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#### ORIGINAL ARTICLE

## A POPULATION-BASED CROSS-SECTIONAL STUDY ON PHYSICAL INTIMATE PARTNER VIOLENCE AFFECTING OLDER WOMEN IN A PROVINCE OF NORTHERN TURKEY: PREVALENCE, ASSOCIATED FACTORS, AND INTERGENERATIONAL TRANSMISSION OF VIOLENCE

### ABSTRACT

**Introduction:** This study aimed to estimate the prevalence of physical intimate partner violence among older women, identify factors associated with victimization, and gather information on the intergenerational transmission of violence.

**Materials and Method:** This population-based cross-sectional study was conducted in Karabuk Province and included 399 ever-married women aged 65 years and older. The dependent variable was exposure to physical violence by a current or former spouse. Independent variables included women's sociodemographic and reproductive characteristics, their experience of violence in childhood, and some characteristics of their husbands and parents. The crude and adjusted prevalence ratios were estimated to explore the relationship between the dependent and independent variables using robust Poisson regression analysis.

**Results:** The prevalence of physical intimate partner violence was 62.9% for the lifetime and 7.6% for the past year. Lifetime prevalence increased 1.2-fold with low household income, 1.4-fold with seven or more pregnancies, 1.3-fold with daily or weekly alcohol consumption by the husband, 1.3-fold with witnessing father-to-mother violence in childhood, and 1.5-fold with experiencing physical violence by parents in childhood. Women were more likely to use violence against their children if they had experienced violence in childhood and adulthood.

**Conclusion:** This study's finding of high lifetime and past-year prevalence of exposure to intimate partner violence highlights the need for more efforts to address intimate partner violence among older women. More research is needed to better understand older women's experiences of intimate partner violence and identify health and social policy approaches to meet their support and assistance needs.

**Keywords:** Intimate Partner Violence; Domestic Violence, Physical Abuse; Prevalence; Aged; Women.



## INTRODUCTION

Intimate partner violence (IPV) against women is a global public health problem and human rights violation with a wide range of short- and long-term health consequences and high economic costs (1). IPV is defined as behaviors that cause physical, psychological, or sexual harm, including acts of physical assault, sexual coercion, emotional abuse and controlling behaviors by a current or former partner (2). Target 5.2 of the United Nations Sustainable Development Goals calls for ending all forms of violence against women and girls. One of the indicators defined to monitor progress toward this target is the measurement of IPV among ever-partnered women aged 15 and over (5.2.1) (3). Although this indicator includes older women, most studies on IPV focus on women aged 15-49 years. Inadequate knowledge about older women's experiences of IPV leads to the invisibility and neglect of violence-related problems. Around the world, older women face discrimination due to rigid gender norms and cultural values that place a premium on youth and women's reproductive functions. This discrimination can make older women more vulnerable to age- and gender-based violence. Violence against older women not only harms them but also undermines their ability to contribute to their families and communities (4). Understanding older women's experiences with IPV is critical for identifying and addressing this problem and developing effective social policy responses. This is particularly important because of the risk of social isolation, cognitive and functional decline, deteriorating health, and potential dependence on a spouse or caregiver for care in old age (5).

Physical violence, a common and visible form of IPV, refers to any aggressive behavior aimed at causing physical harm using force. The limited evidence on the physical IPV experiences of women aged 65 and older comes from high-income countries. According to a 2013 World Health Organization (WHO) study, the lifetime prevalence

