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RESEARCH

INTIMATE PARTNER VIOLENCE IN THE ELDERLY WOMEN, RISK FACTORS, COPING STRATEGIES AND HEALTH CONSEQUENCES: A QUALITATIVE STUDY

ABSTRACT

Introduction: Intimate partner violence is a global public health problem that causes physical, sexual and psychological harm to elderly women.

Materials and Method: The present qualitative study was conducted on 8 elderly women living at a nursing home, who were the victims of IPV in the past. The aim of the current study was to reveal the health consequences of their experiences of intimate partner violence, its risk factors and their coping strategies. Focus group interview method was used in our study. Qualitative content analysis method was employed as a data analysis method.

Results: In the focus group interviews, it was observed that elder women were mostly exposed to physical, verbal, emotional violence and that they generally decided to remain silent against the violence, showed patience, took refuge in God, and they were affected psychologically in the long term. Marriage at a young age, economic status, gender roles, and traditional structure, religious beliefs and values appear as significant risk factors for intimate partner violence in elderly women.

Conclusion: The results of the present study suggest that elderly women have been considerably affected by domestic violence. However, these women did not react to violence due to traditional social structure and tried to cope with it through religion. It is suggested that nurses should evaluate elderly women at nursing home in terms of intimate partner violence.

Key Words: Aged; Domestic violence; Risk factors.

ARAŞTIRMA

YAŞLI KADINLARIN AİLE İÇİ ŞİDDET DENEYİMLERİ, RİSK FAKTÖRLERİ, BAŞ ETME YAKLAŞIMLARI VE SAĞLIK SONUÇLARI: NİTEL ÇALIŞMA

Öz

Giriş: Aile içi şiddet, yaşlı kadınlar için fiziksel, cinsel ve psikolojik zararlara neden olan, küresel bir halk sağlığı sorunudur.

Gereç ve Yöntem: Niteliksel çalışma, yaşlı kadınların aile içi yaşadıkları şiddet deneyimleri, risk faktörleri, baş etme yaklaşımları, ve aile içi şiddetin sağlık sonuçlarını ortaya koyabilmek amacıyla, huzurevinde yaşayan geçmişte aile içi şiddet mağduru 8 yaşlı kadın ile yapılmıştır. Çalışmada ses kaydı yapılarak odak grup görüşme yöntemi kullanılmıştır. Veri analizinde kalitatif içerik analizi yöntemi kullanılmıştır.

Bulgular: Yapılan odak grup görüşmelerinde, yaşlı kadınların şiddet olarak daha çok fiziksel, sözel, duygusal şiddete maruz kaldıkları, şiddet karşısında genellikle sessiz kalmayı tercih ettikleri, sabrettikleri, Allaha sığındıkları ve şiddetten uzun vadede psikolojik olarak etkilendikleri görüldü. Yaşlı kadınların aile içi şiddeti yaşama nedenleri ve risk faktörleri arasında küçük yaşta evlenme, ekonomik durum, cinsiyet rolleri, geleneksel yapı, dini inançlar ve değerler belirgin olarak ortaya çıkmaktadır.

Sonuç: Yaşlı kadınların aile içi şiddetten önemli derecede etkilendiği, geleneksel yapı nedeniyle şiddete tepki vermedikleri ve şiddet ile inançları yoluyla başettikleri görülmektedir. Hemşirelerin, huzurevinde yaşlı kadınları şiddete uğrama yönünden değerlendirmesi önerilir.

Anahtar Sözcükler: Yaşlı; Aile içi şiddet; Risk faktörleri



INTRODUCTION

Although intimate partner violence (IPV) affects women in all age groups, most studies in the literature have addressed women in the middle age group. Elderly women who were the victims of domestic violence and their specific problems are neglected (1). However, it is obvious that IPV also occurs in the elderly or negative effects of previous experiences of IPV persist in elderly women, IPV will increasingly become a significant problem with increasing population (2). Indeed, a study that evaluated the prevalence of IPV in women over the age of 50 years presenting to primary health care units abroad suggested that 2.14% of women were exposed to sexual violence and 2.63% of women were exposed to physical violence (3). Mouton et al. (4) reported in their study that 2% of women between 50 and 79 years of age experienced physical violence and 10% experienced verbal violence in the last one year. A study of intimate partner violence conducted across Turkey suggested that 36% of married women between 15-59 years of age experienced physical violence, 12% experienced sexual violence, 44% experienced emotional violence, and 30% experienced economic abuse; however, their study reports no data on the elderly women (5).

