

External Barriers to Help Seeking for Older Women Who Experience Intimate Partner Violence

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Abstract There has been relatively little research published to guide the field in identifying and addressing barriers to seeking help for older women who experience domestic violence (DV). The current article focuses on findings related to *external behaviors* to help-seeking in the Domestic Violence Against Older Women (DVAOW) study. Data were collected in 21 focus groups with 134 women, 45 to 85 years of age. *External barriers*, described by DVAOW respondents as contributing to the reluctance of some older women to seek help for domestic abuse, include *response of family*, *response of clergy*, *response of the justice system*, and *responsiveness of community resources*. These findings are discussed with implications for community outreach and future research.

Keywords Domestic abuse · Barriers to help-seeking · Older women · Elder abuse · Qualitative research · Domestic violence · Intimate partner abuse

In the fields of elder abuse and domestic violence, there is increasing recognition of the problem of domestic violence (DV) against older women. However, understanding issues surrounding DV against older women is confounded by a schism in research and service systems that commonly define DV and elder abuse as discrete concepts with little recognition of co-occurrence. 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 DV victims (Coker et al. 2002; Lachs et al. 1998; Mouton 2003), researchers and policy makers have identified an urgent need to broaden the conceptual framework for understanding elder abuse in its many forms, including DV, and the factors that prevent victims from seeking or receiving assistance (Gordon and Brill 2001; National Research Council 2003).

The National Elder Abuse Study (NEAIS 1998) was the first national research project to confirm that many older victims of domestic abuse face barriers that prevent them from seeking help. Many studies before and after the NEAIS have documented that, as a result of these barriers, older victims of DV and elder abuse often remain under- or un-served (e.g., Dunlop et al. 2000; Grunfeld et al. 1996; Vinton 1999). Although there is a modest literature regarding barriers to help-seeking with samples of relatively young women (e.g., Anderson et al. 2003; Dienemann et al. 2002; Fugate et al. 2005; Waldrop and Resick 2004), little has been written regarding older victims of DV and the factors that prevent them from seeking help.

In 2002, an interdisciplinary team of researchers at Florida International University began a two-year qualita-

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tive 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 DV; their views about causes, reporting, interventions, and consequences for perpetrators; factors that deter or prevent help-seeking from family and friends, the justice system, and community agencies; and elements of outreach and intervention strategies they see as acceptable and/or desirable.

The current article focuses on findings from the DVAOW data related to *external barriers* help-seeking (i.e., older victims' reactions to people or systems external to both the abuser and the victim and the impact of their reactions on help-seeking behavior). These barriers, described by DVAOW respondents as contributing to the reluctance of some older women to seek help for domestic abuse, include response of family, response of clergy, response of law enforcement and the courts (the justice system), and responsiveness of community resources.

Methods

Sampling for Focus Groups

The DVAOW study employed a qualitative data collection approach involving 21 focus groups to capture the perspective of older women and the language they used to describe concepts related to family conflict and intimate partner violence. All respondents came from Miami-Dade County, a large metropolitan area in southeastern Florida. The 134 focus group participants, ages 45 to 85 years, were primarily recruited through 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 sampling strategy (i.e., maximum variation sampling, emphasized obtaining a respondent pool that was diverse enough to capture as much of the deviation in the population as possible (Patton 1987). However, open discussion in focus groups is facilitated by assigning study participants to groups with others like themselves with regard to age, ethnicity, race, and income. Therefore, individual group composition was selected to allow for relatively broad differences between focus groups, while maintaining enough similarity between respondents within focus groups to enhance the comfort of the members (see Table 1).

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 of the focus group session that they were currently or had been a victim of intimate partner DV. Because a few respondents alluded to current or former abuse without confirming it, an exact victim count is not available. It is estimated the total number of DVAOW participants who experienced DV was between 40 and 44, or approximately one third of all victim and non-victim respondents.

The research protocol and informed consent forms were approved by institutional review. As one aspect of protecting the confidentiality of respondents the researchers allowed women to use a pseudonym if they preferred. This option clearly added comfort. Several women in each group (and occasionally a majority) used an assumed name. To further support the sense of privacy and confidentiality, participant stipends were paid in cash so there was no need to maintain personally identifying information.