of physical and/or sexual IPV in ever-partnered women aged 15 and over was 30%; violence increased with age, reaching its highest level (38%) in the 40-44 age group, and then decreased at older ages (20% in the 60-64 age group, 22% in the 65-69 age group). The WHO study emphasizes that the available data on IPV against older women are limited to a small number of studies from high-income countries and that the low frequency of IPV should not be interpreted as indicating that older women are less exposed to partner violence but, rather, as patterns of violence among older women being less understood (6). According to a meta-analysis of the WHO Global Database on Prevalence of Violence Against Women, 23% of women aged 65 years and older had experienced physical, sexual, or both forms of IPV in their lifetime, with 4% having experienced it in the past year. This study also highlights the need for more research to fully understand the prevalence, as estimates for older women were based on a limited number of studies (7). Although there are differences in the measurement of physical violence among studies, the lifetime prevalence of physical IPV among older women is approximately 36% in Spain (8), 17% in the United States (9), and 7% in Canada (10). In Germany, the lifetime prevalence of physical and sexual IPV was 23% for women aged 50-65 and 10% for women aged 66-86 (11). Studies have reported that 0.3-4% of older women had been exposed to physical IPV in the past year (7, 9, 11). According to nationwide surveys in Turkey, the prevalence of physical IPV among women ranges from 30-39% lifetime (12, 13, 14, 15) and 8-10% in the past year (14, 15). These surveys did not provide information on IPV exposure among older women. Additionally, population-based domestic studies have focused primarily on elder neglect and abuse rather than IPV. A study conducted in Canakkale found that 4% of women aged 65 years and older had experienced physical violence in the past year, with husbands being the perpetrators in 43% of cases (16).

IPV is a socially produced phenomenon and is fueled by poverty, social and gender inequalities and patriarchal ideology. In low- and middle-income countries, women may be more vulnerable to IPV due to various factors, such as economic insecurity, gender inequalities, social stigma, inadequate legal regulations, and insufficient social support services, which are shaped by social, economic and political determinants (7). Studies have shown that exposure to IPV among older women is associated with several factors, including educational level (11), spousal alcohol use (11, 17), a history of childhood abuse (11, 17, 18), inadequate social support (17, 19), financial difficulties (18, 19), ethnic minority status, cognitive or physical impairment, dependence on one's partner, and caregiving stress (18). Gerinio et al. (2018) reported that social support, help-seeking behavior, and community-based services addressing abuse are major protective factors against IPV in elderly people (18).

The global elderly population is growing, which may lead to an increase in the incidence of IPV and IPV-related adverse health outcomes. Currently, there is insufficient evidence on the experience of IPV among older women in Turkey, and no studies on this topic have been conducted in Karabuk Province. Therefore, this study aimed to estimate the prevalence of physical IPV among women aged 65 years and older, identify factors associated with IPV victimization, and collect information on the intergenerational transmission of violence.

## **MATERIALS AND METHOD**

### **Study design and setting**

This population-based cross-sectional study was conducted in 2022 in Karabuk Province, which is located in the Black Sea region of Turkey. According to 2021 data from the Turkish Statistical Institute, Karabuk has a population of 249,287 people, 14% of whom are over 65 years old and 22% of whom live in rural areas.

### **Study population and sampling**

The sample size was calculated to be 377 women based on a population size of 19652 (women aged 65 and older living in Karabuk in 2021), an expected proportion of lifetime physical IPV of 50% (we assumed that lifetime exposure in older women would be higher than the prevalence (36-39%) found in younger women in national studies (14, 15) using the same method of measuring physical violence as in this study), a 95% confidence interval, and a 5% margin of error. A multistage sampling procedure was used to select the women who composed the sample group. First, the study sample was proportionally distributed among the rural (village) and urban (city and district centers) populations. Urban neighborhoods and villages were listed. Eight urban neighborhoods and 12 villages were then randomly selected. Households were visited every ten houses, starting with a random household on a street in the selected settlements. If there was more than one ever-married older woman in the household, only one woman was interviewed. If there was no older woman in the household or if the woman refused to participate in the study, the researchers moved on to the next house.

### **Measures**

**Dependent variable:** The dependent variable was women's exposure to physical violence from intimate partners. We measured physical violence using the acts of physical violence identified in the WHO Multi-country Study (20) and asked women if they had experienced any of the following acts by their current or former spouse: a) slapped her or thrown something at her that could hurt her; b) pushed or shoved her or pulled her hair; c) hit her with his fist or something else that could hurt her; d) kicked, dragged, or beaten her up; e) choked or burned her on purpose; and f) threatened to use or used a gun, knife, or another weapon against her.



