SLJOM The Sri Lanka Journal of Menopause

Review

Intimate Partner Violence (IPV) among the older women: too many secrets

Senanayake L[1]

[1]*Consultant Obstetrician and Gynaecologist, Sri Lanka*

***Corresponding Author** - Dr. Lakshmen Senanayake*

E mail - laksena@hotmail.com

Background

Intimate Partner Violence [IPV], often known as Domestic Violence (DV), is abuse that occurs in the context of an intimate relationship. An intimate partner is a person with whom one has a close personal relationship that can be characterized by a romantic and emotional connection and regular contact with ongoing physical contact and sexual behavior often identified as a couple, which may or may not be sanctified through marriage. IPV includes abuse by a current or former spouse, person living together, boyfriend, or girlfriend[1].

Generally, abusers use a pattern of coercive tactics, such as isolation, threats, intimidation, manipulation, and violence, to gain and maintain power over victims and control their decisions. Some of them feel that they are entitled to control because they are the "head of the family," or simply as the "husband".

IPV may occur in any intimate relationship and is not limited by any boundaries of age, sex, race, ethnicity, socioeconomic status, or sexual orientation. IPV is one of the most pervasive forms of Gender-Based Violence (GBV) and can occur throughout the lifespan and elderly women are no exception contrary to the common belief. Abuse in general, of the older person is covered by the term Elder abuse which is an umbrella term covering physical, psychological aggression, sexual, violence, financial exploitation including neglect and abandonment. Elder abuse is often perpetrated by a person known to the survivor in a close, personal way and expected to care for the elder. Unfortunately, elder abuse including IPV of the older woman occurs with little recognition or response, hidden from the public view and acknowledged as a private matter. However, evidence is accumulating, to indicate that elder abuse including IPV is an important public health and social problem[2].

The subject of "IPV among the older woman" exist in the margins between IPV / domestic violence and elder abuse[3], while some view it as a sub-set of the larger problem of elder abuse. Sadly, neither field adequately capture the experiences of older women survivors effectively.

The Madrid International Plan of Action on Ageing (MIPAA 2002) on the elimination of all forms of neglect, abuse and violence against older persons and its review in 2012 drew attention to the subject; it has not been adequately mainstreamed into ongoing discussion on violence against older women particularly in the area of IPV among the older woman[4].

Intimate partner violence (IPV) transcends all boundaries particularly age, yet, the policies and research in the field has done little to acknowledge it or explore the impact of age and aging on survivors' help-seeking behavior, perceptions of abuse, and approaches to healing and rehabilitation. It is important to fulfill this gap especially in the context of Sri Lanka with a steadily rising population of elderly people.

Magnitude of IPV among older woman

Two common indicators are used to measure prevalence of IPV: Life time prevalence of IPV

and prevalence in the last 12 months preceding the inquiry, the latter being the one selected in the assessment of the Sustainable Development Goal (SDG 5). As the discussion is on its occurrence in a specific age group, the latter prevalence in the last 12 months would give a clearer picture.

Although, global lifetime prevalence of intimate partner violence among ever-partnered women as 30.0% (95% CI = 27.8% to 32.2 %.) is well recognized[5] age disaggregated data on IPV among older women is not easily available or known. In addition, lack of uniform age criteria used to define "elder women", older women "by different researchers make results hard to compare.

A study in USA of 370 randomly sampled women over 65 years of age, (with 50% over 70 years) through a telephone interview found IPV prevalence as 2.2% within the last 12 months and 3.5% within the last 5 years respectively. The life time prevalence of IPV in this study was 26%. It is important to note that the severity of violence was described as severe in 21 % and moderate in 40% respectively. Among those who reported violence lifetime, physical abuse was reported at 6.2 % by older women aged 60 years and above, 3.5 % for lifetime sexual abuse, and 50.6 % for lifetime emotional abuse[6].

