

Intimate Partner Violence in Long-term Relationships of Older Adults

by

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Abstract

Increases in the proportion of older people in Canada have focussed needed attention on the issues and concerns for this group. One prevalent issue is the nature of experiences of intimate partner violence (IPV) for older adults. These experiences have been overlooked in the domestic violence theory and research where the focus has been on the needs of younger women and also within the elder abuse research and literature where the emphasis has been placed on aging (dementia) and caregiving. As a result, less is known about the experiences of older adults in intimate relationships and how the power and control dynamics manifest and shift within the context of long-term relationships. How do these dynamics change or remain the same in intimate relationships of older adults? How do the victims resist the violent and controlling tactics of perpetrators and how does this resistance influence and shift the nature of power and control in these intimate relationships?

Using techniques borrowed from grounded theory, this study was undertaken with the aim of exploring power and control dynamics in intimate relationships of older adults in long-term abusive relationships. The findings demonstrated by the victims reported that their partners used different forms of violent tactics in the early years of these intimate relationships and typically used more nonviolent coercive controlling tactics in later years. In some of the relationships, control continued past the period of separation and divorce. Victims presented themselves as active agents and demonstrated resistance that was more overt in the early years, which became more subtle and discreet as these relationships matured. For victims, resisting their partners' efforts to control them provided them with some momentary power in the relationship; however, the participants' control was mostly situation-specific and temporary. For victims who were still living with their abusive partners, resistance allowed them to set

boundaries with their partners and provided them with some space of their own within their relationships to engage in activities of their choice. These boundaries, however, are under constant scrutiny by the abusive partners and although victims demonstrate resistance to assert their dignity, the overarching control continued to be with the abusive partner. Narratives also provided by the participants also demonstrated the impacts of intimate partner violence to their sense of health and well-being.

Keywords: power, control, resistance, intimate partner violence, long-term relationships, older adults, elder abuse

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Chapter 1: Introduction

There is substantial evidence available to demonstrate the surging population of older adults worldwide and in Canada. To this effect, Roberto, McCann, and Brossoie (2013) expect a significant increase in the prevalence and incidence of intimate partner violence (IPV) in late life. In the most recent Canadian population projections, Statistics Canada (2010) predicted that senior women would account for one-quarter of the female population by 2036 (Statistics Canada, 2011c). Presently, 16% of women belong to the 45-64 age group (Statistics Canada, 2011). In accounting for the total population aged 65 years and older, the proportion of women was 56% in 2010 increasing to 67% for those aged 85 years and older (Statistics Canada, 2011c). Unquestionably, the statistics mentioned above demonstrate the prominent presence of seniors worldwide and in Canada. Lazenbatt, Devaney, and Gildea (2013) suggest that the increasing awareness of abuse of older women is still limited because of a thorough investigation lacking into the dynamics of their relationships. Furthermore, there is some evidence to indicate the victimization of older men in intimate relationships (Reid et al., 2008). Therefore, in light of the changing demographics accompanied with an invisibility of older women and older men experiencing IPV within the current body of literature, this study explored the power and control dynamics in intimate relationships of older adults. This study investigated if the power and control dynamics for both older male and female changed or remained the same in intimate relationships: What are the mechanisms of power and control that influence the dynamics of intimate partners when IPV is present? Do older women and men show resistance and, if so, does their resistance influence power and control dynamics in their intimate relationships?

It is imperative to mention here that a majority of the literature focuses on drawing comparisons between the experiences of older and younger women. In addition to this, there has

been an interest amongst researchers in understanding how the body of literature on domestic violence and elder abuse have overlooked the needs of older women. To better understand the power and control dynamics in the intimate relationships of older adults, there has been an endeavor to examine the existing body of research, which predominantly has focused on the issues of IPV amongst women in general. However, this is not to repudiate that men and older men can be and in some circumstances have been victims of IPV. Due to the dearth of literature on the experiences of IPV and male victims (Allen-Collinson, 2009; Dobash & Dobash, 2004), it was decided to include older male victims' experiences of IPV in this study. The limited research on the experiences of IPV in men is discussed in Chapter 3 – literature review.

Prevalence Rates

As mentioned earlier, IPV experienced by older adults is acquiring widespread attention and, to this effect, there is growing awareness to identify a body of literature to inform this issue (Roberto, McPherson, & Brossoie, 2014). However, IPV in late life is an overlooked phenomenon as it converges at the intersections of domestic violence that is gender-based and elder abuse that applies an aging perspective (Straka & Montminy, 2006). While more evidence of its presence at the crossroads of domestic violence and elder abuse is described later, the increasing evidence of the surging population of older adults worldwide and in Canada further necessitates an inquiry.