The lifetime prevalence of physical IPV was calculated as the proportion of ever-married women who reported experiencing at least one act of physical violence by a current or former spouse at any point in their lives. We also determined the 1-year prevalence of IPV among currently married women by calculating the proportion of women who reported at least one act of physical violence that occurred in the 12 months before the interview. The acts of physical violence were categorized into two groups based on their severity: 'slapping or throwing something that could hurt' and 'pushing, shoving, or pulling hair' were classified as moderate, while all other acts were considered severe violence (20). A woman who experienced both moderate and severe violence was classified as having experienced severe violence. Additionally, the frequency of physical violence was classified as occurring once or twice, occasionally, or frequent.

**Independent variables:** The independent variables included women's sociodemographic characteristics (age, marital status, place of residence, level of education, monthly household income); women's reproductive characteristics (age at first marriage, total number of pregnancies, abortions, number of living children); some characteristics of their husbands and parents (level of education, husband's alcohol consumption); and childhood (aged  $\leq 15$ ) experiences of violence (childhood witnessing of physical violence from father-to-mother and childhood victimization of parental physical violence).

### Data collection tool and method

The data were collected through face-to-face interviews using a questionnaire that included 45 questions. The questionnaire was pretested on ten older women in the city center who were not part of the study population. Before the data collection stage, a meeting was held with all the researchers to clarify the rules and ethical precautions to be followed during the interviews. The interviews

lasted approximately 35 minutes in an isolated place, mostly in the women's homes. Some women requested that a family member (daughter or daughter-in-law) be present during the interview. Therefore, a few interviews could not ensure an isolated atmosphere ( $n= 8$ ). Informed consent was obtained from all women for their voluntary participation in the study. Data collection was completed between June and September 2022.

### Data analysis

The characteristics of the study group were summarized as frequency and percentage distributions. Chi-squared tests were used to compare the proportions of lifetime physical IPV among the categories of explanatory variables. Prevalence ratios (PRs) were calculated for the variables found to be significant according to the chi-square test. Crude and adjusted prevalence ratios (CPR and APR) and corresponding 95% confidence intervals (CIs) were estimated to explore the relationships between dependent and independent variables using univariable and multivariable robust Poisson regression analyses. Due to the small number of women exposed to physical IPV in the past year, separate analyses were not performed for them. All analyses were performed using SPSS v20. For all comparisons,  $p < 0.05$  was considered to indicate statistical significance.

**Ethical approval:** Ethical approval for the conduct of the study was granted by Karabuk University (date: 07.06.2022, No. 2022/916).

## RESULTS

Data were collected from 399 ever-married older women in the study. The study's results are presented under three headings: 1) the prevalence of physical IPV; 2) characteristics of the study group and factors associated with lifetime physical IPV; and 3) intergenerational transmission of physical violence.

### 1) The prevalence of physical intimate partner violence

The lifetime prevalence of physical IPV was 62.9%, with 30.3% experiencing only moderate violence and 32.6% experiencing severe violence. The prevalence of physical IPV among currently married women in the past year was 7.6%. All of these women reported being subjected to severe violence (Figure 1).

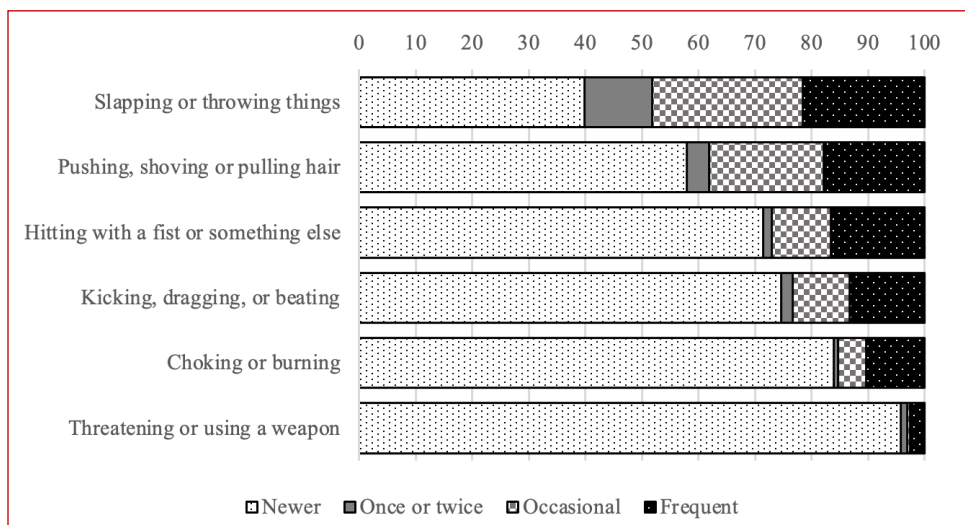
Figure 2 shows the frequency of physical violence acts. Women were most frequently subjected to 'slapping or throwing things' and least frequently to 'threatening or using a weapon'. As the severity of the violence increased, its frequency decreased. Women reported that most acts of violence were occasional and frequent (Figure 2).



