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Elderly victims of gender violence in Portugal: Invisible and not heard?

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ABSTRACT



In this article, we explore professionals' representations of elderly female victims of gender violence. Semi-structured interviews were used to explore seven professionals' work philosophies and intervention methodologies in their work with elderly female victims of violence, their main problems and difficulties, and their perspectives regarding shelters for elderly women. Results show that there are no specific philosophies and methodologies to intervene with these victims. There is a tendency to homogenize all the victims of gender violence, regardless of their age and specific needs. The professionals also tended to trivialize gender violence against elderly female victims, considering that these women tolerate violence.

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Violence against women, specifically by intimate partners, is a very serious social, health, and human rights problem, with severe consequences for the victims and for society in general. Several of these consequences are health related and must be prevented in order to promote the well-being of women. In fact, the health-related costs of gender violence have been reported in literature for more than three decades (Walker, 1981; WHO, 2005).

According to Simmons and Baxter (2010), older women have been overlooked as victims of Intimate Partner Violence (IPV), but research shows similar rates of IPV for older and younger women. It has also been noted that facilities and services designed for victims of gender and domestic violence lack adequate responses for elderly women due to patriarchal ideologies, sexism, and ageism (Formosa, 2005). Ageism has been defined as prejudice and stereotyping of elderly people that contribute to their discrimination (Crawley, 2005). Hence, sexism and ageism, combined with the stigma of victims of domestic violence, leave elderly female victims of gender violence in a particular vulnerable position. Marion Tower (2007)

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stated, for example, that only 30% of sexual assaults against elderly women are reported to the authorities. The lack of attention to IPV in this population has resulted in limited screening as well as few available age-appropriate screening instruments and community resources.

Concerning the prevalence of abuse against older women, Bonomi et al. (2007, p. 38) explained that, in the United States, older women (65 years of age and older) reported a lifetime partner violence prevalence of 26.5%, with 18.4% of women suffering from physical abuse, sexual abuse, or both, and 21.9% enduring nonphysical abuse. In another study, Simmons and Baxter (2010) reported that in a sample of elderly women from 50 to 79 years old, 5.25% stated that they have been physically abused in the previous year, and 22.8% reported being verbally abused in the same period. In Portugal, a country with 10 million inhabitants, 35 women were killed in domestic violence episodes in 2014, and 51% of them were over 50 years old (UMAR, 2014). Also in 2014, 49 women suffered homicide attempts by intimate partners. From 2004 to 2014, a chilling number of 336 women were killed by their current or former intimate partner. Until November of 2015, 23 women were murdered by their intimate partners. Of these, 17 were over 50 years of age (UMAR, 2015).

Zink, Jacobson, Regan, Fisher, and Pabst (2006) stated that older women are likely to have been subject to violence over long periods of time. According to these authors, “IPV in older relationships can be steady through the years, start later in the relationship when there is some transition or change, or begin with a second marriage or new relationship” (p. 851). Specifically, with age, the couple becomes physically and financially dependent on each other for day-to-day routines (Zink et al., 2006). Another dimension of the specificity of the victimization of elder women concerns the likelihood of higher emotional costs and the learned helplessness due to the duration of the abuse, as well as the risk of trivialization (LaViollette & Barnett, 2000).

Elderly abuse victims come from a wide range of social, cultural, and ethnic backgrounds; as reported in literature, gender violence is transversal. Also, regarding social diversity, it is relevant to note the study by Grossman and Lundy (2003), which found a certain degree of homogeneity on elderly female victims of gender violence across a sample of African American, White, and Hispanic women who utilized abuse services. They reported that the groups were more similar in their need for shelter, emergency shelter, or housing assistance (Grossman & Lundy, 2003).