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

Table 1 Demographic characteristics of participants in each of the 21 focus groups

Description	<i>n</i>	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 <i>N</i> :	134	

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 prompt was to identify non-victims’ assumptions regarding the type of help that might be available and consequences of seeking such help.]
- What happens to people who are violent with their older spouses or partners; what do you think *should* happen?

Although every group addressed all of the items, after the initial probe regarding “normal” conflict, the order of the remaining questions was determined by the natural flow of the discussion. All discussion prompts were posed within the context statement “for women in ‘our’ age group”. When discussion centered on younger women, facilitators used prompts like “are there any differences when these things occur for women our age?” to refocus respondents on issues for older victims. With very few exceptions respondents participated enthusiastically. 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.

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 text for accuracy and to make sure that idiomatic expressions were accurately converted.

Researchers used computer assisted qualitative data analysis software (ATLAS.ti) to organize and aid in analysis of transcribed focus group data. 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; Padgett 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. Nevertheless, findings from this type of analytic procedure are not considered generalizable (Corbin and Strauss 1990; Newman and Benz 1998). Rather, the design emphasized producing findings that were representative of the views and perspectives of all of the respondents. Findings are only reported when codes or themes represent the viewpoint of women in more than one focus group. Researchers considered codes or themes that were not representative of multiple focus groups and multiple respondents to be idiosyncratic; and such codes were not used in subsequent analyses nor to develop themes.

Results

This article focuses on DVAOW participants’ descriptions of external barriers to help-seeking for older women who experience domestic abuse. External barriers identified include *response of family*, *response of clergy*, *response of the justice system*, and *responsiveness of community resources*.

Response of Family

This theme describes the way that older domestic abuse victims react to expected as well as actual responses of family to disclosure about domestic abuse, and the impact of that reaction on seeking help. This is important because research has shown that social support facilitates coping and accessing available resources (Waldrop and Resick 2004). Whether real or assumed, the majority of women in the study expressed fear that, if they were to talk about experiencing DV, their family members would not be supportive. Those who had actually talked about DV or separated from their abuser indicated that results had been mixed. In some cases children and families were supportive. More often than not, however, families denied the abuse, blamed the victim, or were hostile to the idea of “breaking up the family”.

Non-victims speculated that family members would blame or judge them. “*Why am I going to bother to tell you if then the recrimination comes?*” Although there were a few examples of supportive family responses, most respondent victims had felt that their families had been unsupportive. This is consistent with the findings of other researchers (Fugate et al. 2005; Lutenbacher et al. 2003).

...My mother, when she came to rescue me, she looked at me and she said, "Why are you such a nag?" The same woman who said she loved me...black eye, bleeding...and she said, "Why aren't you a good wife to him? He's such a nice man."

* * *

[My mother said...] "But you married him knowing he was like that, because when you were still boyfriend and girlfriend he was that way...so deal with it."

Notably, many focus group participants indicated that they, themselves, blamed victims and judged victims' responses to an abusive intimate partner, although this bias did not appear to be obvious to respondents who expressed it. "... either accept it or leave...I can't understand why women make excuses."

Lutenbacher et al. (2003) used the phrase "beyond the individual woman" to describe how women in their study talked about the complications of family violence. Many victims stated that when they disclosed abuse, family and other external sources of support did not comprehend the connection between victims and their abusers, or their homes, or that there were many multifaceted issues related to meeting the needs of their families and children (Lutenbacher et al. 2003).

A particularly notable finding with regard to family was that none of the respondents specifically identified their father as someone they had talked to about abuse. Rose et al. (2000) identified this same phenomenon with a younger victim sample. In that study most of the subjects described their fathers as stormy, cold, or unavailable, although a few of the subjects had more extreme situations with their fathers, including fathers who were alcoholic, drug abusing, and/or perpetrators of physical or sexual abuse in the family.

Clergy Response

Although it has not been extensively explored in the literature on domestic violence, spiritual beliefs appear to be a particularly important factor for older women in terms of coping with and surviving DV as well as in determining whether to stay in or leave an abusive relationship (Zink et al. 2003). This is consistent with a fairly robust literature that documents the importance of spirituality among older people in general.

There were strong indications from respondents that, if they were inclined to talk with anyone about DV, their "first stop" would be a member of the clergy

...I would call the church ...because the first thing that I would seek would be some spiritual guidance in the situation...I feel confident that the help would be there.

