

2024



Final report

Intimate partner violence among older couples in Switzerland

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

**National applied research project "Preventing violence among older
couples: study and development of awareness-raising material"**

Financial support:

The Federal Office for Gender Equality supports the project with financial aid.
This project was possible thanks to the support of Oak Foundation.

**"There are many of us,
but most would never talk about it."
(older survivor, female, 74 years old)**

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1. Context

The present study is devoted to the important but little-addressed topic of intimate partner violence among older people. Statistics show that older victims of intimate partner violence rarely make use of existing support resources, such as LAVI victim support centers, violence medicine consultations, emergency shelters and the police (Krüger et al., 2020¹ ; Roulet Schwab, 2022/3)². According to the Conference of Cantonal Directors of Social Affairs CDAS (2024)³, people aged 64 and over accounted for only 4.2% of consultations with victims carried out by LAVI victim support centers in 2022. Of the 46,542 consultations carried out, only 1,947 involved victims of violence or their relatives aged 64 or over. In terms of claims for compensation and moral redress, this age group was also significantly under-represented compared to its share of the total population, which is in fact around four times higher in this age group (almost 20% of the Swiss population)⁴, according to the CDAS.

Moreover, there are few specific support services adapted to the needs and constraints of the older population (e.g. lack of access to the Internet, reduced mobility, dependence on a partner for activities of daily living). Although older people currently account for almost 20% of the Swiss population (SFSO, 2020)⁵, they are poorly represented in prevention campaigns against domestic and partner violence⁶. What's more, it is often forgotten that older men can also be affected.

As police crime statistics are based solely on reported cases, care must be taken when interpreting them. As pointed out in the Federal Council's report "Preventing violence against older persons" (2020)⁷, a lack of contextualization can lead to the belief that older people are less often victims of domestic and intimate partner violence than the rest of the population. According to the report, police crime statistics show that people aged between 60 and 69 are

¹ Krüger, P., Bannwart, C., Bloch, L. and Portmann, R. (2020). Gewalt im Alter verhindern - Grundlagenbericht. Bern: Federal Social Insurance Office FSIO. Retrieved from: <https://www.bsv.admin.ch/bsv/fr/home/publications-et-services/forschung/forschungspublikationen.exturl.html?lang=fr&lnr=02/20#pubdb>

² Roulet Schwab, D. (2022/3). Tackling elder abuse in Switzerland: An overview and critical analysis. *Gérontologie & Société*, 44, 169, 131-146. DOI 10.3917/g1.169.0131. Retrieved from: <https://shs.cairn.info/journal-gerontologie-et-societe-2022-3-page-131?lang=en&tab=resume>

³ Conférence des directrices et directeurs cantonaux des affaires sociales (CDAS) (2024). *Communiqué de presse. Campagne en ligne pour faire connaître l'aide aux victimes en mettant l'accent sur les personnes âgées*. Retrieved from: <https://www.sodk.ch/fr/documentation/communiquede-presse/faire-connaître-laide-aux-victimes-campagne-en-ligne-centree-sur-les-personnes-agees/>

⁴ Office fédéral de la statistique (2020). *Scénarios de l'évolution de la population de la Suisse et des cantons 2020-2050*. Neuchâtel, Suisse. Retrieved from: <https://www.bfs.admin.ch/bfs/fr/home/statistiques/population/evolution-future/scenarios-cantons.assetdetail.14963222.html>

⁵ Ibid.

⁶ Roulet Schwab, D., Fink, R., Casellini-Le Fort, V., & Sieber, S. (2024, forthcoming). *Rapport de synthèse final. Violence de couple chez les seniors: cartographie du contexte vaudois et démarche participative. Module complémentaire vaudois au projet national " Violence dans les couples âgés (VCA) : étude et développement de matériel de sensibilisation "*. Lausanne, Switzerland: Institut et Haute Ecole de la Santé La Source (HES-SO) and senior-lab. Retrieved from: <https://www.ecolelasource.ch/projet-vca/>

⁷ Confédération suisse (2020). *Prévenir la violence chez les personnes âgées. Rapport du Conseil fédéral en réponse au postulat 15.3945 Glanzmann-Hunkeler du 24 septembre 2015*. Berne, Suisse : Confédération suisse (page 10). Retrieved from: <https://www.bsv.admin.ch/bsv/fr/home/politique-sociale/alters-und-generationenpolitik/gewalt-im-alter.html>

less often victims of crime than younger age groups. While older people are on a par with the average population when it comes to offences against property (10.7%) and against freedom (11.4%), they are clearly under-represented among victims of offences against life and limb (2.5%), against sexual integrity (1.9%) and in cases of offences against honor, secrecy and privacy (3.4%). According to the statistics, this figure is even lower for people aged 70 and over.⁸ The two offenses that most frequently affect older people (aged 60 and over), namely offenses against property and offenses against freedom, also decreased between 2012 and 2017.

Based on police crime statistics, the Federal Statistical Office (FSO) also publishes specific data on domestic violence. The 2017 statistics show that the older population is significantly less affected by domestic violence than younger age groups. While in younger age groups, it's mainly women who are victimized by their spouse or ex-spouse, the difference between men and women fades for victims over 60. The perpetrators of violence are also diversifying and include (ex-) partners as well as children or other close relatives.

Once again, it is important to be cautious when interpreting these data. As pointed out in the Federal Council's report (2020)⁹, police statistics only record cases that correspond to offences provided for by law, i.e. situations that are reported and recorded. This is a major limitation, as victims, particularly older people, very often refrain from lodging complaints against their relatives or the professionals on whom they depend daily. It is therefore highly likely that the available statistics reflect only the tip of the iceberg.

Although older people are under-represented in reported acts of intimate partner violence, it is striking to note that older women are far more likely to be victims of domestic homicide. According to figures from the Federal Statistical Office's (FSO) police crime statistics, over 20% of victims of domestic violence-related feminicide in Switzerland over the last ten years were of retirement age, making this age group the most affected.¹⁰ Although older women represent only 16% of the female population in Switzerland, 39 women over 70 were killed by a loved one between 2013 and 2022 in our country. In two-thirds of these cases, the perpetrator was the spouse or ex-spouse.

Domestic and intimate partner violence therefore also affects older people. However, as they have less recourse to help and rarely lodge complaints, this violence is less visible and remains hidden for longer. A Swiss study dating from 2022¹¹ shows that older people are often reluctant to seek help in cases of domestic violence, generally because they are ashamed, unaware of the possibilities for help, or afraid of the consequences (e.g. placement in a nursing home, break-up of the family unit). Difficulties associated with advancing age, such as poor health, and the

⁸ Ibid.

⁹ Confédération suisse (2020). Prévenir la violence chez les personnes âgées. Rapport du Conseil fédéral en réponse au postulat 15.3945 Glanzmann-Hunkeler du 24 septembre 2015. Berne, Suisse : Confédération suisse (page 10). Retrieved from: <https://www.bsv.admin.ch/bsv/fr/home/politique-sociale/alters-und-generationenpolitik/gewalt-im-alter.html>

¹⁰ <https://www.rts.ch/info/suisse/14396632-de-nombreuses-femmes-agees-tuees-dans-lindifference-en-suisse.html>

¹¹ Roulet Schwab, D., Roulet Jeanneret, F., Fink, R., & Rauber, G. (2022). *Rapport de synthèse. Perceptions de personnes âgées et de proches envers les ressources d'aide en cas de violences domestiques en Suisse. Module complémentaire au projet national " Violence dans les couples âgés (VCA) : étude et développement de matériel de sensibilisation "*. Lausanne, Suisse : Institut et Haute Ecole de la Santé La Source (HES-SO). Retrieved from: https://www.skppsc.ch/de/wp-content/uploads/sites/2/2023/03/vca_rapport-synthese-psc_decembre-2022_version-publique.pdf

fact that they are dependent on their relatives on a day-to-day basis can be further disincentives to seeking help.

It's important that professionals are aware of these barriers, but also that they clearly inform older victims and their relatives about the various existing help resources, how to apply for them and their practical implications. Based on this information, older victims can then make an informed decision and turn to the organization that best meets their specific needs.

2. Project goals and objectives

Considering these facts, this national applied research project "Prevention of violence among older couples (VCA): study and development of awareness-raising materials" (2022-2024) aims to improve the prevention of intimate partner violence among older couples in Switzerland by:

- 1) better understanding of these situations and of the cooperation between professional networks in the fields of ageing and of domestic violence;
- 2) the development, production and distribution of awareness-raising material as part of a national campaign to be launched in December 2023 (flyer, poster, short videos and handbook for professionals - in French, German and Italian - downloadable from www.vieillesse.sansviolence.ch).

The research project was conducted by the Haute Ecole de la Santé La Source (HES-SO), the senior-lab and the National Center of Competence Ageing without Violence. It was financially supported by the Swiss Federal Office for Gender Equality (BFEG), as well as by the Oak Foundation, Swiss Crime Prevention (PSC), the Office for Gender Equality of the Canton of Vaud (BEFH VD) and the Haute Ecole de la Santé La Source (HES-SO).