Globally, the population of older adults 60 years and over is estimated to triple to nearly 1.9 billion by 2050 (Peter-Levin, 2005). Statistics indicate that more than ¼ of the total US population is 50 years or older (US Bureau, 2000 as cited in McGuire, 2009). Likewise, the Canadian statistics for older adults is comparable. The 2011 Canadian Census reported by Statistics Canada (2011a) demonstrates that the population of seniors has increased from 13.7%

in 2006 to 14.8% in 2011, which indicates that nearly three in every 10 people are baby boomers (defined as people born between 1946 and 1965) making this an important demographic to include in the study of IPV. Furthermore, for the first time, the 2011 Canadian Census data drew attention to the soaring population of older adults (accounting for 4,393,305 people) in the age category of 55 to 64 years, thus considering this an important demographic in the study on IPV. Overall, the seniors' population aged 65 year and over in Canada increased 14.1% between 2006 and 2011, which is more than double the 5.9% increase for the population of the entire country (Statistics Canada, 2011a).

In 2012, Poole and Rietschlin analyzed the 1999 and 2004 General Social Survey (GSS) and determined that 6.8% of Canadian adults over 60 years (excluding those who were never married) experienced some type of intimate abuse. Emotional abuse was cited as the most common type of abuse at 6.3% and financial and physical abuse at 1.2% and 0.9%, respectively (Poole & Rietschlin, 2012). These numbers may not accurately reflect the actual victimization of older adults. In fact, reporting prevalence rates in IPV in older adults has its limitations (Fisher et al., 2003). For example, the Canadian prevalence data on IPV in older adults is inadequate due to the differences in definitions, survey methods, and differing cultural and social understandings of the meaning of abuse and violence (Poole & Rietschlin, 2012). In an American study, Jasinki and Dietz (2004) suggested that studies on IPV have relied on small clinical samples that are easily available and not representative of the larger population. For example, in America, some older adult victims are reported to Adult Protective Services (APS) or to social service agencies and these may be included in the study sample, while those who do not come to their attention are excluded. Additionally, IPV rates are largely influenced by the questions women are asked about

the abuse; and more so, the differences in operational definitions contribute to variations in reporting prevalence rates (Bonomi et al., 2006b, 2007).

Evidence for family violence against female seniors in Canada identified that male spouses and an adult child victimized senior women at approximately similar rates at 19% (Statistics Canada, 2011b). These results were consistent with reports from the 2005 Statistics. In family-related assaults of an older female victim, up to 85% of accusations were against a male member (43% were male spouses or ex-spouses followed by a son at 30%) and older male victims were more likely to be victimized by a son (39%) and a female spouse or ex-spouse (31%) (Statistics Canada, 2005). These statistics reveal that women in their senior years are still the predominant victims of abuse, and some researchers have addressed the difficulties in determining IPV in older women because the literature on elder abuse does not always include spousal abuse as a separate category (Fisher et al., 2003; Jasinki & Dietz, 2004).

The World Health Organization (WHO) defines elder abuse as “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (WHO, as cited in Perel-Levin, 2005, p. 5). Any person in a position or situation of power and trust can abuse. They may be a spouse, an adult child, a family member, a caregiver, or a service provider. However, the literature on elder abuse within the context of family violence has primarily focused on abuse by family members – mostly by an adult child or a caregiver. Furthermore, elder abuse encompasses a broader range of behaviours that not only include physical, psychological, and sexual abuse, but also includes other things such as neglect, overmedication and/or undermedication, fraud, and self-neglect (Straka & Montminy, 2008).

Interestingly, research indicates that the experiences of being abused described by older adults in ongoing intimate relationships are similar to the descriptions of power and control dynamics experienced by younger battered women (Brandl, 2004; Kilbane & Spira, 2010; Spangler & Brandl, 2007). Jasinki and Dietz (2004) established that domestic violence and stalking victimization were prevalent in slightly lower numbers among women 55 years and older compared to younger women. Victimization of older women included their abusers using patterns of coercive tactics to acquire and maintain power and control in the relationship (Spangler & Brandl, 2007). However, we need to know more about these dynamics and their presentation in intimate relationships of older adults. This study examined the nature of power and control dynamics and how these change or remain the same over time amongst older adults in abusive intimate relationships. In this study, older adults were defined as men and women 50 years and older. Further to this, a second phase was initially proposed to include the experiences of older adults with a longstanding history of abuse in their intimate relationships, and with one spouse in a caregiving role to his/her partner living with a cognitive impairment in the later years of his/her life. Due to difficulties in recruiting these participants, this second phase could not be completed.

