

Internal Barriers to Help Seeking for Middle-Aged and Older Women Who Experience Intimate Partner Violence

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

ABSTRACT. There has been relatively little qualitatively or quantitatively published research to guide the field in identifying and addressing barriers to seeking help for older women who experience domestic violence. Women over the age of 45 have seldom been participants in research on domestic violence. This paper describes results from a qualitative study that focused on reactions to and internalization of abusive behaviors of an intimate partner. Twenty-one focus groups were conducted with 134 middle-aged and older women. Analysis of the data identified six factors that describe reactions to abusive behavior that become barriers to help seeking, including self-blame, powerlessness, hopelessness, the need to protect family, and the need to keep such abuse secret from others. These

Richard L. Beaulaurier is Associate Professor in the School of Social Work; Laura R. Seff is Research Associate in The Center on Aging; Frederick L. Newman is Professor in the School of Public Health; and Burton Dunlop is Director of Research in The Center on Aging; all are affiliated with Florida International University, College of Health and Urban Affairs, 11200 SW 8 Street, Miami, FL 33199.

Address correspondence to: Dr. Richard L. Beaulaurier, Florida International University, School of Social Work, College of Health and Urban Affairs, 11200 SW 8 Street, HLS II 364B, Miami FL 33175 (E-mail: beau@fiu.edu).

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findings are discussed with implications for community outreach and future research. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

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The purpose of this study was to begin to address a knowledge gap regarding domestic violence that occurs with middle-aged and older women. Women over the age of 45 have seldom been participants in research on domestic violence, although there is increasing recognition of the importance of studying mature women (Beckett & Schneider, 2000). In response to the expected increase in number of elders over the next 20-30 years and evidence of serious and costly negative health consequences for older domestic violence victims, researchers and policy makers have identified an urgent need to broaden the conceptual framework for understanding abuse of older women in its many forms (Coker et al., 2002; Gordon & Brill, 2001; Lachs et al., 1998; Mouton, 2003; National Research Council, 2003).

Although domestic violence by a spouse or intimate partner affects women of all age groups, most research initiatives and community service systems focus almost exclusively on women of child-rearing ages (Phillips, 2000; Stiegel et al., 2000; Vinton, 1999; Wilke & Vinton, 2005). Common responses to domestic violence include legal remedies and safeguards, social services, educational outreach, employment counseling, temporary housing, and separation of abuser and victim, and tend to assume that there is a strong controlling abuser (Vinton, 1999; Zink et al., 2003).

By contrast, the concept of elder abuse portrays mature adults as vulnerable victims of abuse, neglect, and exploitation by a family member or other trusted caregiver (Phillips, 2000; Vinton, 1999; Wilke & Vinton, 2005) who is overburdened by the responsibilities and realities of daily care for a frail older person. Responses to elder abuse based on caregiver stress include evaluating a victim's capacity to act on his or her own behalf, and providing support to the abusive "caregiver" through existing elder community services (Bergeron, 2001; Pillemer & Finkelhor, 1988).

Other explanations for elder abuse include caregiver pathology, victim pathology, learned violence, and victim and/or abuser dependency (Gordon & Brill, 2001; Penhale, 2003; Pillemer & Finkelhor, 1988).

The crossroads of these two social problems, that is, domestic violence against older women, has received only slight notice in domestic violence or elder abuse research. (Aronson et al., 1995; Brandl & Raymond, 1996; Harris, 1996; Phillips, 2000; Seaver, 1996; Vinton et al., 1997; Vinton, 1991; Wolkenstein & Sterman, 1998). Many older women who experience domestic violence are poorly served by the systems that target domestic violence and elder abuse, respectively, and the attitudes and needs of this population are poorly understood (Aronson et al., 1995; Grunfeld et al., 1996; Mitchell & Smyth, 1994; Wagner & Mondan, 1998; Wolkenstein & Sterman, 1998). Moreover, little has been done to develop responsive community prevention and intervention programs for older women who experience domestic violence (Dunlop et al., 2000; Grunfeld et al., 1996; Stiegel et al., 2000; Vinton, 1999; Vladescu et al., 1999; Wolf & Pillemer, 1997).