The social and health care institutions have a crucial role in helping older women and diminishing the impact and the risk of revictimization. Nevertheless, some authors recognize the numerous obstacles that the healthcare providers face in supporting elderly victims, such as the lack of geriatric support and training, the small number of human resources in the organizations, the lack of training regarding abuse, and the weak coordination between social services and health care (Baptista & Perista, 2008). Marion Tower (2007) had already identified other barriers:

lack of knowledge, lack of time, personal beliefs and ideologies of the professionals, structural functioning of the healthcare system and the medical model predominant in the healthcare system, lack of acknowledgment of the patriarchal structure, alienation, objectification, and simplification of the problem, and the medicalization of women. In addition, Ferreira-Alves and Novo (2006) explored the social discrimination in the patient-provider relationship, highlighting the importance of changing the ways healthcare professionals regard the aging process and the elderly and to combat “Professional Ageism” (Gatz & Pearson, 1988).

There is still a lot to explore when it comes to violence against the elderly. It was only in 2010 that the European Commission called attention to elderly victims with the Project “Breaking the Taboo II” (Messelis & Moreels, 2010). This project’s goal was to raise awareness about these victims in the professionals who work in the area of domestic violence.

In Portugal, the main social responses for women experiencing gender violence are shelters and support centers (Law 112/2009 of September 16th). In 2014, according to official information from the Portuguese Commission on Citizenship and Gender Equality (CIG, 2014), there were 45 shelters and 75 support centers. The majority of shelters (78.3%) are managed by Private Institutions of Social Solidarity (IPSS), 17.4% are managed by Feminist NGOs, and 4.3% are managed by institutions similar to IPSS. The IPSS are based on the values of Catholic Church, according to which the family has a central role, and individuals are seen through a neutral light in terms of gender or sex. This gender neutrality sees women as immersed in the familial relationships and emphasizes their reproductive role. This is what leads us to consider these institutions’ humanistic principles as non-feminist (Magalhães, Morais, & Rodríguez, 2011).

According to the Portuguese Law 129/2015, of September 3rd, shelters are designed specifically for abused women as residential units of temporary refuge (up to six months), with or without their minor children. These operate with a multidisciplinary staff team with specialized training. It is required by law that, during the victims’ stay, the shelters develop a “life plan” with each woman in order to reintegrate her into society and help her find an adequate job. Service centers also offer outpatient services with a multidisciplinary technical team. These services may be part of the central or local government, integrated in the police services, or connected with other agencies in the social network for domestic violence.

In summary, for the past decades, researchers and activists have initiated a discussion about the changes that the health and social sectors need to implement in order to provide adequate responses for women abused by their intimate partners. Elderly women, however, remain largely unseen and unheard in these discussions. Even though violence against elderly people has become more visible in the media, the needs of elderly women are not taken into account when designing services for victims of domestic violence (Fulmer, 2002).

In hopes to contribute to this emerging dialogue about ways to effectively assist elderly women victims of gender and domestic violence, in the present study, researchers focused on bringing to light the dimensions of ageism and sexism present in the professionals' work philosophies and intervention methodologies.

Method

In order to analyze the professionals' discourses and understand the various nuances, dimensions, and perspectives related to the problem, we used a qualitative approach. Hence, two members of the research team conducted one-hour, semi-structured interviews with staff members of institutions that intervene in the area of domestic violence. These interviews followed a critical and reflexive approach proposed by Oakley (1992). The researchers had a list of the topics of conversation that focused on the ways the professionals assist, counsel, and refer elderly victims, as well as their methodology, problems, and dilemmas.

With regard to the ethical procedures, the research team provided a full explanation to the participants about their involvement in the study, and the institutional staff and professionals signed an informed consent, including an authorization to be audiotaped. The interviews were then transcribed verbatim and a thorough content analysis was conducted. The confidentiality and anonymity were guaranteed as all identifying elements were removed from the transcriptions. Hence, for reasons of security, confidentiality, and scientific rigor, we will not disclose the identities of the participants nor their institutions. We used pseudonyms to refer to the seven professionals who were interviewed.

We noticed a general willingness and openness from the participants to discuss the changes needed to improve the services for elderly women victims of domestic violence.

