

# **The Hidden Experiences of Intimate Partner Violence (IPV) in Older Women: Social Work Practice and Research Considerations**

Tori Lewis

Master of Social Work

University of Windsor, Canada

## **Abstract**

How older women experience intimate partner violence (IPV) differs from their younger counterparts, given possible increased vulnerability, health difficulties, and cultural and social contexts. There is extensive research into the impact of IPV on younger women and women of reproductive age. However, for older women there are significant gaps in research into older survivors' exposure to IPV, into screening and assessment tools, and into effective social work interventions that support the unique needs of this demographic. The term of 'older women' refers to women who are 50 years and older due to their distinct experiences with violence and abuse (Meyer et al., 2020). This paper aims to explore the current literature about older women who are IPV survivors and the barriers they face with service utilisation. The specific implications for social work practice regarding the gaps in research and provision of services is explored further. The discussion of social work practice and research implications related to older women IPV survivors is specific to the Canadian context. Lastly, the author provides personal commentary from both their practice experiences within the social work field in conjunction with relevant

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research to promote awareness of this critical issue with the hopes of instigating social justice and change.

## **Keywords**

Intimate partner violence; older women; support service utilization; social policy

## **Background**

According to Statistics Canada (2022), the number of older adults aged 65 and older is projected to increase significantly over time: in 2021, one in ten people were 65 or older, whereas in 2050 this increases to one in six people (United Nations, 2023). Older adults have distinctive healthcare and social service sector needs that will only increase in demand with the growing aging population. Social services and healthcare settings will likely need to adjust and accommodate to the changing demographics they serve, which requires further exploration and research into the unique service utilization of older adults. With this demographic increasing in size, the health care and social service sectors impact remain time sensitive to consider. The focus of this article explores the social service and healthcare settings within the Canadian context related to Canadian social work practice and policy.

As women are more likely to live past the age of 65 than men (Conroy & Sutton, 2022; United Nations, 2023; Yan & Brownell, 2015), it remains imperative to explore their distinct experiences, concerns, and needs. Older women are more than twice as likely than older men to be victimized by an intimate partner (Conroy & Sutton, 2022). Intimate partner violence (IPV) may become increasingly prevalent as the population ages, with women being disproportionately impacted by IPV than men in almost all domains and forms (Crockett & Brandl, 2021; Hing et al., 2021; WAGE Canada, 2022). IPV encompasses multiple forms of abuse, such as physical, sexual, verbal, and psychological and emotional harm perpetrated by current or former intimate partners (World Health Organisation, 2021), which also includes financial abuse (Roberto et al., 2013). Survivors of IPV report a plethora of negative short and long-term physical, psychological, emotional, and Lewis: The Hidden Experiences of Intimate Partner Violence (IPV) in Older Women: Social Work Practice and Research Considerations.

health outcomes that have deleterious impacts (Pathak et al., 2019). Among older women who are victims of homicide, two-thirds were killed by an intimate partner (Conroy & Sutton, 2022). IPV is a public health issue and a human rights concern that has tremendous rippling effects on women's lives and overall health (Stöckl et al., 2012), as the repercussions of IPV are pervasive and damaging to individuals impacted (Hing et al., 2021).

For the purposes of this article, the focus shall be IPV given the unique impact on the intersection of older women in the confines of intimate partner relationships rather than concentrating on elder abuse. The context of IPV discussed in this paper fits largely within the confines of heteronormative and cisgendered relationships, with majority of the research concentrating on older white women (Crockett & Brandl, 2021). Certain populations are more vulnerable to IPV, such as women living with disabilities, immigrant women, and elderly women (Sasseville, et al., 2022). However, these populations are invisible in much of the current literature available (Crockett & Brandl, 2021). For the population of focus for this paper, there are unique implications and considerations for older women who are survivors of IPV that remain under researched and vastly unexplored (Solace Women's Aid, 2016; McGarry et al., 2017; Meyer et al., 2020), especially within the field of social work research. For this paper, "older women" shall refer to the experiences of non-reproductive age women who are 50 years older and above, given their unique experiences and lived patterns of violence (Meyer et al., 2020). In addition to an aging population and the distinct vulnerabilities of older women who have been exposed to IPV, there were higher rates of IPV reported amongst the COVID-19 pandemic (Agüero, 2021; Safar et al., 2023). Lastly, police-reported family violence against seniors regardless of gender has increased 14% over the pandemic and 37% in general since 2009 (Statistics Canada, 2021).