Although there are elder abuse laws in every state, not all older victims fall under the statutory definition necessary to qualify for intervention services. Moreover, older victims who are reported and investigated, but deemed capable of acting on their own behalf, may be “discharged” from many elder abuse service systems without provision for community support. There is reason to believe that even severe abuse often is not reported, and many older victims of domestic abuse face internal and external barriers that prevent them from seeking help (NEAIS, 1998). As a result of these factors many older victims of domestic violence and elder abuse are likely to be under- or un-served (e.g., Dunlop et al., 2000; Grunfeld et al., 1996; Vinton, 1999).

Beginning in 2002 an interdisciplinary team of researchers began a two-year qualitative study, *Domestic Violence Against Older Women* (DVAOW) sponsored by a research grant from the National Institute of Justice. The study was designed to explore domestic violence against women aged 45 and older by allowing older women themselves to speak about how they define domestic violence; their views about causes, reporting, interventions, and consequences for perpetrators; factors that deter or prevent help seeking from the justice system and community agencies; and elements of outreach and intervention strategies they see as acceptable or desirable.

The analysis of DVAOW data identified *victimization behaviors* that describe a victim’s reactions to, and internalization of abusive behaviors of an intimate partner. The term *victimization behaviors* refers to ideation

and behaviors of the victim that perpetuate the victims tendency to remain vulnerable and mitigate their seeking assistance. The term does *not* imply that a victim is in any way responsible for an abuser's acts. Rather, it links the experience of being a victim with internalized emotions and perceptions, as well as concrete behaviors that work against any inclination a victim might have to seek assistance.

METHODS

Sampling for Focus Groups

The study used a qualitative approach involving 21 focus groups to capture the perspective of middle-aged (women from 45 to 54) and older women (women 55 and older) and the language they used to describe domestic-violence-related concepts in a group context (Beckett & Schneider, 2000). All respondents came from Miami-Dade County, a large metropolitan area in southeastern Florida. The 134 focus group participants, aged 45 to 85 years, were primarily recruited through newspaper advertisements in local English and Spanish language newspapers. Researchers also posted flyers in common areas of senior activity and living facilities, contacted clergy of various denominations, and made multiple contacts with local groups that provided services to victims of domestic violence.

The study employed procedures to achieve maximum variation sampling, which emphasizes obtaining a respondent pool that is diverse enough to capture as much of the variation in the population as possible (Patton, 1987). To insure that we obtained the desired diversity in the sample, respondents were screened for age, language, race, ethnicity, and family income. These inclusion criteria resulted in the formation of the groups listed in Table 1.

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 (see Table 1). This approach allowed for relatively broad differences among respondents between focus groups, while maintaining enough similarity between respondents within focus groups to promote comfort of the members.

Advertisements and fliers indicated that the researchers were recruiting subjects for a study of "conflict" in relationships, but did not specifically mention domestic violence. Nevertheless, approximately 25% of respondents in the 18 "non-victim" groups indicated during the course

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	

of the focus group session that they were or had been a victim of intimate partner domestic violence. A few respondents alluded to current or former abuse without confirming it; thus an exact victim count for the “non-victim” groups is not available. The total number of women in the 21-group sample who experienced varying degrees of domestic violence was approximately one-third of the total sample.

One feature of our approach to confidentiality was a decision to allow women to use a pseudonym if they preferred. This option clearly added comfort. At least several women in each group selected a pseudonym. To further support the sense of privacy and confidentiality, participant

stipends were paid in cash, so there was no need to maintain personal-identifying information. The research protocol and informed consent forms were approved by institutional review.

Data Collection

Focus groups were conducted in centrally located community facilities including senior centers, community centers, or other comfortable locations. Sessions lasted between one-and-one-half and two-and-one-half hours. Every participant received a \$25 stipend to compensate them for their time and transportation. The semi-structured focus group protocol focused on the following discussion prompts:

- 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? [Note: the purpose of this question was to identify non-victims’ assumptions regarding consequences of seeking help.]
- 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, the order of the remaining questions was determined by the direction of the discussion. Although the researchers had prepared conflict stories (examples of conflict in relationships) as a discussion prompt, it was never necessary to use them. With very few exceptions respondents participated enthusiastically in the focus groups. They were eager to share their ideas and personal stories with other focus group participants and the researchers, and quite a few commented on how much they enjoyed this type of forum. Many exchanged telephone numbers at the end of their session. Although we were clear in describing the focus groups as data collection for research purposes and *not* a form of treatment or therapy group, many respondents commented that they found the experience of listening and relating their experiences in a group setting to be helpful to them personally.