A content analysis was performed using categories from the respondents' words and expressions in order to understand the meanings underlying the professionals' ideas, representations, and perspectives (Krippendorff, 2004). For the analysis, we relied on four basic principles: (a) completeness (Bardin, 1986): the entire contents of the interviews were categorized; (b) exclusivity: including the same ideas in a single category; (c) semi-inductiveness: searching for pre-categories according to the participants' own terms or phrases; (d) relevance to the category: i.e., the content and the name of the category should be consistent; and (e) triangulation: review of the content analysis of interviews by four members of the research team. The coding process used an interactive procedure in which the inductive analysis of the participants' own words was articulated with the deductive analysis of the theoretical lens of the researchers (Forman & Darmschroeder, 2008).

In this study, a purposeful sampling (Forman & Darmschroeder, 2008) was used, and therefore we interviewed seven staff members of institutions that have been funded by the Portuguese government to intervene in domestic violence or that have a mandate from the Portuguese State to do so. Of the seven staff members interviewed, four (Maria,

Celina, Paula, and Manuela) belong to NGOs (feminist) and three (Ana, Antonia, and Jose), work for IPSSs (humanist) *Maria* is a psychologist in an institution that runs a support center and a shelter. *Celina* is a social worker of a service center for victims of domestic violence. *Paula* is a lawyer in a shelter. *Manuela* is a psychologist who has been working at an emergency shelter. *Ana* is a psychologist in a private organization that supports victims of all kinds of crime (not only women). *Antonia* is also a psychologist who works in a shelter. *Jose* is a police officer who works at a specialized police service that assists victims of domestic violence.

Results

In this section, we present the perspectives that professionals who work in specialized institutions to support domestic violence victims have of elderly female victims. We focus on the heuristic categories of the social representations of aging and domestic violence: the philosophies and counseling methodologies; the difficulties, problems, and challenges of working with elderly women; and the representations of shelters for elderly women.

Philosophies and counseling methodologies

In the interviews, there were two types of philosophies regarding the care of elderly abused women: (a) the conceptualization of elderly women experiencing intimate partner violence as women victims, and (b) the conceptualization of elder women victims of domestic violence as being part of the general group of victims.

The participants *Maria*, *Celina*, *Paula* and *Manuela* subscribed to the first philosophy. These professionals' work is based upon a feminist approach. In this case, the services focus on providing information to the victims, promoting their rights, and analyzing their specific characteristics and needs as women and as victims. For instance, *Maria* informed us that in her institution, the support to the victims begins with an interview to gather information about the victim's particular situation. *Manuela* also mentioned that her institution does not have a specific protocol to support older women, yet throughout the interview, she spoke of a plan that takes into consideration the specific group of abused elderly women, with the purpose of maximizing their skills and abilities:

At this moment, we have two situations: a 65 year-old woman and a 70 year-old woman. In the first case, there is no familiar support and the life project of this woman is to integrate a nursing home because this is only a temporary shelter. In another situation, a 70 year-old woman, who has a greater autonomy, both in educational and vocational levels, attends the senior university. She is so happy! (*Manuela*)

In this philosophy, we found a focus on promoting the autonomy of women:

Regarding the victims that ask for help, we don't overpower them, but we work with them, we provide them advice, orientation, referral and the last decision is always made by the person that has asked for help. (*Celina*)

These four professionals mentioned the importance of providing a calm, protecting and pleasant space, so the victims can re-organize their lives and quickly create expectations and goals for their future.

Ana, Antonia, and José subscribed to the second philosophy, a humanistic approach, which views women as immersed in the group of victims in general. Their institutions had a general policy to support victims but without specific policies for elderly women:

We do not have a specific philosophy of intervention with domestic violence victims. [Our work is for] all victims of crimes, so when you talk about domestic violence victims or elderly women victims of domestic violence there is no difference [in our intervention] ... (Ana)

(...) The procedures [with older victims] are the same, exactly. (Antonia)

Some of the participants that endorsed the second philosophy emphasized the humanitarian values of their work. For others, the focus was put exclusively on the fulfillment of the law: “The philosophical principles are those that are expressed in the law” (Antonia).

