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A Lifetime of Intimate Partner Violence

Coping Strategies of Older Women

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Little is known about how older women cope in long-term abusive intimate relationships. Understanding their coping strategies may give insight into how to further support their effective coping efforts. Interviews were conducted with 38 women older than age 55 years. Grounded theory analysis demonstrated that women who remained in their abusive relationships employed mainly cognitive (emotion-focused) strategies to find meaning in a situation that was perceived as unchangeable. By reappraising themselves, their spouses, and their relationships they refocused energies in certain roles, set limits with their abusers, and reached out to others (friends, family, and community organizations). Some women appeared to thrive, others merely survived, but all maintained the appearance of conjugal unity.

Keywords: *intimate partner violence; domestic violence; elderly; resilience; coping; strategies; life course approaches*

Background

The lives of many older women are plagued by a serious problem that is commonly considered to be more prevalent among younger women—intimate

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partner violence (IPV). Annually more than 13,000 U.S. women age 55 years and older report nonlethal victimizations by an intimate partner (Rennison & Rand, 2003). Among women older than age 55 enrolled in primary care clinics in southwestern Ohio, 4.2% had experienced physical violence and 3.2% sexual abuse since age 55 years. Physical and sexual abuse rates in the past year were 1% with the spouse or boyfriend as the most likely perpetrator (Zink, Fisher, Pabst, & Regan, 2005; Zink, Jacobson, Regan, & Pabst, 2004). The Illinois Coalition Against Domestic Violence reported that 3,275 women age 55 years and older sought service during a 5-year period, with 11% of women using services in more than 1 year (Grossman & Lundy, 2003). Nearly 60% of these women said that a husband or ex-husband was the abuser (see also Pillemer & Finkelhor, 1988). These studies suggest that IPV continues across the life course for a number of women.

Few studies assess the coping strategies that older women use to survive IPV or what family and community resources they utilize (Grunfeld, Larsson, Mackay, & Hotch, 1996). To date, the extensive literature on coping and IPV has focused almost exclusively on younger women (Chang, 1989; Gondolf & Fisher, 1988; Goodman & Fallon, 1995; Herbert, Silver, & Ellard, 1991; Pfouts, 1978; Walker, 1979). This research has applied and built on measures and concepts introduced by Lazarus and Folkman (Folkman, 1984; Folkman & Lazarus, 1980; Lazarus, 1966). In this framework, *coping* is defined as the "thoughts and behaviors that people use to manage the internal and external demands of situations that are appraised as stressful" (pp. 746-747) and are grouped into two broad categories: (a) emotion-focused coping in which strategies are used to regulate the distress associated with specific problems and (b) problem-focused coping in which strategies are used to manage specific problems (Folkman & Moskowitz, 2004).

Problem-focused coping leads to better adjustment when an individual faces a stressful situation that is within his or her control, whereas emotion-focused coping is a more adaptive approach to uncontrollable or unchangeable situations, such as IPV (Folkman, Lazarus, Gruen, & DeLongis, 1986). In addition, emotion-focused strategies are the approach most frequently used by older individuals (Folkman, Lazarus, Pimley, & Novacek, 1987).

Researchers have examined the emotion-focused¹ and problem-focused² coping strategies of women who are abused but have recruited predominantly younger populations from IPV shelters and the courts. Although several studies have included at least one woman older than age 55 years (Hilbert, 1984; Langford, 1996; Lempert, 1996; Merritt-Gray & Wuest, 1995; Moss, Pitula, Campbell, & Halstead, 1997; Newman, 1993), the findings provide limited insights into the long-term coping strategies of older women. Grunfeld et al. (1996) focused on four women, aged 63 to 73, and

did not address coping *per se* but found that women learned to survive because there were so many barriers to leaving and because they were responsible for keeping the home intact. Together these studies suggest that to preserve the societal values of marital commitment and social stability women who were abused endured and learned to live with what Lempert (1996) called “the simultaneity of love and violence.”

Understanding how older victims of IPV have coped and currently cope may give insight into how to assist them and other women who remain in long-term abusive relationships. In an aging society in which significant numbers of older women have experienced IPV and many during an era when society neither recognized nor supported them (Schechter, 1983), support systems must be sensitive to their unique needs. In the current study, we set out to address this gap in the literature by conducting in-depth interviews with older women living with IPV.

Method

Initially women who were currently or had been in an abusive relationship since age 55 were recruited with flyers and by word of mouth at local domestic violence programs (shelter, crisis agency, court advocacy) and local aging agencies. This age cutoff was chosen because it focused on women largely neglected in the IPV literature. Because of a low response in these venues, we placed ads in selected neighborhood newspapers. Neighborhoods were chosen to ensure ethnic and income diversity.

