OLDER WOMEN IN ABUSIVE RELATIONSHIPS: A LITERATURE REVIEW

BY

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ABSTRACT

The challenges facing older women in abusive relationships are very complex. This systematic literature review of empirical research on the abuse of older women by intimate partners provides a comprehensive understanding of the current knowledge. Research studies and statistics were presented to support the theoretical affirmation that negative mental and physical implications are associated in victims of long-term abuse and society needs to be aware of this problem. In addition, the complexity surrounding older abused women is examined, including; health status, coping strategies, and the after-effects of leaving relational abuse. Implications of this review come out of the common threads that lead into victimization and survival, which in turn may be used in screening and prevention strategies.
I would like to take this opportunity to thank those who helped me complete this process. Thank you to my peers, supervisors, and faculty of the CAAP program for the support, wisdom, and guidance provided to me over the past three years. My gratitude is also extended to Dr. Lori Weeks for her supervision which was filled with aptitude, patience, and knowledge. To my parents, thank you for the never ending support - in every way. Finally, thank you to Patrick for being patient regarding my absenteeism and supportive during my many pity-parties.
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Chapter I

Introduction

In families where violence is a common occurrence, expectations about and insistence on privacy may inadvertently shelter men who abuse and isolate and trap their female partners (Sev’er, 2002). In the area of criminology, four of the most underreported crimes are crimes that are committed within the boundaries of a family or family-like arrangements (Finkelhor, 1993; Gartner & Macmillan, 1995). These crimes include incest, child abuse, elder abuse and the abuse of women (Sev’er, 2002). Rodgers (1994) reported that nearly three in ten Canadian women (29%) who have ever been married, or lived in a common-law relationship, have been physically or sexually assaulted by a marital partner at some point during their relationship.

Various terms are associated with the large body of research on abuse including; domestic violence (DV), intimate partner violence, and relational abuse. In this project, I use DV to refer to any type of abusive behaviors (i.e., physical, sexual or psychological) that occur between adult intimate partners presently or formerly in intimate relationships, including threats, coercion or deprivation (Health Canada, 1999; Tellez et al., 1999). The rationale for this project is presented in this introductory chapter, including terminology and statistics of women in general who experience abuse from an intimate partner before narrowing in on age specific statistics to help represent the issue of older women in abusive relationships.

National surveys in Canada and the United States indicated that almost one third of women of all ages reported at least one incident of physical abuse in long-term relationships (Johnson, 1996; Violence Against Women Act, 1994). Tellez et al., also
noted that although the majority of DV is directed at women by their male intimate partners, males and people in same-sex relationships are sometimes abused. According to a Health Canada report (1999), the measurable health-related costs of violence against women of all ages in Canada exceed $1.5 billion a year. These costs include short-term medical and dental treatment for injuries, long-term physical and psychological care, lost time at work and the use of transition homes and crisis centers. Approximately one-third of women presenting to emergency departments experienced DV and more specifically; one third are trauma victims, one sixth are pregnant women, and one tenth primary care clinic visitors is in an abusive relationship (Fisher & Shelton, 2006; Tellez et al., 1999).

DV against women is a problem that transverses all socioeconomic classes, races, religions and ages (Rennison & Rand, 2003). Women often face health, economic, and social challenges that require help and assistance from others, thereby potentially increasing their vulnerability for abuse (Roberto, Teaster, & Duke, 2004). Since the mid 1990’s, increased attention has been placed on older women experience abuse. Older DV victims share many similarities with younger women, however, the issues and concerns are compounded by age (Few, 2005; Few & Rosen, 2005; Teaster, Roberto, & Dugar, 2006; Wilke & Vinton, 2005). Roberto and colleagues stressed that for clinicians, human service workers, and other professionals to be able to effectively prevent DV among older women, a better understanding of the circumstances and outcomes for these women is required. Thus, the purpose of this literature review is to examine the current literature on DV among heterosexual women at least age 50.

Women in the early postmenopausal ages (aged 50–65 years) are exposed to DV by intimate partners at a rate of 0.5 per 1000 and are more proportionately likely than
older men to be the victims of all forms of abuse, except for abandonment (Barrier, 1998; Lay, 1991; Pillemer & Finkelhor, 1988; Rennison & Rand, 2003; Watts & Zimmerman, 2002). Women over age 50 account for 30% of homicides committed by an intimate partner (Rennison, 2001). In a large U.S. study, Mouton et al., (2004) showed that women in their fifties and beyond report suffering physical and verbal abuse at a rate similar to that of younger women. In addition Mouton et al. reported, of nearly 92,000 women ages 50 to 79, 10,200 said they had been abused sometime in the past year. In a follow-up study three years later the authors found over 2,400 additional women reported experiencing suffering abuse perpetrated by spouse, close friend, or relative. Results of the American National Crime Victimization Survey showed that 118,000 women 55 years of age and older experienced DV over a nine year period (Fisher & Regan, 2006; Rennison & Rand, 2003). While females made up about 57.6% of the total population aged 65 years and older in 2000, women were the victims in 76.3% of reports of emotional or psychological abuse, 71.4% of physical abuse, 63.0% of financial or material exploitation, and 60.0% of neglect (National Center on Elder Abuse, 2003). In a study of violent incidents reported to police, the author showed that 40% of the DV that older women experienced by family members were perpetrated by spouses (Fitzgerald, 1999). Pillemer and Finkelhor (1988) determined that the rate of abuse for persons aged 65 and over who were living only with a spouse to be 41 per 1000 couples. It is important to note that such results are most likely underrepresented as DV experienced at any age is typically underreported and nearly one quarter of women who have experienced wife assault never told anyone about the abuse (Rodgers, 1994).
Research indicates that DV among older women can manifest as a continuation of longstanding wife abuse, as violence that starts only in old age or as violence that begins with a new relationship in later years (Seaver, 1996; Straka & Montminy, 2006). Beaulaurier, Seff, Newman, and Dunlop (2006) found that for some women, DV was present at the beginning of their marriage, but for others, DV began in later years as changes and uncertain factors such as health status played larger roles in life. The dynamics of DV can continue into old age as a pattern of coercive control that a partner exercises over another through physical violence, threats, emotional insults, and economic deprivation (Brownell & Heiser, 2006). The issues that must be confronted by older women who are abused are complicated by the dynamics of families in later life and the normal tasks of aging (Brownell & Heiser, 2006; Vinton, 1999). Penhale (2003) suggested that deteriorating health, disenchanted hopes and plans for the future, a reduction in capacities to function and manage; and an increase in vulnerability and dependence may all contribute to the development or continuation of abusive situations within intimate relationships in old age.

