# Barriers to Help-Seeking for Older Women Who Experience Intimate Partner Violence: A Descriptive Model

Richard L. Beaulaurier, PhD
Laura R. Seff, MBA
Frederick L. Newman, PhD

**ABSTRACT.** ***Purpose:*** The paper describes a model of barriers to help-seeking (MBHS) for older women who experience domestic violence (DV). ***Design and Methods:*** Data were collected from 134 women ages 45 to 85 years in 21 focus groups. Computer-assisted qualitative data analysis software (ATLAS.ti) was used to organize transcript analysis and provided access to the quotations upon which codes, themes, relationship maps, and other elements of the analysis were constructed. ***Results:*** Twelve themes emerged that showed strong relationships with experience of DV and barriers to help-seeking concepts. The resulting model of barriers to help-seeking (MBHS) illustrates how identified internal and external factors interrelate with each other and with an abuser's behaviors to create help-seeking barriers. The model also

Richard L. Beaulaurier, PhD (E-mail: beau@fiu.edu), is Associate Professor at the School of Social Work, Florida International University, 11200 SW 8 St., GL 415, Miami, FL 33175.

Laura R. Seff, MBA (E-mail: lseff@bellsouth.net), is Research Associate at The Center on Aging, Stempel School of Public Health, Florida International University, 11200 SE 8th St., HLS-561, Miami, FL 33199.

Frederick L. Newman, PhD (E-mail: newmanf@.fiu.edu), is Professor of Health Services Administration, Health Policy, & Management at Stempel School of Public Health, Florida International University, 11200 SE 8th St., HLS-561, Miami, FL 33199.

This research was supported by a grant from the National Institute of Justice (NIJ#2002-WG-BX-0100).

Journal of Women & Aging, Vol. 20(3/4) 2008
Available online at http://www.haworthpress.com

doi:10.1080/08952840801984543

reflects the determination that, for study participants, there was no discernable point where characteristics of the experience of DV ended and resistance to help-seeking began. ***Implications:*** Development of services specifically suitable to the needs and desires of older women who experience DV is vital. Professionals in all service segments must more fully understand the help-seeking barriers that older DV victims face. To this end, the research community is challenged to replace myths and stereotypes about the nature and prevalence of DV among older people with empirically derived knowledge.

**KEYWORDS.** Domestic violence, elder abuse, help-seeking barriers, qualitative data, elder immigrant victims



## *INTRODUCTION*

This article describes a model of barriers to help-seeking (MBHS) for older women who experience domestic violence (DV) by a spouse or intimate partner. The model, generated through analysis of focus group data from 134 women ages 45 to 85 years, illustrates how internal and external help-seeking barriers interrelate with each other and with an abuser's behaviors.

Women over 45 have seldom been participants in DV research despite increasing recognition that they experience DV (e.g., Beckett & Schneider, 2000). Commonalities and differences between *DV* services designed for younger women and *elder abuse* services designed for older women have received scant notice (Aronson, Thornwell, & Williams, 1995; Brandl & Raymond, 1996; Harris, 1996; Phillips, 2000; Seaver, 1996; Vinton, 1991). Moreover, the attitudes and needs of older women who experience DV are poorly represented in the literature on either topic (Grunfeld, Larsson, MacKay, & Hotch, 1996; Wolkenstein & Sterman, 1998). Nevertheless, with the expected increase in the elder population over the next 30 years and the risk for serious health and well-being consequences resulting from physical and emotional abuse, there is a compelling need to broaden conceptual understanding regarding DV in older women (Lachs, Williams, O'Brien, Pillemer, & Charlson, 1998; Mouton, 2003; National Research Council, 2003).

Equally scarce is research on factors that prevent older victims of abuse and domestic violence from seeking help, although a number of important studies suggested that both are dramatically under-reported