Data Analysis

All focus groups were audio recorded, and transcribed verbatim, including eight groups that were conducted in Spanish. Spanish transcripts were translated to English for ease of coding. Bilingual members of the research team reviewed the translated transcripts for accuracy and to make sure that idiomatic expressions were accurately translated.

Computer assisted qualitative data analysis software (ATLAS.ti) was used to organize and assist in analysis of transcribed focus group data. First, transcripts were entered into ATLAS.ti. Two researchers independently coded the first transcript. Next, the team met to discuss and unify their coding strategies. When a strategy had been agreed upon, researchers coded the remaining transcripts independently using the constant comparison method, and periodic meetings were held to discuss and review emerging codes and themes (Dye et al., 2000; Padget, 1998).

Once all transcripts had been coded to the point of saturation, themes related to help-seeking barriers and behaviors began to emerge from the analysis. One advantage to the use of ATLAS.ti is that it allowed us easy access to the quotations upon 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 quotations from respondents.

Although findings from this type of analytic 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 the respondents. In order to be reported as a finding, codes or themes needed to represent the views of (1) more than one respondent *and* (2) more than one focus group. Any codes or themes that were not linked to two respondents in at least two groups were eliminated from subsequent analyses and were not used to develop further themes.

FINDINGS

These findings focus on DVAOW participants' descriptions of *victimization behaviors*, i.e., victims' reactions to and internalization of the abusive behaviors of an intimate partner, including powerlessness, self-blame, the need to keep such abuse secret from others, the need to protect family, and hopelessness. As previously noted, the term *victimization*

behaviors does not imply that a victim is in any way responsible for an abuser's acts, but rather links the experience of being a victim with internalized emotions and perceptions that work against any inclination a middle-aged or older woman who experiences domestic violence might have to seek assistance.

Powerlessness

Powerlessness as described by DVAOW respondents refers to acceptance of the perpetrator's total control. Respondents indicated that the abuser often controlled access to economic and social resources and opportunities in order to maintain dominance over the victim. This is consistent with studies of younger women (Murty et al., 2000). At times these abuser behaviors went back to the earliest days of the marriage. However, most respondents thought that the effects of these behaviors were gradual and cumulative over a long period of time.

First the abuser will try to avoid her, control her, not give her economic independence, or socially . . . he isolates her, and then isolated, without money . . . he does it gradually, like the drops of water eroding a stone. The person comes to fear and then, having fear, in order not to stimulate any more violence, they keep quiet, start to tolerate . . .

Generational notions that marriage is unchangeable also create a sense of *powerlessness* even in cases where respondents felt that the marriage was dysfunctional, as shown in the following quotation:

My mother was extremely submissive. And when I got married, I married to take care of someone because it was something that I had seen my mother do. So I married the same type of husband that she had. And I was very submissive.

In general, respondents indicated that, for them, divorce was not an option. Immigrant victims, in particular, felt that they were "stuck" if there was abuse in the family, believing that seeking help would lead to deportation or that as immigrants they did not qualify for any type of assistance. One such respondent said,

In general, due to a lack of work, because they isolate you from work and everything, one says, "What am I going to do? I have

kids. I had no job or visa . . ." I did not have the money to pay my lawyer. I have been struggling for four years [to become] legal in this country. That part is very hard.

Another immigrant respondent stated, "The doors will be closed, because an immigrant is not permitted to have access to those resources." It is notable that, while immigrant women may have special problems, generational issues may also be a factor. Many respondents, most of them native citizens, expressed the belief that services were either not available or not appropriate for people their age.

Self-Blame

This factor describes a woman's belief that she is responsible for, or deserves, the abusive behavior perpetrated by her intimate partner. *Self-blame* has been documented in both the domestic violence (Cascardi & O'Leary, 1992; Clements et al., 2004) and the elder abuse (Pritchard, 2001) literatures. However, this can take on special significance in the context of a long relationship. One DVAOW participant expressed how the shame of marital failure was particularly powerful for older women:

It's hard for [older women] to leave the relationship because they've invested so many years . . . And you just don't give up something like that and admit that you failed . . . You thought you were going to reform him in all these years and you didn't. So giving up is a heavy thing. It can leave an older person feeling really bad about herself . . .