**Figure 1.** Women’s experiences of physical intimate partner violence in Karabuk, Turkey

\* If both moderate and severe physical violence were reported, these cases were classified as severe violence.

\*\*The denominator is currently married women (n= 264).



**Figure 2.** Frequency of physical violence acts



**b) Characteristics of the study group and factors associated with lifetime physical intimate partner violence**

More than half of the women (54.6%) were aged 65-69 years, and 9.0% were aged 80 years or older. The marital status of the women was 66.2% married, 32.6% widowed and 1.3% divorced. The proportion of households with a monthly income less than \$200 was 39.1%. Most women (45.1%) were married during adolescence, and one in five (20.1%) had seven or more pregnancies. Almost half of the women

(46.4%) and 10.8% of their husbands had no formal education. Most of the women's parents also had no formal education (84.7% of mothers and 59.1% of fathers). The proportion of women who witnessed physical violence from father-to-mother during childhood was 47.1%. More than half of the women (56.9%) reported experiencing physical violence from their parents during childhood (Table 1).

All variables examined were associated with lifetime physical IPV exposure ( $p < 0.05$ ), except for four variables (woman's age, place of residence,

**Table 1.** Characteristics of the study group according to exposure to lifetime physical intimate partner violence

Variable		Total n (%) <sup>*</sup>	Lifetime physical intimate partner violence		Chi-square test
			Yes n (%) <sup>**</sup>	No n (%) <sup>**</sup>	
Age group	65-69	218 (54.6)	129 (59.2)	89 (40.8)	$\chi^2 = 3.546$ $p = 0.315$
	70-74	87 (21.8)	56 (64.4)	31 (35.6)	
	75-79	58 (14.5)	41 (70.7)	17 (29.3)	
	≥ 80	36 (9.0)	25 (69.4)	11 (30.6)	
Place of residence	Urban	299 (74.9)	188 (62.9)	111 (37.1)	$\chi^2 = 0.000$ $p = 0.982$
	Rural	100 (25.1)	63 (63.0)	37 (37.0)	
Current marital status	Married	264 (66.2)	163 (61.7)	101 (38.3)	$\chi^2 = 0.454$ $p = 0.501$
	Widow or divorced	135 (33.8)	88 (65.2)	47 (34.8)	
Education level	No formal education	185 (46.4)	137 (74.1)	48 (25.9)	$\chi^2 = 20.649$ <b><math>p &lt; 0.001</math></b>
	Primary school	173 (43.4)	93 (53.8)	80 (46.2)	
	Secondary school and above	41 (10.3)	21 (51.2)	20 (48.8)	
Household monthly income (USD)#	≤ 199	156 (39.1)	119 (76.3)	37 (23.7)	$\chi^2 = 19.637$ <b><math>p &lt; 0.001</math></b>
	≥ 200	243 (60.9)	132 (54.3)	111 (45.7)	
First marriage age	≤ 17	180 (45.1)	126 (70.0)	54 (30.0)	$\chi^2 = 17.281$ <b><math>p &lt; 0.001</math></b>
	18-24	201 (50.4)	121 (60.2)	80 (39.8)	
	≥ 25	18 (4.5)	4 (22.2)	14 (77.8)	
Total number of pregnancies	≤ 3	127 (31.8)	54 (42.5)	73 (57.5)	$\chi^2 = 38.114$ <b><math>p &lt; 0.001</math></b>
	4-6	192 (48.1)	131 (68.2)	61 (31.8)	
	≥ 7	80 (20.1)	66 (82.5)	14 (17.5)	
Abortion (at least one)	Yes	184 (46.1)	132 (71.7)	52 (28.3)	$\chi^2 = 11.415$ <b><math>p &lt; 0.001</math></b>
	No	215 (53.9)	119 (55.3)	96 (44.7)	
Number of living children	≤ 3	247 (61.9)	140 (56.7)	107 (43.3)	$\chi^2 = 14.789$ <b><math>p = 0.001</math></b>
	4-6	134 (33.6)	94 (70.1)	40 (29.9)	
	≥ 7	18 (4.5)	17 (94.4)	1 (5.6)	