In part, this type of response may be due to the linkage of religious beliefs and marriage in the minds of many older women.

...Marriage is, first you are making a promise with God and second with your partner.

As the quotation above suggests, some religious beliefs may be a barrier to help-seeking, as was documented in a study that compared attitudes of victims and non-victims and found that more "battered" women than "non-battered" women in the sample believed that church teaching contributed to DV (Manetta et al. 2003). This contrasts with numerous examples in the data indicating that belief in God helped women to find the emotional strength to transform their situations.

Once I received Jesus, God said: I removed myself from that man. I never went back to him. And that's how I got out. Never went back once...Thank God.

Spiritual beliefs were an essential part of the coping strategy for women who reported leaving abusing spouses as well as those who reported staying. When problems arose, however, it was more often related to clergy than their beliefs.

...The priest or ministers will say: "that's your burden to bear". And very often people get turned back away from there—"sister, you've just got to pray on it. We're going to pray on it that God is going to change his heart".

Women in the DVAOW study expressed the importance of their spiritual beliefs in finding the strength to survive in an abusive relationship as well as in finding the power to seek help. Nevertheless, as noted by Grigsby and Hartman (1997), there were few indications that DVAOW participants who had experienced DV had actually found help from members of the clergy.

Moreover, none of the respondents indicated that they had been referred by clergy to social service or justice system resources. Clergy responses were most often characterized as encouraging maintaining the status quo while offering little practical help.

Justice System Response

Most women in the DVAOW study indicated that they saw the justice system as the logical external resource for obtaining at least short-term assistance. Ironically, however, the *justice system response* emerged as one of the most significant systemic barriers to seeking help, which also had been documented in earlier DV research with younger samples (Aronson et al. 1995; Dugan et al. 2003; Grigsby

and Hartman 1997; Lutenbacher et al. 2003). DVAOW respondents talked about beliefs such as fear of police brutality toward the victim; negative thoughts about jail as a punishment; perception that arrest, restraining orders or court interventions don't help (or make things worse); concern that police will not understand the situation; and fear that police will ridicule the victim.

A few respondents had actually witnessed police brutality toward the abuser and, even when there was some sense of satisfaction, the prevailing feeling was aversion to this response:

...I was scared of calling the cops—and I thought, well, if I call them they're going to come in and kill him. And I really didn't want him dead.

Other respondents who had not had personal experience with DV, but had either heard stories from friends or relatives, or seen programs about law enforcement response to DV on television, believed that police officers might respond violently to an abuser:

...television programs, like Cops... They come over to the house and you don't understand what they are saying and you see that a white cop comes over and they arrest the black guy because he just beat up his woman. Imagine what the scene would be like for an older couple...a man who is 75 and has been beating his wife for 50 [years].

Quite a number of respondents expressed a lack of faith in justice system-related interventions (police or court based). This was reported both by women who had had experiences with the justice system and those who had not.

I don't necessarily know that jail time is good, because [the abuser] really would just get more pissed off.

* * *

A restraining order is [a court order] asking him to stay away from you, but it doesn't keep him away from you.

* * *

The courts sort of mandate the man to take those anger management courses. Now, I can tell you, it sure makes the man very angry to take those anger management classes.

Many DVAOW participants, particularly non-victims, expressed concern that the system would be biased in favor of the abuser and that police would ridicule or otherwise mistreat domestic abuse victims. Lutenbacher et al. (2003) described this phenomenon as “invalidation”. Several respondents expressed a lack of confidence in the justice system.

If a man is...abusing his wife or girlfriend, and she reports it, she's always like laughed at. Where the police is—[they believe] she probably did upset him to do this...

* * *

And I think some of it is because the system, basically, is run by men, they let men leave, get off the hook easy.

Consistent with Dutton et al. (1999), the preponderance of DVAOW participants, both victims and non-victims, viewed the justice system as the correct and appropriate cluster of institutions to address individual incidents of DV involving physical violence. Yet, there were few positive expectations for outcomes from contact with this system.

Responsiveness of Community Resources

While many respondents said they did know where they could get help, many others did not, as has recently been documented with younger DV victims (Fugate et al. 2005). Even those who thought that help was available were generally unable to describe where they would go or even how they could find out about existing assistance. Respondents talked about *responsiveness of community resources* in four ways: a general belief that no help is available or that most victims don't know how to get help; a belief that no help is available for older people, and more specifically, for older DV victims; a belief that what is available is difficult, unpleasant, or confusing to use; and misinformed statements about resources that may be the result of a confounding and disjointed service system.