Another respondent observed, "I think that they prefer to suffer in silence than the shame of saying what is happening. Because the person that is being abused believes that it is their fault."

Several women who had experienced domestic violence remarked that abusers often exploit a woman's sense of *self-blame* and shame as shown in the following statements. The cumulative effect of self-blame and the exploitation of these feelings by the spouse may have dire consequences:

They can put you down. "You cannot do anything right." "You are not capable." They completely annihilate your personality as if you are not capable of thinking for yourself. . . . They kill you

psychologically. The psychological violence is worse than physical. It is total abuse. Then the time comes when the person gets mad. They get her crazy. By mistreating her psychologically the person gets emotionally sick [and thinks] "I am not worth anything . . ."

It is important to note that women indicated that these feelings of self-blame occur in the context of a long relationship. While this can happen in a similar fashion with younger women, respondents indicated that, over time these feelings become increasingly deep seated and difficult to change.

Secrecy

Secrecy describes a woman's reluctance to have anyone know about how she is treated by her intimate partner. It may be exacerbated by the abuser's vigilance and by the victim's shame (Anderson, 1991). For example, one participant stated,

Not only because of shame, although sometimes it is. In my case I tolerated 27 years of violence. First, because of my family. Second, because of what people are going to say about me. Third, because I did not want anyone to lecture me on what was happening . . .

Some authors have suggested that members of allocentric cultures may be particularly reluctant to discuss what are considered "private" matters that might reflect negatively on the family or even the cultural group. In such cultures there is a reluctance to discuss, or even acknowledge, problems that would could bring shame to a family member, since this would also bring shame to the entire family (Zea, Reisen, & Diaz, 2003). Our findings are consistent with this notion:

In my case no one would have ever [thought] that something was happening because I always looked happy. . . I think that in South America there is something very important, that is family education [about privacy]. . .

Generational norms also were described as an impetus for *secrecy*. Respondents often indicated that their generation was more reticent to talk about abuse than younger women:

Because of the way we were brought up, our generation, which was always to make the best of things . . . We're learning that at least we have some rights [but] I think we probably, most of us, would not tell.

The tendency of abused women to keep abuse a secret is well known to domestic violence researchers. However, respondents indicated that it is extremely difficult to break silence with regard to secrets that they have been keeping for most of their lives. Many expressed the belief that even if they told others, no one would believe them, and that this would bring further embarrassment and shame.

Protecting Family

As has been frequently cited in the literature (e.g., Belknap, 1999; Griffing et al., 2002; Lutenbacher et al., 2003; Zink et al., 2003) DVAOW study participants indicated that family and responsibility for children loomed large as concerns for most women, even those with adult children. This theme was manifested in distinct ways.

For example, one form of help-seeking barriers that clustered under *protecting family* was *making sure that the abuser did not harm other family members*. This sentiment was common and there were frequent comments indicating that respondents felt that they acted as a buffer between the abuser and their children, or that they could de-escalate a dangerous situation.

Quite a few participants talked about *protecting the family as a unit*, meaning that for some victims keeping the family together was more important than keeping any one family member, including themselves, safe and free from violence:

So my son once told me, "mom, why don't you separate?" He told me because he had witnessed one of the many [situations] . . . And the truth, I did not know what to answer [but] I had six children. The responsibility was to give them an upbringing . . . Why would I leave them without a mother and a father, when I could more or less give them the appearance of a nice home? Better something like that than nothing . . . They all suffered . . . in the end, it was not what I wanted for them, but I stayed because of that.

One gets a moral upbringing at home where you have to respect the rules and all that. They educate us to believe that marriage is forever. One has to endure a lot of things . . .

Notably, protecting the family included protecting the *abuser* for some women. They expressed concern for the abuser, which may be described as an ongoing emotional connection that makes punishment of the abuser unacceptable. "I don't think they should be punished because it's a sickness. And I think they should go for help . . ." and as another respondent stated: "There was a time when I didn't say anything about it because I didn't want anything to happen to him. . . ."