The project was supported by a sounding board made up of various national and regional organizations: Aide aux victimes Suisse, Aide et soins à domicile Suisse, alter ego, Associazione Consultorio delle Donne, Bureau de l'égalité entre les femmes et les hommes du Canton de Vaud, Bureau de l'égalité hommes-femmes et de la famille - Etat de Fribourg, Conférence suisse contre la violence domestique, Conseil suisse des aînés, CURAVIVA, Prévention Suisse de la Criminalité, Pro Senectute Suisse, Pro Senectute Ticino e Moesano, UBA Unabhängige Beschwerdestelle für das Alter, Pink Cross, Violence que faire.

3. Methodology

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

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

These interviews, focus groups and workshops were carried out as part of different parts of the project (see Figure 1.). In this report, we will focus on data from the parts funded by the Swiss Federal Office for Gender Equality (FOGE) and the Oak Foundation. The complementary modules commissioned by Prévention suisse de la criminalité (PSC)¹² and by the Bureau de l'égalité entre les femmes et les hommes du Canton de Vaud (BEFH VD)¹³ are the subject of separate reports.

	<i>BFEG part</i>	<i>Oak Foundation part</i>	PSC complementary module	BEFH VD complementary module	Total n =
Semi-structured interviews	• 37 professionals	• 8 older survivors • 1 adult daughter of older survivor	• 6 older persons • 6 relatives	-	70

¹² Roulet Schwab, D., Roulet Jeanneret, F., Fink, R., & Rauber, G. (2022). Rapport de synthèse. Perceptions de personnes âgées et de proches envers les ressources d'aide en cas de violences domestiques en Suisse. Module complémentaire au projet national " Violence dans les couples âgés (VCA) : étude et développement de matériel de sensibilisation ". Lausanne, Suisse : Institut et Haute Ecole de la Santé La Source (HES-SO). Retrieved from: https://www.skppsc.ch/de/wp-content/uploads/sites/2/2023/03/vca_rapport-synthese-psc_decembre-2022_version-publique.pdf

¹³ Roulet Schwab, D., Fink, R., Casellini-Le Fort, V., & Sieber, S. (2024, forthcoming). *Rapport de synthèse final. Violence de couple chez les seniors: cartographie du contexte vaudois et démarche participative. Module complémentaire vaudois au projet national " Violence dans les couples âgés (VCA) : étude et développement de matériel de sensibilisation "*. Lausanne, Switzerland: Institut et Haute Ecole de la Santé La Source (HES-SO) and senior-lab. Retrieved from: <https://www.ecolelasource.ch/projet-vca/>

		• 12 older persons			
Interviews to validate awareness material	-	• 12 older people and older survivors • 1 professional	-	• 4 older persons	17
Focus groups		• 2 with professionals	-	• 1 with professionals	3
Workshops	• 3 with professionals		-	• 1 with professionals	4
Mapping of support resources	-		-	• 1 on support resources VD	1

Figure 1: Breakdown of interviews, focus groups and workshops by parts of the project

For each category of interviewee, a diversity of profiles was ensured (according to relevance: linguistic region, age, gender, function, socio-economic status, place of living, etc.). A semi-structured interview guide was constructed for each category of interviewee, comprising two main thematic sections (experience/perception of the problem and knowledge/perception of help resources). Interviews, focus groups and workshops took place in person or online. They were audio-recorded, then anonymized and summarized in detail, keeping as close as possible to what the interviewees said. Interviews with older survivors were transcribed *verbatim*. All interviews were then analyzed thematically based on the questions formulated in the interview guides. All applicable ethical rules were observed.

3.1 Interviews with older survivors of intimate partner violence who were seniors at the time of the events, and older persons from the general population

Two interview guides were developed in June-July 2022 for interviews with older survivors of intimate partner violence and older persons from the general population. They were then tested and translated into three languages (French, German and Italian).

The interview guide for older survivors of intimate partner violence consisted of three parts:

- 1) Personal history and dynamics of intimate partner violence in the couple, with a focus on psychological violence and ageing,
- 2) Help-seeking and facilitating factors
- 3) Knowledge and perception of existing support resources.

The interview guide for the older persons from the general population also had three parts:

- 1) Perception of intimate partner violence among older couples, with a focus on psychological violence, based on a fictitious situation involving several real cases (vignette),
- 2) Potential reactions as a witness,

3) Knowledge and perception of existing intimate partner violence support resources in Switzerland.

Regarding recruiting older survivors, we had initially planned to launch a call for testimonials on social networks and in local newspapers. We also intended to collaborate with organizations working in the field of domestic violence. However, we realized that these strategies were limited in scope. The subject is still very taboo, and it's difficult for older victims to come forward as such to anonymous people. What's more, our discussions with organizations working in the field of domestic violence revealed that they knew of almost no cases of intimate partner violence involving older persons and were therefore unable to help us with recruitment. On the other hand, several of the professionals interviewed as part of the project offered to put us in touch with older survivors, while others had been identified as part of other research projects we were carrying out. Finally, some older survivors contacted us directly following interviews we had given to the media.

A total of eight interviews were conducted with older survivors who were seniors at the time of the events: five in French, two in German and one in Italian. Six older survivors were women and two men. They ranged in age from 68 to 85, with an average age of 75. In addition, one interview was conducted with the adult daughter of an older survivor. All interviews with older survivors were transcribed verbatim (word for word), then analyzed. It should be noted that the experience of older survivors of intimate partner violence, who were seniors at the time of the incident, may differ in terms of barriers and facilitating access to help from that of older victims still living in a violent situation, the former having been able to escape from it.

Twelve older people were also recruited from the general population. We ensured that their profiles varied in terms of age, gender, socio-economic background, level of education and region. The research team used its personal and professional networks to find participants in the different language regions. Between June and December 2022, twelve interviews were conducted: four in French, four in German and four in Italian. They were then summarized and analyzed in detail.

Between April and June 2023, twelve further validation interviews were held with older people, including two with an older survivor. The first six interviews gathered feedback on the graphic line and visual of the forthcoming awareness campaign, on the slogan and on the situations presented in the short videos. The remaining six interviews were used to gather feedback on the text of the flyer, as well as on the campaign's dissemination strategy.

3.2 Interviews and focus groups with professionals

For the interviews with professionals, an interview guide was first drawn up, then tested and translated into the three languages (French, German and Italian). This interview guide was the same for all interviewees, to enable comparisons. It consisted of four parts:

- 1) Perception of intimate partner violence among an older couple based on a fictitious case inspired by several real-life situations (vignette, see chapter 4.2.1.);

- 2) A look back at a situation the interviewee has encountered in the course of his or her professional or volunteer activity;
- 3) Perception of access to assistance resources for people aged 64 and over (obstacles and facilitators);
- 4) Experiences in intra- and inter-sector collaboration (ageing and domestic violence) at cantonal level.

Between June 2022 and March 2023, 37 qualitative semi-structured interviews were conducted with professionals in the fields of ageing (home care services, nursing homes, Pro Senectute social consultations, seniors' associations, APEA adult and child protection authorities) and domestic violence (LAVI centers for victims of violence, women's shelters, police). Interviews were conducted in two German-speaking cantons (Zurich and Thurgau), two French-speaking cantons (Neuchâtel and Fribourg) and Italian-speaking Ticino. These cantons were chosen to ensure diversity in terms of language, religion, size and urbanity. The same organizations were chosen in each canton, to allow comparisons. However, two planned interviews could not be carried out due to lack of availability or interest on the part of the organizations contacted. They were replaced by three additional interviews, two with family doctors and one with a chaplain. These professionals were identified as resource persons by the older persons interviewed for the project. It should be noted that the professionals interviewed expressed their personal perceptions and opinions. They do not therefore represent the official positions of the organizations concerned. It should also be noted that the professionals who agreed to spend time in an interview and/or focus group were a priori interested in the subject.

Between April and August 2023, the interviews were summarized in detail, trying to remain as close as possible to what the interviewees had said. The research team then summarized the results by canton, followed by a general overview of the data and findings. These results are presented in detail in Chapter 4.

Three workshops with professionals in the fields of ageing and domestic violence took place in June 2023. One focus group was in French, one in German and one in Italian. They provided an opportunity to discuss the interim results of the study, to exchange perspectives and experiences across sectors, and to identify the key messages, contents and tools to be included in the handbook for professionals.

In May and June 2023, two focus groups - one in French-speaking Switzerland and the other in German-speaking Switzerland - were also organized with professionals in the field of domestic violence. As the organizations working in this field in Ticino had already been invited to take part in a workshop (see chapter 3.2), we did not organize a focus group. Instead, we conducted an additional interview with a Ticino organization that had not participated in the workshop.

4. Main results of the study

The main findings concerning older persons' experiences and perceptions of intimate partner violence, as well as barriers and facilitators to accessing help, are presented below. The views

of older survivors of violence, older persons from the general population and professionals are considered in this chapter (BFEG and Oak Foundation parts of the project).

Data on older survivors of intimate partner violence and older persons from the general population come from the part of the project funded by the Oak Foundation. Data on professionals in the cantons of Zurich, Thurgau, Neuchâtel, Fribourg and Ticino come from the part of the project co-financed by the Federal Office for Gender Equality (BFEG).

4.1 Experiences and perceptions of intimate partner violence among older couples from the perspective of older survivors and older persons from the general population

As part of the study, it was possible to interview a total of eight people who had experienced intimate partner violence after the age of 50. This group comprises six women and two men. Of the older survivors, two were from German-speaking Switzerland, five from French-speaking Switzerland and one from Italian-speaking Switzerland. Two of the victims had an immigrant background. At the time of the interviews, the ages of the interviewees ranged from 68 to 85, with an average age of around 75.