## **Rationale**

The lack of exploration regarding how older women experience abuse from intimate partners has led to a large gap in research and practical knowledge for practitioners who may support this demographic (Crockett et al., 2015; Meyer et al., 2020; Weeks et al., 2018; Yechezkel & Ayalon, Lewis: The Hidden Experiences of Intimate Partner Violence (IPV) in Older Women: Social Work Practice and Research Considerations.

2013). Service providers such as healthcare centers and other community services may not regularly identify and screen older individuals as survivors of IPV (Roberto et al., 2013; Weeks et al., 2018). The negative health implications for older women IPV survivors, alongside the economic and social cost of IPV brings merit to further discussion of how IPV presents for older women and effective measures for early intervention from a social work perspective. Further analysis into the distinct impact, outcomes, and gaps in service provision for older women who have experienced IPV is essential to promote awareness and social change.

There is a paucity of research into how IPV specifically impacts older women, and the effective measures with aims of mitigating the negative impacts (Rowther et al., 2023). The inspiration for the exploration and discussion of this specific topic arises from the practical experience of the author. In the author's work, there have been several vulnerable older women who have experienced violence at the hands of their intimate partners. As these women considered leaving their relationships they were met with limited supports and services available, with none of the available support specifically addressing the unique needs of the older female survivors. Should service users in a similar predicament have additional or multiple intersecting social locations such as migrant women, women living with disabilities, 2LGBTQIA+ identities, or women of colour, they may face further barriers to seeking IPV services that are appropriate to their needs.

Hence, the rationale for this paper is to explore the existing contemporary literature on this unique intersection, while considering the practical applications to modern social work practice within the Canadian context. Throughout the author's direct practice experience, there has been an evident lack of appropriate and adequate services available for older women who are in abusive intimate partner relationships. A combination of the author's professional practice experience and existing literature are synthesized to mobilize current knowledge and discuss future practical implications for social work.

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## **Theoretical Framework**

The impacted population centers the experiences and knowledge of older women who have survived abuse and violence from an intimate partner. A feminist theoretical lens has significantly influenced the dissemination and generation of knowledge in this paper, as feminist theory allows for insight into gender-based inequalities and societal gender roles (McLeod et al., 2020). Feminist views of patriarchal practices and order provides men with greater access to power and economic resources through higher-paying jobs, achieving authority and domination over women (Cunningham & Anderson, 2023; De Coster & Heimer, 2021). When IPV survivors engage in support seeking from their informal and formal support networks, women and men are perceived as different through the gender-based cultural and social lenses (De Coster & Heimer, 2021). This experience is exacerbated for individuals who belong to additional marginalized social locations. Feminist theory allows for considerations of women's unique experiences in relation to IPV exposure within a larger patriarchal and male-dominated society (Dawson, 2021).

Another theoretical perspective that considerably influenced the present paper is life-course theory, which can provide beneficial insight into the distinct experiences of older women. Life-course theory explores the biological, psychological, and social dimensions where gains and losses occur across the lifespan (Garbe, 2021). In addition, Garbe (2021) denotes that these gains and losses can be advantageous or not, and irreversible or reversible depending on the temporal context from which they occur. Cohorts of individuals born within the same time and historical context, explain their unique social and cultural norms (Elder Jr. & George, 2016). The social and cultural norms shape the internal and external beliefs of older women and their communities in relation to gender-roles and social expectations (which is centrally a feminist analysis). Feminist perspectives consider gender-roles and expectations of women within their larger societal and cultural contexts (Cunningham & Anderson, 2023; Garbe, 2021) which supports life-course theory's perspective of women's unique intersections of gender and social roles within specific generational cohorts (Elder Jr. & George, 2016). Therefore, the historical and societal context of older survivors is

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important to better understand their experiences with violence and/or abuse and their existing barriers to service utilization.