Although prior research does show us that women experience DV at high rates and it results in very serious negative consequences, DV against older women continues to be under-studied and under-estimated (Phillips, 2005). Older women experiencing DV is not frequently addressed in either the DV literature or the elder abuse literature. When examining abuse within younger families, researchers tend to define abuse as family, or DV, yet when examining older adults, the abuse is defined as elder abuse without family or domestic orientation (Neysmith, 1995; Vinton, 1999; Wilke & Vinton, 2003). Invisibility and lack of credibility represent some of the negative factors associated with
ageism and sexism for older women. Vinton stated that in today’s society, older women are easily ignored because their voice cannot be heard. With the elder population in Canada increasing at an enormous rate, due primarily to an increased life expectancy and the aging of the baby-boom generation (Carter, Tsoukalas, & Scott, 1999), it is now more important than ever to have adequate knowledge about this topic and ensure that adequate services are provided for older women.

Chapter II

Procedures

This project is a literature review designed to provide a comprehensive synthesis of the current knowledge on the prevalence of the abuse of older women by intimate partners, experiences of women living in long-term abusive relationships, experiences of women leaving a long-term abusive relationship and the effectiveness of support services for these women.

The electronic databases used for this literature review included: PsychInfo, ERIC, Medline, Psychology and Behavioral Sciences, EMBASE, SocINDEX, Academic Search Premier, PsychLIT, and Family and Society Worldwide. Two different search engines were used: OVID and EBSCOhost. The key search terms included older women, domestic violence, empowerment, battered women, abusive relationships, elder abuse, middle-aged adults and abuse. The search covered all terms and combinations of the terms in the title, key word index, and abstract. Parameters of this literature review included using English language publications and articles published from 1996-2006. I also included older articles important to the examination of this topic. Both qualitative, quantitative studies and studies that combine both quantitative and qualitative methods were included. Primary resources were mainly chosen to synthesize the current
knowledge of older women and DV. Research articles that fit within the scope of this project were selected and reviewed.

Chapter III

Theory

As violence against older women is a narrowly focused social problem, work in the area of DV against older women draws from several theories that are related to psychological, social-psychological, or sociological fields of deviance and crime (Sev’er, 2002). The introductory chapter illustrated the large topic of DV against women before narrowing the focus on older women who experience abused, including terminology, historical background, and statistics. In this chapter, I examined the theoretical perspectives of the cycle of abuse, socio-psychological theories and feminist perspectives in relation to older women who experience abuse.

Cycle of Abuse

Walker (1983) identified a cycle of abuse comprised of three stages. The first stage is one of tension building where the victim is typically subjected to emotional and minor physical trauma. The victim often minimizes the danger inherent in the situation or may place the blame on him or herself. The second stage is the actual battering episode and may be physical, sexual, or both. The third and final stage of the cycle is the pleasing phase where the batterer will exhibit great efforts to make amends to the victim with material gifts and displays of warmth and affection. It is this stage that often makes it so difficult for the person being abused to leave the relationship because they are finally recipients of the love they desire. For older women who may have limited options due to religious beliefs, lack of support services, or lack of independence, the honeymoon or
pleasing stage would be greatly welcomed and a sufficient apology for the two previous phases. Unfortunately, the cycle typically escalates in both frequency and severity of the battering episodes, with at least 75\% of victims experiencing ongoing abuse after their initial presentation to the emergency department. The earlier an intervention disrupts the cycle of violence, the greater the reduction in morbidity and mortality (Tellez et al., 1999; Wolkenstein & Sterman, 1998).

Acknowledging and understanding the cycle of violence will help others, such as professionals, family and friends of older women suffering from abuse, better comprehend why women continue to engage in a long-term abusive relationship and how this cycle begins to appear normal in their lives. Rice (2006) discussed the dynamics of DV with the concept of traumatic bonding. This concept is important as it is relevant to older women and the invested time and energy in a long-term abusive relationship. Basically, strong emotional connections develop between the victim and the perpetrator during the abusive relationship (Dutton & Painter, 1981). Beaulaurier and colleagues noted the correlation between long-term relationships and the need to protect the abuser. The expressed concern for the abuser, which can be categorized as an ongoing emotional connection makes punishing the abuser unacceptable and the abusive tendencies are often seen as an illness, making punishment appear inappropriate (Beaulaurier et al., 2005). Older women may have refused to break the abusive relationship due to the emotional loyalty to the family’s basic financial supporter. These emotional ties develop due to the imbalance of power between the batterer and the victim and because the treatment is intermittently good and bad (Rice, 2006). As the abuser gains more power, the woman experiencing abuse feels worse about herself, is less able to protect herself and is less
competent in decision making. The abused person therefore becomes increasingly dependent on the abuser. As such, older women may be more inclined to uphold the emotional connection for fear of the responsibility for breaking up the family and ruining the perpetrator’s reputation.

Another key factor in traumatic bonding is the intermittent and unpredictable abuse. While this may seem counterintuitive, the abuse is offset by an increase in positive behaviors such as attention, gifts, and promises. The abused individual feels relief that the abuse has ended. Thus, there is an intermittent reinforcement for the behavior, which is difficult to extinguish and serves instead to strengthen the bond between the abuser and the abused (Dutton & Painter, 1981).

In addition, the approach and avoidance concept is another insight into the dynamics of abusive relationships. The mix of pros, such as love and economic support, and cons, such as fear and humiliation, present in the battering relationship leads to ambivalence on the part of the abused party (Barnett, 2001). The abused individual is likely to want to approach the positives in the relationship but avoid the negatives. This point is interesting to note as many older women who experience abuse do not identify as being abused (Zink, Regan, Jacobson & Pabst, 2003). This struggle between wanting to keep the relationship and wanting to remain safe makes it difficult to decide whether to leave or stay in the relationship (Rice, 2006). Older women may have suffered much longer than their younger counterparts. Beaulaurier and colleagues (2005) stated that older women who are abused expressed the development of inertia over the course of a long, abusive relationship that often solidified a pattern of abuse and victimization.
Social-Psychological Theories

Social-psychological theorists attempt to explain the reason behind the violence, as opposed to the reason for remaining in abusive relationships. Social learning theories are mainly gender-neutral and make the argument that violence and aggression are learned behaviors (Sev’er, 2002). However, early results from extensive surveys have linked the idea that learned violence is gender specific. It has been stated that women who experience violence in childhood are more likely to become victims of partner violence in their adult lives. In addition, male children who witnessed violence were shown to have a higher inclination to become abusers themselves (Jacobson & Gottman, 2001).