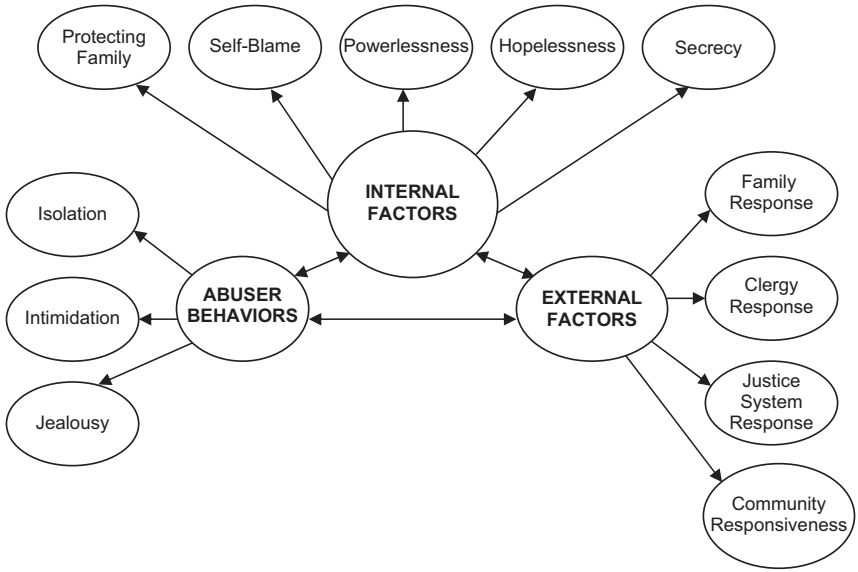
(e.g., Pillemer & Finkelhor, 1988; Podnieks, 1992). Two studies found that help-seeking behaviors of elder abuse victims varied by race and ethnicity as a result of differing cultural definitions of "abuse" (Moon & Williams, 1993; Pablo & Braun, 1997). Another research team (Zink, Regan, Jacobson, & Pabst, 2003) reported that older women remained in abusive relationships for three types of reasons. The first, cohort effects, are similar to barriers for younger women (e.g., lack of job skills). Period effects were characterized by unsuccessful early efforts to seek help. Finally, aging effects reflected physical, emotional, and functional challenges that increased with aging and limited options for changing existing relationships. Although not specifically focused on seeking help, issues related to leaving abusive relationships are relevant to help-seeking behaviors.

The Domestic Violence Against Older Women (DVAOW) study, sponsored by the National Institute of Justice, was designed to explore DV against women age 45 and older by allowing older women to speak about how they define DV; their views about causes, reporting, interventions, and consequences for perpetrators; factors that deter or prevent help-seeking from the justice system, community agencies, and informal support systems; and elements of outreach and intervention strategies they see as acceptable or desirable.

Analysis of DVAOW focus group transcripts identified the relationships illustrated in Figure 1. Internal barriers incorporated the concepts of protecting family, self-blame, powerlessness, hopelessness, and secrecy (Beaulaurier, Seff, Newman, & Dunlop, 2005). External barriers included family response, clergy response, justice system response, and community responsiveness (Beaulaurier, Seff, Newman, & Dunlop, 2007). Abuser behaviors also emerged from the analysis as a major theme in the form of isolation, intimidation, and/or jealousy, as shown in the left section of Figure 1.

Notably, the MBHS is consistent with the Theoretical Model of Elder Mistreatment (TMEM), suggested by the Panel to Review the Risk and Prevalence of Elder Abuse and Neglect (NRC, 2003). However, while the MBHS focuses on dynamics between factors that appear to create help-seeking barriers for victims, the TMEM focuses on status inequality, personality characteristics, and caregiver burden and stress, framing power and exchange dynamics in that context. The MBHS also resembles the Grigsby and Hartman Model (Grigsby & Hartman, 1997), again with some differences. Specifically, the MBHS suggests a less ordered link between internal and external factors than the GHM and does not incorporate

FIGURE 1. Barriers to help-seeking (BHS) model.




childhood abuse and neglect issues. Distinctions between the MBHS and these earlier models is that the MBHS was empirically derived and grounded in the data collected from older women in the DVAOW study.

## *DESIGN AND METHODS*

This was an exploratory study employing a cross-sectional, qualitative design. Twenty-one focus groups were conduced with White, African American, and Latina women who varied in age, family income, and exposure to domestic violence. The research team set up focus groups in community-based locations throughout Miami-Dade County, Florida. Facilitators, trained by the research team, used an original focus group schedule developed for this study to conduct focus groups. The groups were audio recorded, and the recordings were transcribed. These transcripts were the principal form of data used in the analyses reported here.

An open-ended discussion protocol was used in order to capture the perspectives of 134 middle-aged (from 45 to 54 years) and older women (55 years and older) and the language they used to describe DV-related concepts (Beckett & Schneider, 2000). Participants primarily were primarily

through unpaid notices in English- and Spanish-language newspapers. Flyers also were posted in common areas of senior facilities, DV service providers, and religious centers.

The study employed procedures to achieve maximum variation sampling (Patton, 1987). Respondents were screened for age, language, race, ethnicity, and family income (1) to ensure that we obtained the desired diversity in the sample, and (2) because researchers believed that open discussion would be facilitated by assigning women to groups with others like themselves with regard to age, ethnicity, race, and income. Participants in three of the 21 groups were recruited based on prior experience with DV. The inclusion criteria resulted in the formation of the groups listed in Table 1.