In regards to the counseling methodologies, the professionals stated that the support provided by the network of institutions that intervene in domestic violence is developed at social, legal, and psycho-emotional levels. They also shared some difficulties in characterizing the specific methodology of counseling and supporting elderly women, although the importance of a multidisciplinary and a personalized method were mentioned several times. In regards to the specific interventions, some of the participants stated that they do not have particular methods to intervene with older women. Only one professional, Maria, briefly mentioned actions to work with elderly women. Ana, for instance, advocates for the same counseling methodology for all women:

Obviously, these women are integrated in the same way as the other women... (Ana)
The procedures are those that are expressed in the law. (Antonia)

We also observed that when the age of the victims was considered, it was mainly seen as a limitation. In addition, in spite of discursively acknowledging that the domestic violence is independent of the socioeconomic status of the victims, several of the interviewees seemed to assume that these victims are from a low social status and have limited professional, social, and parental abilities. The professionals stressed the increased difficulties these women face in order to develop a new life project:

With these women with 60 or 70 years old it is no longer possible to do a complete life plan. That is no longer possible. Usually, the 20, 30 or 40-year-old women have projects: they have the home, they have the children... After all [elderly women] go through, they are completely abandoned because family and society do not understand them and there are very few resources available to them. (Ana)

The themes that emerged in the professionals' discourses when discussing counseling methodologies were: (a) providing information to the victims, (b) difficulties of "professional re-integration," (c) cultural issues, and (d) the responsibilities of the victims' adult children.

Providing information to the victims

Some participants—Ana and Antonia—stated that their mission is to provide information and assist the victims when they are looking for guidance for making their own decisions. Other participants—Celina and Manuela—saw their role as more continuous, i.e., supporting the victims frequently throughout a longer period of time.

Another dimension of this theme consists of making the victim fully aware of her rights, as some of the victims feel they are to blame for the violence. However, in addition to the individual rights of the victims, professionals with a humanistic perspective seem to value family and familiar stability in their intervention:

We try to adopt a humanistic stance and help people to reflect so that the family can regain balance or can solve the situation in the most adequate way possible. (*Ana*)

Difficulties of "professional re-integration"

The participants emphasized that one of the main goals of the counseling was to promote the re-integration of women at a professional level. This is an example of how intervention are more directed towards women in an active working age, as most women over 65 years old are usually retired.

Cultural issues

We identified two cultural aspects in the professionals' discourses: (a) the different opinions regarding women empowerment, and (b) the impact of traditional patriarchal values. The professionals' intervention methodologies seem to be conditioned by their conceptualization of gender and domestic violence. The professionals from feminist institutions stress the need to empower elderly victims of gender violence in order to strengthen their capacities and abilities, especially the victims who do not have familial support:

These are women who do not have support from their families and have to regain control over their lives. (*Manuela*)

The professionals from humanistic institutions conceptualized many situations of violence domestic as family conflicts, and thus, these professionals do not see the need to intervene because they consider that the women will be better off within their families. The following excerpt highlights the women's difficulties if they decide to leave their homes:

[The women] want to stop or at least lower the level of violence, but there is a great cultural weight and people still identify with the [values from the] time when they were growing up. [They still] condemn woman who abandoned the marriage instead of [enduring a domestic violence] situation....The best is that these women return to their families to care for them. (*Ana*)

The same ideology of minimizing the situations of domestic violence that elderly women endure was visible in Jose's words:

We know that in certain situations, all of the suddenly, one can lose his/her temper and make a mistake. (...) If that is a recurrent situation where there's one, two, three, ten, fifteen domestic violence episodes in that residence, [we realize that] there's something wrong there. (*Jose*)

Responsibility of the victims' adult children

The professionals with a humanist ideology argue that the women's adult children are the ones who should assume the responsibility for fixing these situations:

In a particular case (...), we contacted the daughters to know why the woman did not have the family support, and in this case, in reality, the contact with family was reestablished. I believe that they [the family] are the ones who have to support and to be held accountable.... (*Ana*)

Asked about the follow up of the situations, Antonia answered that it is "a mystery: it all depends on the person standing in front of you."