Older Women at the Crossroads of Elder Abuse and Domestic Violence

The literature on IPV in older adults or “abuse grown old” is at the intersection of elder abuse and domestic violence, which has resulted in overlooking their needs in intimate abusive relationships (Brandl, 2005 as cited in Kilbane & Spira, 2010). Older women have been absent from many studies on domestic violence because the focus has been on women who are predominantly between the ages of 18 and 59 years (Brandl & Cook-Daniels, 2002; Kilbane & Spira, 2010). Brandl and Cook-Daniels (2002) have brought forward the reasons that result in

overlooking the experiences of older women in abusive spousal relationships in the domestic violence literature. These are: 1.) Little consideration to the age-related needs of older women; 2.) Few measures to identify if the violence or the abuse in their relationships is a relatively new occurrence, or an issue of longstanding abuse; and 3.) Lack of understanding of the evolution and/or continuation of power and control dynamics in the intimate relationships over time.

In addition to these, Kilbane and Spira (2010) contend that women's ability to voice their concerns is another key factor in determining admission and/or access to services. They argue that the literature on domestic violence assumes that (older) women feel disempowered in their relationships, which prevents them from advocating for themselves, while (younger) women are better able to advocate for themselves and take care of their needs. Contrary to this, with an emphasis on vulnerability in the literature on elder abuse (Straka & Montminy, 2008) results in focusing on older women's frailty and impairments, thus assuming their inability to advocate for themselves (Kilbane & Spira, 2010). These assumptions are consistent with the foundations of elder abuse that are established on the older adults' vulnerabilities – physical frailty, the dependency of the older adult, cognitive decline, and questions related to competency, to name a few (Straka & Montminy, 2006, 2008). According to Hightower and Smith (2002) and Zink, Jacobson, Regan, & Pabst (2004), women 50 years and older suffer as silent victims of IPV because health professionals often ignore their problems, or understand their problems from a medical model. Unfortunately, health care professionals in gerontology and homecare services, hospitals, and other settings with an older adult population have primarily defined and framed elder abuse (Straka & Montminy, 2006). Consequently, the elder abuse paradigm is fraught with paternalistic and ageist assumptions about the physical frailties and emotional vulnerabilities that either hinder or result in masking the needs of older women in abusive spousal relationships.

Amongst the other limitations is the narrow focus of health professionals on caregiver stress. Such a focus obscures the interplay of power and control dynamics in spousal relationships, thus leading to victim blaming and minimizing the abuser's responsibility for his/her actions (Hightower & Smith, 2002; Lundy & Grossman, 2004; Straka & Montminy, 2006). Spangler and Brandl (2007) have mentioned that caregiver burden does not completely explain the abusive actions of the caregiver toward the care recipient. In fact, there is growing evidence to suggest that older adults experiencing abuse from a spouse experience similar abusive and controlling actions and dynamics as those described by young women experience in their intimate relationships (Straka & Montminy, 2008). Desmarais and Reeves (2007) have suggested that intimate partner abuse among older adults is often a reflection of the dynamics that the dyad have shared for the length of their relationship, and it did not, necessarily, develop in older age with age-related psychopathology such as dementia or Alzheimer's disease. Likewise, other researchers (American Psychological Association, 2002; Hansberry, Chen, & Gorbien, 2005; Phillips, de Ardon, & Briones, 2001; Wolf, 2000) have indicated that poor pre-morbid history of spousal relationship or the quality of long-term spousal relationship is a good predictor for mistreatment and elder abuse. Several studies that have investigated the caregiver - care recipient relationship have arrived at the conclusion that complex interpersonal dynamics in relationships explains abuse (Cooper et al., 2009; Coyne, Reichman, & Berbig, 1993; Kurrle, Sadler, & Cameron, 1992; Philips et. al, 2001; Sadler, Kurrle, & Cameron, 1995).

Despite evidence available to suggest a history of abuse to explain mistreatment in the caregiver – care recipient relationship, the gender-neutral vocabulary typically used by gerontologists, in relation to victims, presents a distorted reality, as it obscures the power differences between men and women (Brandl, 2000; Brandl & Raymond, 1997). Sprangler and

Brandl (2007) have stated that in practice there have been instances when offenders have made claims that a medical condition or diagnosis excuses their abusive behaviour, when in fact, their abusive tactics imitate the power and control dynamics. As a result of the limited understanding and experience of IPV that professionals, advocates, and service providers who work with older adults have, they do not have knowledge of the community resources available to address domestic violence and they rarely make referrals to these agencies (Lazenbatt et al., 2013; Straka & Montminy, 2006).