Although domestic violence victims were not specifically recruited in 18 of the 21 focus groups, many of the women who participated indicated that they had experienced domestic violence over a long period as an

TABLE 1. Demographic characteristics of participants in each of the 21 focus groups

| Description | *n* | Age range |
|---|---|---|
| Black non-Hispanic < $15,000 | 9 | 45–54 |
| Black non-Hispanic < $15,000 | 5 | 45–54 |
| Black non-Hispanic > $15,000 | 5 | 49–58 |
| Black non-Hispanic < $15,000 | 8 | 64–71 |
| Black non-Hispanic > $15,000 | 6 | 60–69 |
| Black non-Hispanic, any income | 7 | 75–81 |
| White non-Hispanic < $15,000 | 6 | 45–55 |
| White non-Hispanic > $15,000 | 6 | 45–59 |
| White non-Hispanic < $15,000 | 9 | 60–70 |
| White non-Hispanic > $15,000 | 11 | 61–73 |
| White non-Hispanic < $15,000 | 8 | 75–85 |
| White non-Hispanic > $15,000 | 8 | 75–81 |
| Hispanic < $15,000 | 8 | 46–58 |
| Hispanic < $15,000 | 5 | 45–58 |
| Hispanic > $15,000 | 7 | 45–56 |
| Hispanic, Inc < $15,000 | 4 | 61–64 |
| Hispanic > $15,000 | 7 | 61–73 |
| Hispanic any income | 3 | 77–78 |
| Victim Hispanic | 5 | 45–55 |
| Victim Black non-Hispanic | 4 | 47–59 |
| Victim Hispanic | 3 | 60–66 |
| TOTAL *n*: | 134 | |

adult. Approximately 25% of respondents in the 18 "non-known victim" groups indicated that they were, or had been, a DV victim during the course of the focus group discussion. This estimate is based on self-reports in the course of focus group discussions. Although this is well above the rate reported in most studies, no special effort was made to recruit DV victims for these 18 groups. Recruiting materials indicated that the research focused on "conflict" in relationships, but did not specifically mention DV. In the formation of three of the groups, special effort was made to recruit DV victims, in order to have a larger group of known victims. We estimate that overall one-third of the total 21-group sample had experienced varying degrees of DV.

Participants were allowed to use a pseudonym, and several women in each group chose to do so; the women were paid $25 in cash so there was no need to maintain personal-identifying information. Research protocols and informed consent documents were approved by institutional review.



## *Data Collection*

Focus groups were conducted in centrally located community facilities where privacy could be assured. Sessions lasted 1.5 to 2.5 hours. Prompts were intentionally vague so as to stimulate discussion of key issues suggested in the existing literature without suggesting "desired" or "predetermined" responses. Moreover, the study was entirely exploratory and did not focus on a priori notions regarding how older women might respond. Prompts included the following:

- What is "normal" conflict like in close relationships?
- What happens if conflict gets "out of hand"?
- What does the term "domestic violence" mean to you, and would you consider any of the conflict stories we've heard to be examples of domestic violence?
- How do situations get "out of hand," and is this ever "excusable"?
- Do people talk about it when there is violence, and if they don't, why not?
- What happens to victims if they tell someone about the abuse? (The purpose here was to identify both nonvictims' assumptions regarding consequences of seeking help and victims' actual experiences.)
- What do you think happens to people who are violent with their older spouses or partners; is that what you think *should* happen?

After the initial probe regarding "normal conflict," the order of the remaining questions was determined by the flow of the discussion. Respondents seemed eager to share their ideas and personal stories. Quite a few commented on how much they enjoyed this type of forum. Many women exchanged telephone numbers at the end of their session and commented that they found the experience of listening and relating their experiences in a group setting to be personally helpful.

## *Data Analysis*

All groups were audio-recorded and transcribed verbatim, including groups in Spanish. Spanish transcripts were translated to English for coding. Bilingual members of the research team reviewed translated transcripts for accuracy.

The study used a grounded theory approach aided by qualitative data analysis software (ATLAS.ti). The team primarily used an open-coding approach. Although a few axial and "free" codes based on a review of the literature were created at the beginning of data analysis, almost all codes were assigned as discrete concepts that emerged from multiple readings of the transcripts. Axial or free codes for which no evidence was found in the transcripts were dropped from subsequent analyses (Strauss, 1984).

Two research team members independently coded the initial group transcript, after which the team met to unify the coding strategy. Researchers then coded the remaining transcripts independently using the constant comparison method. Periodic meetings were held to discuss and review emerging codes and themes (Dye, Schatz, Rosenberg, & Coleman, 2000; Padget, 1998).