Intergenerational transmission theory (Levinson, 1989) focused on the predictability of both male and female children who witnessed violence later became abusers or passive victims as adults (Scully, 1990). This transmission of violence is vertical within family units, meaning violent fathers to sons, and victimized mothers to daughters (Levinson, 1989; Sev’er, 2002). Social-psychological theories are profound when thinking of the family dynamics of many older women who today find themselves in long-term abusive relationships. The majority of these women was raised with paternal heads of households during war times or other social times of stress, and thus may have witnessed verbal or other forms of abuse making it an acceptable norm for their adulthood. Thus, a submissive role played by their mothers is now their role within the family unit. Beaulaurier and colleagues (2005) illustrated that the generational notions of marriage being an unchangeable institution added to a sense of powerlessness for many older women despite the fact many thought of their relationship as dysfunctional. Social-
psychological theorists look to the past experiences and norms for both the abused and the abuser to explain the reason for the violence in the relationship.

**Feminist Perspectives**

While there is no unified feminist perspective, Kravetz and Jones (1991) suggested that a basic tenet of feminist thinking is that the forces of oppression, such as sexism, are institutionalized, thus inextricably linking personal and sociopolitical transformations (Vinton, 1999). According to Vinton and this view, a woman’s situation exists within a social context that fosters the inequality of women, powerlessness, and dependency, and these factors relate to individual problems and the victimization of women. Given the state of rights and status for women growing up forty to sixty years ago, older women may not accept or understand the feminist perspective and the benefits for women suffering the effects of DV. Harris (1996) discovered that power and control dynamics are the same in older couples as in younger couples (Straka & Montminy, 2006). Researchers have classified DV as a social problem rather than an individual or family issue, resulting in the feminist argument that it’s epidemic prevalence in our society demands a structural explanation (Straka & Montminy, 2006; Yllo, 1993; Yllo & Bograd, 1988). The patriarchal system of an unequal and gendered distribution of power is the main focus for the feminist explanations of men’s violence towards women.

Through work on the Duluth project, Pence and Paymar (1993) proposed a model of explanation known as the power and control model of physical and sexual violence. Through this model, the authors illustrated the interrelated dimensions in the cycle of violence. According to the model, the physical and sexual abuse actions are products of a vicious cycle. Men seeking power use a variety of methods to gain power and control
over their victims (Pense & Paymar, 1993; Sev’er, 2002). These methods included intimidation, emotional abuse, degrading comments, isolation, minimizing the victim’s complaints, and blaming the victims as the instigators of their own demise. The abusers also use children to act against the victims, or they use children as an extended target to get back at the female victim. In addition, male abusers use coercion and threats to ensure silence and compliance. These researchers depicted the systematic web of abuse as opposed to presenting it in a distinct, isolated outburst unrelated to anything or any relationship.

Feminist practice is derived from a rights and strengths perspective. The importance of women having control over their everyday lives and bodies is stressed, along with their right to choose their lifestyle (Brandl & Wisconsin Coalition Against Domestic Violence, 1997; Kravetz & Jones, 1991; Vinton, 1999). Continuing with this perspective, Vinton made an important assumption, that most women have skills that can help them live violence-free lives and that such capacities can be validated through support and bolstered by resources. For older women who have experienced DV, regardless of the duration of such abuse, the aim of a feminist approach would be to use empowerment to change the situation, including possibly leaving an abusive relationship (Penhale, 2003).

For older women the theoretical orientations noted above may be parallel or opposite in regards to values and norms. With the intergenerational transmission theory, older women may be more apt to remain in an abusive relationship as they watched their mothers take a subservient role to their fathers. Thus, they may view the marital relationship as normal and accepted. However, the feminist perspective may be too
radical for many older women, who hold high value on the institution of marriage and raising a family, regardless of an abusive environment. Older women may be more inclined to turn a blind eye to the abuse and the feminist perspective for fear of the empowerment of independence and potentially being alone.

Chapter IV

The Complexities for Older Women who Experience Abuse

In this chapter, I first presented recent research examining older women’s experiences with abusive relationship. These experiences encompass the impact on women’s mental and physical health, coping strategies and reasons for staying in these relationships. Second, I explored the factors that empower older women to leave abusive relationships, specifically aids such as shelters and support groups. Finally, I examined the experiences of older women who have survived abusive relationships.

Experiences of Older Women Living in Abusive Relationships

DV has wide-ranging and often long-term effects on women. These effects can be both psychological and physical and can impact the woman experiencing the abuse as well as family and loved ones (Rice, 2006). I examined research on the coping strategies and reasons that older women remain in abusive relationships. In addition, I examined the impact of DV on older women’s mental health, physical health implications, coping strategies and reasons for staying in the abusive relationship, factors that empower women to help leave abusive relationships, and finally experiences of survival of older women living with DV.
Impact on mental health

Researchers indicated a strong association between domestic spousal violence and poor mental health (Kumar, Jeyaseelan, Suresh, & Ahuja, 2005). Fisher and Shelton (2006) stated experiencing DV can lead to higher levels of anxiety, depression, and suicide attempts. Fisher and Regan (2006) illustrated that nearly half of all women aged 60 and older had experienced at least one type of abuse since the age of 55. Of the women in their study, 45% experienced psychological/emotional abuse and nearly 12% had been threatened. As such, helping professionals must realize that it is particularly important to pay attention to the mental health of older women as it is a potential symptom of DV. Fisher and Regan stressed that ageism may cloud the examination of older women living with DV by excusing behavioral warning signs as senility.