The duration of the abusive couple relationships of those interviewed varied considerably. Three of the older survivors said that they had only entered into abusive relationships late in life. By contrast, the other five reported having experienced violence since the start of their long marriages, with these relationships lasting between 30 and 60 years, or still ongoing. Indeed, at the time of the study, two of the older survivors were still living in the abusive couple relationship, while two others were in the process of separating.¹⁴

To complete the data, twelve other people over the age of 65 from the general population were interviewed. They had not themselves experienced intimate partner violence, but with an average age of 74, they were in the same age group as the older survivors interviewed. Four were from German-speaking Switzerland, four from French-speaking Switzerland and four from Italian-speaking Switzerland. Seven were women and five men. These people were interviewed about their perception of intimate partner violence among older couples, and the access to help.

4.1.1 Experiences of psychological violence

All the older survivors interviewed spoke of the psychological violence they were experiencing or had experienced in their couple relationships. Emotional abuse plays a major role in the interviews. Older survivors report a particularly high level of suffering as a result of psychological violence. Often, the experience of violence began at the very start of the relationship. For example, one abused man describes his memories of the early years of his marriage in the following terms: "We could never please her, no matter how hard we tried. She became irascible [...] and hurtful. I suffered from it from the start, and so did the children." (older survivor, male,

¹⁴ These were stable situations in which participation in the study would not endanger the participants. We worked with them to define ways of communicating safely (e.g., a telephone conversation with a relative). We also informed them of the help available in their canton and gave them the number of the Ageing without Violence helpline. In addition, we excluded one situation because we felt that the safety conditions were not sufficiently guaranteed. In this case, we also referred the person to the appropriate help resources.

age 70¹⁵). Another victim briefly mentions on this subject: "All these acts of violence started just after we got married. " (older survivor, woman, 83). In relation to psychological violence, we also find several recurring patterns in the victims' descriptions, the most important of which are presented below.

On the one hand, psychological violence often manifests itself in coercive¹⁶ and sometimes obsessive controlling behavior on the part of the perpetrator. This often includes control over financial resources, contacts with third parties and the organization of daily life in general, and severely limits the victim's actions. This control sometimes goes as far as forbidding the victim access to a certain room or appropriating the space concerned, for example a recreation room or their own bedroom. In the words of one victim: "I had to learn to accept what he wanted and say yes. I had to learn to keep quiet [and] I had to do what he wanted." She goes on to recount how his room "suddenly wasn't mine anymore". He had claimed it as his TV room. She tried to defend herself, as she used this room for her hobby, painting, but she couldn't. She concluded: "I couldn't even do that anymore. [...] He took everything from me, even my room." (older survivor, female, 74 years old).

Insults, humiliations and verbal threats are a second important element that is regularly mentioned. These are often accompanied by sudden verbal outbursts that strike the victims unexpectedly. As the victims repeatedly describe, the perpetrators know them very well and deliberately target their emotional weak points. This includes denigration and insults based on characteristics such as migratory origin, physical appearance (body shaming and defamation) as well as gender role images (e.g. "you're not a real man" (older survivor, male, aged 70) or "you're a slut " (several former female victims)). Strikingly, many victims say they feel very ashamed to be confronted with these humiliating situations. It's not uncommon for them to mention the fear that other people will be within earshot and thus able to hear them. This further increases their suffering. In some cases, verbal threats of murder or suicide have even been made. One victim, for example, recounts what her partner threatened her with: "[...] He told me... I'll throw you out there... 11th floor." (older survivor, female, aged 71). Such threats can leave victims feeling powerless, and can have a strong influence on their behavior, which is to continue to submit. Suffering is extreme at such times, and the obstacle of seeking help often seems insurmountable.

A third central pattern that emerges in many of the experiences of psychological abuse described by the older survivors interviewed is the perpetrator's strategies of isolation from their social environment, including their family relationships. In two cases, the perpetrators even ensured that the couple lived in a particularly remote location. Some victims speak of trusted people to whom they were able to share their experiences of violence despite their isolation. However, there are also cases where victims were so isolated that they remained silent for years, even decades. It's also worth noting that many victims received little support from the people who

¹⁵ Quotations have been translated into the language of the report. For the sake of brevity, only the testimonies of older survivors have been directly quoted.

¹⁶ Prévention Suisse de la Criminalité (2016), *Dossier Violence domestique*, PSC Info 2 |2016. Retrieved from: <https://www.skppsc.ch/fr/wp-content/uploads/sites/5/2016/12/pscinfo22016.pdf>. See explanation of "systematic coercive control" on page 9. See also: <https://www.healthline.com/health/coercive-control>

would be expected to provide it most in society, namely their close relatives and, above all, their own children. The latter may, as the accounts of the victims interviewed show, be caught up in a conflict of loyalties between their parents, or even excuse or minimize the perpetrator's behavior on the grounds of existing illnesses, for example.

These data underline the need to take a closer look at psychological violence and pay particular attention to it. The more elements of psychological violence appear simultaneously, the more difficult it is for victims to seek help on their own, as they are caught in a vicious circle of shame, fear, isolation and coercive control. This is even more important because, unlike physical abuse, psychological abuse is often less visible to the outside world. Some older people from the general population point out that psychological abuse is often invisible in our society, but can be a source of lasting suffering. This "outsider" viewpoint is echoed in the experiences of older survivors interviewed, who point out that the violence often appeared shortly after their marriage, developed insidiously and was sometimes endured for decades.

4.1.2 Experiences of physical violence

In contrast to psychological violence, not all the interviewees who were victims of intimate partner violence reported having been or still being exposed to physical violence. One male victim even denied the term "violence", saying, "Violence didn't exist in our home. She never hit me." (older survivor, male, aged 70). This statement highlights the fact that intimate partner violence, or violence in general, is still very often equated primarily with physical violence. This interpretation of the term can have a decisive influence on how situations are perceived. It may also be one of the reasons why many of those interviewed endure psychological violence for a very long time without seeking help (see also paragraph 4.1.1).

More than half of the older survivors interviewed nevertheless report obvious forms of physical violence. These include hitting, slapping, shaking, scratching or other physical assaults not specifically described, resulting in injuries such as bruises, abrasions or contusions. This type of violence is often visible from the outside, both when it is perpetrated and in its effects (marks). Even the older people from the general population we interviewed spoke of acts of physical violence they had witnessed in their environment. One older interviewee, for example, recounted seeing a neighbor manhandle her partner with a broom (aged 71). It was only when she threatened to call the police that she finally let him go. One older victim, for example, recounts how she tried to conceal the visible traces of physical violence with clothing: "In summer, I wore blouses with long arms so as not to show the bruises." (older survivor, woman, 85 years old).

The older survivors interviewed often describe these cases of physical violence in the context of the perpetrator's "slips". In several situations, physical assaults are also depicted in the context of excessive alcohol consumption and a related increased propensity for violence: "Especially when he's under the influence of alcohol, then it becomes very distressing." (older survivor, female, aged 72). Components such as spontaneous outbursts of violence - even in public places - and excessive consumption of alcohol or drugs often lead to additional insecurity in the daily lives of older victims of partner violence. Indeed, these unpredictable risks of violence can put victims in a permanent state of alert. It is therefore not uncommon for these acts of physical violence to encourage victims to submit even more to avoid angering their partner.

At the same time, these situations of physical violence can also lead to outsiders, such as a family doctor, acquaintances, relatives or neighbors, becoming aware of the situation. Or the victims themselves may realize that they need help, for example because of the severity of their injuries, and accept outside intervention. One older survivor who particularly suffered physical violence tells how she called the police after an assault in which her husband hit her with a chair: "[The] stool and lamp broke [...] blood started gushing [and] I called the police." (older survivor, woman, aged 71). Acts of physical violence can therefore both reinforce victims' submission and, through their visibility, both draw the attention of outsiders to the violent situation and enable intervention.

4.1.3 Experiences of violence sexual

Sexual violence was also mentioned in several interviews. It is striking to note that some perpetrators (in the present sample, there is no example of a female perpetrator sexual violence) demand intimacy, sexual relations and certain sexual practices right up to an advanced age, with great regularity and often without regard for their victim's consent. It is clear from the interviews that some older victims (also exclusively women in the sample) find it extremely difficult to talk about this form of violence. It is therefore not possible to state with certainty that all interviewees who had suffered sexual violence talked about it during the interview.

For the older generation - most interviewees were around 75 at the time of the interviews - intimacy remains an aspect of marriage that is not necessarily externalized or discussed with others. This is reinforced by the image of "marital duty", which, though rejected today, is nonetheless still tenacious. In the context of this image of marital duty, some victims were probably forced to perform sexual acts within the marriage for many years or are still being forced to do so. One older survivor, for example, recounts how she tried to escape her husband's sexual assaults, which he considered part of his marital duties. She explains that the sexual assaults usually took place in the evening in the bathroom, when she was taking a shower. So, she often waited until he was asleep to wash, or "washed briefly instead of showering, hoping he wouldn't notice." (older survivor, female, aged 74). Another older survivor explains that she sometimes didn't object to sex: "Sometimes he didn't understand that I didn't want to make love. Sometimes I let him." (older survivor, female, aged 85).