Difficulties, problems, and challenges of working with elderly women

The professionals mentioned that elderly female victims' low pensions, increased likelihood of health problems, and societal and family pressures are some of the main difficulties that these women face. Hence, elderly women tend to be retired and dependent on very low retirement pensions, which greatly diminishes their possibility to get access to resources. They also have an increased likelihood of health problems, which in many cases means that they are dependent on other people and in need of medications, which reduces their life options. Finally, it was also conveyed that these victims find it very difficult to break the cycle of violence due to family and society pressures to keep the family intact:

(...) But obviously these [elderly] women have more difficulties, for example, they probably had less education, less professional qualification and we need to deal with the generational differences. (*Antonia*)

To this negative picture, the professionals add other negative features of elderly women who experienced domestic abuse: women with very low self-esteem, unhappy about themselves, and not able to dedicate themselves to their children. Moreover, these victims are seen as having less social, academic, and professional skills, and the perspective of a "shorter future." These are seen as the great challenges elderly women face:

Another situation is the lack of perspectives [for the future]. A person 70 years, 80 years old thinks “I will not abandon my husband now.... what will happen to me, what alternatives do I have, will I leave my house, where will I be living?” It is extremely complicated, indeed. (*Ana*)

We have only had a few cases, which do not allow us to generalize. [However,] in general terms, people have a very low self-esteem, and they have less social, academic and professional skills. And, on the other hand, they have a shorter future. (*Antonia*)

Finally, another obstacle elderly female victims face is associated with the non-application of the law:

What happens is that the police and the juridical system do not work. When a woman press charges in the police, the police communicates with the Prosecutor and there’s a criminal process opened during which protective measures can be applied. A restraining order, for instance. However, these measures are not applied. The judges continue to be reluctant about applying these rules. (*Maria*)

Representations of shelters for elderly victims

The participants revealed complex and contradictory representations of shelters for domestic violence victims. Some believe shelters are just temporary solutions, as it is established by Portuguese law, that is to say, shelters are solutions women have until they find a home or, in the case of elderly women, a nursing home. Other professionals think that elderly women should be assisted only in service centers due to their health and mobility difficulties.

Some of the professionals mentioned that there are not enough vacancies in shelters for older women. Other professionals have the perspective that shelters are not adequate for elderly women because, on the one hand, in their age, it is too painful to be separated from family contact and, on the other, the shelter staff has no resources for elderly women, both in economic and housing terms.

In face of these perspectives, the authors asked if there should be specialized shelters for elderly women. All the professionals were against this idea. Some professionals defended that specialized shelters will stigmatize elderly women:

I do not support the creation of ghettos: if she is Black she’s needs a shelter for Blacks, she’s Chinese, gypsy, elderly, rich, young, educated, not educated...I am radically against this kind of intervention that happens in other countries that have characteristics completely different from Portugal. (*Celina*)

I think that we should not create a structure more oriented to elderly women because all of them have to reintegrate society going to a home care or to the natural family, whatever the option may be. (*Manuela*)

Others stated that the age diversity in shelters is enriching for all the women, even taking into account that the stay in the shelter is harder for elderly women:

I think that the diversity is very positive for the women; [Elderly women] are rich people in terms of life experiences and can pass on these experiences to younger women... (*Paula*)

All professionals agreed that the state must provide elderly women the right to live with dignity and safety.

Discussion

The findings of the study show two different conceptualizations with respect to the intervention with elderly victims of gender violence: a feminist perspective, which considers “each case is a case” and the need for an individualized treatment plan; and a humanistic approach, according to which elderly female victims are seen in the larger group of victims and do not need a specific care for their needs: “we support all victims equally.”

Furthermore, from a humanistic approach, elderly women seem to be understood as a homogeneous group with similar victimization stories. In fact, researchers in several other studies proposed that there is a social tendency to homogenize the elderly (Hightower, 2002, cited in McGarry & Simpson, 2011). Also, these participants seemed to trivialize gender violence of elderly women, considering it “normal” given the greater length of the relationships these women were in. In addition, these professionals conceptualize domestic violence as familial conflicts. These beliefs reveal a lack of understanding of the phenomenon of domestic violence in intimate relationships by the professionals in humanistic organizations (Magalhães et al., 2011).