**Table 1.** *Continued.*

Variable		Total n (%) <sup>*</sup>	Lifetime physical intimate partner violence		Chi-square test
			Yes n (%) <sup>**</sup>	No n (%) <sup>**</sup>	
<b>Diagnosed chronic disease</b>	Yes	342 (85.7)	217 (63.5)	125 (36.5)	$\chi^2 = 0.303$ $p = 0.582$
	No	57 (14.3)	34 (59.6)	23 (40.4)	
<b>Husband's education level</b>	No formal education	43 (10.8)	31 (72.1)	12 (27.9)	$\chi^2 = 14.693$ $p = 0.002$
	Primary	227 (56.9)	156 (68.7)	71 (31.3)	
	Secondary school and above	129 (32.3)	64 (49.6)	65 (50.4)	
<b>Husband's alcohol usage</b>	Every day/every week	92 (23.1)	72 (78.3)	20 (21.7)	$\chi^2 = 16.849$ $p < 0.001$
	1-2 times a month or less frequently	110 (27.6)	73 (66.4)	37 (33.6)	
	Never	197 (49.4)	106 (53.8)	91 (46.2)	
<b>Mother's education level</b>	No formal education	338 (84.7)	222 (65.7)	116 (34.3)	$\chi^2 = 7.287$ $p = 0.007$
	Primary school and above	61 (15.3)	29 (47.5)	32 (52.5)	
<b>Father's education level</b>	No formal education	236 (59.1)	164 (69.5)	72 (30.5)	$\chi^2 = 11.485$ $p = 0.003$
	Primary school and above	163 (40.9)	87 (53.4)	76 (46.6)	
<b>Childhood witnessing of father-to-mother physical violence</b>	Yes	188 (47.1)	146 (77.7)	42 (22.3)	$\chi^2 = 33.157$ $p < 0.001$
	No	211 (52.9)	105 (49.8)	106 (50.2)	
<b>Childhood victimization of parental physical violence</b>	Yes	227 (56.9)	177 (78.0)	50 (22.0)	$\chi^2 = 51.226$ $p < 0.001$
	No	172 (43.1)	74 (43.0)	98 (57.0)	
<b>Total</b>		<b>399 (100.0)</b>	<b>251 (62.9)</b>	<b>148 (37.1)</b>	

\*Column percentage. \*\*Row percentage. #Calculated according to the exchange rate of the Central Bank of the Republic of Turkey on 01/08/2022.

marital status, and diagnosed chronic disease). Women with low education and low household income were more exposed to physical IPV. Exposure to violence gradually decreased as marriage age declined but increased as the number of pregnancies and living children increased. Women who had at least one abortion were more likely to have experienced physical IPV than those who had never had an abortion (71.7% and 55.3%, respectively). The low levels of education of the women, their husbands and their parents increased the likelihood of exposure to physical IPV. While the physical IPV percentage was 53.8% among women

whose husbands had never consumed alcohol, it rose to 78.3% among women whose husbands were current or former daily or weekly drinkers. Lifetime exposure to physical IPV was greater among women who had witnessed father-to-mother violence and those who had experienced physical violence from their parents (Table 1). Although not shown in the table, 29.1% of all women and 75% of women who experienced violence in the past year reported being injured by physical violence at least once in their lifetime.