In summary, it appears that sexual violence in couple relationships, particularly among older persons, remains a sensitive and taboo subject. Indeed, the notion of "marital duty" and the preservation of intimacy as a private domain contribute to the fact that sexual violence in these relationships often goes unnoticed by older people. The examples described above underline the complexity of these situations and the stigma that continues to exist in relation to this subject. Most of the older people interviewed who are not concerned by sexual violence nevertheless consider it an unacceptable form of violence in relationships and condemn it.

4.1.4 Strategies for dealing with violence

Older survivors were also interviewed about how they coped with what they experienced during the abusive relationship. Not all interviewees explicitly mentioned their coping strategies, but it is nevertheless possible to identify several recurring elements.

It seems that many older survivors have made adaptation, silence, preventive action and violence reduction against possible arguments or outbursts from their partner a central part of their strategy, particularly in the early years of their relationship. It's all about "having a broad back" (older survivor, male, aged 70) and not responding to provocations or accusations in order to protect themselves. As a result, some older survivors have become passive and submissive to their abuser, putting aside or even repressing their own needs, thoughts and feelings. At the same time, some tried not to let the violence they had experienced affect them emotionally. In their own words, older survivors sometimes began to tell themselves that the situation wasn't so bad. They would repeat to themselves, for example, "He's like that, he'll calm down" or "He has good sides too, I just have to be more careful." (two quotes: older survivor, female, aged 74).

Another strategy identified is relying on religious reference systems that provide older survivors with support or confidence. Other older survivors find strength, comfort and distraction in long walks in nature, in the company of their pets, or by putting their thoughts down on paper or expressing them in paint.

However, the stories of older survivors indicate that the greater the suffering, the more they seek active coping strategies, even if these don't necessarily lead to the decision to end the relationship or to geographic separation. These more active strategies include, for example, trusting discussions with neighbors or friends who have supported them over the years. The search for new activities that allow more time to be spent away from home, and therefore out of the perpetrator's reach, is also part of this.

In addition, various forms of therapy aimed at mastering one's own life situation, and even stays in clinics, are also mentioned. On the one hand, these measures help to deal with and assimilate the situation, on the other, they offer a space in which older victims are protected for a time and out of reach of the perpetrator. Finally, longer or more frequent stays with children or grandchildren are also a strategy for escaping, at least temporarily, from the perpetrator. One male older survivor, whose separation had only lasted a few weeks at the time of the interview, describes in detail the importance of visiting his daughter: "Since I retired, I've been visiting her every week for at least half a day. I'm needed there [he looks after the granddaughter] and I'm appreciated. It does me good!" (older survivor, male, aged 70).

Overall, older survivors develop different coping strategies to deal with violence in their relationships. There is a wide range of practices, from withdrawal, withdrawal and distraction to more active approaches, which are often only implemented when the suffering becomes greater.

4.1.5 The role of retirement in situations of intimate partner violence

An important aspect that emerges from all the experiences of intimate partner violence described - and this irrespective of the different individual situations of older victims - is the decisive role of retirement. In general terms, it should be noted that, within the generation of people interviewed, there are still clear differences between the sexes when it comes to representations of working life. This is why, when the transition from working life to retirement is mentioned in the interviews, it refers almost exclusively to the retirement of the husband or male partner. Although some of

the women involved had also worked part-time, the male partner's retirement was almost always the decisive event influencing the dynamics of the violent situation.

For example, a female older survivor describes how, with her husband's retirement, "the crises and humiliations increased even more." (older survivor, female, aged 74). Another victim recounts that her husband became "more violent" when he retired "because life had lost its quality for him." (older survivor, female, 85). This last quote suggests that male perpetrators of violence often perceive retirement as a loss. They tend to see retirement as a loss of employment, of social recognition, and therefore of general satisfaction. To this can be added the uncertainty and stress associated with diminishing financial resources. This can lead to discontent, anger and a heightened potential for violence. In this context, one victim interviewed described how the situation had "drastically worsened" to the point where she no longer recognized her husband at all after he retired (older survivor, female, aged 74).

Conversely, if the man is the victim, he often loses an area of personal life with his own social contacts that his work environment offered him. This can reinforce the feeling of isolation, as the following comments underline: "[Retirement] was very difficult for me. Work was a big part of what brought me pleasure and contact with other people. I couldn't accept all that disappearing." (older survivor, male, aged 70). This decline in social contacts associated with retirement can also be observed among female victims of violence. If the abusive man is suddenly more present at home and exerts greater control, their possibilities of maintaining their own social contacts are then greatly reduced.

Virtually all interviewees who talk about retirement say that it was an important event in their relationship. Even those interviewees who are not concerned by intimate partner violence report that the transition from work to retirement is accompanied by major changes and can represent a challenge for a couple's relationship. In the case of a violent situation, this new circumstance, synonymous with stress and insecurity, can also lead to an immediate or insidious worsening of the situation. However, the people interviewed see retirement primarily as an amplifier, not a trigger, for violence. In other words, retirement is seen above all as a factor that can aggravate an existing or latent situation of violence but does not cause it out of nothing.

4.2 Experiences and perceptions of intimate partner violence among older couples from the point of view of professionals

As part of the study, it was important not only to give a voice to older persons, and in particular to older survivors of intimate partner violence, but also to hear the experiences and perceptions of professionals who come into contact with older victims. To this end, professionals from two professional fields (ageing and domestic violence) and from five cantons were interviewed. The five cantons were carefully selected to ensure a degree of diversity, particularly in terms of language region, size, geographical location and available support resources. Based on these criteria, the cantons of Zurich, Thurgau, Ticino, Neuchâtel and Fribourg were selected.

In the "domestic violence" field, interviews were conducted with professionals from LAVI victim support centers, women's shelters, the police and the Child and Adult Protection Authority

(APEA). In the "ageing" field, we interviewed staff from cantonal Pro Senectute services, cantonal homecare services, as well as professionals from nursing homes and older people' associations. In all, 36 individual qualitative interviews and 1 interview with two interviewees using a semi-structured interview format were carried out. In a second stage, the data were supplemented by a workshop for each language region, attended by professionals from the organizations and authorities already interviewed during the interviews. The aim of these workshops was to discuss the initial findings of the study, and to identify the tools that would be useful in a handbook for professionals, with a view to the planned awareness-raising campaign.

The results are summarized below based on the four themes that proved particularly relevant. It should be noted that the professionals interviewed expressed their personal perceptions and opinions. They do not therefore represent the official positions of the organizations concerned.

4.2.1 Perceptions of intimate partner violence in an older couple based on a fictitious case (vignette)

Using an example of a situation (vignette) concerning a fictitious older couple, which was read to the interviewees and submitted to them for their perusal as well, we discussed in depth with the interviewees their perception of intimate partner violence among older couples.

Vignette: the R. couple

The R. couple live in a villa. Mrs. is 70 and Mr. 75. They have a daughter who lives on the other side of Switzerland. They have a dog, which Mrs. R. loves dearly. Mrs R. trained as a secretary but has been a housewife since the birth of her daughter in 1974. It was inconceivable for Mr. R., a lawyer in a well-known law firm, that his wife should work. When their daughter left home, Mrs R. wanted to return to work. Her husband was adamantly opposed, as he "needed her at home". Knowing her husband's "sanguine" temperament, Mrs R. never insisted.

Mrs R. never leaves her home alone, especially since her husband's retirement. Her husband accompanies her to all her appointments, including the doctor's (they have the same GP). Mr. R. has always been very demanding and critical of his wife's dress and appearance. He has often asked her to change or to choose her own outfit. He regularly criticized her "fat ass", even in front of their mutual friends. They always pretended not to hear. Mr. R. forces his wife to have intimate relations on a regular basis. If she refuses, he slaps her or threatens to tell her doctor that she's losing her mind. On several occasions, she "lets him do it" "to avoid trouble".

Mrs R. was very close to her sister, who lived a few kilometers away. Over the years, she lost touch with her sister, as her husband objected to her seeing her. She also lost contact with her long-time friends, as M. felt they were a bad influence on her. On one occasion, Mrs. R. tried to call her daughter on the phone to talk about her father's behavior, while he was mowing the lawn outside. Her daughter got angry and told her that she should "stop complaining" and "be happy that her father has been looking after her for years". Since then, Mrs. R. has never dared speak to anyone about it. All the more so as her husband checks every call made on her mobile and landline. She also doesn't know how to use the Internet.

Mrs R. is afraid of some of her husband's behavior, but she also cares about him. She can't imagine living without him or giving up her villa and dog. She often feels lonely and discouraged. Sometimes she sits on the sofa for hours, crying, and forgets to cook dinner.

Figure 2. Vignette for interviewing

Among professionals from all cantons, there was a common tendency to adopt a professionally distanced attitude in response to the fictitious case presented. This tendency was slightly more marked among professionals in the "domestic violence" field than among those in the "ageing" field. This could be explained by the more frequent confrontation with this type of situation in their daily work.

In addition to this general professional distance, the emotional reactions of different professionals vary from person to person. Some, for example, were emotionally distraught, describing the situation as frightening or serious. Beyond these individual reactions, it is possible, as we shall see below, to draw some more general conclusions about professionals' perceptions.