### **The Differential Impact of IPV on Older Women Social and Cultural Contexts**

Older women were raised in a socially and culturally distinctive time from the generations following. What was socially acceptable in the early twentieth century such as traditional family structures, patriarchal cultural norms, and women's inability to separate from their husbands despite experiencing violence, have shifted greatly in current social contexts (Meyer et al., 2020). Older women note that IPV has been present across multiple generations, where abuse is normalized and not discussed (Roberto et al., 2013; Finfgeld-Connett, 2014). Roberto et al. (2013) notes that many older women interviewed in their study reported maintaining the cycle of violence that they grew up in. Some women have stated their preference for not identifying their experiences as violence or abuse, with noting that they do not believe that emotional or verbal abuse as violence (Bhatia & Soletti, 2019; McGarry et al., 2014; Meyer et al., 2020). Older women were raised within patriarchal norms where the expectations of traditional family systems are maintained (Hing et al., 2021; Finfgeld-Connett, 2014; Roberto et al. 2013). Adherence to patriarchal values may encourage violence to be socially acceptable (Hing et al., 2021; Sasseville et al., 2022). Traditional male values and patriarchal societal values were increasingly prevalent in the lives of many older women raised in the time of "pre-feminism" (Beaulaurier et al., 2007; Meyer et al., 2020), when women were socialized to be obedient to their husbands even if they experienced violence (Hing et al., 2021).

The endorsement of adherence to traditional masculinity norms is a strong predictor of male partners engaging in psychological violence and aggression towards their female partners (Gage & Lease, 2021). Feminist theories note that Western values of masculinity such as male dominance and female subordination in addition to aggressiveness are means of enforcing dominance within intimate partner relationships (Lawson, 2012). IPV is viewed as an extension of male domination over women, as these power dynamics allow for greater means of control over female partners

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according to feminist theories (Lawson, 2012). If women are socialized to be submissive to their male counterparts within the family framework, abusers may exploit their obedient nature to socially isolate and control their wives (Beaulaurier et al., 2007). Exposure to violence throughout childhood can increase risk of experiencing IPV later for older women (Sasseville et al., 2022); suggesting there are intergenerational cycles of abuse that are normalized through patriarchal norms and perpetuated through learnt behaviours in intimate partner relationships.

Female survivors have associated exposure to IPV with their traditional gender roles and family structure (Beaulaurier et al., 2007). Traditional gender roles and familial structures such as women primarily occupying domestic duties (i.e. homemaking and caretaking) have promoted their normative beliefs about a women's societal role (Safar et al., 2023). Older women may remain in intimate partner relationships that are abusive due to family pressure from adult children, pressure to uphold the family image, and caregiving responsibilities (Bhatia & Soletti, 2019; Safar, 2022). Older IPV survivors reported fearing the damage of their relationships with their adult children should they divulge the abuse they have experienced (Meyer et al., 2020; Yechezkel & Ayalon, 2013), or they cherish maintaining the ideal of being a good mother for their children (Band-Winterstein & Avieli, 2019; Tetterton & Farnsworth, 2011; Meyer et al., 2020). In addition, some older women describe their adult children discouraging them from leaving their abusive relationships or simply not believing their mother's reports of violence (Band-Winterstein & Avieli, 2019; Crockett et al., 2015). Older women may expect dismissive responses from family members when abuse or violence is disclosed (Tetterton & Farnsworth, 2011). With traditional family structures and potentially the sole role of women being the mother of the household, it may prove mentally challenging for women to break the idealized image their children have of them or to leave all things that are familiar.