In a study of women who utilized medical services, the threat of abuse was linked to poorer mental health for older women, compared to younger women, and that these women had increased rates of symptoms of post-traumatic stress disorder (PTSD) such as depression and anxiety (Mouton, Rovi, Furniss, & Lasser, 1999). Similar findings from Ceballo, Ramirez, Castillo, Caballero and Lozoff (2004) indicated that DV was associated with higher reports of depressive affect and symptoms PTSD. Estimates of PTSD range from 31% to 84% in samples of DV survivors (Jones, Hughes & Unterstaller, 2000). PTSD symptoms occur following stranger-rape, stalking, battering, and violent offenses in general (Feldmann, 1992; Pathe & Mullen, 1997; Schutzwohl & Maercker, 1999; Walker, 1983). The experience of an initial episode of abuse may lead to cognitive, affective, and behavioral effects that increase the risk of further victimization (Davies & Frawley, 1994; Messman-Moore & Long, 2000; Nishith, Mechanic, & Resick,
Violence throughout the lifetime may exert a cumulative effect, in which distress experienced from a current episode may be compounded by an exacerbation of feelings about previous incidents of trauma (Nishith et al., 2000; Terr, 1991). Multiple victimization experiences increase vulnerability to PTSD and other psychological disorders (Jones et al., 2000; Mandel, & Salzinger, 2000; Nishith et al., 2000; Pelcovitz, Kaplan, DeRosa, Schaaf & McCane, 1998).

People with PTSD are at higher risk for drug and alcohol abuse (Yehuda, 1999). Substance abuse can be a coping mechanism for victims of DV, due to isolation and wanting to distort reality. Additionally, Yehuda found some research which suggested that PTSD symptoms may themselves increase the risk of re-victimization. Psychological symptoms may affect the ability to negotiate relational boundaries, and Sandberg, Matorin, and Lynn (1999) suggested that psychological impact of hyperarousal, intrusion, and/or avoidance symptoms may interfere with the ability to attend or respond to danger cues (Griffing, et al. 2006).

Montminy (2005) found that the undermining of a woman’s personal integrity, such as a lack of acknowledgement of her values, her rights, and her personal abilities, had a direct consequence of devaluing, diminishing and humiliating her. Thus, living for several decades with an abusive husband can cause a woman to devalue herself, which then makes it difficult for her to act because she feels powerless to take her life into her hands. The powerlessness experienced by older victims of violence is the result of a process where they are no longer able to believe they can leave (Kuypers & Bengston, 1993; Montminy, 2005; Myers, 1993).
Impact on physical health.

Although DV is associated with many physical problems in women, practitioners often do not screen older women for DV (Wasson et al., 2000). In a study of 257 women aged 57-79, Mouton, Rovi, Furniss, and Lasser (1999) found that of older women receiving medical services, abuse is identified in only a fraction of them. As a result of DV, older women were found to have increased chronic pain symptoms such as headache and abdominal and pelvic pain (Fisher & Shelton, 2006; National Centre for Elder Abuse, 1998; Pillemer & Finkelhor, 1988). In sum, little is known about older women’s physical outcomes of DV.

Coping strategies and reasons for staying

Older women differ from younger women in numerous ways when dealing with DV. Older women may have fewer viable options and may be even more trapped than younger women. In addition, self-blame, guilt, and dysphoria may make it difficult for older women to break the cycle of DV (Beaulaurier et al., 2005; Wolkenstein & Sterman, 1998). Beaulaurier noted self-blame is described as the women’s belief that she is responsible for the abuse within the relationship and in long-term relationships self-blame can intensify and can foster a concern or need to protect the abuser. Some women expressed that the shame of a marital failure was better to be suffered in silence and in private, and many older women have lived with abuse for so long, they may be unable to recognize that they have choices and options (Wolf, 2000).

Isolation is often experienced by older women who live with DV. Social networks have often changed due to death of peers and change in family dynamics and they may find themselves isolated with only their spouse. Older women who experience abuse may
become isolated in their homes and become disconnected with community resources and agencies that could help with DV, resulting in isolation (Winterstein & Eisikovits, 2005). Fisher and Shelton (2006) made a point to note that victims of violence often alienate themselves from important people in their lives. This is a prevalent point as older female victims who endured an increased number of abusive years augment this factor, resulting in a deficit of social networks and supports (Rennison & Rand, 2003).

Zink and colleagues (2003) added that loneliness, fear of loneliness, and the realities of physical aging became reasons to remain in abusive relationships. Other researchers (Beaulaurier et al., 2005; Winterstein & Eisikovits, 2005) also examined the issue of loneliness in older women who were abused. The authors presented that the combination of loneliness, violence, and old age creates suffering that colors everyday life and becomes not only the constant background against which life unfolds but also the governing variable in their experience. Beaulaurier observed that many focus group participants noted that remaining in an abusive relationship was better then the alternative of being literally alone. The researchers pointed out that loneliness can be accelerated by the passing of peers, the loss of social networks, and children growing up and leading their own lives. Winterstein and Eisikovits noted that the cognitive maps, emotional world, and overall sense of self for older women who are abused, as well as their sense of existential continuity in the world are all affected by loneliness. Overall, the researchers outlined that older women tackle similar challenges as do younger women involved in abusive relationships. Years of being ‘beat down’ in all aspects of life (emotional, physical, psychological, sexual, and financial) depict the decision many women make to remain in abusive relationships (Zink, et al, 2003). Diminished health, low self-worth,
isolation, and loneliness leads to a sense of personal suffering, social alienation and isolation, and an increased sense of vulnerability which lowers the ability to cope (Winterstein & Eisikovits, 2005; Zink, et al, 2003). Winterstein and Eisikovits found that this in turn exacerbates the sense of suffering and of social incompetence, placing the sufferer on a downward spiraling track and creating a sense of entrapment.

In addition, Vinton (1999) stated that practitioners have noted that older victims of family abuse often resist interventions that they believe may harm their abuser, and often deny the seriousness of the abuse. Although not highlighted in Buchbinder and Winterstein’s (2003) findings, Winterstein and Eisikovits (2005) examined loneliness in the lives of these women. Their results illustrated how women who experienced DV learned various coping strategies to survive long-term abuse including distancing oneself from others. The experience of loneliness appeared to be constant throughout their lives and was expressed as a loss of possibilities, loss of trust in significant others, loss of love and veracity. This led to their view of the world being described hate-filled, dangerous and worthless.