Why do the problems grow? Because there are no programs to help you talk, share, manage the situation—if it can be managed. How to know if it is dangerous or not?

* * *

...Ladies of my age and older that stay in a bad relationship...some of them do that because there's no agencies that at our age we could go, talk to them and we tell them our problems.

* * *

I remember when I went to the police and they took him in, [they gave me] a paper but I didn't know [what to do with it]. If it weren't for a friend who told me that I had to file for a restraining order...I would not have known...but much information is needed from the court...They should educate women more, because it is nonexistent. One finds them by chance...

Some respondents believed that no resources for older people with any type of problem were available.¹

I listen to the radio in Spanish and English. I read the papers...I receive a lot of flyers in the mail...I have not seen anything...that focused on older people... I am an old woman ...my husband is still hitting me like he has for over 60 years. I have no idea. I have not heard of anything.

Many other respondents believed help was available and talked about getting help, but seemed vague or confused with regard to how to go about it, or believed age was a significant barrier:

She says that there's places...but when you call them and you say, "I'm a senior or elderly person, I would like to come in for some information," the machine goes, "please leave your name and telephone number and we'll get back to you". They never get back to you.

* * *

...somebody told me to go to a shelter, and I asked around.... Those children are snotty nosed and the women are dirty...[you think] oh no, I better stay where I am. I don't want anything crawling over me or somebody come and beat me over the head and take [my things]...

Finally, many 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, and in particular older DV victims, can get help.

To illustrate the impact of a fragmented and poorly understood community response system, Grigsby and Hartman (1997) offered the example of someone suffering with medical symptoms who would be unlikely to accept medical care if doctors said they could perform a procedure, but could not explain exactly how it would be done nor predict the outcome of the procedure on the presenting symptoms. In fact, poor coordination of community responses to DV (Allen 2005; Kasturirangan et al. 2004; Lipchik et al. 1997) and to older persons who experience DV (Dunlop et al. 2000; Pritchard 2001; Vinton 1999) is well documented. As shown in the examples above, improving responsiveness of community response is an

essential aspect of encouraging help-seeking for older DV victims and responding appropriately when it occurs.

Emotional Abuse

Most DVAOW respondents indicated that they did not believe there was available assistance in cases where there was emotional abuse in the absence of physical abuse. This is a notable concern because the majority of DVAOW participants agreed that emotional abuse was as bad as or worse than physical abuse, a finding which also has been documented in the research literature (e.g., Langhinrichsen-Rohling 2005; O'Leary 1999; Rose et al. 2000).

There's many people who've never had physical abuse...[but] you could do a heck of a lot by talking, innuendo, all sorts of things...and it's much worse than physical abuse...but they want to see bruises and the black eye and the teeth knocked out.

* * *

...a punch, a wound, is going to heal. One bleeds but the resentment stays there. But the psychological abuse terminates you. It creates many adverse thoughts.... It is worse because you cannot see it. The psychological mistreatment is felt and it goes on destroying one from the inside. Many women don't know that this is worse than any other thing because it starts damaging a person's mind. Our entire life is damaged because of emotional violence.

Fear of Nursing Home Placement

Studies of younger women have also documented the importance of emotional abuse. However, it should be noted that older women are often more financially, emotionally, and even more physically dependent than their younger counterparts. Nevertheless, as the following quotation indicates, at least one fear resulting from emotional abuse seemed related to age-related dependency.

...I think that sometimes they do not ask for help because they believe that they [would put them] in an elderly home.

It should be noted, however, that very few of the respondents in the current study made reference to this fear. Nevertheless, the research 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 (e.g., Beaulaurier and Taylor 2001; Hudson 1986).

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.

Abuser Behaviors

It is important to note that internalization of external factors and the degree to which they become help-seeking barriers may be influenced by abuser behaviors and internal barriers to help-seeking that also were discussed by DVAOW respondents. Several researchers have described aspects of this relationship in reports of studies with younger victim samples.