On reading the vignette, professionals in the five cantons immediately identified various forms of violence. These included psychological, physical and sexual abuse. Several people also mentioned economic or financial violence. The analysis shows that particular attention was paid to psychological violence, which was cited by most professionals in all cantons as particularly serious in terms of the victim's suffering. The omnipresent and obsessive control (coercive control) exerted by the perpetrator, and the generalized isolation of the victimized wife were also mentioned on numerous occasions. These data show that the professionals interviewed are acutely aware of the scope of psychological violence.

Nevertheless, it was repeatedly stressed that the seriousness of violence depends on subjective perception and individual situations, and that it would be hasty to consider one type of violence as more serious than another. In some interviews with members of the authorities (police and APEA), it was also pointed out that the qualification of the seriousness of the violence depends whether one relies on the legal framework or focuses on the individual suffering of the victim. Thus, schematically speaking, cases of physical or sexual violence generally constitute an official offence under Swiss criminal law (e.g. grievous bodily harm or rape), whereas psychological violence often falls into a grey area where it is virtually impossible to establish an offence (e.g. verbal humiliation or controlling behavior).

In the case of the vignette presented, the question arose at the start of the interviews as to why the victim had not already sought further help. The causes of the low use of help resources by older victims of intimate partner violence are discussed in detail in section 4.4, but a broad consensus is already emerging here on the central elements. Social isolation, dependence on the perpetrator, learned helplessness on the part of the victim, insufficient knowledge of help resources available, shame, role models typical of this generation and fear of the consequences were described as widespread challenges to accessing help resources. Furthermore, professionals from the various cantons all stressed the importance of establishing a relationship of trust with the victim. This relationship should be characterized by non-judgmental listening and a deep respect for the victim's individual wishes and needs. In addition, providing information on

available help and strengthening the social network were described as decisive for victims living in isolation.

But there are also differences between the interviews, particularly in terms of the intervention steps proposed, the involvement of relatives, the role of the family doctor or the management of specific challenges such as cognitive impairment and the victim's gender. There are no specific cantonal differences here, but rather differences resulting from the field of activity of the interviewees. For example, at Pro Senectute or home care services, it is perfectly feasible to involve the perpetrator spouse in the support process and in the interviews, whereas at a victim support center, the victim is accompanied and counselled without the perpetrator.

4.2.2 Personal experience of intimate partner violence among older couples

As part of the interviews, professionals from the various organizations and authorities were also asked to recount cases of intimate partner violence involving older persons encountered in their day-to-day work. Examples were reported to us in some detail and anonymously. Here too, certain recurring aspects emerge and are described below.

a. Frequency of violent situations in the daily professional life of interviewees

Overall, it appears that the professionals interviewed encounter, on average, few cases of intimate partner violence among older couples in their professional practice. Some, however, point out that, despite their relative rarity, such incidents do occur on a regular basis. According to them, the frequency which the professionals interviewed encounter cases of violence in older couples varies from once a year to several times a month. Interviewees in the "domestic violence" field are confronted with such cases far more often than their colleagues in the "ageing" field. However, all interviewees consider the number of unreported cases to be relatively high. This means that they assume that many people experience violence in their couple relationship for years, but generally do not seek professional help, or do not seek professional help for a long time.

The frequency of intimate partner violence among older people varies from canton to canton, according to the interviewees. While professionals in the cantons of Zurich and Ticino report more regular cases, or even an increase in recent years, professionals in Thurgau, Neuchâtel and Fribourg report very limited experience to date, and a smaller number of cases. It is important to emphasize the limited informative value of these results. The small sample of interviewees and the qualitative methodology of the present study generate high data quality and case-by-case relevance, but no statistically significant conclusions. The frequency differences described here should therefore be compared with statistical data from larger samples, in order to determine, for example, whether regional, cultural or structural factors have an influence on the number of cases of partner violence. However, this is not the purpose of the present study. The primary aim is to find out to what extent the various professionals in the different cantons and language regions are confronted with this issue in their day-to-day work, and how they deal with these situations.

b. Various forms of violence in the cases mentioned

The examples of intimate partner violence among older couples described by the interviewees in their day-to-day work are very varied in nature. Both men and women were identified as perpetrators, although female victims were slightly more frequently reported. The age of the couples involved ranged from 60 to 90.

The situations described include both physical and psychological violence, and in some cases sexual violence is also mentioned. It is interesting to note that sexual offences committed within a couple are not always recognized by the older victims as violence, as they are sometimes seen as a "marital duty". In some situations, addiction and alcohol also play an important role. The cases described are of varying degrees of perceived seriousness, but they have almost always evolved over a long period into the situations in which they finally present themselves to the professionals interviewed. Almost always, these situations are accompanied by strong controlling behavior on the part of the perpetrator and marked social isolation on the part of the victim. These observations are in line with those made in chapter 4.1. concerning the experiences and perceptions of intimate partner violence among older people from the point of view of older survivors and older people from the general population

In detail, the diversity of case examples recounted by the professionals interviewed ranges from coercive control mechanisms in a binational couple, to various situations in which older persons are mistreated by their children or spouses, to an angry spouse with reduced mobility who regularly abuses his wife with his cane.

c. Ambivalence in older victims' behavior

In the experience of the professionals interviewed (from all cantons), it is not uncommon for older victims of violence to display ambivalent behavior or an ambivalent attitude. Older victims are sometimes unwilling to leave the abuser despite considerable suffering, or they don't want to damage their abuser's reputation and are therefore reluctant to seek help, even though they are in a very distressing situation.

However, interviewees point out that such ambivalence is not necessarily a specific feature of older victims of intimate partner violence, as it is also often found in younger victims. Because of their vulnerability and frequent dependence on the perpetrator, however, older victims may find it even more difficult to make decisions with far-reaching consequences. In this context, it is emphasized that it is important, as professionals, to strike the right balance between presenting possibilities for help and considering the possibly limited readiness to change, in order to be able to advise and accompany an older victim constructively.

d. Teamwork and networking

In the descriptions given by the professionals interviewed, a broad consensus emerged on the central importance of teamwork and networking. All those interviewed agreed that the challenges posed by situations of intimate partner violence among older couples require an interdisciplinary approach. This means working closely with all the players involved and creating tailor-made solutions for older victims of violence. Collaboration is identified as a decisive aspect in making professionals aware of these situations, because, overall, the analysis of the professional

experiences of the professionals interviewed highlights that situations of intimate partner violence among older people are a challenge. The number of cases may be limited, but the diversity of forms of violence and the ambivalence of the victims require, according to the interviewees, a differentiated approach and close collaboration between professionals. The fact that professionals would generally like to see greater inter-professional collaboration is also clear from point 4.3.

4.3 Professionals' experiences and perceptions of interprofessional and intersectoral collaboration

Professionals were interviewed in detail about their experiences and perceptions of professional collaboration within their respective sectors (intra-sector collaboration) and between the two sectors (inter-sector collaboration). Similarities and differences in perceptions of these collaborations are identified below.

The analysis shows that there is a high degree of concordance between all the interviews, insofar as every professional interviewed stresses the importance of effective collaboration, both in the field of intra-sectoral networking and that of inter-sectoral networking. Furthermore, the interviews and focus group discussions revealed a certain heterogeneity in perceptions of collaboration, suggesting that individual experiences with other professionals and institutions have a decisive influence on how collaboration is perceived both within and between sectors. Challenges were generally identified when coordination and/or cooperation were perceived as needing improvement. A recurring element is the perception that certain forms of collaboration depend on the people involved. In other words, it depends on who you work with in a particular institution, and whether that person demonstrates a level of commitment to the specific case that matches your own. This is observed in both sectors and in different organizations and authorities in all cantons, albeit to a different extent.

In all interviews, interviewees' responses reflect the fact that intra-sector collaboration tends to be perceived as already well-developed and functional. Most interviewees reported generally positive cooperation with grassroots organizations such as victim support centers, other helplines and the police. According to them, a regular exchange of expertise and knowledge about each other's activities is already well established. The data concerning child and adult protection authorities (APAE) and the public prosecutor's office are less consistent. While some professionals interviewed spoke of good working relationships with these authorities, others were more critical.

As far as cross-sector cooperation is concerned, all those interviewed stressed the importance of effective collaboration between actors and networks in both sectors to ensure that older victims have access to support services. At the same time, it is precisely this collaboration that is repeatedly mentioned as a challenge. This may indicate that cross-sector cooperation is currently perceived as less well established than collaboration within the same sector and with actors with whom one is already in daily contact. Many interviewees indicated that they only worked sporadically with actors from the other sector, and that this cooperation often depended

on the personal commitment of those involved. This situation was described as "person-dependent collaboration".

So, while collaboration between professionals and organizations within the same sector (ageing or domestic violence) seems well established and functional, networking between sectors still appears to be infrequent and less officially instituted.

4.4 Experiences and perceptions of access to support resources from the point of view of older survivors and older people from the general population

In addition to experiences of intimate partner violence, the question of access to support resources was at the heart of interviews with older survivors from the outset. It became clear very early on that the support resources used by older victims of violence can be very different.