One advantage to using ATLAS.ti was that it allowed easy access to the quotations pon which codes, themes, relationship maps, and other elements of the analysis were constructed. This facilitated continuous context-based checks on the meaning that respondents assigned to concepts, and helped to avoid reifying concepts not contextually grounded in actual respondent quotations. Although findings from this procedure are not considered generalizable (Corbin & Straus, 1990; Newman & Benz, 1998), the design emphasized producing findings that were *representative* of the views and perspectives of all respondents. Any codes or themes that were not linked to at least two respondents in at least two groups were eliminated from subsequent analyses and were not used to develop further themes.

## RESULTS

Women in the sample who described DV tended to report that it had been ongoing throughout their married lives. It is possible that there were women in the sample who had experienced domestic violence only as young women or women for whom abuse began for the first time in later years, as some authors have suggested. However, this was not what respondents in the current study predominantly reported. While this qualitative study did not collect data on the exact age at which abuse began, respondents indicated that it had begun shortly after the age at which they were married, or even before that. Respondents described a generational influence on help-seeking barriers and also related that there was a kind of inertia that developed in the course of a long, abusive relationship, such that patterns of abuse and victimization behaviors become well established, and change seemed virtually unimaginable.

Detailed findings on the internal and external barriers are reported in Beaulaurier et al. (2005) and Beaulaurier et al. (2007), respectively. This article examines how these two types of barriers may relate to each other, to abusers' behaviors, and how these barriers contribute to an overall model of barriers to help-seeking for older DV victims, which is introduced in this article for the first time.

### *Victim Response: Internal Barriers*

The first cluster related to participants' descriptions of reactions to and internalization of the abusive behaviors of an intimate partner, including *powerlessness*, *self-blame*, *secrecy about abuse*, *protecting family*, and *hopelessness*.

*Protecting family*, including young and adult children, emerged as the most complex of the themes. Concerns included (1) respondents' doubt regarding their ability to support children if the spouse or partner did not contribute to family income; (2) respondents' fear that revealing DV or abuse might disrupt their relationship with younger or adult children; (3) respondents' belief that their children or other family members would not believe them or would be extremely angry with them for revealing violence perpetrated by the abuser; and (4) respondents' need to keep the family intact, which seemed to supersede concerns regarding safety, negative exposure of children to violence in the home, and other fears related to remaining in a violent situation.

The most unique age-related aspect of protecting family pertained to concern for the abuser. Study participants believed that reporting DV might result in arrest and removal of the spouse or partner, which many considered unacceptable. Some participants expressed a concern that their abuser was "sick" and needed treatment rather than punishment, or that they would find harsh punishment of the abuser unacceptable.

Providing or receiving caregiving was an aspect of protecting family that was especially strong with the oldest women in the sample. Some respondents worried that an abuser's advanced age and increasing need for aid could not be met if either partner were removed from the home. The need to care for an ailing abusive spouse was more important than escaping that abuse. In other cases, respondents who needed care or companionship believed that no one but the abuser would care for or talk to them. Participants said that abuser behavior often included repetition of this idea.

Several DV victims believed that they were responsible in some ways for their partners' abusive behavior. Especially in the context of a long marriage, *self-blame* and shame seemed to take on increased power. Some noted that abusers exploited a woman's sense of self-blame and shame to maintain control. It was common for respondents who had not experienced DV to blame victims. This notion appeared rooted in generational understandings about the role of women and their duty to be obedient, and in their ultimate culpability when the peace and order of the household was broken.

Generational notions also contributed to feelings of *powerlessness*, i.e., acceptance of the perpetrator's total control over the victim's life. Respondents indicated that women of their generation had been socialized to be passive and to believe that divorce was not an option. Immigrant victims often believed that seeking help would lead to deportation. An abuser's control of economic and social resources and opportunities was described as a powerful contributor to a sense of powerlessness, particularly when abuse dated back to the earliest days of the relationship. Most respondents thought that the effects of these behaviors, while often gradual, were powerfully cumulative over a long period of time.

There were many comments to the effect that "nothing can be done" for violence or abuse in the context of a long marriage except to endure it. Researchers characterized this as *hopelessness*. Many participants believed that DV services were targeted toward younger women and that an older victim would be turned away or would be oppressively uncomfortable with youth-oriented interventions. Some respondents thought

they might be laughed at or ridiculed. Immigrant women often believed that they would not qualify for services to which other older women had access. Some respondents noted that all older people are "invisible" in local communities, simply because of negative social and societal attitudes, making hopelessness especially acute for any older DV victim.