Authors have indicated that DV victims may believe that the difficulties in their relationships are embedded within themselves (Beaulaurier et al. 2005; Grigsby and Hartman 1997). Writing from a psychodynamic perspective, Grigsby and Hartman (1997) speculate that some DV victims find self-blame preferable to blaming their community and legal controls or their partners for the abuse due to the relative difficulty of changing their spouses or community resources compared to changing themselves. They also note that self-blame for problems in the relationship, subservience and submitting to their partner's will, even when the partner is abusive, is consistent with the traditional socialization of women.

Such dynamics may be even more powerful for older victims. Women in older generations most often were socialized to be submissive within the family framework (Aronson et al. 1995; Beaulaurier et al. 2005). DVAOW respondents' expectations and experiences regarding *family response* were framed in this "pre-feminism" context. The religious perspectives of many DVAOW participants reflected a similar generational influence in terms of the belief that marriage was "sacred".

Abusers may well exploit these natural proclivities, which in turn may have the effect of strengthening external barriers. For example, abusers may socially isolate victims with negative messages, such as "no one will believe you," or "no one will help you".

...they want to have you all to themselves because they want to control everything that goes into your mind, so that other people don't get ideas into your mind like freedom, like they are abusing you, so they isolate you to have that control

Many respondents indicated that there was a relationship between abuse and their own traditional roles as women, and that domestic violence may even result from stepping out of the subservient and subordinate role:

Well I do believe that when a person has a problem with her husband, or anyone else, she should stay quiet, quiet. Because if one keeps talking the situation can get worse... and then you come to see that what is called domestic violence comes from there

However, many other women indicated that abusers often seemed to use feelings of jealousy as pretext for both isolation and violence:

The jealousy was terrible! He told me I had to be by him 24 hours a day. Not even to go to the bathroom! I had to go with him!

Whether there was a pretext for coercion or not, respondents indicated that sometimes the tactics used to isolate victims amounted to tactics of terrorization. Respondents indicated that while some threats focused on violence, abusers used a wide variety of intimidation strategies to control their victims as indicated by this immigrant woman:

...Threats of taking the children away, to deport you, for many things, or threats of not giving you any money, the jealousy...that is worse than violence ...

Clearly there is a need for continued research to explore the relationship between the behaviors and feelings that women have internalized, the behaviors of abusers, and the external factors related to family, clergy, the justice system and the response of social service providers. While this paper has primarily focused on the external barriers, responses of women in this study indicate that there is a relationship between external barriers and abuser behaviors that make seeking help all the more difficult for them.

Discussion

Limitations

There are a number of limitations in these findings. Some are inherent in the study's approach. For example, there is an extraordinarily broad cross-section of people living in Miami. We have endeavored to reflect this 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 older women in any other community.

Respondents generally learned about the research through advertisements about a study of "conflict in intimate relationships". To minimize the potential for selection bias we purposely avoided the use of the word "violence" in the 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. This relates to the principal strength of the approach in that the theories generated are “grounded” in the perspective of the subjects under study, and are therefore relevant to them. 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 multiple respondents in more than one group, or at all.

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 verified in this study.

Conclusions

The DVAOW study addressed a unique area pertaining to DV and older women by employing a diverse older sample who gave voice to what it is like to experience domestic abuse as an older woman. As previously noted, many of the concepts that emerged in the DVAOW study have been discussed in the domestic violence literature. However our findings are unique in the following ways:

The customary systemic responses used with younger abuse victims may not meet older victims’ needs. For example, leaving the abuser may not be an option. 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.

A 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 they 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.

Moreover, 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) pointed out, 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.

Respondents indicated that when they were inclined to seek help from external constituencies, most often they first turned to help-lines, 911, and clergy. These first responders need to be aware of the differences between older and younger domestic violence victims.

In particular, law enforcement responders need to learn how their actions may serve to reinforce barriers to help-seeking, methods to encourage and facilitate help-seeking, and the need to involve community providers of DV and elder services in any intervention to create a viable safety net. Providers of DV and elder social services need to better understand the constraints placed on police and the courts by statute and policy, fashioning responses that meet victims’ needs first and foremost, but within the context of the legal system. Agencies that typically work with older people need to better understand unique aspects of DV as a form of elder abuse and appropriate response to DV victims, which differs significantly from responses to abuse that may be caused by caregiver stress. The powerful beliefs about marriage and God among older women may well drive them to seek counseling from clergy. Therefore, both DV and elder service providers need to reach out to faith based communities to increase understanding regarding the nature of domestic violence and elder abuse, to enhance awareness of how clergy actions may create or reinforce existing barriers to help-seeking, the state-of-the-art in services, and how to best help congregants to make well informed choices that encourage victim safety.