Multivariable analysis revealed a greater lifetime prevalence of physical IPV among women with a



**Table 2.** Factors associated with exposure to lifetime physical intimate partner violence

Variable	Univariable analysis			Multivariable analysis			
	CPR	95%CI	p	APR	95%CI	p	
Education level	No formal education	<b>2.1</b>	<b>1.0-4.2</b>	<b>0.043</b>	1.1	0.6-2.1	0.756
	Primary school	1.5	0.7-3.1	0.263	1.0	0.5-1.9	0.961
	Secondary school	1.7	0.8-3.6	0.197	1.4	0.8-2.7	0.268
	High school and above (ref)	1.0	-	-	1.0	-	-
Household monthly income (USD)	≤ 199	<b>1.4</b>	<b>1.2-1.6</b>	<b>&lt;0.001</b>	<b>1.2</b>	<b>1.1-1.4</b>	<b>0.005</b>
	≥ 200 (ref)	1.0	-	-	1.0	-	-
First marriage age	≤ 17	<b>3.1</b>	<b>1.3-7.5</b>	<b>0.010</b>	2.4	0.8-7.1	0.113
	18-24	<b>2.7</b>	<b>1.1-6.5</b>	<b>0.025</b>	2.2	0.8-6.5	0.137
	≥ 25 (ref)	1.0	-	-	1.0	-	-
Total number of pregnancies	≤ 3 (ref)	1.0	-	-	1.0	-	-
	4-6	<b>1.6</b>	<b>1.3-2.0</b>	<b>&lt;0.001</b>	1.3	1.0-1.6	0.060
	≥ 7	<b>1.9</b>	<b>1.5-2.4</b>	<b>&lt;0.001</b>	<b>1.4</b>	<b>1.1-1.9</b>	<b>0.012</b>
Abortion (at least one)	Yes	<b>1.3</b>	<b>1.1-1.5</b>	<b>0.001</b>	1.1	0.9-1.2	0.421
	No (ref)	1.0	-	-	1.0	-	-
Number of living children	≤ 3 (ref)	1.0	-	-	1.0	-	-
	4-6	<b>1.2</b>	<b>1.1-1.4</b>	<b>0.007</b>	1.0	0.9-1.2	0.939
	≥ 7	<b>1.7</b>	<b>1.4-1.9</b>	<b>&lt;0.001</b>	1.2	0.9-1.6	0.134
Husband's education level	No formal education	<b>1.5</b>	<b>1.1-2.0</b>	<b>0.014</b>	1.0	0.7-1.4	0.823
	Primary	<b>1.4</b>	<b>1.1-1.9</b>	<b>0.011</b>	1.2	0.9-1.5	0.332
	Secondary	1.0	0.7-1.5	0.789	1.0	0.7-1.4	0.840
	High school and above (ref)	1.0	-	-	1.0	-	-
Husband's alcohol usage	Every day/every week	<b>1.5</b>	<b>1.2-1.7</b>	<b>&lt;0.001</b>	<b>1.3</b>	<b>1.1-1.6</b>	<b>&lt;0.001</b>
	1-2 times a month or less frequently	<b>1.2</b>	<b>1.0-1.5</b>	<b>0.027</b>	1.2	0.9-1.4	0.059
	Never (ref)	1.0	-	-	1.0	-	-
Mother's education level	No formal education	<b>1.4</b>	<b>1.0-1.8</b>	<b>0.021</b>	1.0	0.8-1.4	0.754
	Primary school and above (ref)	1.0	-	-	1.0	-	-
Father's education level	No formal education	1.1	0.8-1.6	0.513	0.7	0.5-1.1	0.125
	Primary school	0.8	0.6-1.2	0.363	0.7	0.4-1.0	0.050
	Secondary school and above (ref)	1.0	-	-	1.0	-	-
Childhood witnessing of physical violence from father-to-mother	Yes	<b>1.6</b>	<b>1.3-1.8</b>	<b>&lt;0.001</b>	<b>1.3</b>	<b>1.1-1.5</b>	<b>0.002</b>
	No (ref)	1.0	-	-	1.0	-	-
Childhood victimization of parental physical violence	Yes	<b>1.8</b>	<b>1.5-2.2</b>	<b>&lt;0.001</b>	<b>1.5</b>	<b>1.3-1.8</b>	<b>&lt;0.001</b>
	No (ref)	1.0	-	-	1.0	-	-

ref: reference value. CPR: crude prevalence ratio. APR: adjusted prevalence ratio.

monthly household income of less than \$200 (APR= 1.2), women with seven or more pregnancies (APR= 1.4), and women whose husbands used alcohol daily or weekly (APR= 1.3). In addition, lifetime prevalence was significantly greater among women who had

witnessed father-to-mother violence (APR= 1.3) and those who had experienced physical violence from their parents (APR = 1.5) during childhood than among those who had no such experiences (Table 2).