Women in the sample felt that *secrecy* augmented their reluctance to seek help. Discussion of private family matters with "outsiders" required overcoming strong generational prohibitions. Revealing information that should be secret seemed to exacerbate feelings of shame and embarrassment, particularly for those respondents who already felt that they were to blame for abuse in the home.

As shown with younger samples, not all respondents felt they were hindered by internal help-seeking barriers. This was most true for a few women who had left their spouses at a relatively early age because of abuse. There were also a few respondents who came to this view late in life after having lived for a long time in a violent relationship. Both types described the act of escaping abuse or eliminating physical abuse as one of changing power and control dynamics in the relationship.



## *External Barriers*

A second cluster related to participants' descriptions of *external barriers* to help-seeking: *family response*, *clergy response*, *response of the justice system*, and *responsiveness of community resources*. Here participants expressed a belief that help would not be forthcoming or would be withheld. Some experienced these barriers when seeking help from family, helping professionals, clergy, or law enforcement.

### *Family Response*

The majority of women in the study expressed fear that family members would not be supportive if they talked about experiencing DV. Those who actually had done so reported mixed results. In some cases, children and families were supportive. More often, relatives denied the abuse, blamed the victim, or were hostile to the idea of "breaking up the family." Women who reported that their families were aware of longstanding violence described their families as particularly unsupportive.

### *Clergy Response*

Respondents, especially minorities, often indicated that their "first stop" would be a member of the clergy if they were to discuss their DV

with anyone. While consistent with findings in studies of younger samples (Grigsby & Hartman, 1997), respondents noted that the linkage between faith and marriage was particularly important to many women of their generation. Many women felt that they would be likely to seek the help they need in their places of worship.

Religious beliefs about the sanctity of marriage or the rights and roles of women and men sometimes made it difficult to consider leaving a marriage, even in cases of severe abuse. In most cases, clergy reinforced such beliefs, encouraged staying with the abuser, and offered little or no practical assistance, according to respondents who spoke with clergy about their abuse. None reported having been referred to social service or justice system resources by clergy.

### *Justice System Response*

Respondents most often indicated that they saw the justice system as the logical external resource for obtaining at least short-term assistance for DV. Ironically, justice system response also emerged as one of the most significant systemic help-seeking barriers. A few women had witnessed police brutality toward an abuser, and others expressed fears about harm that might result from police violence. This was generally seen as something that worsened the situation for the victim, either because it increased the abuser's rage or because they did not want the abuser to be hurt. Legal responses to DV, such as orders of protection or mandatory anger management classes, were seen as ineffective, and some respondents believed the required treatment would actually exacerbate an abuser's anger. Many participants described concerns that the legal system would be biased in favor of an abuser and that police would not understand an older DV victim's situation or would ridicule or otherwise mistreat them.

### *Responsiveness of Community Resources*

Many respondents indicated that they did not know where to get help. Others who felt help was available were unable to describe where they could go or how they could find out about existing services. Many said that, because of their older age, DV victim services would not be available or appropriate for them, and many believed these services were confusing or even dangerous for older women to use. A few women said that no resources for older people with any type of problem were available.[1] Participants felt that campaigns to make people aware of the problem

either did not target older women or were not particularly effective at describing how victims can get help and what type of assistance is available.

## *Abuser Behaviors*

A third cluster of findings related to participants' descriptions of abusers' tactics or behaviors, which researchers labeled *isolation*, *intimidation*, and *jealousy*.

### *Isolation*

Isolation was identified as a significant concern. Grigsby and Hartman (1997) noted that isolation forces victims away from sources of support such as family and friends. As a result, the connection to her abuser may be the only significant relationship in a victim's life. Rose, Campbell, & Kub (2000) noted that isolation constrained women from seeking support. In some cases, isolation seemed to be long-term and self-perpetuating. Some respondents relied on their spouse for companionship, even some who had experienced DV, although most of the women who expressed this sentiment had not experienced DV. More often isolation appeared to result from a husband's or partner's controlling behaviors. Respondents gave numerous examples of controlling behavior, and many believed that mistreatment was a way that abusers demonstrated power and control. While it is unclear whether participants perceived that isolation actually caused abuse, they generally believed that it contributed to perpetuating abuse.

*Intimidation* describes a woman's sense that her spouse's or partner's abusive behavior poses a danger to herself and her family. Controlling behaviors that tend to isolate women also may coerce them into doing what the abuser wants, adding fear and dread regarding the likely outcome of any challenge to the abuser. A number of women described this palpable sense of terror even in relationships where no physical violence had occurred. Respondents indicated that abusers would often combine verbal threats and mental battering with messages related to the victims' feelings of hopelessness.