In order to better analyze the situations, a conceptual distinction was made between professional help and informal help from the private environment. Professional help was divided into two main groups, namely offers of help in the "ageing" field and those in the "domestic violence" field. In addition, particular attention was paid to factors that generally facilitate the use of help and those that tend to hinder it. Finally, in addition to the help resources themselves, emphasis was placed on the question of in what context and for what purpose help was actually sought. It should be remembered that the experience of older survivors of intimate partner violence, who were seniors at the time of the events, may differ in terms of barriers and facilitators to accessing help from those of older victims still living in a violent situation, the former having been able to escape from it.

4.4.1 First access to help for victims

It had already been noted prior to the research that older victims of intimate partner violence were often reluctant to seek help, if at all (Krüger et al., 2020¹⁷ ; Roulet Schwab, 2022/3¹⁸). The testimonies gathered as part of the study also show that older victims seek and use help in extremely variable ways. This applies to both informal help from their own circle and professional help. As a result, the factors that facilitate or complicate help-seeking also vary.

It appears, however, that help-seeking often begins with an informal form of assistance. For example, several older survivors interviewed reported that (repeated) discussions with people they trusted - whether family members, friends or neighbors - encouraged them to seek professional help. In addition, consultations with general practitioners or psychologists, with whom the victims interviewed were already receiving treatment, were mentioned on several occasions. Here too, victims were advised to turn to certain shelters or organizations that offer and provide more specific help for victims of violence. In this way, both private contacts and medical or psychological staff with whom a relationship of deep trust already exists can be an

¹⁷ Krüger, P., Bannwart, C., Bloch, L. and Portmann, R. (2020). Gewalt im Alter verhindern - Grundlagenbericht. Bern: Federal Social Insurance Office FSIO. Retrieved from: <https://www.bsv.admin.ch/bsv/fr/home/publications-et-services/forschung/forschungspublikationen.exturl.html?lang=fr&lnr=02/20#pubdb>

¹⁸ Roulet Schwab, D. (2022/3). Tackling elder abuse in Switzerland: An overview and critical analysis. *Gérontologie & Société*, 44, 169, 131-146. DOI 10.3917/g1.169.0131. Retrieved from: <https://shs.cairn.info/journal-gerontologie-et-societe-2022-3-page-131?lang=en&tab=resume>

important first port of call for accessing professional help offers specific to violence. Trust is often the basis for seeking and accepting help.

However, the results also show that this advice does not always lead, or not directly, to contact with the recommended offer of help. For example, one older survivor explained that she had not contacted the victim support service, as recommended, because of her bad experiences with psychologists, having lost faith that anyone would listen and help her. This point will be discussed in more detail in the next chapter. Lack of trust can therefore also become an obstacle to seeking help.

4.4.2 Reasons for not seeking help

The reasons why older victims seek help late or not at all are generally individual, but the interviews reveal recurring patterns of main reasons. These overlap with what is said by older people from the general population and professionals alike. Despite the small number of older survivors interviewed, we can assume that these reasons have a certain relevance that goes beyond the individual case, and that they reflect more general trends.

The importance of psychological barriers is clear from the analysis. Emotional obstacles are indeed one of the main reasons for not seeking help that frequently emerge from the interviews.

Shame about talking about experiences of violence and lack of confidence are widespread. Many victims feel co-responsible for the violent situation, and feel they have a responsibility to deal with the problem themselves. When they fail to do so, the shame and guilt only increase. As one male older survivor put it, "I didn't know how to get out of this without losing face completely [...] and shaming my wife and family." (older survivor, male, aged 70).

Fear of the possible consequences, including the abuser's reactions, is another emotional factor that makes it very difficult to seek help. Many victims of intimate partner violence are reluctant to slander or denounce the perpetrator, which often goes hand in hand with residual feelings of affection or memories of good times spent together. Non-recognition of the violent situation can also be a major obstacle. Some victims downplay their problems, or even deny the violence they have suffered, particularly in the case of psychological abuse. Previous negative experiences can also make it more difficult to seek help. The lack of an adequate response from health or psychology professionals can lead to frustration, resignation and anger, further reducing confidence in professional help. In this context, one female older survivor reports that she is still very angry with the doctors who neither listened to her nor offered help, but merely issued a medical certificate attesting to her injuries: "[They] say 'goodbye Madame' and give you your certificate and then that's it." (older survivor, female, aged 74).

These bad experiences lead to mistrust and can greatly contribute to a reluctance to seek help. One can imagine, for example, that a visit to the family doctor during which a victim does not feel understood can weaken her confidence in professional help. The same applies to contacts with specialized shelters for victims of violence and the authorities. For victims who have had little or no contact with specialized help, a negative first contact can have a decisive influence on what happens next. In fact, unlike the older persons from the general population interviewed, who often express great confidence in the help they know about, the older survivors interviewed are

in a different situation. While seeking help can improve or stop the violent situation, there is also a risk that it can make the situation worse, particularly if the search fails, the perpetrator becomes aware of it, or the measures taken are inadequate.

Older victims know that they will probably have to rely on outside help. They therefore need to assess whether they can trust the person they are talking to and take the risk of accepting help. What's more, some of them are confronted with the many years during which they have had to cope emotionally alone with the violent situation, and have been unable to talk about their suffering, or only to a limited extent. We can therefore assume that many victims find it very difficult to talk about their situation externally, particularly at the beginning of their search for help. This can lead to misunderstandings or to them not feeling taken seriously. More attention needs to be paid to the fact that the willingness and/or ability to talk about one's situation can be hampered by many years (sometimes decades) of experience of violence, and also by negative experiences of interactions with professionals.

Lack of information and uncertainty are another category of obstacles to seeking help. Older survivors report, as do some of the older persons from the general population interviewed, that they don't know where or how to get help. This is often compounded by a fundamental lack of knowledge and distrust of the help available. Factors linked to the victim's situation of dependence also constitute a category of obstacles to help-seeking. These may include financial dependence on the perpetrator, as well as dependence for activities of daily living and mobility. Older victims may be afraid to seek professional help for fear of the financial consequences, or out of practical dependence on the perpetrator (e.g. inability to leave the home without his or her help). Health barriers also need to be considered, as age-related health problems may arise and limit the ability to contemplate change. A victim faced with health-related challenges may be reluctant or unable to seek professional help, even if she wishes to leave the violent situation.

In summary, it appears that the reasons why older victims of intimate partner violence are reluctant or unwilling to seek help are multiple and often interrelated. Frequently, these barriers are cumulative and mutually reinforcing. It is therefore essential to understand them and offer targeted support, in order to facilitate older victims' access to professional help and enable them to get out of the violent situation.

4.4.3 The way to professional help

When asked about the help they had actually sought, two older survivors said they had so far not sought any professional help in connection with their experiences of intimate partner violence. This means that they have not sought support from organizations or authorities (as offered, for example, by counseling centers for victims of violence, police departments specializing in violence, victim support centers or shelters), nor have they sought professional help in the "ageing" field (such as trusting discussions with their family doctor, therapist or organizations like Pro Senectute to talk about what they have experienced).

The other older survivors we interviewed made use of various forms of professional help, but in different proportions and for different purposes. Some reported that they had turned first to their family doctor, primarily for physical ailments that may have been indirectly related to their

experiences of violence. Others sought professional support from psychologists or psychiatrists, in particular for "nervous problems" or chronic pain that did not respond to other therapies. This illustrates the fact that older victims of violence often seem to resort to indirect means to get help for their situation. It may be that they are less afraid to explain themselves and their personal violence situation to outsiders when a medical problem is at the forefront. Indeed, at their age, this is socially considered "normal" and doesn't attract attention. Moreover, the social and geographical isolation of victims may also mean that they have no other opportunities for contact with professionals, i.e. contact that is not influenced or monitored by the perpetrator of the violence.

In addition to the professionals mentioned above, some older survivors have turned to other resources for help - some from the "domestic violence" field and some from the "ageing" field. For example, some older survivors told us that in situations of great despair, they spontaneously called the "Helping Hand". Many people have also called on Pro Senectute, Victim Support or a social service to clarify legal and financial issues, or for support in finding accommodation. Here too, we note that in many cases, the problem of violence itself was not always the explicit main subject of the request for help. The search for help with the problem of violence was often indirect, through an interview concerning another request. However, it's not uncommon for knowledge about the violence experienced to finally reach the professionals. For example, after asking a few questions, a local social service referred a victim to a women's shelter and to victim support. Conversely, calls to the "Helping Hand" hotline seem to be important for some victims precisely because it is clear that no information is passed on to the outside world. Interviews with this hotline are anonymous and victims of violence can describe their experiences without a filter, as one woman involved recalls: "I also called them two or three times at night and simply told them every time I thought I was going to break." (older survivor, female, aged 74).

The situation is different in situations of acute threat. In three cases reported by older survivors, the police were called. However, police intervention is seen as a last resort by both older victims of violence and those who are not. None of the people interviewed want to call the police, either for themselves or for others. Indeed, they often fear that police intervention will trigger measures that are then beyond the control of older victims. In some circumstances, this may indeed be the case (for example, in the case of offences prosecuted ex officio). In two of the cases described, the police were alerted because of escalating violence in the couple's home. In another case, the perpetrator committed a serious self-accident which, according to the victim, should be interpreted as an extended suicide attempt. In addition to the police, shelters were also contacted in acute situations

However, the search for help is not always successful. One older survivor recounts how she was turned away from a women's shelter because she was told there were no places available. She felt unsupported and that, as a victim of intimate partner violence, she was not accepted because she didn't seem to "fit in". It should be noted that it is the victims' point of view that is expressed, and that it could not be put into perspective with that of the organizations concerned. The fact that shelters are only very partially suitable for older victims of intimate partner violence is however, a statement that also came up several times in interviews with professionals. For example, women's shelter professionals also described the problem that living in a women's

shelter, like in a shared flat, where everyone participates in daily life and related tasks, can be a challenge for older women. For this reason, we must strive to find alternative accommodation solutions for them.

