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Survivors in the Margins: The Invisibility of Violence Against Older Women

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Violence against older women exists in the margins between domestic violence and elder abuse, with neither field adequately capturing the experiences of older women survivors of intimate partner violence (IPV). This commentary explores this oversight, identifying how the lack of gender analysis in the elder abuse field exacerbates older survivors' invisibility when the wider violence against women (VAW) field lacks a lifespan approach to abuse. Examining the impact of generational and aging factors on how older women experience IPV, we assert that the VAW field may be overlooking a wider population of survivors than previously thought.

KEYWORDS commentary, domestic violence, elder abuse, intimate partner violence, violence against older women

INTRODUCTION

Intimate partner violence (IPV) transcends cultural, racial, and socioeconomic boundaries, yet the violence against women (VAW¹) field has done little to acknowledge how abuse also transcends age. Conversations about

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VAW too often exclude older women,² overlooking the impact of age and aging on survivors' help-seeking behavior, perceptions of abuse, and approaches to healing. Despite evidence that IPV persists across the lifespan and carries greater health consequences for older women, the VAW field has not prioritized including women beyond childbearing age in research, policy advocacy, or victim services (e.g., Straka & Montminy, 2006). Violence against older women is largely unaddressed because it exists in the margins between two fields: domestic violence³ and elder abuse (Dunlop et al., 2005; Straka & Montminy, 2006). This article synthesizes research on the invisibility of violence against older women and explores the intersection between IPV and elder abuse to demonstrate urgency for practitioners, researchers, and policymakers in both fields to adopt an age- and gender-responsive lens in their work.

Consensus exists that both insufficient dialogue between the VAW and elder abuse fields and a lack of conceptual clarity on elder abuse present significant barriers to understanding older women's experiences of violence (UN Department of Economic and Social Affairs [UN DESA], 2013; Leisey, Kupstas, & Cooper, 2009). With a focus on the United States, this commentary: (a) underscores problems with definitions of IPV and elder abuse that are overly narrow or broad; (b) outlines methodological challenges in identifying the scope of violence against older women, highlighting how generational and social factors impact older survivors' understanding and disclosure of abuse; and (c) describes how the fractured approach to addressing violence against older women manifests in victim services. We argue for the intentional inclusion of older women in VAW research, policy, and practice, reflecting the realities of abuse across the lifespan.

INTIMATE PARTNER VIOLENCE OR ELDER ABUSE? A DEFINITIONAL PROBLEM

Progress has been made linking women's health with resources for addressing IPV, but the majority of these efforts have been directed towards women of reproductive age (UN DESA, 2013). This lack of attention to VAW across the life course has led to insufficient knowledge of how older women experience abuse. One major hurdle to integrating older women into VAW research is lack of consensus on the definition of elder abuse, exacerbated by the reluctance of the elder abuse field to include IPV within its scope of work (Aitken & Griffin, 1996; Penhale, 1999). This definitional problem raises questions about whether older women's victimization stems from vulnerabilities associated with aging, patriarchal power dynamics, or both.

Cook, Dinnen, and O'Donnell (2011) note that most literature on violence against older women equates the terms "victims of elder abuse" and "older interpersonal violence survivor[s]" (p. 1075), revealing how women

over childbearing age who experience violence are subsumed under the category of elder abuse, which deemphasizes the role of gender in interpersonal violence (Hightower, 2002; McGarry, Simpson, & Hinchliff-Smith, 2011). Ambiguity in distinguishing between IPV experienced by older women and elder abuse remains unresolved at the highest levels of public health research, as exemplified by the strikingly similar ways that the Centers for Disease Control and Prevention (CDC) defines IPV and elder abuse. IPV consists of: physical and sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) (Breiding, Basile, Smith, Black, & Mahendra, 2015). Elder abuse “is any abuse and neglect of persons age 60 and older by a caregiver or another person in a relationship involving an expectation of trust” (Nelson, Bougatsos, & Blazina, 2012), which can be physical, sexual, psychological, or emotional, or take the form of financial exploitation or neglect. Both definitions recognize that violence can take multiple and co-occurring forms, need not be physical, and is perpetrated by someone with an established relationship with the victim. Though the CDC’s definition for elder abuse specifies victims’ age, the definition for IPV does not, suggesting the presence of violence across the life course. IPV is not operationalized in the definition of elder abuse, but the qualification for a perpetrator as someone “in a relationship involving an expectation of trust” suggests that older adults can also experience this form of violence.