Interview transcripts were reviewed continuously to assess for saturation on the topic of coping (Denzin & Lincoln, 1998). We stopped running the ads when we were finding no new responses to our coping questions and had a range of ages and ethnicities (White and African American). In total, 46 women were recruited between February and June 2003. Thirty-eight women met the study criteria (see below) and completed the interview.

Interview Procedures

After obtaining consent, a trained female interviewer followed a semistructured interview guide. The first five interviews were conducted in person at a time and location safe for the participant. The remaining interviews were conducted during a telephone call with participants who responded to the newspaper ads. The purpose of the study and study criteria (age 55 or older and victim of physical, emotional, or verbal abuse by husband, boyfriend, or steady partner since age 55) were explained to the participant. If the

woman met criteria and was interested, the interviewer confirmed that it was a safe time and place to talk. Several interviews were interrupted because the abusive spouse came into the room. These were continued at a later safe time.

Interviews lasted approximately 45 minutes and were audiotaped. After obtaining demographic and health information, participants were invited to talk about their relationship including the nature and frequency of abuse, reasons for remaining, and the pattern of abuse over time. Sources of support and experiences in seeking help, including health, church, legal, social services, and family, were also explored. After analyzing the first five interviews, additional probes were added to further understand ways of coping.³ Participants were mailed a copy of the consent and \$20 in a plain white envelope to a safe address.

Analysis

A multidisciplinary research team experienced in qualitative methods analyzed the data using an adapted form of grounded theory (Strauss & Corbin, 1990). Discussion about our preconceptions identified the following two issues based on previous work (Zink, Regan, Goldenhar, & Pabst, 2004; Zink, Regan, Jacobson, & Pabst, 2003): (a) older victims of IPV had reasons for remaining in long-time abusive relationships—leaving was not always the answer and (b) living with long-time abuse resulted in a certain hopeless, demoralizing, and unfulfilling life.

After intensive reading of a subset of the data and the development of a preliminary coding screen (Crabtree & Miller, 1999), the transcripts were divided between four team members for further coding. All 38 transcripts were initially read and coded independently and cooperatively by at least two members of the researcher team (one being TZ). Text segments broadly coded as *coping* were explored, and the model was developed. The fit of the model to the data was checked for each interview. To ensure validity in our analysis, we interpreted cooperatively, checking the accuracy of chosen quotes as representations of the identified themes (Borkan, 1999; Denzin & Lincoln, 1998). We also checked our results with other members of the study team who were not involved in the model development.⁴

Participants

Table 1 describes the demographics of our sample. The median age was 58 years (range 55 to 90). Of the women, 80% were White and more than

Table 1
Demographics of the Sample (N = 38)

| Characteristics | | |
|------------------------------------------------------|----------|---------|
| Age (years): | | |
| Median (range) | 58.00 | (55-90) |
| <i>M (SD)</i> | 60.21 | 7.27 |
| | <i>n</i> | % |
| Race | | |
| Caucasian | 31 | 81.6 |
| African American | 7 | 18.4 |
| Income ^a | | |
| < U.S. \$20,000 | 6 | 15.8 |
| \$20,000 to 39,999 | 14 | 36.8 |
| \$40,000 to 59,999 | 11 | 29.0 |
| > \$60,000 | 7 | 18.4 |
| Relationship status | | |
| Discontinued | 23 | 60.5 |
| Ongoing | 15 | 39.5 |
| Abusive relationship | | |
| Length of current/recent relationship (years): | | |
| Median (range) | 24.00 | (2-67) |
| <i>M (SD)</i> | 24.74 | 15.43 |
| Length of discontinued relationship (years): | | |
| Median (range) | 22.00 | (2-43) |
| <i>M (SD)</i> | 20.17 | 12.36 |
| Long-term relationship | 23 | 60.5 |
| Second relationship | 11 | 28.9 |
| Repetitive abusive relationships | 4 | 10.6 |
| Type of abuse | | |
| Emotional and/or verbal | 36 | 94.7 |
| Physical | 27 | 71.1 |
| Social control and/or economic | 26 | 68.4 |
| Sexual | 13 | 34.2 |
| Health history (self-report) | | |
| Depression | 31 | 81.6 |
| Arthritis | 19 | 50.0 |
| Anxiety | 17 | 44.7 |
| Cardiac (high blood pressure and/or heart condition) | 16 | 42.1 |
| Irritable bowel | 14 | 36.8 |
| Chronic pain | 12 | 31.6 |
| Diabetes | 4 | 10.5 |
| Substance abuse | 1 | 2.6 |

a. 15 women did not report household income. Household income for these women was estimated based on 2000 Census data.