Although financial dependence influences younger women to stay with their abusers, this matter is even greater for older women. Many did not hold paid employment positions for many of their younger years, and due to lack of experience and ageism, found it harder to obtain employment later in life (Hightower, Smith & Hightower, 2001; Straka & Montminy, 2006). A related loss for these older women who experienced abuse would include the loss of health insurance coverage at a crucial time in life (Rennison & Rand, 2003). Thus, the adaptation to an abusive home life was a way of survival as
opposed to a choice for many older women (Beaulaurier et al., 2005; Rennison & Rand, 2003).

Health status of the partner may be a barrier for older women leaving a violent relationship. Older women can be caregivers of an abusive, yet physically dependant spouse (Beaulaurier et al., 2005; Seaver, 1996; Wolf, 2000; Zink et al., 2003). Beaulaurier et al. stated that the importance of the caregiver role actually deterred them from leaving the abuse relationship. As the abuser ages, this may limit the ability of the woman to leave (Seaver, 1996; Wolf, 2000; Zink et al., 2003).

Often, older women were raised with traditional attitudes and values, particularly relating to gender roles, marriage, and family. As such, many women were socialized to believe men were the heads of the household and women were to silently accept their lot in life (Straka & Montminy, 2006). They were socialized with a keen sense of privacy about family matters and a strong commitment to family loyalty and solidarity (Aronson, Thornewell & Williams, 1995; Beaulaurier et al., 2005; Hightower et al., 2001; Seaver, 1996; Straka & Montminy, 2006; Wolf, 2000). Comments such as “a woman’s place is in the home”, paired with the lack paid employment for women increased the feelings of guilt and specific responsibility for problems that occur in the home. Many women themselves and professionals have a lack of recognition and awareness of abuse for this cohort (Wolkenstein & Sterman, 1998).

Another factor that encouraged women to stay in abusive relationships is the discouragement for disclosure by victims such as time constraints, insensitivity, judgmental attitudes, and ignorance about DV by helping professionals (Zink, Jacobson, Regan, & Past, 2004). In a quantitative study of abused older women, Zink and
colleagues (2003) found that in many cases women did not even identify psychological or emotional abuse as abuse. Sometimes women reported that things were okay in their marriage now that it was only psychological or emotional abuse, and that the physical and sexual abuse had decreased or stopped. Thus they would stay. However, in a related study, it was found that for those women who were experiencing abuse, the likelihood that they were experiencing different kinds of abuse was high (Zink et al., 2002). Consequently, if an older woman does admit to one type of abuse, it is likely she experienced other types of abuse as well (Zink et al., 2002). Roberto et al. (2004) made age-specific findings amongst older women who are abused. Roberto et al. noted that victims aged 60-74 years old were more oriented, less vulnerable, and may have had more mechanisms to counteract the abuse than their older counterparts (those 75 years of age and older). Thus, the oldest women may be more significantly affected by mistreatment, both by its having been ongoing longer as well as by their available options when accepting or refusing services. Roberto et al. observed that confidentiality, accessibility, and safety were the main factors for successful interventions. Fisher and Shelton (2006) countered this study by stating that a collaboration with hospital administration, community, public relations/media, and academic institutions leads to enhanced stability. Fisher and Shelton also found that the patients referred to a subspecialty clinic for DV survivors will visit the clinic, are offered more resources, and do use these resources.

Religious beliefs are often highly regarded by older women and divorce was an uncommon option (Zink et al., 2003). For many religious women, they are abused by husbands who promised before God to love and cherish them for life (Nason-Clark, 1997,
Nason-Clark examined the linkages between religion and women of any age experiencing DV. Although there is no evidence that violence is more frequent or more severe in families of faith, religious women of any age are more vulnerable when abused. Such women are more apt to believe the abuser’s promise to change his violent ways, less likely to leave the relationship and frequently have reluctance about seeking community-based resources or shelters for battered women. They also commonly expressed guilt because they have failed their families and God in not being able to make the marriage work. For religious women, these beliefs are powerfully reinforced by a religious philosophy that sees women’s roles as wife and homemaker as crucial to her sense of self-worth. Some women who experienced abuse may interpret her abusive life as a test from God, and thus the issue of forgiveness emerges. Forgive and forget may seem like an appropriate Christian response to an abuser’s actions, yet forgiveness alleviates the accountability from the abuser and may prove to be increasingly dangerous for the victim.

Amazingly, some women use a myriad of survival strategies to cope and wait patiently for the perpetrator to die. Mears (2003) made an important distinction that for a significant number of these women, surviving did not involve leaving the abuser. Unfortunately, researchers discovered some of the coping strategies are negative such as; addictions (alcohol or prescriptions), passive-aggressive personality, obsessive-compulsive personality, or dependent personality styles to combat living with DV for long periods of time (Brownell & Heiser, 2006; Mears, 2003, Wolkenstein & Sterman, 1998).
Factors that Empower Older Women to Leave Abusive Relationships

Leaving an abusive partner is a process and steps toward leaving are often repeated numerous times before a woman is finally successful in leaving (Patzel, 2001). Social supports from family members and friends, along with appropriate services and programs are an important part of this process. Interestingly, little is known about the role of social support from family members and friends for older women experiencing DV. However, research has shown that the assistance and support of others aid women in leaving a violent partner (Mears, 2003; Patzel, 2001; Vinton; 1992). Much of the available research focused on formal supports for older women including shelters, support groups, and information and referral services. When these specific services were examined, many researchers paid attention to how older women’s needs are similar to and different from those of younger women.

Shelters

Shelters that provide women experiencing DV with a safe place to go are often not appropriate for older women who generally have much more time and other resources invested in their marriages, and whose barriers to leaving are much higher than for younger women (Zink et al., 2003). Early research by Vinton (1992) discovered that only two out of twenty-five battered women’s shelters in Florida had specific programs for older women who were abused. Vinton also found that awareness and better education to bridge aging agencies with battered women’s shelters, as well as better shelter accommodations for older women were suggested to help older women who experience abuse. An important component of shelters is the provision of age-specific programming
and services such as crisis lines, support groups, and one-to-one interventions (Fisher et al., 2003).