This lack of clarity could be remedied by including language in the IPV definition specifying the occurrence of abuse across the lifespan. Complementarily, the definition for elder abuse could include intimate partners as perpetrators of abuse and neglect, or denote IPV in later life as a form of elder abuse. Enhancing visibility of late-life IPV⁴ in defining terminology could have a significant impact in encouraging research representative of all populations of women. Absent this clarification, a feedback loop of exclusion of older women in VAW research remains. An example of this comes from the United States Preventive Services Task Force’s (USPSTF) recommendation for IPV screening. Adopted by the U.S. Department of Health and Human Services as rationale for requiring health insurance coverage of such screening, the USPSTF limits screening to women and girls ages 15 to 46—the age range of women included in studies cited as evidence for the recommendation (Nelson et al., 2012). As a result, over 40% of American women (United States Census Bureau, 2012) are invisible in screening recommendations for all forms of abuse. The lack of consensus on whether late-life IPV falls under the category of elder abuse poses serious challenges, implying that IPV in the lives of women past childbearing age does not warrant clinical attention.

WHAT, AND WHO, TO ASK ABOUT ABUSE: A METHODOLOGICAL PROBLEM

What to Ask: Nonphysical Violence in the Lives of Older Women

It is widely accepted that IPV disproportionately impacts younger women, with 47% first experiencing violence between 18 and 24 (Black et al., 2011). As a result, Rennison and Rand (2003) suggest that the VAW field has fixated on this visible majority at the expense of understanding violence in older age. Research has singularly emphasized the negative correlation between age and risk of abuse, targeting younger women with tools for intervention and prevention (UN DESA, 2013; Stöckl & Penhale, 2015). Though less attention has been devoted to this population, there is substantial evidence on older women and IPV that not only indicates a need to reevaluate how to ask them about abuse, but also suggests that the gulf between younger and older women's experiences is narrower than previously thought (e.g. Mouton, 2003; Stöckl & Penhale, 2015). Although older women report lower rates of physical and sexual violence than their younger counterparts, the prevalence of nonphysical IPV (i.e. verbal, emotional, and psychological abuse) does not have the same inverse relationship to age (Dunlop et al., 2005; Mezey, Post, & Maxwell, 2002; Mouton, 2003; Stöckl & Penhale, 2015). Women remain at a fairly constant risk for experiencing IPV regardless of age when including nonphysical incidences of violence, such as controlling/"autonomy-limiting behavior" and deliberately inflicted emotional abuse (Mezey et al., 2002, p. 123; Stöckl & Penhale, 2015).

Despite lower reported rates, when older women do experience physical and sexual violence, the health consequences are more severe, resulting in their greater health service utilization, declines in overall health status, and poorer life expectancy (Fisher & Regan, 2006; Mouton, 2003; Stein & Barrett-Connor, 2000; Stöckl & Penhale, 2015). Further, research by Stöckl and Penhale (2015) and others documents the significant toll on health associated with controlling behavior, and emotional and verbal abuse, ranging from gastrointestinal disorders to chronic pain and heart disease (Fisher, Zink, & Regan, 2011). This research compels a reconsideration of providers' reluctance to ask older women about IPV in health screenings; it also cautions against assuming that lower rates of physical violence among older women translate into lower rates of overall abuse, a finding confirmed by testimonies from myriad older women (Dunlop et al., 2005).