**Table 3.** Intergenerational transmission of physical violence

Experience with physical violence		Total n	Childhood victimization of parental physical violence		Victimization of physical IPV		Inflicting physical violence on own child	
			Yes n (%)	No n (%)	Yes n (%)	No n (%)	Yes n (%)	No n (%)
<b>Childhood witnessing of physical violence from father-to-mother</b>	Yes	188	150 (79.8)	38 (20.2)	146 (77.7)	42 (22.3)	131 (69.7)	57 (30.3)
	No	211	77 (36.5)	134 (63.5)	105 (49.8)	106 (50.2)	94 (44.5)	117 (55.5)
<b>Chi-square test</b>			$\chi^2= 75.984$ <b>p&lt;0.001</b>		$\chi^2= 33.157$ <b>p&lt;0.001</b>		$\chi^2= 25.533$ <b>p&lt;0.001</b>	
<b>Childhood victimization of parental physical violence</b>	Yes	227			177 (78.0)	50 (22.0)	168 (74.0)	59 (26.0)
	No	172			74 (43.0)	98 (57.0)	57 (33.1)	115 (66.9)
<b>Chi-square test</b>					$\chi^2= 51.226$ <b>p&lt;0.001</b>		$\chi^2= 66.464$ <b>p&lt;0.001</b>	
<b>Victimization of physical IPV</b>	Yes	251					174 (69.3)	77 (30.7)
	No	148					51 (34.5)	97 (65.5)
<b>Chi-square test</b>							$\chi^2= 46.016$ <b>p&lt;0.001</b>	

IPV: Intimate partner violence.

### c) Intergenerational transmission of physical violence

Any experience of physical violence in childhood or adulthood increased the likelihood of a subsequent experience of violence. Women who witnessed and were exposed to parental violence in childhood were more likely to perpetrate violence against their children, in addition to being exposed to IPV ( $p < 0.001$ ). The majority of women (69.3%) exposed to physical IPV perpetrated physical violence against their children ( $p < 0.001$ ) (Table 3).

## DISCUSSION

In this study, the experiences of physical IPV among older women in a province in northern Turkey was examined using the WHO standard definitions of

violence. Our findings indicate that IPV among older women is a significant public health problem that requires serious attention. We found that almost two out of three (62.9%) of the ever-partnered women aged 65 years and older had experienced physical violence from a current or former intimate partner at least once in their lifetime, and 7.6% of the currently married women had experienced it in the past year. Most women were victims of severe physical violence and were subjected to repeated acts of violence. This study also provides important insights into the intergenerational transmission of violence and highlights the need for long-term, life-course policies to prevent violence against women.

The prevalence of both lifetime and past-year physical IPV found in this study is much greater than that reported in high-income countries. In the 2014



nationwide survey in Turkey, the lifetime prevalence of physical IPV increased with age, while the past-year prevalence decreased with increasing age. It is an expected finding that the lifetime prevalence of physical IPV found in this study is greater than that in the national study due to the age-related cumulative effect. In addition, the women in our study group, who had reached a certain age and approximately a third of whom were widowed, may have been more likely to report their past experiences. However, the past-year prevalence, which would be expected to be lower in older women, is almost the same as that reported in younger women in the national survey (8%). The high past-year prevalence in the study might have been affected by the ongoing effects of the COVID-19 epidemic in the year before data collection. The pandemic has had negative socioeconomic and psychological effects on society, including a dramatic increase in cases of domestic violence. On the other hand, all women who reported experiencing violence in the past year reported that they had been exposed to violence many times, and 15 of them reported being injured by violence at least once in their lives. Therefore, our findings can be interpreted as indicating that women's past exposure to violence continues into old age. A systematic review of 52 qualitative studies investigating advanced-age women's experiences of violence revealed that IPV is often experienced in the context of a lifetime of exposure to IPV, that physical and mental health effects are cumulative, that health effects are exacerbated by aging processes, and that age-related changes in social status are often exacerbated (5).