With specialized programming, comes the need for specialized staffing. Hightower and colleagues (2001) examined a three-year pilot project including the involved the provision of emergency safe housing in private homes for abused older women in four different communities. The work of the outreach workers was found to be highly effective. Finding staff that understand the time and personal commitment that is involved with this line of work is crucial to agencies that offer special programs for this population (Hightower et al, 2001). Vinton (1992) found that a large number of older women worked or volunteered at DV shelters and that these older women may be particularly effective in serving as peer-counselors. Wolkenstein and Sterman (1998) noted that normalization of the experience and its consequences is an important issue that can be best accomplished via peer support groups, a model used to combat DV.

Grossman and Lundy (2003) conducted a study of White, Hispanic, and African American women who were aged 55 and older who sought services from DV programs in Illinois. The authors acknowledged the diversity of experiences of abused older women. Grossman and Lundy also found that abused older women come from various groups and thus have various needs based on race and ethnicity, which may be best met by a combination of systems. The authors stated that the multi-disciplinary approach used to addressing DV in younger women can also be exercised to help combat the same situation for older victims. For example, collaborations between legal assistance, medical services, advocacy organizations, and mental health agencies can be beneficial for older women. Various researchers (Fisher et al., 2003; Vinton, 2003) stressed the wide-
reaching effects of the multidisciplinary approach in shelters. Also, Vinton noted the benefit of nursing homes operating emergency shelters and for home health care workers to be able to provide legal, medical, and financial resource assistance. Additionally, Teaster, Roberto and Dugar (2006) discussed the implications a rural setting may have on older women who experience abuse. A small tight-knight community could hinder the healing process for older women experiencing abuse. Multiple relationships and lack of anonymity are often a problem for those DV victims seeking assistance in a small town. The authors also noted the geographic challenges, lack of public transportation and poor weather can all add to an older DV victim’s isolation. In addition, the authors presented the issue that older women are less accepting of leaving the homestead area. Staff members of rural shelters noted working with the same women over and over again as older victims often refuse assistance or take legal action against intimate partners (Teaster et al., 2006).

Support Groups

Several researchers have examined the use of support groups by older women who experience DV (Brandl, Hebert, Rozwadowski, & Spangler, 2003; Brownell & Heiser, 2006; Grossman & Lundy, 2003; Mears, 2003; Patzel, 2001; Podnieks, 1999). In sum, these researchers found support groups were positive for older women to be able to share their pain and triumphs throughout their long abusive relationships. As years of abuse can distort reality for older women who are abused, researchers also noted that support groups validated the victim’s sanity, thus proving the older women who experienced abuse were not crazy as often stated by their abusers.
Wolf’s (1998) work supports the importance of staffing for support groups. The author interviewed 30 facilitators of support groups for older women who are abused in the United States and Canada. These front line workers said their programs improved the following aspects for the abused: self-esteem, coping abilities, abuse awareness, cultivated feelings of personal growth, and decreased isolation. Women were able to learn problem-solving strategies and develop safety plans. Patzel (2001) noted the implications for intervention include the promoting of cognitive approaches such as reframing and self-talk to facilitate the process of leaving.

Several researchers (Brandl, et al., 2003; Brownell & Heiser, 2006; Wolf, 1998) noted that support groups have a number of psychosocial benefits, including: developing a mutual support relationship with peers; moving beyond guilt; encouraging peace and hope; breaking out of isolation; improving self-esteem; improving both mental and physical health; and learning problem-solving and coping strategies. Brandl and colleagues found that support groups are a great way to meet new friends and escape isolation. Group therapy also helped to provide normalization for that time period, meaning the social rules, expectations, and dutiful obligations, that were in effect when older women’s marriages took place and provided an opportunity to build relationships free of secrecy and shame (Wolkenstien & Sterman, 1997). Joy and laughter after years of fear and pain were possibly rediscovered in the safety of support groups with people who have had similar experiences. Brandl et al. found that support groups have the potential to help victims feel safe and strong, and give opportunity and information to be able to make changes in older women’s lives.
Experiences of Women who Survived Abusive Relationships

In the few available recent qualitative studies of women at least age 55 and most including women age 80 or over, readers can begin to understand myriad of ways in which these women give meaning to the ways in which their lives were influenced through experiencing DV. Buchbinder and Winterstein (2003) identified four themes to describe older women’s experiences of leaving abusive relationships. First, the women described the dichotomy of being a heroine for surviving the abuse for so many years and to overcome it, yet also being a fool as a victim of DV who is fragile and weak. Second, they experienced internal tension through acknowledging that they had hurt themselves by sacrificing themselves for the sake of their husbands and children while sacrificing their own sense of peace and well-being. Third, these women experienced a diversity of reactions from their adult children from feeling pressured by their children to stay in a violent relationship to feeling that after children left the home, that she was able to finally leave the violent relationship. Fourth, the effect of being in a long-term violent relationship created a sense of loss regarding the past and a lack of options for the future that involved a narrowing of options and opportunities.

Another study that addressed the change in world view or perception was Montminy’s (2005) work on psychological violence of older women who are abused, where control behaviors were found to be the central category. The psychological abuse (both passive and active) by their husbands affected these women in various ways. Montminy noted that the undermining of a woman’s personal integrity such as underestimating her values, her rights, her personal abilities, had a direct consequence of devaluing, diminishing and humiliating her. Thus, living for several decades with a
contemptuous husband can cause a woman to devalue herself, which then makes it difficult for her to act because she feels powerless to take her life into her hands. Wolkenstein and Sterman (1998) noted that if years of powerlessness and repression shape an older woman’s life; that disruption in adult development stages is possible, affecting areas of intimacy, generatively, and adult identity. The powerlessness experienced by older victims of violence is the result of a process where they are no longer able to believe they can leave (Kuypers & Bengtson, 1993; Montminy, 2005; Myers, 1993). Montminy also found another way psychological violence affected older women who are abused was the distortion of reality through manipulation to cause the victims to believe that they themselves were the cause of the problem.

The experiences of DV are felt in the past, present, and future for many older women. This point was supported early in this chapter with the impacts on mental and physical health, in addition to the myriad of factors that may influence an older woman who experienced abuse to cope and/or remain in the abusive relationship. The positive possibility that needs to be stressed is the factors that empower older women to seek change in their lives. Although, personal reasons were noted, helping professionals can be used within an intervention via support groups or shelters, not to mention actively listening to the experiences of older women who survived abusive relationships.