IPV affects both females and males, and approximately one third of females experience IPV throughout their lives (6). Gender appears to be an important factor for being exposed to violence. Patriarchal family structure, sociocultural and religious values, presence of political systems acknowledging the violation of women's rights (7), young age and advanced age, low educational status of the women, insufficient economic status, domestic violence in the family of the spouse (8), and young age at first marriage (9) are considered risk factors.

IPV has many health consequences in the short-term as well as in the long-term (6,10-12). As a result, nurses working in primary and secondary care settings are likely to encounter elderly women

who were typically exposed to IPV. Nurses are at a key position in terms of diagnosing, evaluating IPV and providing counseling and referral services to patients in all age groups and in all domains (13). There is also a need for quantitative and qualitative studies on IPV in elderly women in Turkey. For this reason, the aim of this study was to determine the life experiences of IPV among elderly women, its risk factors, coping strategies and health consequences.

MATERIALS AND METHOD

The present study was designed as a qualitative research in order to reveal past IPV experiences of elderly women, its risk factors, coping strategies and health results.

The universe of the study was composed of 33 elderly women living in a nursing home affiliated to the Ministry of Family and Social Policies in Kirsehir, a city of middle Anatolian region of Turkey. For focus group interviews, 8 elderly women were selected who were considered to have sufficient cognitive capacity based on the evaluations by the healthcare personnel of the nursing home and who had a history of exposure to IPV before coming to nursing home and who consented to participate in the study. A semi-structured interview guide consisting of open-ended questions prepared according to the literature was used for data collection. Focus group interview questions were organized into 4 themes as listed below.

1. Older women's experiences of IPV, (type of the violence, frequency, magnitude)
2. Causes of IPV/ Risk Factors
3. Coping strategies of elderly women
4. Health consequences of IPV (physiological, psychological, social, moral, developmental)

During the interview, the researcher acted as a moderator and directed the interview questions to elderly women, while one collaborator recorded the interview uninterruptedly and the other took notes regarding the responses. Focus group

interview was carried out for single session lasting for 2.5 hours. A 15-minutes were allocated to each participants in order them to express themselves adequately and all questions were systematically asked within this period. The arrangement of the interview environment was carried out by the researcher before the session so that interviews could be carried out comfortably. Qualitative content analysis method was employed as a data analysis method. The code list was composed by researchers by using their independent content analysis. Then, independent codes were compared and an agreement on the different codes was done. Finally, all codes were categorized and the themes were formed.

Necessary permissions for the present study were obtained from the Ethics Committee of Ahi Evran University (2017-01/06). All participants were informed of the study, and verbal and written consents were obtained. In order to record participants' voices, verbal consents were also obtained before the focus group interviews.

RESULTS

All participants were widowed and had an age range of 68-80 years, and age at first marriage was in the range of 14-17 years. Of these elderly women, 5 were elementary school graduate (2 years), 2 were uneducated (UE), and 1 was literate (L). All elderly women were housewives. Two women did not have an income, and among those with regular income, the lowest pension was 150 Turkish Liras (TL) and the highest pension was 1300 TL. All participants had at least one chronic illness.

Experience of violence in the elderly women

It was observed that the elderly women described having experienced physical, verbal, emotional, and social violence but not economic abuse and sexual violence.

Participants reported their experiences of physical violence as follows: *"He used to come inside the room and beat me"* (Interviewee 1).

"He used to beat me so many times, I wish the God makes him suffer, too (laughter) (Interviewee 2)," He used to beat me when he took alcohol. He used to come and tormented me. If the food was not ready, he used to beat me for this excuse. (Interviewee 3).

An old woman who experienced verbal and emotional violence expressed her experience by saying, *"If I did not prepare the food, he used to be very rude and used to shout at me"* (Interviewee 4).

With respect to social violence, we observe that elderly women's behaviors were restricted and communication with the environment was prevented. Elderly women expressed their experienced as follows: *"I was not allowed to go out, also, nobody came to my home because they were afraid"* (Interviewee 6), *"Before, he did not allow me to go out, but later he started to allow me from time to time"* (Interviewee 7).

It was observed that some elderly women experienced a combination of physical, emotional and verbal violence. Elderly women expressed this violence as follows: *"I was always beaten by my husband, I heard bad words, he reviled me, all men are course-mouthed, is anyone better"* (Interviewee 5).

