

ICWAR 2014

Analysis of violence against elderly woman

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Abstract

Violence in general, including that directed towards older people, constitutes a public health problem. Through a systematic review of the literature, an analysis is undertaken of this problem, including gender as an additional risk factor. The last five years have seen a noticeable increase in the attention paid by professionals and researchers to gender-based violence directed towards the older woman. As a consequence of under-reporting on the part of the victims, and of the difficulty of detection on that of professionals, the statistical data would appear not to reflect the scale of the problem accurately.

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Peer-review under responsibility of the Organizing Committee of ICWAR 2014.

Keywords: Violence; Older; Women; Gender; Health consequences

1. Introduction

Older people enjoy the same rights as the rest of the population. Nevertheless, the legal system in Spain establishes provisions and levels of protection for those groups of people seen as facing specific risks, a category which also includes the older population. Thus, article 14 of the Spanish Constitution (BOE, 1978) establishes the right of equal treatment for people, including the right not to be discriminated against for reasons of, amongst others, age and sex. Age and sex are thus converted into conditions or circumstances that require a special level of protection. And it is the case that, amongst the older population, gender constitutes a factor of added risk of being subjected to some kind of violence: the profile of the person most likely to be subjected to domestic violence is a 75-year old female (IMSERO, 2005); in addition, it is women who are those most exposed to conditions and situations of vulnerability (Castell et al., 2011; Fried et al., 2001).

Violence is defined by the World Health Organisation (WHO) as ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’ (WHO, 2002a, p. 5). More recently, the WHO has characterised violence against women as an important public health problem (García-

Moreno and Watts, 2011) and has even, basing itself on the results of its report ‘Global and regional estimates of violence against women’, come to consider it a global problem of epidemic proportions (WHO, 2013).

With regard to violence directed against the older population, taking age as the explaining factor runs the risk of failing also to consider gender when the violence to which this group is subjected is taken account of (Celdrán, 2013). In addition, the violence and abuse to which older women are subjected is frequently dealt with fundamentally as abuse directed towards the elderly, without therefore dealing specifically with gender as a factor (DeFour, 2012); that the latter has only become to be of recent concern is indicated by the fact that it was dealt with for the first time in 2002 in the Asamblea Mundial del Envejecimiento in Madrid, from which originated the Toronto Declaration on the Global Prevention of Elder Abuse (WHO, 2002b).

The Spanish government’s official statistical agency (Instituto Nacional de Estadística, INE) considers gender-based violence as any act of physical or psychological violence (including sexual abuse, threats, duress, or the arbitrary deprivation of liberty) directed against a woman on the part of a man who either is or has been her spouse or has or has had a relation of a similar nature with her even though they have not cohabited. The most recently available data (INE, 2013) show that in 2012 the total number of people who appear in the official register for the protection of victims of gender-based and domestic violence – who correspond therefore to cases in which official preventative action has been taken – stood at 36,641 people, of whom 33,738 were women and 2,903 men, which clearly indicates a vast majority of female victims of gender-based violence. By age group, more than half, 51.2%, were between 25 and 39 years of age, and the highest rate of victims with respect to the total female population was found in this age group. The total number of women of 65 years of age and older who were registered during 2012 was 523 (INE, 2013).

Despite what these data show, we propose a deeper analysis of violence against women in this later stage of the life cycle, since the WHO includes gender as a decisive factor in its understanding of active aging, which it defines as ‘the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age’ (WHO, 2002c, p. 12), a key objective for professionals in the field of gerontology.

2. Material and method

In order to analyse violence directed against the older woman, a systematic literature review of the scientific evidence published in the last five years was carried out using the Web of Science, Pubmed/Medline, Scopus, Ibecs, Lilacs and Scielo databases, and employing a natural language search based on the keywords violence and older and women, with no other restrictions. In the search, it was decided not to differentiate between other possible types of violence in order to evaluate towards which point concern expressed in the recent period has been directed.

3. Results and discussion

Using the specified search criteria, a total of 842 papers were obtained, which, after a preliminary reading to eliminate those which did not comply with the object of the study, were reduced to 75. One of the main results of the bibliographic review, which led us to a certain degree to refocus objectives, was that it dealt in its majority with violence directed towards the older woman by their own partners (intimate partner violence, or IPV) rather than with other forms of violence in old age, something which supposes a fundamental change in what up until recently had been observed, which in turn indicates a rise in the sensitivity on the part of professionals and researchers with regard to gender-based violence directed towards the older woman (Celdrán, 2013).