From a legal perspective, elder abuse cases focus on legal assistance to clarify issues surrounding competency and guardianship. Consequently, behaviours that appear criminal in nature are ignored, which otherwise, would have been recognized if the victims were younger in age (Hightower et al., 2006). Conversely, the police and the legal system often are involved with (younger) women in abusive situations who are usually concerned with the prosecution of the abuser to obtain protection orders for the abused or concerns about the safety of young children who might be exposed or directly harmed by abuse occurring between parents. As a result, the needs of older women who do not want to separate from their partners and whose children are adults can be overlooked in this system. Thus, each perspective fails to explore the experiences of older abused women as a separate category (Hightower et al., 2001 as cited in Hightower et al., 2006). Instead, both perspectives reflect a societal predisposition to homogenize older people that ignore gender and individual differences.

Abuse of Older Women – Are Their Experiences Similar or Different to the Experiences of Younger Women?

Women of all ages in situations of IPV experience similar consequences to abuse that affect their physical, social, emotional, and psychological well-being (Band-Winterstein, 2012).

However, older women typically report that the occurrence, severity, and the type of abuse changes with time (Band-Winterstein, 2009, 2012; Rennison & Rand, 2003). For example, growing evidence suggests a decline in physical violence and an increase in more emotional/psychological abuse as couples age (Brossoie, Roberto, & Barrow, 2012; Lundy & Grossman, 2004; Mouton, 2003; Seff, Beaulaurier, & Newman, 2008; Wuest & Merritt-Gray, 2008). In 2012, Poole and Rietschlin analyzed the 1999 and 2004 General Social Survey (GSS) to examine IPV in adults 60 years and older. Their findings determined that emotional abuse was the most common type of abuse at 6.3% compared to 0.9% for physical abuse in this particular age demographic.

An emerging group of researchers have recognized that the needs of older women experiencing IPV are different from those of younger women on various levels (Band-Winterstein, 2012; Hightower & Smith, 2002; Hightower et al., 2006). Researchers have addressed a value gap/generational differences amongst older women due to their socialization in traditional values concerning gender roles (Aronson, Thornewell, & Williams, 1995; Band-Winterstein, 2012; Hightower & Smith, 2002; Seaver, 1996; Stockl, Watts, & Penhale, 2012; Wolf, 2000; Zink, Regan, Jacobson, & Pabst, 2003). As a result, older women are more often secretive about their private lives and continue to maintain high levels of commitment, irrespective of the violence. In addition to this, Poole and Rietschlin (2012) described physical and economic dependency as another factor in the equation that prevents older women from seeking help. They explained dependency as personal fragility, which could manifest in a disability or poor health, share of household incomes, and differences in education. Other researchers have expressed that health reasons increase dependency and commitment amongst older women for their partners who may be physically dependent on them (Seaver, 1996; Wolf,

2000). Similarly, differences in educational attainment hinder employment opportunities and increase economic dependency in older women (Hightower & Smith, 2002). Moreover, the availability of informal supports declines for older women due to the death of family and friends (Lazenbatt et al., 2013). Likewise, older women face barriers due to the lack of available and accessible formal supports (Beaulaurier, Seff, Newman, & Dunlop, 2005, 2007).

It is clear from the above-mentioned research that the social and cultural environments for older women affect their value systems, which indirectly affects their economic and health conditions. Thus, it can be surmised that women from different age cohorts would present with different needs. Therefore, future research on IPV will benefit from recruiting female participants from different age cohorts to understand their particular needs and to explore any differences in the power and control dynamics in their intimate relationships. This study recruited female participants from different age cohorts in an attempt to address this gap in research.

Chapter 2: Theoretical Framework

Two dominant discourses – the feminist and family violence perspectives have primarily influenced the discussions on the literature on IPV/ domestic violence. While both paradigms focus on examining violence, each conceptualizes it differently (Winstok, 2011). These differences have led to an ongoing contested debate on gender symmetry/asymmetry circulating around the question: do men and women use violence equally in their intimate relationships. The following section briefly outlines the debate between the feminist perspective, which offers the best means to understand power shifts in intimate relationships by focusing on the use of power, control, and resistance rather than focusing on discrete acts (often physical) violence as conceptualized in the family violence perspective. This research builds on a feminist-informed theoretical approach expanded by French and Raven's (1959) notion of power in interpersonal relationships to understand how power and control mechanisms/strategies become employed in abusive relationships.

Family Violence Perspective

The family violence perspective proposes that conflicts are inherent to all social groups, and while groups have similar interests, dissimilar interests can cause disagreements and discords (Straus, 1979, 2005 as cited in Carlson & Jones, 2010). In other words, family violence researchers primarily centre their arguments on aggression and the use of direct (usually physically violence) behaviours (Winstok, 2011). Accordingly, family violence researchers view violence in intimate relationships as gender symmetrical (Berns, 2001; Johnson, 1995; Winstok, 2011).