Many older women have described their strong beliefs in social norms that encourage them to maintain in their abusive relationships, placing their own needs as a secondary thought (Bhatia & Soletti, 2019; Meyer et al., 2020; Roberto et al., 2013). The level of social support may reduce as people age due to increased rates of social isolation (Meyer et al., 2020; Crockett et al., 2015), and

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may report a smaller number of close friends (Yechezkel & Ayalon, 2013). With reduced social connections it proves difficult for older women to have the necessary social support to leave their abusive relationships (Roberto, 2023; Storey, 2020). Older survivors of IPV have expressed significant losses of close friendships and family connections when ending an abusive relationship (Hing et al., 2021), with sometimes their significant others remaining the sole remaining social connection (Straka & Montminy, 2006). Older women may choose social isolation as a coping strategy to reduce the shame and guilt from experiencing IPV (Meyer et al., 2020). Lastly, some women describe feeling that it is “too late” for them to leave their relationships as they feel that they are “too old” (Safar et al., 2023). The familial, historical, and societal pressures placed on older women from their family systems create profound psychological and emotional barriers to leaving their intimate partner relationships.

### **Incidence and Prevalence of IPV Amongst Older Women**

The relationship dynamics of intimate partners change over time, as aging encompasses children leaving the home, women engaging in activities outside of home, retirement, and illness related causes for IPV (Meyer et al., 2020). The experiences of younger and older women differentiate given their distinct positionalities within their own life courses, as older women’s encounters with violence changes as they age. Older women report experiencing psychological and emotional abuse more often than physical abuse (McGarry et al., 2017), likely due to the changing physical abilities of themselves and their aging partners. In terms of prevalence of IPV in older women, one systematic review suggests a range of 24% to 36% for psychological violence, compared to a range of 10% to 13% for physical and/or sexual violence (Rowther et al., 2023; Warmling et al., 2017).

A study conducted by Sanz-Barbero et al. (2019) investigated the prevalence of IPV and the types of IPV that women face in their various life stages. When compared to younger women, older women have lower rates of physical, sexual, and psychological abuse that is *reported* (Sanz-Barbero et al., 2019). However, it is noted in the same study that reported incidence of physical abuse among older women who have experienced IPV have elevated rates of severity and intensity

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(Sanz-Barbero et al., 2019). When comparing reported rates of IPV in older women to younger women, the current literature explores the distinct experiences of older women experiencing IPV, due to these comparison studies being of small scale with varying designs and measurements of violence (Stöckl et al., 2012). Regardless of lower reported rates of IPV amongst older women, the health consequences such as life expectancy and overall health status declines are significant (Crockett et al., 2015; Meyer et al., 2020). Another important difference between younger and older female survivors of IPV is financial abuse, where older women are more likely to be economically dependent on their partners, with more reluctance to leave the familiarity of their lives (Yechezkel & Ayalon, 2013). The manner of which and tactics that are used by perpetrators of abuse changes as they age, with psychological, financial, and verbal methods being increasingly prevalent (Crockett et al., 2015).

## **Risk Factors**

In contemporary literature, there has been limited exploration into the potential and relevant risk factors that increase a women's likelihood to experience IPV in older age (Stöckl et al., 2012). However, there are important risk factors associated with the experience of IPV and increased prevalence in older women. For instance, alcohol and substance consumption (Conrad et al., 2019; Roberto, 2023), low self-esteem (Finfgeld-Connett, 2014), living in a rural context (Yon et al., 2014), a large age difference between partners (Yon et al., 2014), ageism (Roberto, 2023), social isolation (Roberto, 2023; Schreiber & Salivar, 2021), cognitive impairment (Roberto, 2023; Schreiber & Salivar, 2021), the witnessing of parental violence and experiencing physical punishment and sexual abuse in childhood (Sasseville et al., 2022) are significantly associated risk factors of older women to experience IPV. It is important to note that risk factors are merely associations with higher rates of reported IPV, not drawing conclusions on the causation of the abuse. The perpetrators of the abuse are more likely to have a history of depression which is associated with the prevalence of harmful behaviour and to engage in substance abuse (Roberto, 2023).