Another report from USA noted that women older than 55 years were more affected by IPV than younger women with spouses or intimate partners committing 13% to 50% of elder abuse[7]. A similar trend was reported from Spain with 29.4% of elderly women suffering from IPV[8].

A multicounty study carried out with 60-74-year-olds, found a prevalence of psychological and physical violence of 26.0% and 20.4%, respectively. This prevalence was 11.1% for men in two of the countries in the study[9].

A systematic review of cross-sectional population -based studies conducted with respect to 742 articles of which 91 underwent full evaluation found that prevalence ranged from 1.8-5.9% for physical violence, 1.2% for sexual violence and 1.9-36.1% for psychological violence. The country with the highest prevalence was China (36.1%), followed by Germany (13%), Brazil (5.9%) and the United States (1.9%). The same study highlighted the fact that psychological violence and economic abuse were the most common in this age group. The most frequent associated factors identified were alcohol consumption, depression, low income, functional impairment and exposure to violence in childhood[10].

A study from Belgium used population-based cross-sectional data (N = 1,472), to assess the extent adult women and men experienced psychological, physical or sexual violence from their current partner in the last 12 months. The annual prevalence of physical violence in a current relationship was 1.3%. Only women experienced sexual violence which amounted to 0.3%. 14% reported psychological violence and no difference were noted between women and men in this study[11].

A cross-sectional study, utilizing data from a national representative survey of 10,264 German women aged 16 to 86 years found that physical and sexual violence in the 12 months decreased as the age advanced with 8%, 3% and 1% of women in the three age groups 16 to 49 years, 50 to 65 years, and 66 to 86 years, respectively reporting physical violence. The prevalence of emotional and economic abuse and controlling behavior by partners remained nearly the same[12].

Although older women report lower rates of physical and sexual violence than their younger counterparts, the prevalence of verbal, emotional, and psychological abuse does not have the same inverse relationship to age.

The Demographic and Health Survey Sri Lanka (2016) found a national prevalence rate of IPV within the last 12 months of 17% among eligible women 15-49 years old married women.