Family violence researchers, predominantly cite the early works of Straus (1971) and Gelles (1974) who have relied largely on random sampling of the adult population using the

Conflict Tactic Scale (CTS) to conduct survey data about people's experiences of violence or "conflict" within relationships (Berns, 2001; Johnson, 1995, 2006; Stark, 2010). These surveys report equal or near equal rates in the use of violent acts by both men and women. These results have been froth with criticism for the following reasons: High refusal rates cited in the National Family Victimization Survey (NCFV) were approximately 40%, and not the 18% that is usually reported (Johnson, 1995). Population surveys account for only incident-specific episodes. These surveys fail to address the reasons for male and female violence (Dragiewicz & DeKeseredy, 2012). The CTS does not measure the purpose of the violence – the meaning, motive, and the context of these acts. Instead, it focuses on physical aggression only, which accounts for physical injuries (Berns, 2001; Dragiewicz & DeKeseredy, 2012; Johnson, 2006). Furthermore, there is high variability in the meaning assigned to certain acts, which makes it almost impossible to discern the outcomes of a specific act (Dobash & Dobash, 2004). The CTS excludes several types of abusive behaviours that include separation assaults, stalking, and threats to children (Dragiewicz & DeKeseredy, 2012). Furthermore, evidence from the National Survey of Families and Households (NSFH) confirmed earlier findings of women and men committing violent acts in conjugal relationships, but failed to consider the use of nonviolent argumentative techniques as mechanisms of intimidation and domination in abusive relationships (Brush, 1990).

Feminist Perspective

The feminist ideological lens gained widespread momentum in the mid-1970s, when violence against women surfaced as a significant problem (Carlson & Jones, 2010). This gendered paradigm addresses the power differentials between men and women that society reinforces due to its social-cultural norms, and economic and political structures (Allen, 2012; Johnson, 1995; Straka & Montminy, 2008; Winstok, 2011), which is evident from the widely

used power and control wheels. The basic tenet of feminism is rooted in the structural inequalities in society, which create the unequal distribution of power and control amongst men and women. Fundamentally, feminists believe that IPV evolved primarily from the roots of patriarchal traditions of men's desire to control their female partners (Johnson, 2008). Unlike family violence researchers who tend to focus on the measurement of discrete acts of (usually physical violence), feminist scholars focus on the results of the potential or actual aggressive acts of violence and conceptualize power imbalance, dominance, control as important to understanding relationships in which violence and abuse have occurred (Winstok, 2011).

In response to the notion that women are equally abusive, some feminist researchers have cited several studies of women's use of violence in their self-defence, from fear of being assaulted and victimized by their male partners, and to protect their children (Dobash & Dobash, 2004; Johnson, 2011; Stark, 2010; Swan & Snow, 2006) or related to high rates of childhood trauma/abuse, depression, and substance use explain women's use of violence (Swan & Snow, 2006). Other researchers report different patterns suggesting that women's use of violence in heterosexual and same-sex relationships that is not just a reaction to male oppression (Johnson & Ferraro, 2000; Johnson, 2008; Kelly & Johnson, 2008; Renzetti, 1988; Stark, 2010; Swan & Snow, 2002, 2006).

In fact, Johnson (2008) characterized intimate relationships into four different typologies to explain the different types of control tactics partners use in intimate relationships. These are Intimate Terrorism later adopted as Coercive Controlling Violence (Kelly & Johnson, 2008), Situational Couple Violence, Violent Resistance, and Mutually Violent Couple. Of these, Johnson (2008) explained that not all-coercive control is rooted in patriarchal structures. Some women perpetrate violence, which became known from Renzetti's research in 1992 on same-sex

relationships, wherein power imbalance was attributed as an explanation for same-gender partner abuse that is similar to abuse experienced by partners in heterosexual relationships (Johnson, 2008). Kelly and Johnson (2008) mentioned that some control tactics such as threats of outing were unique to same-gender partner abuse. Johnson (2008) described coercive controlling violence as the use of coercive control and/or use of physical violence in combination with general patterns of control. Different mechanisms of control that can be employed include a look, a yell, or a quiet warning enough to intimidate and have the emotional impact of a physical assault on one's partner.

Thus, while feminist researchers locate violence as being gendered and emphasize the importance of the context, meaning, results, and consequences of the violent acts, they do acknowledge women's use of violence. However, they caution that the gendered context in which women's violence occurs is important (Nixon, 2007). Unlike, family violence researchers who understand violence as gender-neutral and assign men and women as committing equal acts of violence. Theory and research for family violence researchers often focuses on measuring discrete acts that do not account for the reasons behind the use of these same acts. Feminist researchers elucidate that women's use of violence does not result in controlling the dynamics of the abusive relationships as it does for men (Nixon, 2007).