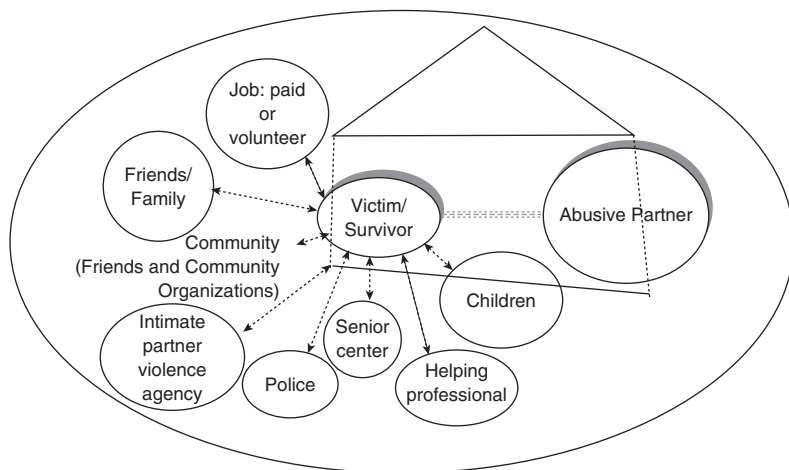
one half had household incomes greater than U.S. \$40,000. All had adult children, and less than one half reported having had a paid job outside the home at any time. The median length of the abusive relationship was 24 years (range 2-67). Most described emotional and/or psychological abuse and controlling behaviors. Almost three fourths (27 of 38) described being physically abused at some time in the relationship, and more than one third recounted sexual abuse. Four had more than one abusive relationship. A variety of physical and mental health conditions were reported. At the time of the interview, 39% (15 of 38) remained in their marriage or relationship.⁵

Results and Discussion

Older women described problem-focused and emotion-focused coping behaviors, as described by Folkman (Folkman et al., 1986; Folkman et al., 1987) and others. However, strategies favored emotion-focused responses that were implemented for the long term and appeared to develop into a philosophy of life. As a result, women seemed to maintain a sense of self-respect despite years of demeaning treatment. During the long course of their relationships, and using a variety of internal and external resources, women had three types of coping responses. First, they reappraised their situations and learned to think of themselves, their spouses, and their relationships in a different light. This often led to the creation of interpersonal limits and various spatial boundaries within their relationships. Second, given restricted possibilities or opportunities for survival outside the home, women reoriented themselves and focused on culturally prescribed domestic roles (wife, housekeeper, and mother). Third, women looked elsewhere for emotional support (friends, extended-family, job, or volunteer work). All who remained in their abusive relationships made efforts to maintain the appearance of a conjugal connection or unity.

Figure 1 presents a descriptive model centered on the victim and/or survivor (bold sphere) and her coping response. She is linked to her abuser within their home, which sits in the community (largest sphere). Both have been or are involved in the broader community to some degree. (Abusers were very involved in the community when younger; now the degree of participation is dependent on their health.) To our surprise, all victims and/or survivors reached outside the home after a process of reappraisal and reorientation. The reappraisal of herself, her spouse, and the relationship is represented by shadows on the foci of this appraisal. The *reaching out* is represented by dotted arrows to "others." These others included children,

Figure 1
Women in Long-Term Abusive Relationships
and How They Coped With the Abuser



Note: This model depicts the implementation of problem- and emotion-focused coping strategies. As a result of the reappraisal of self (victim and/or survivor), abuser, and the relationship the coping strategies of the long-time elderly victim became routine, or a philosophy of living and survival. The focus of the victim's reappraisal is indicated by the shadows. As a result of the reappraisal, the older victim redefined certain roles and reached out into the community for emotional fulfillment. The various roles and individuals or organizations the victim pursued are indicated by circles and/or spheres within the greater sphere of the community. However, the victim maintained the appearance of an intact home (house structure), and women that remained in the relationship accommodated to have some connection with the abuser. Hence, the victim sphere is housed predominantly within the quadrangle of the house that is slanted toward the abuser who has more power in the relationship as defined by societal values. The abuser also has the ability to limit the victim's reaching out into the community by his reaction to her activities, mainly with emotionally and verbally abusive responses.

friends, extended-family, and/or community organizations (small circles and/or spheres within the larger community sphere). The arrows between the victim and these others are dotted to indicate that different women reached out in varying degrees. Some disclosed the abuse, and some did not; and as a result they received different levels of support for "the others." Living with the simultaneity of "love and violence" (Lempert, 1996), some seemed to thrive and found meaning and pleasure in life. Others did not and seemed to be resigned to "this punishment."