Age disaggregated data clearly showed a small,

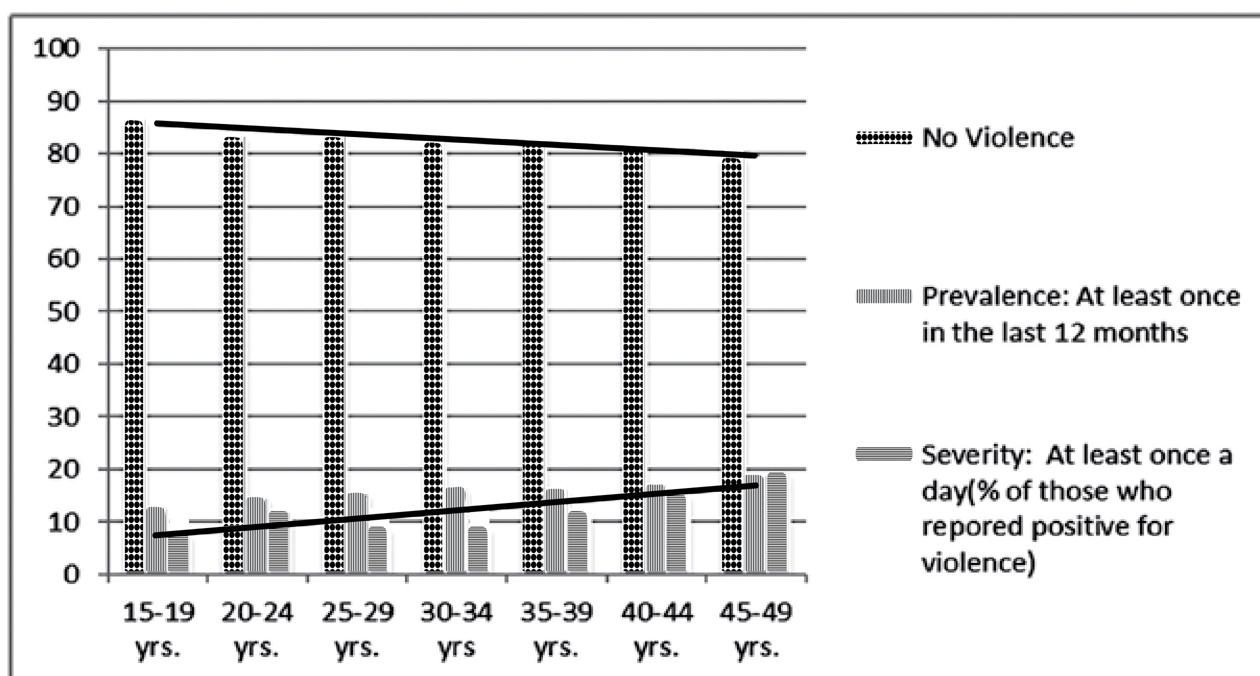

Figure 1Prevalence and severity of violence in relation to the age of the survivor SLDHS (2016)

but distinctive rising trend as women grew older[13].

It is clear that women remain at a fairly constant risk (if not increasing) for experiencing IPV, regardless of age particularly nonphysical violence, such as controlling "autonomy-limiting behavior" and deliberately inflicted emotional abuse.

Older age as a significant factor in IPV

Often IPV among the older woman is the ongoing abuse that continues to old age. However, some related factors predispose to violence among the older partners.

Although, older age is known to be associated with decreasing interest in sexual activity it should not be assumed to be an "asexual" period in life. A large study using face-to-face interviews of a national probability sample of 3,005 adults in the USA showed that although interest in sex was lower in older age groups, 59% of 75–85-year olds attributed some importance to sex. However, there were significant gender differences, with the greatest difference in the older age groups: 41.2% of males aged 75–85 stated an interest in sex compared with 11.4% of females the same age)[14].

There is no doubt that urogenital atrophy leading to soreness/dryness/pain during sex does cause a negative influence on sexual activity especially in post-menopausal women, but is well known that female sexuality in older age is heavily influenced by psychosocial factors and societal[15].

Gender norms and attitudes prevalent in most Asian societies including Sri Lanka molds the general perception and prejudices of an 'asexual' old age, of sex in older people being even disgusting, or simply ridiculous, particularly in relation to women.
The paradoxical acceptance of a virile older male as an acceptable position in the society leaves the female partner caught between this duality. At this point the older woman often resorts to avoidance tactics such as spiritual/religious involvement, major factor leading to marital disharmony and IPV.

Having grown up children, often married and the fear of a pregnancy among the younger subset of peri menopausal women may be further deterrents for the older woman to enjoy a healthy sexual relationship.

Spouses are often the care givers for the elder

male partner which can position themselves as targets for violence from the "habitual" perpetrator as well as from the husband affected by cognitive behavior problems. Interestingly, sometimes long-term abuse continues even with dementia may reflect long term power dynamics[16].

Barriers to seeking care among the older woman

Seeking assistance is a critical step in finding relief but is well known that only a small percentage of survivors of IPV seek help from an individual or an Agency: Governmental or Non-Governmental. DHS Sri Lanka 2016 found that only 28% of survivors who divulged violence had accessed help[17].

Women experience many barriers to accessing supportive services, such as feelings of shame, guilt or denial, lack of trust in others or fear of repercussions such as the perpetrator finding out or family members seeking revenge.

Older Women have significant internal and external barriers that prevent those seeking help.

Internal barriers such as traditional family values and gender norms that make them self - blame and internalizing IPV as their responsibility and feeling ashamed to seek care.

Older women feel constrained in reporting or seeking help, due to the value they place on the secrecy due to the belief that they should keep the fact within the family and not knowing where to go or not having the means to go.

The external barriers (related to others) include disbelief or non acceptance of existence of IPV by their children and other family members, unsupportive religious teachings often misinterpreted and misinformed by the clergy and indifferent or unwelcome response from previous care providers including law enforcement agencies.