Abusers change their tactics as they grow older, reducing the frequency of physical violence and instead controlling their partners through economic coercion, psychological abuse, and verbal threats that deeply affect older women's physical and mental well-being (Mezey et al., 2002; Rennison & Rand, 2003; Stöckl & Penhale, 2015). When given the chance to speak openly about their experiences, older women share that nonphysical abuse

often leaves scars more damaging than those of physical violence (Brandl, Hebert, Rozwadowski, & Spangler, 2003; Dunlop et al., 2005; Mezey et al., 2002). Therefore, researchers interviewing older women for prevalence surveys must clarify that violence need not manifest physically to count as abuse. Older women require explicit explanation of this, because of their documented tendency to dismiss what has happened to them, particularly in instances of emotional abuse.

Who to Ask: Generational Factors That Impact How Older Women Experience Violence

To the extent that prevalence surveys include women beyond reproductive age, researchers use the same items to assess violence against older and younger women; however, older women may not be as familiar with the concepts or language used to describe IPV (Cook et al., 2011). In one of the few cross-generational studies of IPV, Rennison and Rand (2003) caution that most data collection relies on survivors' descriptions of abuse, which in turn rests on their willingness—or capacity—to recall such events. Others have questioned the reliability of lower IPV rates reported by older women on the grounds that historical and social developments may affect how older generations of women understand interpersonal trauma (Cook et al., 2011; Stöckl & Penhale, 2015; Wolkenstein & Sterman, 1998; Zink, Regan, Jacobson, & Pabst, 2003).

Developing a rigorous approach to identifying violence against older women necessitates examination of the age-specific contexts within which older women experience abuse. This calls into question the framework used to determine who is “old” (UN DESA, 2013). Most elder abuse research uses eligibility for retirement benefits, such as Social Security and Medicare, as a measure of old age (Cook et al., 2011; UN DESA, 2013;). While this approach may suffice for elder abuse research focused on the frail and vulnerable, it excludes those women who are past reproductive age but not yet considered “old.” Instead, future VAW research should assess victimization across the lifespan to include women for whom legal protections and social services for survivors were nonexistent when they came of age. Using age 18 as a marker of adulthood and onset of prolonged intimate relationships, the Baby Boomers would have come of age between the years 1964 and 1982, with the youngest cohort of “older” women, now 46, age 18 in 1987. For context, many of today’s “older” women entered into adulthood at a time when marital rape was legal. It was not until 1993 that every state had eliminated marital rape exceptions (Hasday, 2000). Until the 1984 passage of the Family Violence Prevention and Services Act (FVPSA), which dedicated the first federal funds to domestic violence⁵ shelters and services, there was no national legislation to support survivors. It would take another 10 years for Congress to pass the Violence Against Women Act (VAWA), mandating the

coordination of law enforcement, the courts, and community services for survivors' protection and recourse. This history reminds us that the women least represented in VAW research are those most likely to have come of age during a time lacking both legal recognition of IPV and resources to support survivors.

The combined impact of these laws in bringing domestic violence from the private realm into the fields of public policy and health cannot be underestimated. Prior to and during the passage of FVPSA and VAWA, expectations of privacy in family matters, the subservience of wives to their husbands, the acceptability of violence to maintain household order, and stigma against divorce marked social attitudes on heterosexual relationships, marriage, and gender roles (Rennison & Rand, 2003; Wolkenstein & Serman, 1998). Although older women have seen cultural shifts in these areas across their lifetimes, we cannot assume that they have internalized changes in their own relationships (Leisey et al., 2009). Moreover, many of these social norms are intertwined with material consequences for older women, such as economic dependence on a spouse, which limits their ability to leave a relationship. Interviews with older women by Zink and colleagues (2003) highlight the combined impact of generational factors and aging on help-seeking behaviors. Their narratives reveal challenges similar to those of younger women (e.g., economic insecurity, family attachments, shame, and health concerns); the difference is that older women may endure greater losses as a result of longer investments in relationships and the realities of aging. The impossibility of leaving is particularly magnified for women too young to qualify for Social Security or Medicare but who have been out of the workforce for many years (or never entered). For these women, freedom from abuse may mean facing poverty, losing health insurance coverage, or becoming homeless (Zink et al., 2003).