In well over half of the focus groups, *jealousy* was described as having a relationship to DV. Quite a few respondents related the abuser's jealousy to initiation or escalation of violence. Focus group participants also linked jealousy with an abuser's need for control. Respondents described behaviors such as frequently interrupting telephone conversations or limiting contact with parents, other family, or friends as stemming from an abuser's jealousy and need for control.

Jealousy has been reported in other DV studies with older and younger women (Block & Christakos, 1995; Comijs, Pot, Smit, Bouter, & Cees, 1998; Gage, 2005). Puente & Cohen (2003) found that equating jealousy with love can lead to tacit acceptance of jealousy-related violence. In the DVAOW study, there were several implied references to this phenomenon embedded in the dialogue.



## *DISCUSSION*

The MBHS model illustrates how internal and external factors interrelate with each other and with an abuser's behaviors to create help-seeking barriers. The interrelationship between DV and help-seeking aversion has not specifically been identified as a distinct construct in understanding barriers to help-seeking for older DV victims. However, several researchers have described aspects of this kind of relationship, mostly in younger women (e.g., Lutenbacher, Cohen, & Mitzel, 2003). In a sample of young women, Belknap (1999) identified the resolution of moral conflict between needs of self and needs of others as contributing to the choices victims made regarding staying in or leaving an abusive relationship. Schofield, Reynolds, Mishra, Powers, & Dobson (2002) looked at four domains used in the Hwalek–Sengstock Elder Abuse Screening Test (vulnerability, dependence, dejection, and coercion), and confirmed relationships between indicators of these domains and elder abuse. Although DVAOW participants did not articulate the concept of vulnerability, the other three domains described in Schofield et al. (2002) clearly relate to abuser behaviors and victim responses as shown in Figure 1.

One reason that older women in our study did not explicitly articulate "vulnerability," as women in studies of younger women have, may relate to the fact that for most respondents who experienced DV, the abuse had occurred over the course of most of their adult lives. Women who remain in abusive relationships may find ways of accommodating and surviving abuse, at least physically. This is consistent with Grisby and Hartman's (1997) speculation that behaviors often ascribed to "codependency" may in fact be adaptations that allow women to survive relationships with a violent partner.

### *Practice Implications*

Current DV intervention practices are geared primarily toward eliminating abuse by removing victims from contact with their abusers. However,

women in the study tended to find that approach unacceptable. The relative dependence of older women on family and community, the feeling of commitment to multigenerational systems that are reliant on them, and poor employment prospects mean that, in most cases, solutions that involve uprooting current living situations may simply not be practical. Respondents alternatively indicated a need for methods to minimize and cope with the abusive behavior. This is consistent with findings in Campbell, Rose, Kub, and Nedd (1998) and Dienemann, Campbell, Landenburger, and Curry (2002).

Grigsby and Hartman (1997) noted that self-blame for problems in a relationship, subservience, and submitting to their partner's will, even when the partner was abusive, were consistent with the traditional socialization of women. Such dynamics may be even more powerful for older victims who were socialized in an era when compliance of women within the family framework was the norm, when women were discouraged from discussing personal issues outside the family, and when most people believed that there were no acceptable reasons for breaking wedding vows (Aronson et al., 1995).

Defining themes that emerged from the DVAOW study as "barriers" may inadvertently imply that barriers are, in fact, forces beyond a victim's control. Although many respondents expressed the feeling that they believed they had limited or no choices, virtually just as many described proactive decision-making that involved making choices selected from the best options available. What the authors have described as external barriers often represented undesirable pressure to conform to prescribed solutions as defined by the community, law enforcement, clergy, and family. Likewise, what the authors described as internal barriers often represented personal choices that reduced stress by minimizing internal conflict (Belknap, 1999; Grigsby & Hartman, 1997).

For the most part respondents, including those who had experienced DV, affirmed that victims make choices. This contrasts with the idea that choices are forced on victims by abuser behaviors, or internal or external help-seeking barriers as characterized by multiple victimization approaches such as "battered women's syndrome" (Rothenberg, 2002). In fact, the ideas expressed by many respondents seemed more in line with Gondolf's (1988) survivor theory that emphasized coping strategies not consistent with the notion of helplessness, and perhaps Baker's (1997) theory that abused women assert their independence by making the choice to stay with an abuser rather than conform to scripted external expectations.

