Unlike the protocols in place for medical conditions, there is no standardization as to how we proceed when we see signs of abuse. We don’t know how to respond.

EMT

**IPV Service Facts**

- 9% of women in emergency shelters are age 50+; less than 1% are over age 65.¹
- Less than 20% of IPV cases are identified by police.²
- Lay clergy (i.e., parish nurses, home ministries) report higher awareness of IPV than senior clergy (i.e., pastors, priests).
- Physicians are more likely to prescribe medications and make a referral to counseling than confront their patients about IPV.

**Defining Intimate Partner Violence (IPV)**

Intimate partner violence (IPV) is defined as physical, sexual, or psychological abuse by a spouse, boyfriend, or partner. IPV affects women of all ages regardless of income, education, residence, or social status. IPV in later life is a hidden public health problem, touching at least 2% of older women, ages 50+, each year. Older victims are quite adept at keeping their abuse concealed, often at the expense of their health, well-being, and quality of life. Abuse may be hidden from family and friends out of shame, embarrassment, and social expectations to manage family matters privately.

**Identifying Rural Older Victims**

Rural older women experiencing IPV come to the attention of local community professionals through contact with

- Hospital Emergency Rooms
- Police
- Adult Protective Services
- Domestic Violence Shelters

For the approximately 30% of women who reach out for help, most professionals (i.e., healthcare providers, clergy, counselors) are bound by law to maintain client confidentiality and cannot share the information they receive. As a result, the support provided to victims is often limited, uncoordinated, and fragmented rather than comprehensive and responsive to each victim’s needs.

**Indicators of Abuse**

Some older women project a public image that life is going well and give no indication that they are victims of IPV. Upon closer examination, one or more of the following indicators may be evident:

- Suspicious physical injuries
- Socially isolated
- Appears anxious, quiet, or withdrawn
- Vague chronic health problems
- Unable to follow-through with appointments
- Takes “nerve pills” for anxiety and depression
- Misuse of medication or alcohol
Initiating Conversations

Professionals from all sectors can help bring attention to violence in later life. By normalizing conversations about IPV with older women, the stigma and shame associated with disclosure can be minimized. The first step to initiating conversation is to talk with clients in a private setting and open with a general statement. For example,

Because so many individuals I work with are hurt by people close to them, I have started asking everyone some questions about relationships and abuse...

Then proceed to ask questions using an IPV screening tool and probe for more specific information when responses suggest possible abuse. Take leads from the conversation to make referrals for help as needed.

Conversation Pitfalls

Interviews with older women who have experienced IPV have shown that they benefit from discussions with community service providers whose approaches are non-judgmental and acknowledge the complexity of their home situation. These women manage their lives by negotiating extraordinary circumstances on a regular basis and need support that is responsive to their personal situations. Professionals need to avoid:

- Relying on another person’s account that a victim is incompetent or demented
- Blaming a victim for the abuse
- Threatening to end services if a victim does not cooperate
- Minimizing potential danger to a victim
- Being swayed by an abuser

Screening Tool Resources

Instituting routine screening procedures in professional practice is an effective way to uncover IPV in later life. Two Internet websites that provide links to a variety of tools include:

- University of Iowa Health Care
- Centers for Disease Control and Prevention
  http://www.cdc.gov/ncipc/dvp/IPV/IPVandSV-Screening.pdf

References


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