Addressing violence against older women also requires we recognize how aging shapes when, and whether, older women report or seek help for abuse. Multiple studies featuring the voices of older women recount themes of loneliness, isolation, and desire for companionship as hallmarks of abuse in later life (Brandl et al., 2003; Dunlop et al., 2005; McGarry et al., 2011). The realities of being an older adult, such as declining health or caring for a dependent spouse, in addition to fear of strained relationships with grown children, complicate decisions on whether to disclose abuse or silently cope (Dunlop et al., 2005; Zink et al., 2003). Undoubtedly linked to their identities as mothers, wives, and caregivers, this ethic of care manifests in older women's hesitation to disclose violence or leave an abusive marriage out of concern for their adult children or alienation from their families (Leisey et al., 2009). Adding weight to these anxieties, some older women report adult children not believing their reports of abuse, or dissuading them from leaving the relationship (Dunlop et al., 2005; Tetterton & Farnsworth, 2011). The combined force of these aging and generational factors leave these survivors

to feel isolated, invisible, hopeless, and powerless—words consistently used by older women to describe their experiences with abuse (Brandl et al., 2003; Dunlop et al., 2005; Leisey et al., 2009).

SHORTFALLS IN ADDRESSING VIOLENCE AGAINST OLDER WOMEN IN VICTIM SERVICES

Given the underrepresentation of older women in VAW research, it is unsurprising that the field of victim services is unresponsive to older survivors. This is largely due to the lack of federal policy guiding states and local entities to target services to older abuse victims in domestic violence programs. Reflecting definitional problems in the research, every state defines domestic violence and elder abuse separately (UN DESA, 2013). While both FVPSA and the Victims of Crimes Act provide funds to victim service providers that can support older survivors, neither law sets aside funding for domestic violence agencies to specifically address abuse in later life. The only federally designated victim services funding is through VAWA, which was reauthorized in 2000 to include a discretionary grant addressing all forms of abuse impacting adults aged 50 and over. This funding is limited to a handful of communities each year, and its status as the singular source of dedicated federal dollars to older victims is symbolic of the marginalization of older survivors in the VAW field.

Many domestic violence programs are unreachable for older women, guided by a self-help model that assumes a survivor is ready and able to not only identify the need for support, but also to transport herself to the shelter. This renders access to services nearly impossible for older women with mobility limitations or other health concerns requiring special care. Just as older women may struggle with disclosing abuse, moreover, they may not be comfortable initiating contact with a domestic violence advocate and seeking help (Tetterton & Farnsworth, 2011). For victims suffering from social isolation, which is common among older adults (Bright & Bowland, 2008), reaching out to a domestic violence program is doubly difficult. Adding to these barriers, older women frequently perceive programs to be exclusively for younger or parenting women (Brandl et al., 2003; Dunlop et al., 2005; Leisey et al., 2009; Straka & Montminy, 2006). From outreach materials featuring images of young women and adolescents to the use of unfamiliar language describing abuse, public engagement efforts of many domestic violence agencies rarely resonate with older women.

For those older survivors who reach a domestic violence shelter, unsuitable services may discourage future help seeking. Traditional shelter arrangements, with limited privacy and young children, may not be comfortable for older women. Few domestic violence agencies have advocates or

staff trained to address the needs of older victims, and many practical means of assistance, such as help enrolling in Temporary Assistance for Needy Families or registering for the Earned Income Tax Credit, are no longer options for older women without children. Similarly, since many programs offer counseling through a peer-led model, an older woman may find herself the only one of her generation in an emotional support group (Brandl et al., 2003; Leisey et al., 2009). Promising research, however, shows the positive impact of peer-based advocacy for older survivors that draws from themes of empowerment and resilience (Brandl et al., 2003; Tetterton & Farnsworth, 2011).