The abusive partner may also directly prevent help seeking by threats of increased violence or indirectly through isolating her by limiting the contact and communication with friends, relatives and service providers.

Conclusion

Intimate partner violence of the older woman is a reality in contrast to the common belief and Si Lanka is no exception. Secrecy, often self-imposed, and denial by the society is what keeps the important public health problem invisible and unaddressed. Care providers need to move away from the tendency to think of partner violence as a problem only of younger women, understand the many barriers the older women need to surmount to seek help and promote more research and move towards eradicating intimate partner violence in older women.

References

1. Karen AR, Brandy RM, Nancy B. Intimate Partner Violence in Late Life: An Analysis of National News Reports. Journal of Elder Abuse & Neglect 2013; **25**(3):230–241
2. Elder abuse: What is Elder Abuse (WHO)? 2015. Accessed on URL https://www.who.int/ageing/projects/elder_abuse/en/ (last accessed 20.09.2019)
3. Cailin C, Bonnie B, Firoza CD. Survivors in the Margins: The Invisibility of Violence against Older Women. Journal of Elder Abuse & Neglect 2015; **27**(4-5):291-302
4. Neglect, Abuse and Violence against Older Women United Nations 2013. Acessed 0nhttps://www.un.org/esa/socdev/documents/ageing/ReportofEGMNeglect-AbuseandViolenceofOlderWomen.pdf (last accessed 20.09.2019)
5. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence WHO. Accessed via https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=315A9B20446C9C31EE-60662B60A0FE30?sequence=1

6. Amy EB, Melissa LA, Robert JR, David C, Paul AF, Frederick PR, Robert ST. Intimate Partner Violence in Older Women. The Gerontologist 2007; **47**(1):34–41
7. John WF, Carmel BD. The hidden health menace of elder abuse. Physicians can help patients surmount intimate partner violence. Postgraduate Medicine 2003; **113**(4):21-24
8. Montero I, Martin BD, Escriba AV, Ruiz PI, Vives CC, Talavera M. Intimate partner violence in older women in Spain: prevalence, health consequences, and service utilization. Journal of Women Aging 2013; **25**(4):358-371
9. Guedes DT, Alvarado BE, Phillips SP, Curcio CL, Zunzunegui MV, Guerra RO. Socioeconomic status, social relations and domestic violence (DV) against elderly people in Canada, Albania, Colombia and Brazil. Arch Gerontol Geriatr 2015; **60**(3):492-500.
10. Deise W, Sheila RL, Elza BSC. Intimate partner violence prevalence in the elderly and associated factors: systematic review Ciênc. saúde coletiva 2017; **22**(9)
11. Sabine H, Ann B, Olivia DS, Anne W. Partner Violence in Belgium: Prevalence, Individual Health Outcomes, and Relational Correlates. Psychologica Belgica 2014; **54**(1)79-96
12. Stöckl H, Penhale B. Intimate partner violence and its association with physical and mental health symptoms among older women in Germany. Journal of Interpersonal Violence 2014; **30**(1): 3089–3111
13. Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics, Ministry of Policy implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. Accessed on http://www.statistics.gov.lk/social/DHS_2016a/FIST%20PAGE_&_CONTENTS.pdf
14. Lindau ST, Schumm P, Laumann E, Levinson W, O'Muircheartaigh C, Waite L. A study of sexuality and health among older adults in the USA, New England Journal of Medicine 2007; **357**(1):762-74)
15. Abi T, Margret AG. Sexuality in older age: essential considerations for healthcare professionals. Age and Ageing 2011; **40**(5):538–543
16. Patrecia Brownel. Encyclopedia of adulthood and aging. Accessed on https://onlinelibrary.wiley.com/doi/pdf/10.1002/9781118521373.wbeaa152
17. Demographic and Health Survey Sri Lanka (2016) Department of Census and Statistics,Ministry of Policy implementation and Planning and Ministry of Health, Nutrition and Indigenous Medicine. ISBN 978-955-702-053-2