Coping Strategies

Women developed problem-focused strategies that were routine. A 55-year-old woman described what she did when her spouse threatened her:

I tell him I am going to pick up the phone and call the police or call my brothers or something . . . you know how when people get older, they get a little wiser, and maybe he don't want to go to jail and lose his job and stuff like that.

These routines appeared to limit the physical abuse. More commonly, older women utilized many of the emotion-focused behaviors (Kaltman et al., 2003), which seemed to become a philosophy of living. For example, "You suck it up and you clean it up. I don't think that my husband's ever learned that philosophy and I use it 100%." Pressured to find solutions that kept the home intact, women coped and accommodated by using these strategies.

Reappraisal

A key process in women's coping responses was the reappraisal or reframing of important aspects of their situations (self, abuser, and relationship). Some reported simply refusing to "let anything beat them down," others suggested greater acquiescence, for example, by suggesting that one should "know the things you can control and accept the things you can't." The following quote suggests a combination of both:

God didn't give me a perfect man and he didn't give my husband a perfect woman. I am not perfect, with the resources he gave me, I am going to do the best I can with them and I am not going to let him (abuser) or nobody else take me down where I feeling so low, . . . he made me like this, I am depressed, I can't get out of bed. Honey, I am 55; I look 35. I look good and that's the way I feel. I might be the ugliest person in the world to you, but I think I look good.

Many of these self-directed reappraisals were framed in the religious terms of a loving God and a community of loving people:

When I had the breakdown is when I felt that everybody hated me and I realized that I wasn't loving everybody and that was my whole problem. I do think love is God and God is love. I have found that and if I think Hell is like being with people that hate you and you hate everyone . . . and heaven must be like everyone that loves you and you love everyone. I feel that God loves me and I need that feeling – his loving me . . . I'm his pet.

Another woman combined a similar form of religious self-reappraisal with a cognitive strategy aimed at redefining her husband's offenses.

I didn't make no excuses for him (abuser) and I read my bible a lot and I said, well, Lord, you say in the Bible that a woman is like a crown jewel and I started thinking about myself like that. I am precious. Nobody has the right; they didn't make me, they have no right to mistreat me and I don't have to put up with it.

These forms of reappraisal helped women restore their self-respect.

Another key focus of reappraisal was the abuser. We have already seen how some self-reappraisals were linked to a reappraisal of the abuser and his actions. ("He's not perfect; I don't make no excuses for him . . . and I don't have to put up with it"). However, some of the abuser reappraisals did appear to make excuses. Some women labeled their abusers' personalities with terms such as "hot [blooded] Italian" or "hard headed German." In this example, a woman discusses an episode in which she found the word *misogamist* (marriage hater) underlined in a dictionary and thereby came to an understanding of her husband's hatred of her and their relationship: "Through the years . . . I put two and two together and I thought 'This is him. He hates women.' Now he doesn't hate . . . he doesn't treat other women like me, but he doesn't think they can do anything, just men." Terms like these partly excused the behavior and in some ways objectified the abuser, making him more predictable. Other descriptors like "Jekyll and Hyde," or "angel (in public) and devil (in private)" had a similar effect, though they underlined the abuser's dualistic character and the importance of the boundary represented by the domestic sphere.

This naming of the abusive behavior was an important step in reappraising the relationship. This woman explains how coming to understand and label her husband's behavior as *abusive* helped her get on a "clear track" and "deal with it."

Participant: I was reading a 'Dear Abby' letter one day and it was from a woman who said she was in a verbally abusive relationship but that she had read this particular book and it had really helped and the book was called, *The Verbally Abusive Relationship* by Patricia Evans; I have it right next to me. Ok. And I thought well, I'll give it a try. So, I went down to the bookstore. It just jumped out of the page. I sat up all night long. . . . Well, I really didn't recognize it [her husband's behavior] . . .

Interviewer: As abuse.

P: As abuse. And as soon as I got that message . . . I really felt that I got on a very clear track then. You know, it easy like well now I know what I'm dealing with and I can do something about it.

This participant left her marriage after naming the abuse; however, more than one third of the participants used “naming” to redefine their relationships. Included in this reappraisal was the setting of limits—how much abuse they would take or to what degree the abuser was allowed to be part of their lives. As a result, women were able to continue their domestic relationships but feel safer or have some autonomy.