In recent years, Dutton, Goodman, and Schmidt (2005) developed a theoretical framework to measure these coercive controlling tactics, which will be examined in the discussion section. Johnson (1995, 2008) and Stark (2010) provide a more detailed understanding of power and control in intimate relationships and describe the use of violent and abusive actions by both women and men, which is discussed below. This study applied Dutton and Goodman's (2005) interpretation of French and Raven's (1959) social power model to

describe the use of coercive and nonviolent coercive controlling tactics in establishing power, control, and resistance in intimate relationships.

Power, Control, and Resistance

Stark (2006) suggested that the systemic and structural roots of coercive control are in exploitation, deprivation, and ‘psychological abuse’. Violence, intimidation, isolation, and control are mechanisms that abusers, both men and women, use as coercive and nonviolent coercive controlling tactics (Stark, 2010). Analyzing Irene Frieze’s data from interviews with 274 married and formerly married women living in southwestern Pennsylvania in the late 1970s, Johnson (2006) provided empirical evidence for non-physical forms of violence and identified numerous control tactics used by their male partners, which did not necessitate physical violence (Johnson, 2006, 2008). These control tactics included threats, economic control, use of privilege and punishment, using children, isolation, emotional abuse, and sexual control. Essentially, both Stark and Johnson explored more than just discrete violent episodes to include coercive violent and nonviolent controlling tactics. In fact, Stark (2010) mentioned that control and resistance are components, which facilitate in understanding the experiences of battered women who report abuse as “ongoing” even when violence has stopped.

Using French and Raven’s (1959) social power model, Dutton and Goodman (2005) conceptualized the mechanisms of coercive control in relation to gender, aggression, and violence. French and Raven (1959) conceptualized power as being dependent on the concepts of influence and change. According to them, power is established in the dyadic interactions of the influencing agent to bring about changes in the belief, attitude, or behaviour of the target of influence. However, the influencing agent and the target are not always dependent on one another. For example, the influencing agent may have the power to control the behaviour/s of the

target, but have little power to control the target's opinions. This model also takes into consideration a target's resistance to psychological change initiated by the influencing agent, as a force in the opposite direction.

In the social power model (French & Raven, 1959), change is conceived as psychological change caused due to a psychological force by the influencing agent who could be another person, a role, a norm, a group, or part of a group. The influencing agent utilizes resources available to him/her represented in the six bases of power namely reward, coercion, legitimate, expert, referent, and information power to bring changes in the target (Raven, 2008). Reward power is the ability of the agent to administer reward to the target by giving, removing, or decreasing things the target does not desire. Coercive power includes the agent's ability to manipulate things the target does not desire, or to remove or decrease the desired things. In legitimate power, the agent has the power to influence and/or impose upon the target feelings of obligation and responsibility. Expert power arises from the target's belief about the agent's ability to provide skills and expertise. Referent power involves the agent's ability to provide feelings of personal acceptance or approval based on the target's identification with the agent. A sixth basis of power was added later that involves the agent's ability to provide knowledge or information (Dutton & Goodman, 2005).

According to French and Raven (1959), the conceptual understanding of power is useful when its potential to influence is limited to the enduring power relations between the agent and the target. Thus, excluding scenarios where the potential to influence is so brief and ever changing that it cannot be predicted from the existing relationship. In addition to this, social power is a useful concept if not every momentary stimulus is accounted for (French & Raven, 1959).

In recent years, Dutton and Goodman (2005) applied French and Raven's social power model (1959) to conceptualize and construct coercive control in intimate partner violence relationships, and this was applied as a theoretical framework in this study. Dutton and Goodman (2005) defined coercive power as the ability of the agent (who is doing the influencing – the abuser) to impose on the target (the person being influenced – the victim) a) the things the target does not desire, b) to remove things, and/or c) to decrease the desired things. Raven (1992 as cited in Dutton & Goodman, 2005) described the potential use of power through the power/interaction model of interpersonal influence, where the dynamics of power can be so influential – to abuse, to coerce, and to achieve control through compliance.

In describing coercive control, Raven (1993, as cited in Dutton & Goodman, 2005) deconstructed the meaning of force, which the agent imposes on the target, leaving the target with little or no discretion to respond. Though the target's response may involve choice, it is not "free-choice." The target is aware that any form of noncompliance may lead to negative consequences by the agent, in the form of punishment. Thus, the target understands the agent's grave potential to punish. Contrary to this dynamic, the target has two options available.