Overall, interviews with older survivors show that the use of professional help varies from person to person. Some older victims refrain from seeking help, while others seek support indirectly. Professional support is sought in a variety of ways. It may be directed at a specific violent situation or be more related to associated problems. However, in the event of an acute crisis, recourse to immediate and direct help is more frequent.

4.5 Older people' knowledge and perceptions of support resources from the point of view of professionals

4.5.1 Reasons for late and hesitant help-seeking

There are several reasons why older victims of violence do not seek help, and most of the professionals interviewed, in all cantons, considered them to be relevant.

One of the main factors is a lack of knowledge about existing help services. Many older persons don't know where to find information about help services. Often, this information is mainly available online, which can be an obstacle for some older people. In addition, there are often misconceptions about the help they can get, or prejudices about certain services and professionals, such as the APEA, the police or psychologists.

Support services that are not adapted to the needs of older victims of intimate partner violence are also cited as an important factor. Professionals believe that existing support services are not sufficiently adapted to the needs of older people, particularly when it comes to emergency accommodation. The transmission of information via channels with which older people are not sufficiently familiar, such as the Internet, is also a factor.

Fear of the consequences of seeking help is another important aspect. Some older persons fear losing control of their own situation, or that their partner's violence will increase. These fears prevent them from seeking help.

According to the professionals interviewed, older people often feel a general fear of change in their daily lives. They may lack the strength to undertake or even contemplate legal proceedings or a change of accommodation. Physical and cognitive limitations (e.g. reduced mobility) further reinforce these fears and can lead to long waits. In this context, it is also worth bearing in mind that older people take their life horizon into account when deciding to ask for help, and weigh up the effort required for change against their own (assumed) life expectancy. They ask themselves, for example, "Is it still worth it for me at my age?"

Coercive control and social isolation exerted by the abusive partner also play a role, according to the professionals interviewed. Victims are often socially isolated, which makes it difficult for them to seek help, especially if these circumstances are accompanied by a lack of knowledge about what help is available. Shame and guilt are other obstacles. Many older victims of violence are ashamed of their situation and feel guilty, which prevents them from seeking help. This can

be shame and guilt at having endured the situation for so long and not having reacted sooner, or a feeling - often reinforced by the abusive partner - of their own guilt or complicity in the violent situation.

Another aspect may be the unwillingness to name, deny or simply fail to recognize one's own situation as one of intimate partner violence. In cases where psychological violence is predominant, victims may tend to minimize the situation or fail to recognize the violence. One of the interviews conducted with the older survivors showed this very clearly. In a two-hour interview, she systematically denied that violence was involved; while recounting the various forms of psychological violence she had experienced over more than forty years.

Typically generational, often patriarchal, values and efforts to solve - or have to solve - problems within the family further influence the decision to accept outside help. Many older victims fear that revealing problems of intimate partner violence will damage the reputation of the family and/or the perpetrators, or that their own family will become the topic of conversation in the village. Professionals assume that this factor plays a greater role in rural areas, where everyone knows everyone else. The difference between town and country was also discussed as a potential factor influencing hesitant help-seeking. The professionals interviewed assumed that older persons are more likely to seek help in urban areas than in village settings, where victims have often lived for a long time and family problems are more easily known than in a more anonymous urban environment.

Ultimately, this multitude of reasons - named by the professionals and largely echoing those identified in interviews with older survivors and older persons from the general population - highlights the complexity and multiplicity of challenges faced by older victims of intimate partner violence, which need to be integrated into the planning of measures to improve access to help resources. Without taking this into account, existing measures can easily miss the needs and challenges faced by older victims of intimate partner violence and remain ineffective.

4.5.2 Measures to facilitate access to support resources

Measures to improve access to support resources were intensively discussed during interviews with professionals in all five cantons. The approaches mentioned below were cited with broad consensus.

Without exception, all the professionals interviewed stressed the need for targeted, easily understandable information and awareness-raising for the general population, for professionals in both the "domestic violence" and "ageing" fields, and in particular for information tailored to the older generations, and therefore also to older victims of intimate partner violence. Inclusive preventive awareness-raising is essential not only for older people, but also for people close to retirement age. It enables us to address the next generation of pensioners and inform them at an early stage.

As regards the channels through which this awareness-raising should be carried out, there was also a broad consensus among the professionals interviewed. Television, radio, the local press, flyers distributed in places frequently frequented by older persons (e.g. doctors' surgeries, stores, public transport, etc.) and information sessions organized in local communities or by

organizations (e.g. seniors' afternoons, pre-retirement sessions for people aged 60 and over) are all mentioned. For the general population and professionals alike, awareness-raising campaigns via the Internet are also considered important and effective. For professionals who are (or may be) in contact with this theme in their daily work, targeted training or continuing education is also called for. Nursing staff in particular need to be sensitized through training and equipped with the knowledge they need to recognize situations of intimate partner violence more quickly, and thus enable older victims to get in touch with the appropriate help offers.

Interviewees from several cantons also mentioned the need to take account of the existing urban-rural disparity. In future, it should be better ensured that information and offers of help are easily accessible to all older persons, regardless of their place of residence or environment. Finally, the importance of "multipliers", who can enhance the effectiveness of awareness-raising, is also emphasized. Homecare services, domestic helpers, GPs and therapists are cited as being able to provide targeted information, particularly in cases of suspected intimate partner violence. Finally, counselling services themselves can be effective multipliers by being more attentive to situations in which older persons may be victims of intimate partner violence or other forms of violence. This may be the case, for example, when older people seek advice for apparently different reasons (e.g. financial difficulties, inheritance issues, questions relating to care assistance or vacation beds for a partner).

When it comes to professional counseling for older victims of violence, the interviewees were equally unanimous. From their point of view, what is needed is low-threshold counselling, adapted to advanced age, simple and uncomplicated, free of charge, anonymous if desired and locally rooted. Trustworthy people such as neighbors, relatives, friends, family doctors and employees of home care services are proposed as bridges between older victims and offers of help. Recognizing and taking older victims seriously is essential to encourage them to seek help. It is also stressed that it can be effective and important to aim for small goals with victims, focusing on their wishes. According to the professionals interviewed, it is useful to initiate small, positive changes, without necessarily aiming for a global solution and radical changes.

The focus groups and workshops with professionals, organized at different times from the interviews, expressed much the same content. Here again, the professionals interviewed in all language regions are largely in agreement on the measures to be taken to improve access to help resources for older victims of intimate partner violence. The emphasis is on targeted, inclusive information and awareness-raising through different channels for all population groups, as well as on the need for low-threshold, generalized and above all age-appropriate counseling. The conditions required for the successful implementation of these measures were discussed to a greater extent than in the interviews. Two elements were highlighted. The first is the need for sufficient resources, such as adequate time, personnel and financial means, and the second is the need for continuity in communication and awareness-raising work to ensure long-term success.

5. National awareness campaign

All the data collected in the course of this research and the results served as the basis for the development and implementation of the national awareness campaign "Intimate partner violence among older couples - It's never too late to ask for help", launched on December 15th 2023 in Berne. This campaign is presented in more detail in the following chapters.

5.1. Development of awareness-raising materials

Between March and November 2023, the research team worked with a graphics and communications agency to develop awareness-raising materials for the planned campaign. The agency chosen was Komform in Berne. The agency specializes in graphic design for older people (e.g., signage in nursing homes), and is therefore aware of the need to develop materials that are easy for older people to read and use. The main objective of this collaboration was to create three short videos, a flyer and a poster for older people, their relatives and the general population, as well as a handbook for professionals in the fields of aging and domestic violence.

The first step was to define the graphic line of the campaign (color palette, type of illustrations, fonts, etc.), as well as the scenarios for the three situations depicted in the video capsules. These scenarios were inspired by the testimonials collected as part of the project

Video I The first video describes a case of intimate partner violence in a long-standing marriage. The couple has been married for over 60 years. The husband, aged around 80, is the perpetrator. His wife, the victim, is the same age. The couple's violence began at the time of the marriage and increased insidiously over the years. It worsened when the husband retired. He demonstrates coercive controlling behavior. Various forms of violence are present in the situation: psychological (denigration, humiliation, constant criticism, insults, etc.), physical (pushing and shoving, etc.), financial (controlling access to household money) and sexual (forced intercourse). Eventually, she confided in a friend, who gave her a flyer from the National Competence Centre Ageing without Violence. She decided to phone it to ask for help.



Video II The second video presents the situation of a couple in their fifties. In this situation, the woman is the perpetrator and the man the victim. From the moment they met, she pressured them to marry quickly. When the man retired, the couple found themselves faced with a significant drop in financial means and a loss of social status. Her behavior began to change, and she began to insult and humiliate him. She also regularly threatened to divorce him. Eventually, he



confided in a friend, who gave him a flyer from the National Competence Centre Ageing without Violence. He decided to contact her by e-mail.