For some, the autonomy meant creating separate space. This was achieved by either living separately from the abuser ($n = 3$) or by defining a routine in the home that resulted in limited contact between the couple ($n = 1$).

Participant: Well he stays at my house at night, but his clothes aren't there. . . . If I was living in a home with a man that was abusive, I guess that could be a completely different situation. . . . I often wonder if he'll hit me again. He has come close to it, I guess a couple of times, but he backed off.

Interviewer: Well it sounds like what happened before might have scared him enough.

P: I suppose I was the first person that ever done that.

I: You finally stood up to him.

In addition to separate homes, this woman set limits by standing up to the abuser. Others had family members intervene. An example of this problem-focused technique was presented earlier.

As to routines that limited contact with the abuser in their home, this woman described how she and her husband of 53 years shared their home:

And I could stay out of his way. For instance, if I come into the kitchen and he is in there, he runs out. He doesn't want to be in the same room with me. So I used to know when he was going to eat his lunch and he does fix his own breakfast and lunch thank goodness, but now I never know, I just have to stay out of there until [he is done]. . . . There may be an hour's difference. And also he has got prostate trouble he had surgery for that and now that's coming back and he is starting to have urgency. So I have to be very careful which toilet I use. If he is upstairs then I don't use the one up there. And if he is downstairs, I use the one upstairs. You know, you have to be always thinking.

Despite the orchestrated separation that clearly involved a lot of energy and planning, this woman described her recent joy in the sharing that had occurred between her and her husband:

Two years ago, our son and his wife came and brought us two kitty cats, litter mates, males. They have made all the difference in the world because they give us something safe to talk about. And we talk about what the cats are

doing. And one kind of took to him and the other took to me, which I am very glad for. We have talked more since we have had the cats than we have in the last 20 years.

Despite the redefinition and limit setting, finding some connection with the spouse was essential.

"Learning to live with the abuse" seemed possible because the reappraisal of self and the abuser led to a reappraisal of the relationship. This reappraisal was accompanied by a redefinition of what women expected from and how they interacted with their abusive partners. This "reorientation" often resulted in women focusing elsewhere for support and fulfillment, and women adopted routines that gave them some autonomy.

Reorientation

Reorientation appeared to have two components. The first involved women redefining or refocusing their role in the family and/or the community and immersing themselves into those functions. The second included reaching out to others (friends, extended-family, or community organizations) for support or fulfillment. In the model, these "others" are represented by smaller circles in the greater community sphere. Reaching out was done to varying degrees depending on the woman's willingness to disclose the abuse to others and the abusive spouse's response to her efforts. Hence, the dotted, not solid, arrows between the victim and her job, children, and so on.

Role immersion. A mechanism and product of the separation and limit setting was role immersion. For this generation of women, the role of wife was paramount. Every woman who remained struggled to have or maintain the appearance of some connection with her abusive spouse. "I need to help fix his plate, I need to pour his coffee, I'm taking care of him and if I felt like he does towards me I wouldn't be taking care of him." Focusing on the role of "homemaker" or "wife" allowed women to find meaning beyond the abuse and despite the abuse. Using emotion-focused strategies such as "ignoring the abuse," "refusing to argue," or "taking a drive when I get angry" women immersed themselves in the role of "caretaker." With the health problems that accompanied aging, several women ($n = 3$) provided full-time nursing care to their frail spouses and even acted as health advocates.

I nursed him. I mean towards the end, I was having to feed him ice chips. . . .
[There was one episode with the doctor.] I said, "You do not go from fine

one day to severe.” It ended up he’d (spouse) had a silent heart attack. . . . I told this doctor, “You will get him an appointment with a cardiologist. You have 15 minutes.”

Now freed from the abuse with the death of her spouse, this participant struggled with how to find meaning and what to do with her time.

The role of “mother” was also important. All women in our sample were mothers; however, for some that role was the key to their survival.

Interviewer: What helped you survive through this?

Participant: I’m going to have to say, totally . . . because I am my son’s mother.

I just . . . I am my son’s mother.

Despite the current realities of their adult children, ranging from estrangement to regular contact, this generation of women had lived for their children. Many remained in their abusive relationships to maintain domestic stability for their children, even their adult children.