One woman whose husband had been beaten by police officers responding to her domestic disturbance report said, "So it ended up being that I was scared of calling the cops . . . I thought, well, if I call them they're going to come in and kill him. And I really didn't want him dead."

The most generationally unique form of protection was of the spouse. Young women have also expressed concerns for their spouses. However, older men often have care needs, and their spouses are often caregivers. The importance of the role of caregiver for some women was such that it actually made them more reluctant to put the relationship at risk by reporting abuse.

Two weeks later, she goes back to [him in] New York. They're still together. And now he's a diabetic; he's a sick person. And now she feels like, "I can't leave him now because, you know, because he's sick."

The converse was also true. Other participants described a need to stay with the abuser because of their own chronic illness or dependency. One chronically ill respondent observed,

My conflicts have not resolved and I don't see where they will ever be resolved, as far as I'm concerned. I don't see where he's going to change until some terrible thing happens . . . I'm sure that if I wasn't disabled and dependent on his salary, I'd be long gone. But because I have to stay in a bad relationship, due to my disability, I'm stuck. So, I notice I take a lot more abuse, because I have to, or I think I have to. There are options . . . I could go on the street, I guess, but I want to live in my nice home.

Many more respondents identified economic dependency or the need for companionship as reasons for dependence on their spouse. Their dependency on the abuser made adapting to an abusive living situation not so much a choice as it was a means of survival, a familiar concept to domestic violence researchers (Grigsby & Hartman, 1997).

Hopelessness

Hopelessness incorporates what DVAOW respondents described as forces that tend to hold middle-aged and older women in abusive situations and effectively prevent them from seeking help, even when they are quite conscious of their abuse. In the DVAOW study, many respondents felt that there was no help available. For example, some women felt that help is not available for someone their age:

There's no agencies that at our age we could go, talk to them and tell them our problems. And I'm so embarrassed, let's say, to go to our children or to our friends. . . . We don't really have places that we could go. . . . a place that we older ladies can go and speak to people who can help us out mentally.

Some respondents believed that a long relationship offered no hope of escape.

There's some older women that are still getting black eyes, beat up . . . some older people have been together so long . . . they feel like . . . when they married long time ago they married "till death do you part" . . . And so a lot of old people are . . . still getting whoopings. Because they figure, well that's my husband. Whatever you do is alright. And they tolerate it, you know?

Some respondents said that there simply isn't any help for domestic violence victims, or believed that help would be offered in an unacceptable way.

If a man is abusing a woman like his wife or girlfriend . . . and she reports it, she's always laughed at. . . . The police [think] she probably did upset him to do this. . . . So if you grow up in a culture like that, and it happens to you now, you're not going to tell.

Other women expressed a belief that help is not available for someone who is not badly injured, as demonstrated by the following dialogue:

M: Well I happen to know that a lot of the police will ask a wife that has been abused by a husband, but she won't tell them. So what happens? He abuses her again. The cops come right back to the same house.

GG: But they want to see the bruises and the black eye and the teeth knocked out.

M: They don't know sometimes mentally . . . it's even more damaging.

Several focus group participants said that staying in the abusive relationship was better than the alternative. For example:

I have tried to get help. And most of the people I talked to were women. And the reason I went back to my husband, I said, "anything out there is worse than what I'm going through here. So I'm going to remain."

I think the worst thing at an older age is loneliness. And I think that's why a lot of people stay in all kinds of relationships. Because as you get older, people around you passing away, children are go[ing] on at their own lives, and I think you just hang on, because, you know, you have no one else . . . So I think loneliness plays a greater part at this stage of the game in why people stay in relationships.

Many respondents felt that their "invisibility" as older people in our society would make help seeking pointless, as described in the following powerful quotation:

What I have seen I think the elderly are not treated with the same respect that you give to someone else who is younger. When they ask for something, when they complain . . . you say there goes that old person complaining again. . . . There is a lack of respect for their feelings and their necessities. You don't look out for them. You leave them talking to themselves.

DISCUSSION

Each of the victimization behavior themes developed in this study—powerlessness, self-blame, secrecy, protecting the family, and hopelessness—was seen by respondents as a contributing factor to the reluctance of older women to seek help for domestic violence or other forms of abuse. By contributing to their reluctance to seek help, these victimization behaviors effectively become barriers to help seeking.

