basic issue that older people get to the margin of society after retiring, they do not feel useful any longer and lose contact with the world; it is especially true when their grandchildren have grown up. It would be extremely important for them to get involved by experts, villagers, the ones living in the house, family members. They should be provided with some daytime activity or simply talked to more often and taken care of. For trust is the base of revealing the incidents it would promote the victims being willing to ask for help.

The interviewees do not know about institutional regulations, frameworks or other plans or changes. It was mentioned that it would be important to monitor the operation of NGOs and GPs should improve their cooperation with the support organizations. We know that majority of the GPs do not regard the problem relevant: fairly few of the GPs sent the questionnaire back and when we contacted them on the phone they kept aloof. Although it is not very likely, that these GPs did not take in the research, because they were helping the victims instead. It is rather typical that they thought it did not belong to their scope of authority. It should be changed. A respondent would also welcome organizations providing social work that supports the operation of hospitals, but only if it does not hinder the work of the physicians. Several experts claimed that their work conditions could also be improved, which would certainly improve their efficiency too.

#### **9.4. Recommendations**

- The most important task is to raise attention at every level. It is true for the public opinion, the victims, the different experts and the decision makers alike.
- Such media campaign is necessary that does not focus on showing funny or gruesomely brutal cases, but on presenting the everyday nature of the issue.
- It is necessary to have more victim protecting institutions, which should pay more attention to the specific needs of older women.
- The outstanding role of the environment: adult children, wider family, neighbours, in smaller settlements experts (social worker, policeman, and

clergyman/priest) and the people in dominant positions shall also pay attention to this issue.

- It is also necessary that this topic is highlighted in the course of the education, training and further training of specialists.

## Appendix

**Contact to cases by institution types (in % of total number of institutions)**

| Institution type                 | in<br>2009 | in 2006 -<br>2008 | in 2006 -<br>2008 and<br>2009 | no   | I don't<br>know | Total number<br>of institutions |
|----------------------------------|------------|-------------------|-------------------------------|------|-----------------|---------------------------------|
| (domestic) vi-<br>olence service | 0          | 41,7              | 25                            | 33,3 | 0               | 12                              |
| law enforcement                  | 8,7        | 30,4              | 34,8                          | 26,1 | 0               | 23                              |
| health service                   | 0          | 0                 | 28,6                          | 71,4 | 0               | 7                               |
| general social<br>service        | 5,3        | 10,5              | 15,8                          | 57,9 | 10,5            | 19                              |
| service for elderly              | 0          | 0                 | 14,3                          | 78,6 | 7,1             | 14                              |
| others                           | 0          | 0                 | 0                             | 100  | 0               | 4                               |
| total                            | 3,8        | 17,7              | 22,8                          | 51,9 | 3,8             | 79                              |

**N of cases by different questions 2006-2008 (N of  
organizations=33)**

|  |     |
|--|-----|
| Total number of victims (Q2)           | 465 |
| Perpetrator (Q9)                       | 441 |
| Age (Q3)                               | 295 |
| Circumstances of violence (Q10)        | 243 |
| Service provided (Q13)                 | 236 |
| Forms of violence (Q7)                 | 214 |
| Victims' features (Q8)                 | 138 |
| Where does institution know from (Q11) | 117 |
| First contact (Q12)                    | 116 |

**Services provided to victims (N=19)**

|  | N of institutions | N of victims |
|--|-------------------|--------------|
| Services: crisis intervention                        | 11                | 26           |
| Services: psycho-social support / counselling        | 12                | 54           |
| Services: giving information on other organizations  | 7                 | 8            |
| Services: psychotherapeutic support                  | 3                 | 5            |
| Services: legal advice                               | 10                | 28           |
| Services: support with daily living activities       | 6                 | 11           |
| Services: provision of nursing care                  | 4                 | 5            |
| Services: provision of medical services              | 6                 | 18           |
| Services: provision of a bed in a shelter / refuge   | 3                 | 4            |
| Services: support with moving to a care home         | 7                 | 14           |
| Services: referring the case to another organization | 3                 | 6            |
| Services: financial aid                              | 7                 | 9            |
| Services: criminal investigations                    | 4                 | 6            |
| Services: issuing restraining orders                 | 2                 | 17           |
| Services: banning offenders from a premise           | 2                 | 3            |
| Services: filing complaints                          | 2                 | 17           |
| Services: request of a penalty order (G)             | 4                 | 5            |
| Total  |                   | 236          |

**Mean of attitude questions**

|  |     |
|--|-----|
| General statement:   |     |
| Women in all stages of life are threatened by IPV - women in later life are not exempted from this.                          | 5,3 |
| Special problems of older women victims:   |     |
| - Older female victims of IPV face particular difficulties in the breaking-up of a long-term abusive relationship.           | 5,4 |
| - Younger female victims of IPV more often permanently separate from their abusers than older women do.                      | 4,9 |
| - IPV against older women often occurs in the context of dependency of care.   | 3,2 |
| Special services:  |     |
| - IPV against older women is a topic no one really wants to deal with up to now.   | 3,8 |
| - Older victims of IPV need other types of support and assistance than younger women.  | 5,0 |
| - IPV against older women should be of higher importance in professional training for psycho-social and medical professions. | 4,6 |
| Importance and future:   |     |

|   |     |
|---|-----|
| - The number of older female victims of IPV will grow in the future.                  | 3,1 |
| The importance of the problem of IPV against older women is underestimated up to now. | 4,3 |
| Older female victims of IPV need more support than is provided up to now.             | 4,9 |
| Denial:   |     |
| Older women become victims of IPV less often than younger women.                      | 3,6 |
| In older couples, women are more often perpetrators of IPV than in younger couples    | 2,4 |
| Only a few older women become victims of IPV.   | 3,3 |

## List of staff interviewees

|            | Sex    | Type of organization   | Status    |
|------------|--------|------------------------|-----------|
| <b>E1</b>  | female | law enforcement        | leader    |
| <b>E2</b>  | female | violence service       | leader    |
| <b>E3</b>  | female | general social service | leader    |
| <b>E4</b>  | female | law enforcement        | employee  |
| <b>E5</b>  | female | general social service | leader    |
| <b>E6</b>  | female | service for elderly    | leader    |
| <b>E7</b>  | female | violence service       | volunteer |
| <b>E8</b>  | female | others                 | volunteer |
| <b>E9</b>  | female | others                 | volunteer |
| <b>E10</b> | female | service for elderly    | volunteer |
| <b>E11</b> | female | service for elderly    | volunteer |
| <b>E12</b> | female | others                 | employee  |
| <b>E13</b> | male   | general social service | leader    |
| <b>E14</b> | female | general social service | leader    |
| <b>E15</b> | female | health service         | leader    |
| <b>E16</b> | male   | health service         | leader    |
| <b>E17</b> | female | violence service       | leader    |
| <b>E18</b> | male   | health service         | leader    |
| <b>E19</b> | female | general social service | leader    |
| <b>E20</b> | female | general social service | leader    |
| <b>E21</b> | female | general social service | employee  |
| <b>E22</b> | female | general social service | leader    |
| <b>E23</b> | female | general social service | employee  |
| <b>E24</b> | male   | violence service       | employee  |
| <b>E25</b> | female | violence service       | employee  |

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