Video III The third video describes the situation of an older homosexual couple¹⁹. The two men are in their seventies. The perpetrator has alcohol problems and temper tantrums. The victim partner is very much in love with him and is trying to save him from his alcohol addiction. It is particularly difficult for the victim to seek help, as those around him are unaware that he is bisexual and in a relationship with a man. The victim partner receives a flyer from the National Competence Centre Ageing without Violence at the pharmacy. He decides to get in touch anonymously, with the intention of perhaps suggesting to his partner that they consult together.



Each scenario features a situation and following elements:

- 1) dynamics at play,
- 2) influence of advancing age,
- 3) forms that violence can take,
- 4) how the victim found help (suggested happy ending).

Based on the feedback from the twelve validation interviews conducted with older people from the general population and older survivors - and in line with all the data collected - it was decided to highlight the hotline (0848 00 13 13) of the National Competence Center Ageing without Violence as part of the awareness campaign. Indeed, this contact point meets the criteria favored by older persons and professionals interviewed, namely a low threshold offer that is free, confidential, non-binding and easily accessible by telephone and e-mail in three languages (French, German, Italian). It can also be contacted anonymously if required.

On the basis of the data presented in Chapter 4, we also developed a flyer aimed at older people, relatives and the general population, as well as a poster to hang on the wall (e.g. in waiting rooms). We spent a great deal of time and money incorporating the comments and requests of the older persons we interviewed and of the Sounding Board members, to come up with a graphic representation of psychological abuse that was both subtle and easy to understand. We also discussed and tested in all three languages how to designate the campaign's theme and target population, as well as the "call to action" and the short descriptive text on the back of the flyer. Colors and fonts were also tested with older people and adapted (for example, green and yellow were replaced by dark blue and orange to improve legibility for color-blind people).

¹⁹ To avoid stereotypes, this scenario was validated by two older representatives of the Pink Cross (Swiss umbrella association for gay and bisexual men), who were members of the project's Sounding Board.

Based on an analysis of interviews and workshops held with professionals in the various language regions, we identified the content and tools that would be useful to professionals working in the field of both domestic violence and ageing.

The following structure has been adopted for the document:

- Context
- Recommendations for detection and management of intimate partner violence in older couples
- Violentomètre - spotting intimate partner violence in older couples
- Tips for interviewing the presumed older victim
- Decision tree
- Support resources in French-speaking Switzerland
- Help resources: a practical case study

We then presented the contents of the manual to the organization's members of our Sounding Board and incorporated their comments. We wanted the handbook to be easy to use, graphically appealing and rooted in professional practice. It brings together information, advice and practical tools. It integrates the ageing dimension and emphasizes cross-sector collaboration. As existing help resources are not all the same in the three language regions, we have developed three versions of the manual (French-speaking Switzerland, German-speaking Switzerland, Italian-speaking Switzerland). The "Help resources" pages in particular differ from one version to the next. A Vaud version of the manual was also developed as part of the complementary module financed by the Bureau de l'égalité entre les femmes et les hommes du Canton de Vaud.²⁰

On all awareness-raising material, we featured the "United for an old age without violence" logo developed as part of a Swiss Crime Prevention (SCP) national awareness-raising campaign on elder abuse in spring 2023. In this way, we wanted to show the link and complementarity between these two campaigns, as well as with that of Victim Support Switzerland launched on social networks in February 2024. We also integrated the logos of all the project's partner organizations, to underline their involvement and create an effect of recognition and trust with the campaign's target population

All awareness-raising material (A5 double-sided flyer, A3 poster, 3 short videos, handbook for professionals), in German, French and Italian, can be downloaded free of charge at www.vieillesse sans violence.ch. Printed copies of the handbook, posters and flyers can be ordered, while stocks last, by e-mailing.

²⁰ Roulet Schwab, D., Roulet Jeanneret, F., Rauber, G., Casellini-Le Fort, V., Canova, N., Mooser, S., & Fink, R. (2024, forthcoming). *Violence de couple chez les seniors. Manuel d'aide à la détection et à la prise en charge destiné aux professionnels-le-s - version vaudoise*. Institut et Haute Ecole de la Santé La Source (HES-SO), senior-lab, Centre de compétence national Vieillesse sans violence. Online: www.vieillesse sans violence.ch



Figure 3: Awareness-raising materials: poster (A3), manual for professionals (A4), video capsule 3/3

5.2 National awareness campaign

The national campaign "Intimate partner violence among older people - It's never too late to ask for help!" was launched on December 15th 2023 by the Haute Ecole de la Santé La Source (HES-SO), the senior-lab and the National Competence Center Ageing without Violence at an information event in Berne. It is based on the results of the national qualitative study presented in this report. It will last approximately one year, i.e. until the end of 2024.

The campaign draws attention to the fact that intimate partner violence also affects older people, and that there are resources available to help. It highlights the number of the National Competence Center Ageing without Violence 0848 00 13 13 (see above). The campaign and the various awareness-raising materials are being distributed throughout Switzerland by the project's partner organizations (Pro Senectute, Aide et soins à domicile Suisse, Aide aux victimes Suisse, Prévention suisse de la criminalité, cantonal police forces, etc.), as well as by medical centers and pharmacies. The media response to the campaign has been significant, with initial media interest mainly in French-speaking Switzerland and Ticino, then also in German-speaking Switzerland. Since the launch of the campaign, a direct effect has been noted on the number of calls made to the hotline of the Competence Center for Ageing without Violence concerning situations of intimate partner violence among older couples.

This project fills a major gap in Switzerland's system for preventing intimate partner violence. It thus contributes to the implementation of the Istanbul Convention (Council of Europe Convention on preventing and combating violence against women and domestic violence), which came into force in Switzerland in 2018.

6. Conclusions and recommendations

The analysis of the extensive data collected as part of this national project, and the development of the awareness-raising campaign, led to the formulation of findings and recommendations for improving older people's access to help in cases of intimate partner violence in Switzerland. They are presented here as a conclusion to the report:

1. **Intimate partner violence among older couples generally displays the same characteristics as among younger couples.** In particular, psychological violence and coercive control are omnipresent, as are physical and sexual violence. Even if the latter two forms of violence are not systematically present, it is important to pay attention to them, as representations of the older population as frail and dependent may lead professionals to think that physical and sexual violence are less of a problem for older couples (both as victims and perpetrators).
2. **The transition to retirement is a particularly risky time and can exacerbate an already present or underlying dynamic of violence.** It is therefore important for professionals to pay attention to these situations and provide information on existing support resources, not only for people aged 65 and over, but also for those still working. This topic could, for example, be addressed in pre-retirement programs and at events organized by local authorities to welcome new retirees.
3. **In many situations, the social and health problems associated with advancing age** (e.g. reduced mobility, dependence on one's partner for activities of daily living, lack of access to the Internet or poor command of digital tools) **add to the problem of intimate partner violence and make access to assistance resources more complex for older victims.** It is therefore essential that victim support services consider the specific needs and constraints of the older population (e.g., consultations by telephone or in a location close to the home rather than only on site, possibility of receiving care at home in emergency accommodation). Professionals working in the field of domestic violence also need to have a basic theoretical knowledge of ageing.
4. **Access to assistance resources must be confidential and trustworthy, without the older victim losing control of the consequences of seeking help.** To this end, it is important to promote low-threshold assistance services that are easy for older people to access. This is particularly true of the contact point of the National Competence Centre for Ageing without Violence, which can be contacted free of charge in three languages (French, German and Italian), by telephone on **0848 00 13 13** or by e-mail at info@vieillesse sans violence.ch. This contact point can be contacted anonymously. It offers listening, advice and guidance, considering the needs and wishes of older victims. It is aimed at older people, family members, third parties and professionals alike. In the event of immediate life-threatening danger, call the police (117) or the medical emergency number (144) without delay.
5. **The issue of intimate partner violence among older couples needs to be given a higher profile in prevention campaigns on domestic violence and intimate partner violence.** Older people are rarely represented in existing campaigns. This invisibility may give the impression

that this category of the population is not affected by the problem. This is even more important given that, since older victims make little use of help resources, they are under-represented in the available statistics. To reach older people, it is important to take into account and represent the heterogeneity of the older population (state of health, family situation, independence in activities of daily living, etc.) and the diversity of couple situations among older people (long-term marriages, late recoupling, LGBTQ+ couples, etc.).

6. **Intersectoral collaboration between professional networks dealing with ageing and those dealing with domestic violence should be strengthened at cantonal and federal level**, to improve access to existing support resources for older victims of intimate partner violence. A better understanding of the organizations active in each field, their services, how to access them and the implications of using these offers would enable professionals to better inform and guide older victims of intimate partner violence and their families. This increased collaboration requires the provision and funding of sufficient resources in terms of time, personnel and skills, as well as institutional recognition of cross-sectoral networking (e.g. participation of a staff member from the field of ageing in meetings of a cantonal commission to combat domestic violence).

Thank you very much!

We would like to extend our warmest thanks to all the people and organizations who contributed to the success of this project. Without your commitment, this project would not have been possible. In particular, we would like to thank the older survivors who placed their trust in us and agreed to share their stories with us.

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