### *Limitations of the Study*

Older women are often less physically robust than their younger counterparts, leading to increased dependency on spouses and other caregivers. However, this study did not specifically target women who were frail, chronically ill, or disabled. All of the women who participated in this study were ambulatory and came to the research site unassisted. Only one woman in this study indicated that she was physically dependent on her abuser for care, and only one woman specifically expressed a fear that if she were to report abuse, she might be institutionalized [although the literature has consistently shown that fear of institutionalization, which may be initiated as a result of a request for assistance from a family member, friend, physician, police officer, judge, or the victim, is a strong barrier for older persons in terms of seeking help for any kind of problem (Beaulaurier & Taylor, 2001; Hudson, 1986)]. The relative physical health of respondents may have inadvertently biased the sample, such that the few women with fears about their own dependency or institutionalization participated.

Scholars also have speculated that behavioral changes, especially those related to dementia and other aging-related stressors, may result in later years in DV against women that did not occur earlier in a relationship. The DVAOW study found little direct evidence of this. There was no systematic attempt in the sampling design to exclude women whose partners were experiencing such changes. Nevertheless, it is possible that the lack of such finding was idiosyncratic to this group of respondents.

The study focused on intimate partner abuse. It is entirely possible that the scant mention of abuse by other members of their family and social circle was the result of simply not having been asked about abuse by others. Moreover, the study results emphasized similarities between respondents. This should not imply that there are no important differences, but rather that more research, especially research using larger numbers of respondents and quantitative techniques, are necessary to fully explore such differences.

## *CONCLUSION*

Older women who experience DV have received minimal attention from the research community, leaving service providers with little basis for the development of responsive programs for older victims, and possibly with an inaccurate understanding of the magnitude and complexity of

the problem. Indeed, the degree to which respondents indicated that they were aware of DV among their peers, quite often through direct experience, far exceeded the expectations of the research team.

Clearly, DV exists among older women. It is vital for the development of more successful outreach efforts and implementation of services that are more responsive to the needs and desires of older women who experience DV that helping professionals more fully understand the help-seeking barriers that older women face. It is incumbent on the research community to replace myths and stereotypes about the quality and prevalence of DV among older people with empirically derived knowledge that puts the efforts of providers on a firmer foundation.



## NOTE

1. There were indeed services for the elderly available in the community. These data relate more to the knowledge of respondents than to the *actual* availability of services.

## REFERENCES

Aronson, J., Thornewell, C., & Williams, K. (1995). Wife assault in old age: Coming out of obscurity. *Canadian Journal of Aging*, *14*(2), 72–88.

Baker, P. L. (1997). And I went back: Battered women's negotiation of choice. *Journal of Contemporary Ethnography*, *26*, 55–74.

Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. D. (2005). Internal barriers to help seeking for middle aged and older women who experience intimate partner violence. *Journal of Elder Abuse and Neglect*, *17*(3), 53–74.

Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. D. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Jounal of Family Violence*, *8*, 747–755.

Beaulaurier, R. L., & Taylor, S. H. (2001). Dispelling fears about aging with a disability: Lessons from the disability rights community. *Journal of Gerontological Social Work*, *35*(2), 81–98.

Beckett, J. O., & Schneider, R. L. (2000). Aging women. In R. L. Schneider, N. P. Kropf, & A. J. Kisor (Eds.), *Gerontological Social Work* (2nd ed., pp. 302–342). Belmont, CA: Brooks/Cole.

Belknap, R. A. (1999). Why did she do that? Issues of moral conflict in battered women's decision-making. *Issues in Mental Health Nursing*, *20*, 387–404.

Block, C. R., & Christakos, A. (1995). Intimate partner homicide in Chicago over 29 years. *Crime and Delinquency*, *41*(4), 496–526.

Brandl, B., & Raymond, J. (1996). Older abused and battered women: An invisible population. *Wisconsin Medical Journal*, May, 298–300.

Campbell, J., Rose, L., Kub, J., & Nedd, D. (1998). Voices of strength and resistance: A contextual and longitudinal analysis of women's responses to battering. *Journal of Interpersonal Violence,* December, 743–755.

Comijs, H. C., Pot, A. M., Smit, J. H., Bouter, L. M., & Cees, J. (1998). Elder abuse in the community: Prevalence and consequences. *Journal of the American Geriatrics Society, 46*(7), 885–888.

Corbin, J., & Strauss, A. (1990). Grounded theory research—procedures, canons and evaluative criteria. *Qualitative Sociology, 13*(1), 3–21.

Dienemann, J., Campbell, J., Landenburger, K., & Curry, M. A. (2002). The domestic violence survivor assessment: A tool for counseling women in intimate partner violence relationships. *Patient Education and Counseling, 46*, 221–228.

Dye, J. F., Schatz, I. M., Rosenberg, B. A., & Coleman, S. T. (2000). Constant comparison method: A kaleidoscope of data. *The Qualitative Report, 4*(1/2). Retrieved July 7, 2008 from http://www.nova.edu/ssss/QR/QR4-1/dye.html.