Professionals that held a feminist perspective, on the contrary, emphasized greatly the women’s autonomy, independence, and well-being, although they did not seem to focus on women’s suffering. The latter might be related with an idea in Portuguese society that elderly women are accustomed to domestic violence, given that they lived during the dictatorship, a time of great political and economical constraints (Magalhães, 1998). Many studies point to the fact that elderly women are victimized for many years, often over 10 years (Ball & Fowler, 2008; DAEOW, 2011; Flueckinger, 2008).

It is important to highlight the fact that there are common aspects in the roots and nature of the violence suffered by young women and elderly women (Yechezkel & Ayalon, 2013). Hence, it is necessary to take into account the specific cases of elderly women because they are in a more vulnerable position compared to younger women (Tetterton & Farnsworth, 2010). Indeed, research has revealed that professionals paid more attention to younger women facing similar circumstances (Uncapher & Arean, 2000). In summary, consistent with previous studies (McGarry & Simpson, 2011; Mouton, 2003; Scott, McKie, Morton, Seddon, & Wasoff, 2004; Straka & Montminy, 2006), little attention has been given to the individual characteristics of older women such as age, physical and psychological ability, financial needs, social and economic background, race, and sexual orientation, among others.

All the professionals, regardless of institution, stated that they do not have a specific methodology for elderly women victims of domestic violence. The main point

emphasized by the professionals is that the end goal of the intervention with this population cannot be their professional reintegration because most of these women are retired. In fact, elderly women are in a situation of double discrimination with a combination of sexism and ageism (Eisikovits, Winterstein, & Lowenstein, 2004; Yechezkel & Ayalon, 2013).

The professionals that work from a feminist approach propose interventions that aim at maximizing the women's potential. The professionals who have a humanistic approach have as a main goal the return of the woman to their family and believe that the families should take responsibility for taking care of elderly victims of domestic violence. In this sense, they center their intervention in the family unit and not on the specific needs of the women victims of gender violence. In summary, these professionals disregard the inequality between men and women, which negatively affects women (Cubells, Albertín Carbó, & Calsamiglia, 2010; Leung, 2011).

Hence, when reflecting upon the capacities of the shelters to support the women's independence and autonomy, humanistic professionals often highlighted the family responsibility in helping elderly IPV victims/survivors. Feministic professionals, on the other hand, alerted that many family members have been aware of the violence for years but many have been unable and/or unwilling to provide help on their own. There might be many reasons for this: the family members' relationship with the perpetrator and the victim, their own victimization histories, potential violence in their own homes, among others. Therefore, many elderly women need a lot more support beyond their family members' help.

In this sense, some of the professionals, coming from the health and social worker fields, may believe that the first step is to "work with" the family members and help them know how to be more supportive to elderly victims and survivors of IPV. The professionals believe that this family support makes the escaping from violence less painful for older women, in so far they would keep their family ties. Nevertheless, as we informed above, the judicial system in Portugal does not act promptly enough to ensure victims' and survivors' safety.

None of the professionals mentioned the formulation of safety plans. We believe these are very important, as are specific intervention protocols. In this sense, Zink et al., (2006) provided relevant suggestions for the elaboration of intervention protocols to ensure elderly victims safety and protection and limit the risk and impact of gender violence. In our study, however, the professionals' discourses seem to disregard the risks these women face. It appears that professionals underestimate the danger that elderly women face after being threatened or experiencing attempted murder. However, these are extremely severe problems in Portuguese society (UMAR, 2014).

In regards to the difficulties and challenges of working with elderly female victims, Simmons and Baxter (2010) showed that there are several barriers—internal and external—for older women who seek help when abused by their intimate partners. Indeed professionals seem to consider that not only are older women more

prone to self-blame, secrecy, and powerlessness than younger women but also older women are more susceptible to the patriarchal values in the community and in the family. In addition, the level of self-blame in elderly women constitutes one of the main difficulties of the work with this social group. From this study, we can observe that some professionals from feminist institutions are more aware of these barriers in their work with elderly victims of IPV.