Clearly, not all of the themes that emerged from this study are unique to middle-aged and older women. For the most part, however, the women in this study believed that age was a contributing factor to each of the themes in erecting barriers to seeking help.

Older women may have experienced violence and abuse many times longer than their younger counterparts. Respondents related that there is a kind of inertia that develops in the course of a long, abusive relationship, such that change becomes extremely difficult. Patterns of abuse and victimization behaviors become well established over a long period of time.

The length of abusing relationships and the inertia this appears to produce create a generational aspect to victimization behaviors. For example, self-blame may become so ingrained after many years of marriage, that it is impossible to imagine life without guilt and shame. Moreover, women who were raised at a time when it was uncommon for women to work outside the home, and common-to-hear expressions such as “a woman’s place is in the home” may feel a special responsibility for problems that occur in the home.

It is customary to think of *secrecy* as a barrier to help seeking with both younger and older women. However, older women may feel additional reluctance to seek help, since this would require discussing private family matters with outsiders. Repeatedly respondents observed that people of their generation did not talk about private family issues. Particularly for those older women who already feel that they are to blame for problems in the home, breaking secrecy can only exacerbate their feelings of shame and embarrassment.

Hopelessness seemed to have a strong age-related component that was expressed as a feeling that it might be too late, or if things had gone on “this long” one might just as well continue to endure the abuse. Moreover, women in the study expressed little faith that they would receive adequate services if they did speak out. Many believed that domestic violence services were targeted toward younger women, and that an older woman would be turned away. Some even thought they might be laughed at or ridiculed. Immigrant women tended to believe that they

would not qualify for even the services to which other older women had access. There were many comments to the effect that “nothing can be done” for violence or abuse in the context of a long marriage.

In some ways the most complex of the themes was that of protecting the family. Many middle-aged and older women had children in the home, as is common with younger women. Many of the women indicated that they feared for their ability to support children in their household without the support of their spouse. However, there was the added dimension that, in some cases, women with adult children appeared to fear that revealing domestic violence or abuse might disrupt their relationship with *adult* children. Clearly, for some women, the notion of protecting the idea of a *healthy* family and the image of *father* was important, even after children were grown and out of the house. Here too, the length of the marriage presented a barrier to discussing violence and abuse. Some women believed that their children would simply not believe them, or would be extremely angry with them for revealing violence perpetrated by their fathers.

However, the clearest age-related aspect of protecting family relates to the concern that many women expressed for the abuser. Most women in the study believed that reporting domestic violence would most likely result in arrest and removal of the spouse. For many women this was unacceptable. Many believed that their abuser was “sick” and needed treatment rather than punishment.

An aspect of protecting the family that appeared to be particularly strong with the oldest women in the sample was related to caregiving. Some respondents worried that the abusers’ advanced age and increasing needs for assistance could not be met if they were removed from the home. Their expressed need to take care of an ailing spouse was at times more important to them than escaping abuse. In other cases, it was the respondent who needed care, or even companionship that the spouse, albeit abusive, was providing.

Exceptions to the Rule

It should be noted, however, that not all respondents felt hopeless or powerless. This was particularly true of women who had left their spouses at a relatively early age. There were, however, a few who came to this view late in life after having lived for a long time in a violent relationship. These women described the act of escaping abuse or eliminating physical abuse as one of changing power and control dynamics in the relationship. They often recommended calling in law enforcement

and the courts, or even taking violent action against the abuser (one woman described threatening her abuser with a gun). Even in these cases, however, it is not clear whether overcoming barriers to help seeking resulted in gaining assistance from service providers or professionals aside from law enforcement and the courts.

Limitations of the Study

There are a number of limitations in our findings. Some of these are inherent in the study approach. For example, there is an extraordinarily broad cross-section of people living in Miami, which is reflected in the sample; however, there is always the possibility of bias based on residency in any single geographic area. Although we employed a sampling strategy designed to maximize variation, DVAOW respondents do not necessarily represent middle-aged and older women in any other community.

The current study emphasizes similarities between respondents. This should not imply that there are no important differences, but rather that more research, especially research using large numbers of respondents and quantitative techniques, will be necessary to fully explore such differences.