Reasons of violence/ Risk Factors

Various risk factors have been identified to cause violence and facilitate exposure to intimate partner violence, or prevent elderly women to overcome it. Marriage at very young age appears as one of the most important risk factors in these women. One of the elderly women expressed this as follows. *"I married at the age of 14, I was very young and I was not aware of anything"* (Interviewee 7).

It is remarkable that while women were exposed to violence, they also justified the causes of violence to internalize gender roles of the society. Some of the older women expressed this as follows: *"He used to beat when I did not sleep with him. He used to call me, and I would not go. So what, it was normal in this situation that he slaps me and goes away"* (She showed a bunch of fives) (Interviewee 1).



Elderly women were exposed to violence for reasons such as not preparing food, not selling herself with her efforts. Elderly women expressed this as follows: "He was mad at me for some reason or another, he used to beat me for any reason as you understand" (Interviewee 7)," For example, if I did not take something to somewhere this could be a reason to fight in his point of view. He used to behave badly, when I did not prepare food." (Interviewee 4).

Another risk factor of intimate partner violence is that wife is responsible for children and housework. "I stayed for my children. They were the ones who stopped me" (Interviewee 8).

Beliefs about marriage, family structure, traditions, are also considered important risk factors for intimate partner violence. Some participants expressed this as follows: "He is in the end was a stranger. He either beat me or loved me... All in the end are stranger (Interviewee 1) "At first, I did not want to bend my father's head down, so I did not go back home. Then, my father passed away and I could never go back home" " (Interviewee 7).

One of these elderly women associated her beliefs on marriage with religious thoughts. "Our ancestors used to say that the divorce is a sin, God does not like it", she said (Interviewee 5). This mentality prevented these elderly women from reacting to intimate partner violence and caused these women to bear violence.

The final risk factor for IPV is the lack of economic independence and family support services of elderly women. At the same time, it is seen that older women justify the causes of violence, show respect to their partner who use violence, and this leads to decreased self-worthiness. Participants expressed these as follows, "I was beaten but still he kept me under his roof anyway. What I ate and wore all belongs to him." (Interviewee 1).

Coping Strategies of Elderly Women

It was observed that elderly women preferred doing nothing against the violence not sharing their experiences with others. The elderly women

expressed this as follows: *When he shouts and I understand he is getting angry, I go out of the door, and then he calms down. I go to buy odds and ends, and I cook the meal, he just lies there. I do all the work not to make him mad.* (Interviewee 6) "I used to sit and cry, I wish God don't give this faith to anyone" (Interviewee 2)," We would not tell anyone for not to be ashamed in the eyes of other people" (Interviewee 8).

Some of the elderly women expressed their patience in coping with IPV, dependence of religion, their religious practices and how they prefer to seek refuge in God as follows. "I used to sit and pray, I used to pray the rosary and glorify God" (Interviewee 5). "I called God on my own. I used to say " Please God, give me a death so that I don't see all these." "(Interviewee 3).

Health consequences of IPV

It is considered that IPV in elderly women is associated with health problems. Both physiological and psychological health domains of the elderly women are affected in the short-term and long-term.

One of these elderly women expressed the health consequence of violence as follows, "He used to beat me up. They took me to the hospital almost dead, all over my body was bruised." It is seen that older women are affected deeply and psychologically from IPV and importantly even though many years have passed since then, the negative effects of violence persist. The elderly women express their experiences as follows, "His words made me suffer, but nothing to do other than stand all these. Before I sleep, I was always thinking, obsessed with this issue. I was crying and crying. How I was beaten, tortured by him was coming in my mind but nothing to do" (Interviewee 2). , "Look my daughter, (she is referring to the researcher) my hands are shaking when I remember. I could not stand against it and what I have become..." (Interviewee 6), expressions such as " Look what happened at the end, I went blind because of crying that much " (Interviewee 7).

DISCUSSION

Qualitative data of the study revealed that even though elderly women express their experiences of physical, verbal, and emotional violence, but they do not express their experiences of economic and sexual violence. The present study was also conducted in the city of Kırşehir, which is located in Central Anatolia, and most women in focus group interviews expressed that they experienced IPV. The studies conducted to investigate IPV in middle-aged women in different cities of Turkey and international studies on IPV in elderly women reveal physical and emotional violence in many cases (9, 14-16). Thus, physical and emotional violence appears as the most common and easily identified type of violence in the family. The reason for not expressing sexual violence could be that women in Turkey perceive the sexuality as a task to fulfill for their husbands, they lack information about the subject or the fact that they think such situations are so intimate that they can live only in the family and they cannot share. At this point, it is important to emphasize that cultural values of the society and individuals shape attitudes towards IPV. Also, when these women think about violence, they think in terms of physical violence, and they may not recognize other types of violence to which they are exposed.