Some women, uncharacteristic for their generation, found their jobs to be sources of autonomy and focus.⁶

I am a very independent woman, you know, I don’t . . . I have worked ever since I was 17 and got a pretty decent job even though I work part-time, he knows I can take care of myself so . . . I worked at the post office, so I worked a lot of hours. I had my friends. There was a lot of times when he didn’t work. I just . . . I just kept on going. I mean . . . I’m a person that doesn’t know how to relax . . . the only thing I know how to do is work.

Others found meaning in volunteer work. “I work at the hospital once a week . . . [at] the information desk . . . I like being out in the hall where all the people are coming by.” As suggested in these quotes women coped by immersing themselves into various roles and found meaning and fulfillment by reaching outside their abusive homes.

Reaching out. Despite abusers’ attempts to isolate and control their victims’ social contacts, (Davies, Lyon, & Monti-Cantania, 1998) all women who remained in their abusive relationships had reached outside the home for support and fulfillment whether or not they had disclosed the abuse to others. Hence, the arrow from the victim and/or survivor out toward the larger community sphere in the model is solid. Some women disclosed the abuse to family, friends, and/or sought help from community organizations. Others told no one about the abuse but were active in their communities.

A 90-year-old woman, who had only disclosed the abuse to her daughter, described how she coped and found meaning:

I've had a happy life for the last 25 years because I have learned to live with what I have and not expect love from him, so you look for it in other places. I look for it with people and I have lots of loving people. . . . So, it's all these little things that add up and you think well I'm married to a man that hates me.

As a result of her reappraisal of her relationship, this 90-year-old woman had come to terms with the realities of her abusive spouse and seemed to thrive.

For others, it was the sharing of the abuse with others, informal or formal networks,⁷ that helped them to reappraise themselves and their spouses and find support elsewhere. One 62-year-old woman describes her support from friends:

I don't even have to tell people, because all of my friends know how he is, and my one friend, B comes over and she says [to the abuser], "Aw, you know your face is turning red, your anger's getting going." And I said, "Yeah his little hair stands on end besides his ring when he gets mad." We tease him about it, and he can take it. . . . I've learned after 40 years, you just learn to live with it and I'm kind of my own person. . . . I have a lot of friends I've met at garage sales.

Other women sought support from more "formal" sources: 12-step groups, ministers, therapists, physicians, other professionals (chiropractor and masseuse), police, courts, and social agencies (such as Catholic charities and domestic violence crisis agencies). One woman who cared for her abusive spouse until he died talked about the help that she had received early on from the domestic violence agency:

Interviewer: Were there any other community agencies or friends or family that you ever talked to?

Participant: The domestic violence agency stood beside me at the hearing when they brought him out of jail. But I did not go any further than that. . . . [They were] very supportive. . . . I was pretty much lost. I didn't even know how to get to the courthouse.

Despite having filed charges against her spouse at an earlier point, she nursed him until his death.

Women's ability to reach out was limited by their abusers' responses. This woman provided full-time care for her husband and arranged for assistance from local aging agencies to give herself a break:

Whenever I go out [I] come home and listen to all this stuff, "I had been with men and all this stuff." It's just not worth it. And then I had him set up for day care and he went like three times and refused to go anymore cause he don't see why I need a break and everything. I haven't had a break at all. I am going to get a break next week because I have hip surgery.

The tone of this interview was filled with resentment and resignation. Her attempts to use social services were thwarted by her abusive spouse. She struggled with depression and a variety of chronic physical health problems. However, she spoke proudly about her daughter who had left an abusive marriage; however, for herself, she saw few options.

Other women were allowed more freedom by their aging abusers. In stark contrast to the last woman was the 90-year-old woman quoted earlier, who was resigned to living with her "husband who hated women," but "had a happy life for the last 25 years because I found love in other places." She started a senior center, was involved with her children and grandchildren, and looked after friends. However, despite this resilience, she made accommodations:

P: I can't see any love at all. . . . We were getting ready to go to church, we do go to church for the benefit of the people. But when we get in church, it's always dark, I said, "Let me hold your arm because you get lost." And he said, "You are just like your mother." And I said, "Oh Gee, I know how you hated my mother now I know what you think of me"—so he gives it away how much he hates me.

Underneath the Appearance of Conjugal Unity

As illustrated in the above quote, women were invested in maintaining the appearance of an intact relationship. This meant learning to live with the "simultaneity of love and violence"—the shared history and attachment and the abuse. The degree of accommodation appeared to be determined by the abuser's response (degree of hassling) when the wife "looked elsewhere" for fulfillment and the woman's assessment and response to her situation. Some women had more freedom to seek outside support and despite the reminders of the abuse ("the hatred") seemed to flourish and create meaningful lives. Others had more limited options (such as the woman who avoided her husband in their shared home but relished their connection

around the cats). These women were more resigned and awaited death (for themselves or their spouses) to spring them free.