Despite the process of modernization that Turkey has undergone since the establishment of the republic, patriarchal values that determine the subordinate position of women are still entrenched in society. Patriarchal control over women is exercised through restrictive codes of behavior, gender segregation and the association of family honor with female virtue (21). Islamic religious beliefs

reinforce patriarchal ideology, and power relations based on widespread gender inequalities expose women of all ages to various forms of violence. In Turkey, however, women's access to education and employment opportunities has increased over the years, and the issue of women's rights has begun to feature more prominently on the public agenda. These changes are also reflected in women's attitudes toward violence. For example, the level of agreement with the statement that a husband can beat his wife for some reason was 39.9% in 2003 (22) and 9% in 2018 (23); the percentage of women who agreed that children can be beaten for education was 42.4% in 1995 (12) and 27.3% in 2014 (15). It is more difficult for older women to access modern values than for younger women, and the acceptance of violence may be more prevalent among older women. Women with no formal education, early marriage and excess fertility composed most of our study group. The gender roles and norms that give men more power and expect women to be self-sacrificing and obedient may shape the lifetime violence experiences of our study group, reflecting the more traditional face of Turkey.

In this study, exposure to lifetime physical IPV increased 1.3-fold with daily or weekly alcohol consumption by the husband, 1.2-fold with low household income, and 1.4-fold with seven or more pregnancies. Similar associations between low income and alcohol consumption and IPV have been found in other studies (11, 17, 18, 19). Heavy alcohol use can lead to spousal violence by increasing marital conflict, increasing individual levels of aggression, and impairing cognitive functioning (11). Traditional and patriarchal values may contribute to greater exposure to IPV among women with seven or more pregnancies. These values confine women to traditional family roles, encourage excessive fertility, and may increase the risk of exposure to violence to control women.

Our findings on the intergenerational transmission of violence confirm that "violence

begets violence". Women who witnessed IPV from father-to-mother and women who experienced violence from their parents in childhood had a high prevalence of IPV (APR= 1.3 and 1.5, respectively). Women's violent experiences in childhood and adulthood increased the likelihood of violence against their children. Children who witness violence between parents may perceive it as a normal part of family life, leading to greater acceptance of such violence and aggression. In this way, boys learn to use violence, and girls learn to tolerate violence or at least to tolerate aggressive behavior (24). Other studies have also shown that negative childhood experiences, particularly witnessing violence from father-to-mother, increase the risk of becoming an IPV victim in adulthood (11, 24, 25).

### Limitations

This study has limitations. First, due to the cross-sectional design of this study, causality cannot be proven. Second, the study asked women retrospectively about their lifetime experiences of violence based on women's self-reports. Retrospective reporting may lead to underreporting or overreporting. In addition, older women's willingness and ability to disclose violence perpetrated by their husbands may also be influenced by their perceptions of their current economic and social status. Finally, complete privacy was not assured in all interviews. A family member was present during a small number of interviews. Despite these limitations, this study contributes to the limited body of literature highlighting IPV in older women as an issue that requires greater attention. In addition, the standard WHO definition of physical violence used in the study allows comparisons between studies, representing an additional contribution of this study.

### CONCLUSION

In conclusion, this study showed that the prevalence of lifetime and past-year physical IPV among

women aged 65 and older was 62.9% and 7.6%, respectively. The lifetime prevalence increased with low income, seven or more pregnancies, husband's alcohol use, witnessing physical violence from father-to-mother in childhood, and exposure to physical violence from parents in childhood. In addition, women's exposure to physical violence in childhood and adulthood increased the likelihood of physical violence against their children. First and foremost, eliminating violence against women requires political commitment and multisectoral action to address social and gender inequalities. Older women should be systematically screened for exposure to violence, and psychosocial support programs should be established for those affected. Primary health care facilities are particularly important for identifying victims and meeting their service needs. Further research focusing on other forms of IPV and health outcomes is needed to better understand older women's experiences of IPV.

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