Concerning to the external barriers (gender stereotypes and prejudices) to the work with elderly female victims of violence, the professionals of our study seem to make an underestimation of the violence suffered by these victims, considering it a simple and natural byproduct of the patriarchal ideology strongly present in Portuguese society a few decades ago. This barrier to the effective work with elderly female victims is also supported by Pritchard's study (2000), which revealed that the projections (ideas and perceptions) of the professionals were the main obstacles to the work with seniors who themselves had no difficulties identifying the severity of the abuse to which they were subject.

Finally, the professionals' difficulties in the work with elderly female victims of violence are connected to the lack of specific training in IPV and gender studies. This lack of specialized training in both gerontology and domestic violence has been identified as a barrier to adequately intervene in cases of women over 60 years old in other studies (Blood, 2004; Flueckinger, 2008; Gutmanis, Beynon, Tutty, Wathen, & McMillan, 2007). The new Portuguese Law 129/2015 of September 3rd attempts to tackle this issue of the lack of specialized training.

Another important aspect that was found in this study is related to the reservations the professionals of shelters have about receiving elderly women, which seems to be related to the perception that these women need resources that they are unable to provide. However, the Portuguese law states that shelter houses exist to protect all victims who find themselves in a risky condition/life endangerment, whether they are physically dependent or not (Law 112/2009 of September 16th).

The interviews revealed that some professionals believe it is necessary to help these women to become independent and autonomous. In fact, there is an urgent need to empower elderly victims through women-centered methodologies (Penhale, 2003). As shelters are only a temporary solution, professionals should have resources to support these women to be prepared to continue their life projects by themselves. However, the meaning of autonomy for the professionals was not clear. When the professionals talked about the "short life project" of the older victims/survivors, they referred to the short period left in the lives of these women and to the fact that they are no longer in the active professional phase of their lives. In this sense, the expression "short life project" can be linked to several studies that highlight the financial vulnerability that stems from the fact that these women's careers have come to an end, the lack of sufficient pension rights (OWDV, 2007), and/or very low state subsidies. These limitations make elderly female victims of IPV more likely to be financially dependent on their abusers than younger women, as has been shown in several studies (Blood, 2004; Hightower, Smith, & Hightower,

2001; Yechezkel & Ayalon, 2013). So, this almost exclusive emphasis on the employment and the professional dimension of “autonomy” with constant references to these women’s lack of abilities raises some questions in our research. If these women are not integrated in a professional context, then what can be done so they become autonomous or have support to deal with their difficulties/limitations after the six months at the shelter? As Silvia Perel-Levin (2008) stated, autonomy is part of a human rights perspective in which “dignity” and “identity” are relevant dimensions of citizenship. As the author referred, “autonomy is the perceived ability to control, cope with and make personal decisions about how one lives on a day-to-day basis, according to one’s own rules and preferences” (Perel-Levin, 2008, p. 10). Our research highlights the importance of deepening the conceptualizations of autonomy and citizenship of elderly women and creating and improving the social responses to help elderly abused women.

Conclusion

Violence, abuse, and discrimination are part of the daily lives of many women (Grunfeld, Larsson, MacKay, & Hotch, 1996). Violence is non-“*discriminatory*”: it does not affect a specific age group or class. It is cross-cutting and hurts women of all age groups and socioeconomic levels (Lundy & Grossman, 2009). However, more attention and resources should be provided for older women. The analysis of the professionals’ discourses evidenced contradictory philosophies regarding the care of elderly female victims. The existence of age and gender prejudices against these women demands specific intervention methodologies that take into account their specific needs and effectively help them overcome gender and domestic violence.

Limitations and implications

This research used a qualitative methodology to analyze in-depth interviews with seven professionals of different areas of intervention about their work with elderly female victims of domestic and gender violence. There is a need for more research focused on older women victims and their particular needs. We recommend research that combines the use of qualitative and quantitative methods to get to the roots of this issue. Another aspect that we take as a limitation to our study is the fact that it does not voice the elderly women survivors/victims of domestic and gender violence.

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