One potential source of selection bias was that respondents generally learned about how to volunteer for participation in the research through advertisements about a study of “conflict in intimate relationships.” It is possible that the emphasis on “conflict” in the advertisement may have produced some self-selection bias. To minimize this we did not use the word “violence” in any subject recruiting materials; however, it is still possible that the word “conflict” may have contributed to the relatively high number of women who had experienced abuse volunteering for the study.

Results of this study are based entirely on concepts and themes that could be verified through actual responses of participants in the form of quotations. Corbin and Strauss (1990) have described this as a process by which concepts, themes, and theories “earn” their place in research results by being present in participant responses. However, this approach can also be seen as a limitation, in that there may be relevant concepts that were simply not discussed by respondents.

Notably, concepts and other theoretical propositions that could not be verified through actual responses from participants were omitted from results. Indeed, several concepts and propositions suggested by members of the research team at the outset of the study were dropped from subsequent analyses due to a lack of support in the responses of

participants. This does not mean that concepts suggested in previous theoretical and empirical writings are “invalid.” Rather, such theories and conceptualizations were simply not found in participant responses.

CONCLUSION

These findings, while exploratory, have implications of which service providers should be aware. Although women may not be biologically old in their forties, there is considerable evidence that age and job discrimination begins at this age (Neumark, 2003). Middle-aged and older women are more economically vulnerable than their younger counterparts, and as a result may be more dependent on their families and social contacts for support, particularly in times of distress (Beckett & Schneider, 2000). Moreover, their social support, particularly for “sandwich generation” women (Morgan & Kunkel, 2001, chapter 6), may also involve complex responsibilities for children, grandchildren, and aging parents. In many cases they may not only be dependent on their networks—their networks may be dependent on them.

For many middle-aged and older women, leaving may not be an option. It seems reasonable to speculate that many older women in need of help for domestic violence may not even consider seeking help if they believe that separation is necessary.

Service providers need to consider developing options that are less likely to be disruptive to the natural and familial support systems of older women. Respondents indicated that for many women of their generation treatment must be within the context of their marriages to be viable. Zink et al. (2003) point out that making support available to women who choose to stay with their abusers means that communities and service providers need to think “outside the box.” While such thinking is still somewhat “radical” for treatment approaches to younger women, respondents in the current study indicated that it may be *sine qua non* if viable treatment approaches are to be found for their generation of women.

Other common approaches to intervening in cases of domestic violence may also be problematic with middle-aged and older women. Participating in a support group with younger women may not be beneficial to older women who have dissimilar life experiences. Staying in a shelter filled with children that does not offer privacy and quiet and that does not accommodate the needs of older individuals (e.g., monitoring medications, accommodating dietary preferences or restrictions) may dissuade older victims from seeking any kind of help at all.

An interesting serendipitous finding of this study was that the study participants were most open and interested in sharing their experiences in a group of women roughly their own age with whom they felt they had things in common, but with whom they had no social connection. While DVAOW respondents often indicated that they would have trouble sharing their experiences with family or friends, they found it relatively easy to disclose what would otherwise be embarrassing and highly private information with women who were anonymous to them. Although researchers took pains to communicate that the groups were not conducted for therapeutic purposes, many participants indicated that they found the groups to be helpful and cathartic. This may well be important information for shelter and other workers who treat older DV victims when making staffing and group treatment arrangements.

There is a clear need for research in this area. Domestic violence against older women has received relatively little attention in the literature. Since middle-aged women are typically not recruited for domestic violence studies or elder abuse studies, even less is known about this population. Moreover, although some researchers have found that age may be a protective factor for domestic violence (Murty et al., 2000), the proportion of older and middle-aged women reporting domestic violence in this study was surprisingly large. Clearly there is a need for studies using probability-sampling techniques to investigate the prevalence of domestic violence in this population. Other researchers, while encountering similar findings, have indicated that undercounting is likely. Researchers need to take into account the reticence that the respondents of the current study indicated to discussing domestic violence, so that they can design studies and instrumentation that more accurately assess the prevalence of domestic violence with mature women.

In addition, research is needed to better understand how the experience of “elder abuse” and “domestic violence” are the same, and how they differ, in terms of impact on the victim. More research is also needed to develop appropriate interventions most likely to maximize safety and reduce risk.

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