Younger women who are abused cope by reappraising their relationships to see them in a positive light, regardless of the frequency of physical abuse. However, positive appraisal is more difficult with increasing amounts of verbal abuse (Herbert et al., 1991). This is interesting to consider given the findings that physical abuse, but not verbal abuse, decreased with age among study participants (see also Harris, 1996; Rennison & Rand, 2003).

The ability to discover *meaning for self* and look elsewhere for support and fulfillment may determine the effectiveness of various kinds of coping strategies for dealing with ongoing abuse and promoting well-being. Participants who were more positive about their lives had a spiritual life, had created a separate existence within their relationship (or set limits around acceptable behavior on the part of the abuser), and/or had a formal or informal support network that they accessed regularly.

Conclusion

Living with the “simultaneity of love and violence” for the long haul required employing coping strategies that involved appraising the relationship to find meaning and create boundaries that make the situation tolerable. Many older women coped because they were forced to until society developed resources to help them leave their abusive marriages. Despite societal changes regarding IPV, some older women remained committed to their abusive relationships. For those who made this commitment, emotion- and problem-focused coping strategies evolved into a philosophy of life and survival. Coping with predominantly emotional abuse or the threat of physical abuse, some victims and/or survivors created fulfilling lives; others simply survived.

When working with older victims and/or survivors of IPV it is important to remember the investments and cognitive frameworks that women have adapted to keep the “home intact.” Professionals are encouraged to “think outside the box,” as Brandl and Raymond (1997) outlined, to identify methods to keep older women safe and give them some relief when they ask for assistance. Leaving may not be an option (Vinton, 2003). Examples of these include home health agencies that care for shelter clients, assisted-living facilities that provide emergency shelter, and domestic violence advocates that provide services at senior centers or make home visits. Cross training and collaboration between domestic violence agencies and organizations that serve the elderly are critical ingredients to creating solutions that will

be accepted by older victims. Understanding how older victims and/or survivors of IPV have coped may also help professionals and advocates appreciate the limits older victims set about what kind of help they will and will not accept.

Notes

1. Kaltman, Dutton, and Goodman (2003) identified 31 different emotion-focused strategies and grouped them into seven categories: (a) *aggressive (imagine him dead)*, (b) *distraction (focus on thoughts other than abuse)*, (c) *emotional expression (cry or tell someone)*, (d) *meaning making (thought it did not affect my children)*, (e) *relational (made other friends)*, (f) *self-care (became more independent)*, and (g) *self-harm (used food to comfort myself)*.

2. Goodman and Fallon (1995) outlined five problem-focused strategies used by women to stay safe: (a) formal network (doctor, domestic violence shelter, minister, employer) or informal network (family or friends), (b) legal (call police, obtain order of protection), (c) safety planning (keep money, code words of danger with others, etc.), (d) resistance (fight back, hide weapons, etc.), and (e) placating (avoid abuser, do what he wants).

3. These probes included: How did you make it through this? What is it about your personality or your sense of self that has helped you to cope with this? How do you keep going? Get up every morning?

4. PhD gerontologist, criminal justice professor, geriatric nurse educator, and women's health administrator who managed health programs for older women.

5. This cohort contained African Americans ($n = 4$) and Whites ($n = 11$) and had a range of household incomes.

6. Among our participants, 17 of 38 reported employment outside the home at some point during their lives.

7. Goodman and Fallon (1995) divided the support victims of IPV received into informal and formal networks. Informal networks included family and friends. Formal networks consisted of community agencies, professionals, or organizations.

References

- Borkan, J. (1999). Immersion/crystallization. In W. Miller (Ed.), *Doing qualitative research* (2nd ed., pp. 179-194). Thousand Oaks, CA: Sage.
- Brandl, B., & Raymond, J. (1997). Unrecognized elder abuse victims: Older abused women. *Journal of Case Management*, 6(2), 62-68.
- Chang, D. (1989). An abused spouse's self-saving process: A theory of identity transformation. *Sociological Perspectives*, 32, 535-550.
- Crabtree, B., & Miller, W. (1999). Using codes and code manuals. In W. Miller (Ed.), *Doing qualitative research* (2nd ed., pp. 163-177). Thousand Oaks, CA: Sage.
- Davies, J., Lyon, E., & Monti-Cantania, D. (1998). *Safety planning with battered women*. Thousand Oaks, CA: Sage.
- Denzin, N., & Lincoln, Y. (1998). *Collecting and interpreting qualitative materials*. Thousand Oaks, CA: Sage.

- Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. *Journal of Personality and Social Psychology*, 46, 839-852.
- Folkman, S., & Lazarus, R. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health Social Behavior*, 21, 219-239.
- Folkman, S., Lazarus, R., Gruen, R., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, 50(3), 571-579.
- Folkman, S., Lazarus, R., Pimley, S., & Novacek, J. (1987). Age differences in stress and coping processes. *Psychology and Aging*, 2(2), 171-184.
- Folkman, S., & Moskowitz, J. (2004). Coping pitfalls and promise. *Annual Reviews of Psychology*, 55, 745-774.
- Gondolf, E., & Fisher, E. (1988). *Battered women as survivors: An alternative to treating learned helplessness*. Lexington, MA: Lexington Books.
- Goodman, M., & Fallon, B. (1995). *Pattern changing for abused women*. Thousand Oaks, CA: Sage.
- Grossman, S., & Lundy, M. (2003). Use of domestic violence services across race and ethnicity by women aged 55 and older: The Illinois experience. *Violence Against Women*, 9(12), 1442-1452.
- Grunfeld, A. F., Larsson, D. M., Mackay, K., & Hotch, D. (1996). Domestic violence against elderly women. *Canadian Family Physician*, 42, 1485-1493.
- Harris, S. (1996). For better or for worse: Spouse abuse grown old. *Journal of Elder Abuse and Neglect*, 8(1), 1-30.
- Herbert, T., Silver, R., & Ellard, J. (1991). Coping with abusive relationships: How and why do women stay? *Journal of Marriage and the Family*, 53, 311-325.
- Hilbert, J. (1984). *Pathways of help for battered women: Varying definitions of the situation*. Cincinnati, OH: Case Western Reserve University.
- Kaltman, S., Dutton, M., & Goodman, L. (2003, November). *Emotion-focused coping in battered women: Correlates and outcomes*. Paper presented at The International Society for Traumatic Stress Studies, Chicago.
- Langford, D. (1996). Predicting unpredictability: A model of women's processes of predicting battering men's violence. *Scholarly Inquiry for Nursing Practice*, 10, 371-385.
- Lazarus, R. (1966). *Psychological stress and the coping process*. New York: McGraw-Hill.
- Lempert, L. (1996). Women's strategies for survival: Developing agency in abusive relationships. *Journal of Family Violence*, 11, 269-290.
- Merritt-Gray, M., & Wuest, J. (1995). Counteracting abuse and breaking free: The process of leaving revealed through women's voices. *Health Care for Women International*, 16, 399-412.
- Moss, V., Pitula, C., Campbell, J., & Halstead, L. (1997). The experience of terminating an abusive relationship from an Anglo and African American perspective: A qualitative descriptive study. *Issues in Mental Health Nursing*, 18, 433-454.
- Newman, K. (1993). Giving up: Shelter experiences of battered women. *Public Health Nursing*, 10, 108-113.
- Pfouts, J. (1978). Violent families: Coping responses of abused wives. *Child Welfare*, 57(2), 101-111.
- Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, 28(1), 51-57.
- Rennison, C., & Rand, M. (2003). Non-lethal intimate partner violence: Women age 55 or older. *Violence Against Women*, 9(12), 1417-1428.
- Schechter, S. (1983). *Women and male violence: The visions and struggles of the battered women's movement*. Cambridge, MA: South End.

- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*. Newbury Park, CA: Sage.
- Vinton, L. (2003). A model collaborative project toward making domestic violence centers elder ready. *Violence Against Women*, 9(12), 1504-1513.
- Walker, L. (1979). *The battered woman*. New York: Harper & Row.
- Zink, T. M., Fisher, B. F., Pabst, S., & Regan, S. L. (2005). The prevalence and incidence of domestic violence in older women in primary care practices. *Journal of General Internal Medicine*, 20, 884-888.
- Zink, T. M., Jacobson, C. J., Regan, S. L., & Pabst, S. (2004). Hidden victims: Older women with intimate partner violence and their health care experiences and needs. *Journal of Women's Health*, 13(8), 898-906.
- Zink, T., Regan, S., Goldenhar, L., & Pabst, S. (2004). Intimate partner violence: Physicians' experiences with women over 55. *Journal of the American Board of Family Practice*, 17, 332-340.
- Zink, T., Regan, S., Jacobson, J., & Pabst, S. (2003). Cohort, period, and aging effects: A qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women*, 9(12), 1429-1441.

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