In the first option, the target may choose to resist, however at a cost, which may result in a serious consequence (e.g. beaten because dinner was not ready on time...). The second option available to the target complements the concept of reward power. The premise of reward power is the agent's ability/power to provide the target with things the target desires or to take them away, or to reduce the things not desired. In other words, the target understands and believes that compliance or accommodation will lead to some reward, such as financial supports, transportation, or emotional intimacy. Astutely, the agent knows that to ensure coercion and reward power, some surveillance is required. One of the ways in which the agent uses

surveillance is by calling numerous times during the day to know where the target is, or what the target is doing. Johnson (2008) applied the term monitoring, instead of surveillance and described this as a nonviolent controlling tactic that gives an abuser more credibility and legitimacy in punishing his/her partner's behaviours. Accordingly, such nonviolent controlling tactics can have long lasting and damaging effects on victims (Johnson, 2008).

Examples provided by Johnson of these nonviolent controlling tactics, include an abuser's use of direct threats (for example to deplete a victim's resources by withdrawing economic/financial supports, or help with transportation, or by reducing emotional intimacy), or using intimidation (by smashing objects, breaking furniture, making holes in walls, etc.). The abusive partner may either beat her/him or weaken her psychological resources by attacking her self-confidence/worth/esteem, and by calling her names. The abuser could further undermine the victim's will to resist by shifting the blame of the violence on to her, and in doing so, legitimize his/her role as the head of the household (Johnson, 2008). Consequently, the abuser has the potential to undermine the victim's ability to resist by forbidding her to work, or by distancing her from her family and friends who are her support networks.

Does this mean that targets (victims) are silent recipients of abuse? Renoux and Wade (2008) suggest that the unilateral presentation of a perpetrator's actions is inaccurate without describing the victim's resistance. Wade (2002) describes victims' resistance as an attempt to restore their dignity through imagination, determination, pragmatism, and strength. Consequently, victims express their resistance in small, subtle, and rapid micro-level behaviours, which present as disguised and indirect acts of resistance depending on the severity and threat in the situation (Wade, 1997). Raven's social power model (1959) uses reward power to describe the context of a target's resistance. In reward power, the goal of the agent is to wear down the

target's resistance (Dutton & Goodman, 2005; Johnson, 2008). The agent makes this possible by depleting the target's resources that include economic, social (withdrawing the target's supports from family and friends through separation), and personal reserves (undermine the target's sense of self and worth by calling her lazy, a poor wife, a bad mother, etc.). Depleting the target's resources reduces resistance and increases compliance with coercive demands (Dutton & Goodman, 2005).

However, it is suffice to say here that the target plays an equally important role in either accepting or rejecting the influence from the agent (Raven, 2008). Raven (2008) explained that the target's decision is motivated by personal factors for independence, power, and self-esteem and for personal feelings that could be positive or negative towards the influencing agent. Furthermore, the target's compliance or noncompliance to the influencing agent is guided by how they would be perceived by third parties (Raven, 2008). Similarly, Renoux and Wade (2008) suggested that a victim's resistance depended on several factors that included the broader social-historical context of power relations, the relationship between the perpetrator and the victim and the strategies employed by the perpetrator, and the dangers and opportunities present in the immediate setting. Wade (1997) described these acts of resistance as being quite small, subtle and rapid consisting of micro-level communicative behaviours that are achieved through carefully controlling subtle aspects of one's behaviours and attitudes. Some examples provided included distortions, lying, withdrawn muteness, pretending to ignore, and thinly veiled contempt. Wade (1997) made a noteworthy point about the significance of everyday communication as an expression of resistance, especially in circumstances that involved intense scrutiny.

Together, this theoretical approach suggests that both players are active agents in the use of power and control in their interpersonal relationships. However, while both, men and women are capable of exerting coercive control, structural inequality assigns greater advantages to men, which is reflected in coercive control (Stark, 2010). The asymmetry in social positions of men and women describe the differences in dynamics and their long-term consequences even when individual motives, tactics, and proximate consequences are the same (Stark, 2010). Berns (2001) noted that only 15% of men report humiliation, verbal and emotional abuse, and deliberate withholding of sex as types of abuse when they present as victims in domestic violence.

This study explores men and women's use of power and control dynamics/strategies over the course of their long-term intimate relationships. Dutton and Goodman's (2005) conceptualization of coercive control in intimate partner violence relationships based on the social power model (French & Raven, 1959) was applied as a theoretical framework to understand both the dynamics behind the use of power and control in long-term intimate relationship and how power shifts and changes as victim both accommodate and resist abuse from their partner. Does resisting abuse provide victims with any control in the relationship? Do these acts of resistance with respect to power and control change over the lifespan of the intimate relationship?