Gage, A. J. (2005). Women's experience of intimate partner violence in Haiti. *Social Science and Medicine, 61*, 343–364.

Gondolf, E. W., with E. R. Fisher (1988). *Battered Women as Survivors: An Alternative to Learned Helplessness.* Massachusetts: Lexington Books.

Grigsby, N., & Hartman, B. (1997). The barriers model: An integrated strategy for intervention with battered women. *Psychotherapy, 34*, 485–497.

Grunfeld, A. F., Larsson, D. M., MacKay, K., & Hotch, D. (1996). Domestic violence against elderly women. *Canadian Family Physician, 42*, 1485–1493.

Harris, S. B. (1996). For better or for worse: Spouse abuse grown old. *Journal of Elder Abuse & Neglect, 8*(1), 1–33.

Hudson, M. F. (1986). Elder mistreatment: Current research. In K. A. Pillemer & R. S. Wolf (Eds.), *Elder abuse: Conflict in the family* (pp. 125–193). Dover, MA: Auburn House.

Lachs, M. S., Williams, C. S., O'Brien, S., Pillemer, K. A., & Charlson, M. E. (1998). The mortality of elder mistreatment. *Journal of the American Medical Association, 280*(5), 428–432.

Lutenbacher, M., Cohen, A., & Mitzel, J. (2003). Do we really help? Perspectives of abused women. *Public Health Nursing, 20*(1), 56–64.

Moon, A., & Williams, O. (1993). Perceptions of elder abuse and help-seeking patterns among African-American, Caucasian American, and Korean-American elderly women. *The Gerontologist, 33*(3), 386–395.

Mouton, C. P. (2003). Intimate partner violence and health status among older women. *Violence Against Women, 9*(12), 1465–1477.

National Center on Elder Abuse. (1998). *National Elder Abuse Incident Study: Final Report.* Prepared by the National Center on Elder Abuse in collaboration with Westat, Inc. for the Administration of Children and Families and the Administration on Aging, U.S. Department of Health and Human Services.

National Research Council (2003). *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America*. Panel to Review Risk and Prevalence of Elder Abuse and Neglect. R. J. Bonnie & R. B. Wallace (Eds.), Committee on National Statistics and Committee on Law and Justice, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

Newman, I., & Benz, C. R. (1998). *Qualitative-quantitative research methodology: Exploring the interactive continuum.* Carbondale, IL: Southern Illinois University.

Padgett, D. K. (1998). *Qualitative methods in social work research*. Thousand Oaks, CA: Sage.

Patton, M. Q. (1987). *How to Use Qualitative Methods in Evaluation*. Newbury Park, CA: Sage.

Phillips, L. R. (2000). Domestic violence and aging women. *Geriatric Nursing, 21*(4), 188–193.

Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist, 28*(1), 51–57.

Podnieks, E. (1992). National survey on abuse of the elderly in Canada. *Journal of Elder Abuse and Neglect, 4*(1–2), 5–58.

Puente, S., & Cohen, D. (2003). Jealousy and the meaning (or nonmeaning) of violence. *Personality and Social Psychology Bulletin, 29*(4), 449–460.

Rose, L. E., Campbell, J., & Kub, J. (2000). The role of social support and family relationships in women's responses to battering. *Health Care for Women International, 21*, 27–39.

Rothenberg, B (2002). The success of the battered woman syndrome: An analysis of how cultural arguments succeed. *Sociological Forum, 17*(1), 81–103.

Schofield, M. J., Reynolds, R., Mishra, G. D., Powers, J. R., & Dobson, A. J. (2002). Screening for vulnerability to abuse among older women: Women's Health Australian Study Source. *Journal of Applied Gerontology, 21*(1), 24–39.

Seaver, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse & Neglect, 8*(2), 3–21.

Strauss, A. L. (1984). *Qualitative Analysis in Social Research—Grounded Theory Methodology (Part Two)*. Hagen: FB Erziehungs- und Sozialwissenschaften der Fernuniversität Hagen.

Vinton, L (1991). Abused older women: Battered women or abused elders? *Journal of Women and Aging, 3*(3):5–19.

Wolkenstein, B. H., & Sterman, L. (1998). Unmet needs of older women in a clinic population: The discovery of possible long-term sequelae of domestic violence. *Professional Psychology: Research and Practice, 29*(4), 341–348.

Zink, T., Regan, S., Jacobson, C. J., & Pabst, S. (2003). Cohort, period, and aging effects: A qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women, 9*(12), 1429–1441.