Problematically, older women are also unreliably served by the elder abuse and aging networks. Lacking widespread training on IPV and sexual assault, many professionals working with older adults are not attuned to the dynamics of power and control underlying much of the abuse experienced by older women; instead, their philosophical approach attributes violence, abuse, and neglect among older adults to vulnerabilities brought on by age, obscuring the role that gender might have in fueling mistreatment (UN DESA, 2013; McGarry & Simpson, 2011; Straka & Montminy, 2006). This can result in the misattribution of abuse or discrediting of victims, such as instances involving an older woman suffering emotional abuse from her care-dependent spouse (Brandl et al., 2003). Rather than domestic violence or sexual assault agencies, elder abuse and aging programs work most closely with state-based Adult Protective Services (APS), which emphasizes violence perpetrated against vulnerable⁶ adults in domestic settings. Despite evidence that abusive caregivers can also be spouses, it is not the norm for elder abuse practitioners or APS workers to have established referral mechanisms to domestic violence agencies (UN DESA, 2013; McGarry & Simpson, 2011; Straka & Montminy, 2006). This oversight is exacerbated by the strict allocation of funding in most domestic violence programs to only serve IPV victims. The result is that elder abuse and domestic violence advocates continue to work in silos, to the detriment of older survivors.

Finally, just as age influences help seeking and experiences of abuse, additional layers of identity related to culture, ethnicity, sexual orientation, and immigration status further impact the ability of older women survivors to seek help or receive adequate support. Advocates working with immigrant communities have described older victims coerced into extreme levels of servility and household labor. For example, older women with limited or no English language ability can be threatened or intimidated by abusive partners or adult children and driven into extreme isolation. There remains great need for additional research on how best to capture the prevalence of violence among older women in marginalized communities, and develop effective responses (e.g., Moon & Evans-Campbell, 2000).

CONCLUSION

In 1999, the CDC established the first set of national standards for data collection on IPV based on the “lack of consensus on the scope of the term ‘violence against women’”(Saltzman, Fanslow, McMahon, & Shelley, 2002, p. 1). That older women remain on the periphery of VAW research is evidence that lack of consensus remains today. Historically, inattention to violence against older women has rested on data showing younger women face significantly higher rates of abuse, but there is evidence to suggest a lesser gulf between younger and older women’s experiences. Assuming a strictly negative correlation between age and risk of abuse has fueled a paucity of research on violence across the lifespan, thereby underestimating violence against older women to a nontrivial degree. As victim advocates and policy professionals, we must register our concern toward the very idea that a case must be made to compel the violence prevention field to intentionally include, serve, and promote research on older women, or any group known to experience violence—whatever the magnitude.

Just as women and girls age and survivors grow older, abuse can continue across the lifespan. While aging can bring new vulnerabilities and risks for victimization, we argue that women remain subject to abuse throughout their lives as a consequence of the same social norms that tolerate violence against women and value female lives to a lesser degree; these constructs also operate within a hierarchy of privileges based on race, ethnicity, socioeconomic status, gender identity, and sexual orientation. For many survivors of abuse in later life, being female, rather than being older, may be the defining aspect of why they experience violence—regardless of perpetrator. With this in mind, it is important to adapt how we collect data, form policies, and provide services to older women experiencing abuse, doing so in a way that is both gender- and age-responsive. Until now, neither the domestic violence nor elder abuse fields have recognized how older women’s gendered life histories define their victimization. It is time to end the marginalization of their experiences.

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NOTES

1. The term “violence against women” is used to refer to the collective field of advocacy, victim services, policy, and research dedicated to prevention and response of IPV, sexual assault, and stalking.

2. In this article, “older” refers to women beyond childbearing age, identified by the United States Preventive Services Task Force as women past the age of 46.

3. “Domestic violence” is often used interchangeably with IPV by the VAW field to capture abuse perpetrated by a current or former intimate partner; however, literature on elder abuse sometimes uses the term domestic violence to refer to abuse against an older adult perpetrated by a person with whom the victim has a close but nonintimate relationship.

4. “IPV in later life”/“late-life IPV” refers to IPV experienced by women beyond reproductive age (46+ years).

5. Domestic violence programs during the early stages of the U.S. battered women’s movement were intended (and largely remain) for women seeking refuge from IPV (Fernandes-Alcantara, 2014).

6. Vulnerability is associated with frailty in older adults and care-dependence (also associated with disability, regardless of age).

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