In focus group interviews, we see that elderly women are affected by various factors when we examine the causes and risk factors for domestic violence. We may consider these factors as marriage at a young age, economic status, gender roles, traditional structure, religious beliefs and values. It is also seen that elderly women have more traditional attitudes towards gender roles, marriage and familial values (17).

Particularly in developing societies as Turkey in which patriarchal family structure exhibits its characteristic features in the full extent, community is casting women in the roles of remaining silent on the encountered problems in all areas, facing up to everything in married life, and resignation, while

the same community is casting men in the roles of acting tough, arguing, and resorting physical and psychological violence when needed (18). It may be suggested that women are more exposed to violence in societies in which male dominance has been acknowledged and gender roles are separated by sharp lines.

Younger age at marriage is associated with more exposure to domestic violence (9, 19). In the present research, age at first marriage was in the range of 14-17 years and young age at marriage is suggested to be the cause of not fighting back to violence. It is suggested that marriage at a young age is the cause of more exposure to violence due to lack of consciousness at young ages. In addition, age gap between couples might be contributing to this outcome. At older ages, women think that they become more dependent to their husbands and this way of thinking is considered as the reason of difficulty in resisting and developing an attitude towards violence.

Similarly, it was found that women in low economic status were more exposed to violence (13). In the present study, it was also determined that two older women did not have any monthly income, and the lowest income was 150 TL and the highest was 1300 TL. As has been understood from the expressions of elderly women, it is suggested that low economic status is an important factor in tolerating the violence.

Faith is an important factor in our personal and social lives and it has an important role in establishing the balance between individual's inner world and social life (20). Erdogan et al. (21) interviewed 15 women experiencing IPV and they found that most women with a perpetrator husband and limited supportive resources held on to religious values and faith and resorted to their internal resources, which they could access more easily. During focus group interviews, it is observed that the older women were very patient during their experience of IPV, and they especially prefer to



hold on to their religious beliefs and they did their religious practices and seek refuge in God. As it is known, the religion, especially in Muslim societies, is an important emotional supporter that women experiencing IPV resort in situations that they are not feeling safe (21).

In focus group interviews, older women stated that they generally decided to remain silent when they were exposed to IPV. A previous study also found that 33% of victimized women resigned themselves to the perpetrator did not fight back to violence (9). Erdogan et al. (21) conducted a study with in-depth interviews with 15 women living in women's shelters in their research. It was often observed that these women often adopted problem-focused methods against the violence such as confrontation, distancing, and receiving family support, and emotion-focused methods such as patience, submissiveness /fatalism and religion. Browne (22) suggested, in response to ideas that women continuing to live with the perpetrator partner chose to remain silent, that many women in this situation chose this because of the inadequate precautions that could save them.

Intimate partner violence (IPV) is a global public health concern and an issue of human rights with physical, sexual, and psychological harm to women (6). Victimized women may experience stress-related disorders such as post-traumatic stress

disorder, sexual dysfunction, sleep and eating disorders, and panic attack, along with other problems such as anxiety, depression, suicide, self-accusation, decreased self-esteem, humiliation, fears, injuries, and chronic diseases (6, 10, 11). Focus group interviews revealed that women were psychologically more affected by the violence and were not able to recover from the long-term effects of violence. The elderly women in the present study had at least one chronic disease and one woman also had anxiety disorder. It appears that identification and prevention of domestic violence is crucial to improve women's health.

In conclusion, focus group interviews showed that elderly women were more exposed to physical, verbal, emotional violence as a means of IPV, and they generally chose to remain silent against the violence, showed patience, took refuge in God, and they were effected psychologically in the long term. The results of the present study suggest that further quantitative and qualitative studies should be conducted to reveal perception of elderly women, who are the victims of domestic violence in an attempt to draw attention to domestic violence in the elderly women. Therefore, it is suggested that nurses should evaluate elderly women at nursing home in terms of IPV, put some effort and spend time with them in order to understand those women.

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