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It is important to note that older women are less educated than younger generations (Yechezkel & Ayalon, 2013), and lower education rates are associated with increased rates of poverty and increases risk of IPV in older women (Schreiber & Salivar, 2021; Yechezkel & Ayalon, 2013). With reduced financial means and knowledge of how to effectively depart an abusive relationship, many older women may be increasingly hesitant to leave their situation. However, Stöckl et al. (2012) noted that with higher levels of their husbands, resulted in more independence and empowerment for older women; higher levels of empowerment can encourage women to challenge aspects of traditional gender roles. The connection between levels of education, prevalence of violence, and the empowerment of women are important to consider in relation to the experience of IPV.

## **Complex Health and Medical Conditions**

There are long-term negative health consequences from experiencing IPV, including chronic health conditions (Stubbs & Szoeki, 2022), sexually transmitted diseases (Cations et al., 2022; Stubbs & Szoeki, 2022), fibroids (Al-Modallal, 2016; Cations et al., 2022), hypertension and other risk factors for cardiovascular disease (Al-Modallal, 2016; Cations et al., 2022; Liu et al., 2020; Stubbs & Szoeki, 2022), chronic pain (Cations et al., 2022; Loxton et al., 2017) and poorer mental health measures (Cations et al., 2022; Loxton et al., 2017). Cations et al. (2022) describe anxiety, mood, substance use, and traumatic disorders three to five times more often in women who have experienced IPV over the course of their lifetime. IPV can result in traumatic stress symptoms (Sormanti & Shibusawa, 2008). IPV is associated with poorer health in old age (Cations et al., 2022; Roberto, 2023), however, there exist negative physical and mental health consequences that complicate the aging process for women. Stress processes related to IPV may create pathways to chronic health conditions long after the violence has subsided (Cations et al., 2022; Stubbs & Szoeki, 2022). Unfortunately, violence from intimate partners has tremendous impacts on the overall health of older female survivors.

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Women experiencing more physical ill health than men (Stöckl et al., 2012). Loxton et al. (2017) note that women IPV survivors report lower measures of general health, physical function, bodily pain, and mental health than control groups. In addition, the longer the duration of exposure to IPV a woman has contended with, the worse her health outcomes across time (Bonomi et al., 2006; Sormanti & Shibusawa, 2008). Liu et al. (2020) explore the connection between IPV and cardiovascular disease, noting that IPV survivors are more likely to engage in unhealthy behaviours and to display long-term cardiovascular complications than non-impacted women. The association for IPV exposure and negative health outcomes is a cause for concern, as older women with poorer health and functional impairment in their later years are also at higher risk for experiencing IPV (Cations et al., 2021; Storey, 2020). Early and routine screening and targeted interventions for women who are IPV survivors is timely and essential (Liu et al. 2020).

Older adult women experience various health problems which complicates their experiences of abuse, as physical disability, illness, and/or weakness which place them at disadvantage and increased vulnerability than their younger counterparts (Storey, 2020; Yechezkel & Ayalon, 2013). Older women with heightened care needs and complex health conditions may have increased dependency on her caregivers which acts as a barrier for older women to leave their abusive relationship (Kong & Jeon, 2018; Storey, 2020; Straka & Montminy, 2006). Complex health conditions in combination with higher prevalence of disabilities which are associated with increased risk of experiencing IPV (Sasseville et al., 2022). It is important to note that both women and men experience health changes as they age, as those perpetrating the IPV may have illnesses that are a cause of violence, with conditions such as dementia or cognitive impairment that have associated aggressive behaviours, verbal abuse, and physical violence (Meyer et al., 2020; Schreiber & Salivar, 2021). Declining health status increases older women's vulnerability to IPV, and the risk of perpetrators engaging in IPV-related behaviours.