Chapter V

Synthesis and Implications

This project was designed to review the existing research related to the factors that influence older women who are abused to remain, leave, and/or survive DV situations. A realistic assessment on the progress made within this issue can aid helping
professionals design research studies and interventions with more effectiveness. There is a dual challenge for professionals and older women experiencing abuse to accept and support the cumulative effects of aging and living in violence (Winterstein & Eisikovits, 2005).

Theory

The theories and models selected help to understand the underlying issues of DV for older women. The social-psychological theory explained the reason behind the abuse as opposed to the reasons to remain in an abusive relationship. The cycle of abuse explained how a pattern evolves over time and family dynamics change to maintain the violence within the home. Intergenerational transmission theory looks at how older women were raised and helps us to understand the values these women may still hold. Finally, feminist theory helps to explain how oppression through sexism and ageism hinder this cohort further and the core of this approach for benefiting older women who are abused lies with the rights and strengths of women for change in their own lives.

Experiences Living in an Abusive Relationship

Physical and Mental Health

Overall, the results from the studies reviewed suggested that abuse has negative effects on women’s mental health in various ways. The effects of DV on older women are far reaching. Mental instability associated with DV are far more complex for these older women who experience abuse and are yet often underestimated due to stereotyped conceptions of older women as frail and simple by service providers, friends, or family members (Buchbinder & Winterstein, 2003). To date, no published research has examined this relationship using a specific sample of women aged 60 years and older,
and only a few published studies have examined middle-aged women and the effects of DV on physical health (Fisher & Regan, 2006; Mouton, 2003; Zink et al., 2005).

Coping Strategies and Reasons for Staying

Older women who are abused have learned to cope with DV in many ways. They have had to adapt to a mode of survival, which is often associated with feelings of guilt, loneliness, and fear. For the older women experiencing abuse who have thought about leaving the home, the numerous barriers are very discouraging. Self-blame, family ties, isolation, decreased social network, and lack of appropriate shelters have all contributed to a greater understanding of why older women staying in abusive relationships.

Dependence upon the abuser can occur for women of all ages. Yet, in this literature review, I showed that the stakes appear to be so much higher for older women. Pensions, health insurance, and lack of employment possibilities build a fence of entrapment for these women. The social norms and values of their generation enabled males to accrue and handle the financial matters of a household, leaving many women without even basic knowledge or financial savings required for independence (Hightower, Smith, & Hightower, 2001). Traditional values and social norms also constructed a caregiver role for many older women who experienced abuse (Straka & Montminy, 2006). This caregiver role was often upheld at any cost in order to fulfill their duties or role within the family unit. One stemming responsibility of this role is that of protecting the family. This may entail protecting the family name, status, or individual members, including the abuser. Not reaching for outside help would keep the family name and secrets safe within the walls of the house (Wolkenstein & Sterman, 1998). For older women living with DV, privacy and secrecy have a fine line of distinction. As such,
community resources were frowned upon and perhaps refused. Some women felt the need to remain in the abusive situation in order to act as a buffer to their children and shield them from the abuser while others refused to press charges in case the police hurt or arrested the abuser (Beaulaurier et al., 2005; Buchbinder & Winterstein, 2003). The above mentioned issues are clues to better understanding the myriad of threads that keep a blanket of DV over older women’s lives. It is important to remember that every case of older women in abusive relationships is unique and may involve different research then what was noted in this review.

Johnson (1998) illustrated many older women do not identify with the term 'abuse.' Johnson found that they may define their relationships as unhappy, or they may feel powerless. The older women’s lack of recognition of an abusive situation enables her to leave.

Factors Empowering Women to Leave

As noted earlier, each DV case is individual regardless of the age of the abused. For some older women, the “empty nest” may signify and empower an older woman to leave an abusive home. In her eyes, the children are grown and are caring for themselves. Thus, she is free from her domestic role and duty. I illustrated the need to bring awareness to health and service providers that DV is indeed an issue for many older women. Counselors, nurses, doctors, and intake professionals need to be direct and open to inquire about this issue in order to reach older women, while remembering that older women who experience abuse often do not identify with being ‘abused’ (Zink et al., 2003). Wasson and colleagues (2000) discovered that helping professionals could greatly increase the screening for DV by simply asking direct questions during clinical visits.
Grossman and Lundy (2003) shared this view by noting that a beneficial coordination of services (mental health, legal, advocacy, and medical) aided the fight against DV for younger women and could be also effective for older women.

Specialized support programs, public awareness, and support networks are vital to the progress of helping older women cope with long-term abuse or to help them leave an abusive relationship. This is important to remember given that older women are in different stages in their abusive relationship, and that some older women may not choose to, or are unable to, leave an abusive husband. (Johnson, 1998; Sev’er, 2002; Zink et al., 2002).

In the research reviewed, it was evident that that asking for help can be problematic for many older women. Privacy was a major stumbling block for older women who are abused and who regard the abuse as a secret and do not ask for help (Mears, 2003). The research of Hightower and colleagues (2001) and Vinton (1999) highlighted that professionals and shelter workers also need to be made more aware and to be educated, particularly about the existence of DV in older women, their needs for help and support, and feminist approaches to practice with this group. Vinton found that workers also need to participate in consciousness-raising experiences to combat their sexism and ageism. Johnson (1998) illustrated that this cohort is in need of professional assistance and is willing to accept it when offered. The author also noted that once in the group, strong facilitation combined with a feminist analysis is key to helping older women understand their situation.

Through interdisciplinary partnerships within large and small communities, pilot programs and outreach could begin to identify the hidden specific needs of older women
experiencing DV. In addition, specific techniques or manuals for shelters to be better equipped to handle the needs of older women seeking such services needs to become a priority. This includes accommodation considerations, program goals, outreach, and community programs and involvement that need to be geared to this older population. Hightower and colleagues (2001) suggested that future implications for aiding older female victims of DV could be achieved by considering the use of refuges or “safe houses” to offer protection for older women who have experienced abuse (Penhale, 2003). In addition, Ejaz, Bass, Anetzberger, and Nagpaul (2001) and Penhale believed the development of screening tools and protocols for referrals concerning elder abuse and later life DV is also a feasible idea to be of assistance in relation to this area. Vinton (1999) recommended a productive change by suggesting to meet with women in their homes or places close to where they live, thus bringing the services closer to home and increasing receptivity to using services and resources may increase. Health problems, as well as changes in hearing, vision, and mobility, can make it difficult to get to and manipulate the physical layout of offices, shelters, and meeting places for this cohort.