For this reason, it was considered opportune to focus the analysis of the results in highlighting the specificities of the violence suffered by older women at the hands of their partners or spouses. Thus, subsequent to the refocusing of the initial objectives, the main findings of the 24 scientific publications from the last five years which, after close reading, were the object of the review, are here summarised.

In the first place, the high prevalence of this type of conduct should be emphasised (Cadmus and Owoaje, 2012; Montero et al., 2013; Stockl, Watts and Penhale, 2012; Orte and Sánchez, 2012; Suelves, Jané and Plasència, 2010). Some authors estimate its prevalence at 29.4%, with an average duration of 21 years for women over the age of 55 (Montero et al., 2013).

Just as is the case with regard to consideration of violence directed at women of other age groups by their partners, the violence suffered by older women at the hands of their partners or spouses is considered an important public health problem (DeFour, 2012; Stockl et al., 2012; Suelves et al., 2010), but with two additional factors which make an accurate estimate of the problem more difficult. First, various studies emphasise that this type of violence – against older women – is not reported by the victim on many of the occasions on which it is carried out (Amesberger and Haller, 2012; Lazenbatt, Devaney and Gildea, 2013; Roberto et al., 2013a). Another additional problem, as a range of the papers reviewed emphasise, is the difficulty the health professionals consulted by older female victims of intimate partner violence have in detecting its occurrence (Lazenbatt et al., 2013; McGarry, Simpson and Hinchliff-Smith, 2011; Orte and Sánchez, 2012; Roberto et al., 2013a; Simmons and Baxter, 2010). Consistent with the above, Lazenbatt et al. (2013) refer to this type of victim, older women victims of intimate partner violence, as silent victims, highlighting the need for healthcare professionals to receive an appropriate training and the knowledge and skills necessary to confront the reality of this situation so as to be able to support the older women who suffer this type of violence effectively.

This particular aspect, when it comes to the need on the part of health professionals to increase their efforts at detection, may be one of the main conclusions reached by many of the papers reviewed (DeFour, 2012; Lazenbatt et al., 2013; Montero et al., 2013; Orte and Sánchez, 2012; Roberto et al., 2013a; Simmons and Baxter, 2010; Suelve et al., 2010; Tetterton and Farnsworth, 2011), but which mitigates in favour of our aim to go deeper into this particular aspect with respect to the social and healthcare circumstances involved in ageing.

Given that there are few epidemiological data available for gender-based violence in this stage of the life cycle, one could speak of a phenomenon of invisibilisation (McGarry et al., 2011; Orte and Sánchez, 2012) with respect to the characteristics of violence against older women and the necessities it generates. The combination of discrimination for reason of age and sexism creates a situation in which older women who suffer intimate partner violence feel that their problem is invisible, ignored, misunderstood, and, on some occasions, even lacking in credibility (Weeks and LeBlanc, 2011).

It is necessary to generate awareness of the importance and necessity of appropriately understanding and dealing with cases of gender-based violence against older women and intervening with the resources compliant with their needs; some of the authors reviewed note that it is the older women themselves who express the need to improve levels of professional awareness towards their specific requirements (Roberto et al., 2013a), requirements which are also determined by the disempowerment, dependence and vulnerability which this type of victim experiences (Weeks and LeBlanc, 2011).

And it is the case that older women who have suffered intimate partner violence present needs that are more specific when compared to younger victims (Tetterton and Farnsworth, 2011). The experiences of the older women who suffer this type of violence are different to those of other age groups; adequate research into these differences, which has not yet been carried out, will be crucial for, amongst others, healthcare and social service professionals to be able to identify these concrete experiences (McGarry et al., 2011). Many of these women will probably be attended to by the healthcare system because of symptoms related to situations arising from post-traumatic stress, anxiety/depressive syndromes, or even for reasons not directly related to intimate partner violence. Since there are many obstacles which make it difficult for the victim to acknowledge her situation openly and explicitly, this kind of symptomatology should alert the professionals to the necessity of carrying out a complete process of evaluation, including questions related to the dynamics of the woman's relation with her partner. Here, the integration of safety planning and risk evaluation in the assessment process is a crucial question (Tetterton and Farnsworth, 2011).