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References

- Allen, N. E. (2005). A multi-level analysis of community coordinating councils. *American Journal of Community Psychology*, 35(1–2), 49–63.
- Anderson, M. A., Gillig, P. M., Sitaker, M., McCloskey, K., Malloy, K., & Grisby, N. (2003). Why doesn’t she just leave?: A descriptive

- study of victim reported impediments to her safety. *Journal of Family Violence*, 18(3), 151–155.
- Aronson, J., Thornewell, C., & Williams, K. (1995). Wife assault in old age: coming out of obscurity. *Canadian Journal of Aging*, 14(2), 72–88.
- 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).
- 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).
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., et al. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 23(4), 260–268.
- Corbin, J., & Strauss, A. (1990). Grounded theory research—procedures, canons and evaluative criteria. *Qualitative Sociology*, 13(1).
- 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.
- Dugan, L., Nagin, D. S., & Rosenfeld, R. (2003). Do domestic violence services save lives? *NJJ Journal*, 250, 20–25.
- Dunlop, B. D., Rothman, M. B., Condon, K. M., Hebert, K. S., & Martinez, I. L. (2000). Elder abuse: Risk factors and use of case data to improve policy and practice. *Journal of Elder Abuse and Neglect*, 12(3/4), 95–122.
- Dutton, M. A., Goodman, L. A., & Bennett, L. (1999). Court-involved battered women's responses to violence: The role of psychological, physical, and sexual abuse. *Violence and Victims*, 14(1), 89–104.
- 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).
- Fugate, M., Landis, L., Riordan, K., et al. (2005). Barriers to domestic violence help seeking. *Violence Against Women*, 11(3), 290–310.
- Gordon, R. M., & Brill, D. (2001). The abuse and neglect of the elderly. *International Journal of Law and Psychiatry*, 23, 183–197.
- 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.
- 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.
- Kasturirangan, A., Krishnan, S., & Riger, S. (2004). The impact of culture and minority status on women's experience of domestic violence source. *Trauma, Violence, & Abuse*, 5(4), 318–332.
- 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.
- Langhinrichsen-Rohling, J. (2005). Top 10 greatest “hits”: Important findings and future directions for intimate partner violence research. *Journal of Interpersonal Violence*. Special 20th Anniversary Issue, 20(1), 108–118.
- Lipchik, E., Sirls, E. A., & Kubicki, A. D. (1997). Multifaceted approaches in spouse abuse treatment. *Journal of Aggression, Maltreatment & Trauma*, 1(1), 131–148.
- Lutenbacher, M., Cohen, A., & Mitzel, J. (2003). Do we really help? Perspectives of abused women. *Public Health Nursing*, 20(1), 56–64.
- Manetta, A. A., Bryant, D. F., Cavanaugh, T., & Gange, T. A. (2003). The church—does it provide support for abused women? Differences in the perceptions of battered women and parishioners. *Journal of Religion & Abuse*, 5(1), 5–21.
- Mouton, C. P. (2003). Intimate partner violence and health status among older women. *Violence Against Women*, 9(12), 1465–1477.
- National Elder Abuse Incident Study: Final Report (1998). 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. RJ Bonnie & RB 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.
- O'Leary, K. D. (1999). Psychological abuse: A variable deserving critical attention in domestic violence. *Violence and Victims*. Special issue: Psychological abuse in domestically violent relationships, 14(1), 3–23.
- 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.
- Pritchard, J. (2001). *Male victims of elder abuse: Their experiences and needs*. London, England: Jessica Kingsley Publishers Ltd.
- 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.
- Vinton, L. (1999). Working with abused older women from a feminist perspective. *Journal of Women and Aging*, 11(2/3), 85–100.
- Waldrop, A. E., & Resick, P. A. (2004). Coping among adult female victims of domestic violence source. *Journal of Family Violence*, 19(5), 291–302.
- Zink, T., Regan, S., Jacobson, C. J., & Pabst, S. (2003). Cohort, period, and aging effects. *Violence Against Women*, 9(12), 1429–1441.