Support groups and specifically focused interventions are beginning to ameliorate the issue of DV for older women who experience abuse. This fact is leading to further education for staff and other helping professionals. Service providers that work with older women who are abused need to think outside the box for solutions to this social problem such as home refuges or emergency shelter rooms in nursing homes (Hightower et al, 2001). Age-specific needs that shelters should be equipped with are accommodating dietary needs, assistance devices (walkers, adult briefs, etc.) medication policies, health
care products (denture cleaning fluid), and privacy from younger shelter residents and children (Fisher et al., 2003).

**Limitations**

I did not specifically address cultural values and views on DV in this literature review. This may include the barriers of leaving long-term abuse faced by immigrant women. The inclusion of studies about DV and older women in other countries would contribute to our understanding of this issue, especially in countries where the status of women and/or the status of seniors is significantly different than in Canada and the United States. In addition, research conducted from the point of view of the abuser was not included in this review. While little research exists on this topic, it is important to also examine DV from the viewpoint of the abuser.

**Suggestions for future research and service provision**

As with younger women, researchers find that men are most commonly the abusers of older women (Miller & Dodder, 1989). The issue of older women in abusive situations is a world-wide problem that has experienced a lack of public policy attention (Gombos, 1999). Further research into all aspects of older abused women’s lives needs to be completed in order to get a better understanding of how to best help these women. There are several gaps in the available research on older women’s experiences of DV. What are the after-effects to older women who leave long term abuse relationships? For example, what are their post-abuse relationship experiences, such as relations with children, ex-spouse, and future intimate partners? Is it possible to heal the wounds caused by forced isolation from friends and family? More focus needs to be on **after** the
relationship ended. What happens to these women? Is there a sense of freedom, of survival, or loneliness?

In addition, important issues surrounding caring, dependency, and abuse will require further detailed exploration and analysis in coming years (Penhale, 2003). How does progressive illness or disability factor into relational abuse in later life? Ageism and sexism strongly affect this group of people in life. Frailty and incompetence can sometimes underestimate older women and strip them of their genuine humanness. For example, this can be seen when the combination of ageism and sexism enables the issue of marital rape to occur for older women who may be perceived as asexual or a man’s wife is his property (Wolkenstein & Sterman, 1998). The few studies in this area clearly show that society needs to know more about the needs of older women experiencing domestic violence, how service providers understand the problem, and the reasons why older women do not use existing resources, such as shelters (Brownell & Heiser, 2006; Montminy, 2005; Roberto et al., 2004; Straka & Montminy, 2006).

In the area of service provision, the physical health outcomes of older women are gravely understudied. What does years of relational abuse do to one’s body? How much of this abuse is misdiagnosed by health and helping professionals? Are appropriate screening tools currently available? Age specific focus on this issue is needed, be it screening tools, support and counselling, education, or community service provision. What are local agencies such as shelters and nursing homes doing to update their skills and tools when working with an older abused woman?
Conclusion

Due to separation, divorce, or death, some DV cases do not continue into old age, unfortunately, in other cases, the abuse does continue or start in later life (Penhale, 2003; Teaster et al, 2006). The long-term abuse older DV victims suffer has shown to have many adverse affects, such as negative impacts on mental health. Penhale cautioned that in some of these situations, the abuse may actually worsen with age. For example, the effects may potentially be more severe, due to increased frailty and vulnerability on the part of older women. Violence against women, a prime area of concern as a health issue, is rooted in the social, economic and political inequality of women. The studies examined in this review focused on an under-researched and previously hidden problem. The research reviewed illustrated clearly the pain and trauma and the devastating consequences of this violence for older women (Mears, 2003). Many older women have carried this pain throughout their lives and are still experiencing the effects of violence. This review emphasizes the complexity and uniqueness of older women’s experiences of violence. Grossman and Lundy (2003) stressed the importance of recognizing that circumstances of abused elders are not uniform. Zink et al. (2004) explained that during the period in which these women grew up, married, and had children, society had not yet recognized interpersonal violence as a problem, and resources were not available for victims. This sentiment is echoed by Mears (2003) that when this population in question was younger, there was no one to tell, nowhere to go, and, hence, the pain and the trauma had been held in for many years.

As noted throughout this review, the issue of older women and DV is a multifaceted one. Penhale (2003) shared the fact that abusive situations between intimate
partners may begin in later life due to changes in the relationship, which are not expected or planned for, such as the effects of illness, disability or other unpredictable trauma on relationships are not always easy to gauge or to anticipate. Penhale also noted the fact that a relationship which has always been problematic, if not actually abusive, has the possibility to deteriorate into abuse if unwanted and unexpected limitations and pressures are suddenly thrust upon a couple is unsettling to say the least.

It is evident that the abuse of older women is a prevalent social problem. To date, the problem of violence against older women has fallen between policy areas (DV and elder abuse) and, so, has been nobody’s primary responsibility (Mears, 2003). The importance of treating this issue with the same intensity and determination as society treats DV in younger women is crucial for helping to reduce or eliminate it in the future. To date, the continued lack of understanding of the needs and issues facing older women who are abused coupled with the stereotypes of aging allow this social issue to persist. Bridging the gaps between like services and fields (DV, elder abuse, gerontology, and family science) would be beneficial to this population and a tangible plan of action. Just because a woman reaches a certain age does not mean her life is somehow easier, it may be just the contrary due to depletion in available resources.

In this review, I highlighted the complexities that older women experiencing abuse endure. Ignorance enables progress and this topic is not an exception. Leaving an abusive relationship is a process that requires patience, time, and support by all involved members to be successful. By bringing more awareness within families, small communities, larger cities, national organizations, and international meetings, the ignorance can be eroded.
Helping professionals and communities need to seek how to best design and deliver services that are readily accessible to all who need assistance in diminishing or terminating abusive relationships (Teaster et al., 2006). It is important to respect the research and progress thus far in relation to the concern of older women who are abused. Thus, it is equally important to encourage and support additional, more specific research that will further the interventions and supports for older women experiencing abuse.
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