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## **Service Utilization and Considerations**

Older women may be less likely to seek support or services for marital related challenges or IPV when compared to their younger counterparts (Souto et al., 2019; Roberto et al., 2013). Older women may face additional barriers in knowledge of supportive or community services in addition to knowing what supports may be applicable in their unique circumstances. Roberto et al. (2013) interviewed community professionals about older women experiencing IPV, who noted they themselves had limited knowledge of services available for this demographic as well as inaccurate assumptions about what supports were utilized by older women. There is a lack of awareness and training from frontline staff who support older women IPV survivors (Lonbay & Southall, 2023), which may act as evidence of the dismissiveness and invisibility of older survivors (Brossoie & Roberto, 2015). Ageism perpetrated amongst IPV service providers who expressed frustration with “wasting” limited resources on older survivors (Weeks et al., 2021) or inexplicably blaming the women for their abuse (Hing et al., 2021). A lack of research into the prevalence and impact of IPV and older women has likely contributed to the lack of knowledge and presence of assumptions amongst IPV service providers. With limited exploration and service provider training into the relevant risks and impacts that IPV has on older female survivors, the risk for misunderstanding and for service providers to not screen for IPV increases. Older women may be concerned about their experiences not being understood or being minimized by healthcare providers they might seek support from (Meyers et al., 2020; Zink et al., 2005). On the other hand, older female IPV survivors have described being skeptical that if there are services that exist (Adib et al., 2019; Crockett et al., 2018; McGarry et al., 2014), they must be confusing or difficult for them to access (Beaulaurier et al., 2007). Older women may perceive IPV support and services catering exclusively to younger or parenting women (Crockett et al., 2015; 2018), potentially deterring older women from accessing these services (Crockett et al., 2018). As well, some women describe feeling frustrated having to watch younger women and their children struggling in shelter (Safar et al., 2023).

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There exist a profound number of barriers for older women who may seek support for the IPV they are experiencing. Increased health difficulties and conditions such as mobility decline or transportation barriers place additional barriers to service utilization for older women (Crockett et al., 2015; 2018), as well as other self-described barriers of lacking financial autonomy, age, and technological barriers (Safar et al., 2023). Internal barriers as described by Simmons and Baxter (2010) are self-blame, secrecy, hopelessness, protection of the family, and powerlessness, whereas external barriers were described as family, clergy, the justice system, and the community. There is likely a mix of internal barriers and external barriers that contribute to the difficulties that older women experience when trying to access IPV support services. Older adults identify barriers to service utilization in various health care and social services, due to their physical and mental abilities changing along with their health (Adib et al., 2019; Crockett et al., 2018). However, for older women who report internal and psychological barriers, the existence of additional external barriers to accessing service utilization is a deterrent for seeking needed support. Older women facing increased vulnerability due to their physical and medical conditions who are dependent on their abusers' fear being placed in care should they report the abuse they are experiencing (Beaulaurier et al., 2007; Crockett et al., 2018). The threat of institutionalization or loss of independence may significantly deter vulnerable and dependent IPV survivors from seeking services or from leaving their abusive partners. Older women might have limited income from their pension or financial government assistance, which creates financial limitations to leaving an abusive relationship (Hing et al., 2021; Sormanti & Shibusawa, 2008). Older women face many barriers in trying to access IPV support services already, however, if they contend with further disabilities or complex health needs who are dependent on their abuser face additional consequences and barriers to seeking services. Older women face internal, external, social, and economic barriers to accessing both IPV services and in leaving their abusive situations; thus, it is important for healthcare workers to be cognizant of the multiplicity of barriers that older women contend with, to improve accessibility to service and applicability of available supports. Lastly, the voices and self-defined needs of older women IPV survivors should be explored in the research to center this population's perspectives (Crockett & Brandl, 2021).