Another striking feature is the way in which this problem is reflected in the media, which focuses itself fundamentally in reporting episodes of violence in which there are murders, with the men featuring as the authors and the women as victims, isolated from the real problematic of everyday existence (Roberto, McCann and Brossoie, 2013b).

Those older women who have experienced episodes of domestic violence at the hands of their partners display a significantly worse state of health than those who have never had such an experience (Ajdukovic, Ogresta and Rusac, 2010; Montero et al., 2013; Stockl et al., 2012), a fact which turns out to be significant over the long term with regard to the physical health and emotional wellbeing of victims (McGarry et al., 2011). Thus, these women will even come to define their physical and mental health as poor, resorting to pathogenic coping mechanisms (Lazenbatt et al., 2013).

In addition to an increase in morbidity, a greater risk of disability also stands out, but, above all these cases are accompanied by a raised mortality rate (Baker et al., 2009; Suelves et al., 2010). In addition to this, they are also associated with a general increase in the use of healthcare services (Montero et al., 2013).

It is possible for the experience of intimate partner violence with regard to the older woman to be accompanied by risk behaviour and the taking up of toxic habits such as an increase in the consumption of alcohol, and especially an increase in the consumption of prescription and non-prescription medicines and an increase in the consumption of tobacco (Lazenbatt et al., 2013; Stockl et al., 2012). Particularly serious are cases of behaviour associated with the risk of contracting human immunodeficiency virus (HIV), as reported by some of the reviewed papers (Cianelli et al., 2013; Richards et al., 2013).

With regard to alcohol consumption as a risk behaviour associated with the aggressor, some studies reference this as a possible predictor of the risk of violence (Ajdukovic et al., 2010; Liles et al., 2012). Regarding other predictors of the risk of domestic violence with regard to the aggressor in the older population, the papers reviewed itemise, amongst others, the stress suffered as a consequence of migration (Liles et al., 2012; Suelves et al., 2010), and the stress related to caring, and even to health problems (Roberto et al., 2013b).

In terms of risk factors associated with the older female victims of intimate partner violence, having suffered other types of abuse or violence in other stages of life (Stockl et al., 2012), the influence of certain traditional values when episodes of violence are borne, generally in silence (Tetterton and Farnsworth, 2011), being divorced or separated, economic dependence and a low educational level, amongst others (Cadmus and Owoaje, 2012; Suelves et al., 2010) are mentioned; but above all what stands out as determining is the impact of a lack of community support (Melchiorre et al., 2013; Paranjape and Kaslow, 2010; Suelves et al., 2010), support networks and the character of social and family relationships being crucially important in terms of empowerment in adult life.

The existence of the abuse of older women is frequently denied, or subsumed within the general phenomenon of violence directed at older people (DeFour, 2012). While different systems and services to deal with cases of abuse of older women do exist, on the one side there are those dedicated to the protection of older people, while on the other are those dedicated to the prevention of gender-based violence and the protection of its victims, which being deployed often being dependent on the choice of the victim herself (Kilbane and Spira, 2010). Some authors emphasise the necessity of an integrated approach between a focus on gender-based violence and the abuse of the elderly population (Amesberger and Haller, 2012; Leite et al., 2014).

Healthcare and social service professionals, the legal system and the other resources and systems of support need to work together to confront the reality which intimate partner violence supposes for the older woman (Weeks and LeBlanc, 2011).

4. Conclusions

The scientific literature, according to the review strategy submitted here, displays a growing interest in gender-based violence with respect to other types of violence.

Intimate partner violence directed at older women:

- Has a high incidence which differs from the available statistical data, constituting a serious public health problem.
- Has wide-reaching repercussions, increasing the morbidity and mortality of its victims.
- Is a not very visible phenomenon, as much because of under-reporting on the part of its victims as because of the difficulties faced by the professionals involved in its detection.
- Is accompanied by experiences and needs which are specific and different with respect to victims of other age groups.
- Is a problem for which education and community support constitute the main pillars for its prevention.
- Is a problem which requires a higher level of awareness and a greater level of training on the part of the professionals involved in the development of effective measures for its prevention and detection, which would improve the level of protection of the older woman against this type of violence.

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