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Should older women decide to engage in support, the services they are met with may not meet their individual service needs (Crockett et al., 2015). For instance, IPV shelters may present a lack of privacy for older women and may provide programming that is geared for younger survivor populations (Crockett et al., 2015; 2018). McGarry and Ali (2019) denote that the lack of acknowledgement and awareness of IPV as an issue for older women amongst professionals, authorities, and services may result in a lack of appropriate services or care provision for older IPV survivors. Multiple studies have noted the need for and importance of frontline health practitioners to screen older patients for potential experience or exposure for IPV (Bonomi et al., 2006; Crockett et al., 2015; Doughty, 2021; Mouton, 2003; Tetterton & Farnsworth, 2011). According to Makaroun et al. (2020), middle aged and older survivors of IPV utilize psychosocial care services significantly less than their younger counterparts; there are significant benefits researched into service utilization for younger IPV survivors. Should older women be utilizing psychosocial services less often, the importance of routine screening for potential IPV exposure in primary healthcare settings such as doctors' offices, hospitals, or other social service sectors that increasingly interact with older women is of particular importance. A lack of research into service utilization and support needs of older women is likely an outcome from both misogynistic and ageist healthcare and social service sectors ignoring the experiences of older women (Sormanti & Shibusawa, 2008).

### **Clinical Implications for Social Work Practice**

Without the ability of early and routine screening for IPV exposure in older women, the ability for rapid prevention and intervention to reduce the overall negative impact of IPV is limited. Few studies specifically investigate the screening of IPV in older women by healthcare providers (Makaroun et al., 2020; Simmons & Baxter, 2010). Reports of suspected IPV victimization and abuse are conducted by physicians and other healthcare providers more than female survivors themselves (Nelson et al., 2004; Simmons & Baxter, 2010). A lack of effective screening in healthcare organizations and many barriers that older survivors face in trying to leave their abusive partners leaves many older survivors behind. Appropriate and timely assessment for IPV in older

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women in frontline settings such as healthcare may lead to more appropriate referrals to other supports and services (Makaroun et al., 2020; Sormanti & Shibusawa, 2008). If IPV is accurately detected in community healthcare and social service settings, earlier intervention and support becomes available to survivors reducing any further harm that would arise otherwise.

Social workers are employed within a variety of healthcare and social service settings that are public facing and interact with older women who may be experiencing IPV (Ocakli, 2019). Social workers are embedded in several practice settings that work directly with older women, where social workers can assess or identify, intervene, and empower these women who may be experiencing IPV through individual or community-basis (Ocakli, 2019). The involvement of social workers should center survivors' perspectives and include survivors' self-determination of their own needs related to service and support. Social workers are well positioned to support older survivors in navigating their abuse and seeking any available support, with the appropriate training, services, and screening procedures.

## **Conclusion**

Ultimately, the aim of this paper is to emphasise and describe the lack of available and applicable research on the intersection of older women who have survived IPV. Without available research, there lacks relevant information that informs training, practice approaches, screening techniques, and effective interventions for social workers in the field. In addition, without the available research there is also a lack of awareness from both the public and frontline workers interacting with this population. The issue of IPV in older women is an invisible, minimized, and underexplored concern that has a risk of increasing in prevalence as the population ages. There needs to be future research on the impact of IPV on older women for service providers, and the development of effective screening practices, reporting structures, and social work interventions for this population. In addition, further exploration into the distinct intersections of equity-deserving groups such as migrant women and/or women living with disabilities who are aging and exposed to IPV warrants attention in both academic and practical settings alike. The prevailing

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and negative impact that IPV has on women who are aging, along with the unique social and cultural contexts that many older women grew up within was discussed. Notably, the many internal, external, psychological, and financial barriers that IPV survivors who are older face were mentioned with aims of increasing the awareness of older women's challenges in seeking IPV support. Ultimately, this article calls for justice and social change for invisible and marginalized populations who lack the proper social work research and interventions. Without continued research and discussion on older women and IPV, the field will continue to lack the proper intervention and care that this population deserves.

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