Chapter 3: Literature Review

Increasingly, IPV in older adults is being examined as a phenomenon separate from domestic violence and elder abuse due to the limitations in each service system (i.e. community resources and agencies to address domestic violence and health care and related services available to older adults) discussed previously in the introduction chapter. This chapter examines the current body of literature on IPV in older adults, mostly focusing on the experiences of older women as there is limited literature available on the experiences of older men. This literature offers insights into the types of violence and abuse experienced by older women and the challenges they are confronted with due to their socialization in a period that have shaped their lives and continues to do. Their socialization in a specific period makes it difficult for them to, sometimes, even admit that they are living in an abusive intimate relationship along with the additional health impacts that experiencing IPV causes for them as they age. In addition to this, the methodological limitations of this particular body of literature on IPV in older women are highlighted. A comparatively smaller section on the victimization of men is due to research that is still evolving. Nonetheless, this section has been mentioned to acknowledge the small number of men who have been victims of coercive controlling violence from their female partners.

IPV and Older Women

Research has clearly established that older women experience more non-physical (i.e., emotional and psychological) than physical violence (Brossoie et al., 2012; Lundy & Grossman, 2004; Mouton, 2003; Seff et al., 2008; Zink, Jacobson, Regan, Fisher, & Pabst, 2006a). A study comprising 21 focus groups with 134 women between the ages of 45-85 years reported profound negative consequences of nonphysical abuse on their self-esteem and self-image (Seff et al., 2008). Participants in this study reported nonphysical abuse tactics, such as fear, jealousy,

manipulation, taking advantage, and isolation. Some participants who had not experienced physical abuse described feeling intimidated in their intimate partner relationships. These women participants described their abusive partners using verbal threats with messages related to their feelings of hopelessness and lack of resources. Lazenbatt et al. (2013) found similar results in their sample of women participants ranging in age from 53-72 years. These researchers reported abusers using manipulative and controlling behaviours in the form of non-physical abuse such as constant ridiculing, verbal insults, intimidation, humiliation, and long silences to control women. Their findings demonstrated that abusers' use of these nonphysical (concealing) abusive tactics alternating with loving behaviours increased uncertainty in women about themselves and their ability to cope, exacerbating feelings of loss, hopelessness, and powerlessness. Other forms of psychological abuse that older women had been subjected to by their husbands included harassment, insults, threats, several kinds of enforced isolation, and controlling outside contacts (Hightower et al., 2006). In some cases, Hightower et al. (2006) reported that abusers withheld money for food and basic essentials. In another study, Zink and colleagues (2006a) stated that more than ¼ of their sample consisting of women 55 years and older reported that the abusive spouse had extramarital affairs, which the researchers categorized as psychological abuse. These researchers suggested that men's declining self-image and powerlessness with age, caused them to become psychologically abusive towards their partners, which often escalated in older years.

Other studies recognize the negative health consequences of emotional/psychological abuse for older women, which have a significant impact on their mental and physical health (Hightower et al., 2006; Wilke & Vinton, 2005; Zink et al., 2003). According to Mouton (2003), abuse causes significant mental health effects in older women that can accelerate the aging process and cause a decline in health status. Hightower et al. (2006) caution that often physical

and psychological symptoms such as depression, fatigue, anxiety, and confusion that are often associated with the aging process could be misattributed to age related decline or diminished capacity, instead of occurring as a consequence of being abused. Likewise, Hightower et al. (2006) interviewed women 64 years and older to understand their unique service needs. In narrating their abusive situations, these participants highlighted the impacts of abuse on their health, which health professionals misdiagnosed as age-related health problems instead of understanding these as negative consequences of abuse. Findings from this study also discussed the impact and needs of older women leaving abusive relationships. Similarly, Fisher and Regan (2006 as cited in Lazenbatt et al., 2013) stated that older women who experienced nonphysical abuse repeatedly and/or with other types of abuse had an increased chance of reporting bone or joint problems, digestive problems, depression or anxiety, chronic pain, and high blood pressure or heart problems. Other effects for older women who have experienced abuse for 30-40 years included permanent physical damage, disability, self-harm, self-neglect, low self-esteem, and risk of suicide (Zink, Jacobson, Pabst, Regan, & Fisher, 2006b).

A majority of the studies on older women's experiences of IPV have drawn comparisons to younger women in similar situations. Generational differences, including traditional upbringing and gender role socialization appear to be common themes that explain older women's 'death-do-us-part' philosophy about marriage and their self-sacrificing view of their life, which aids to keep violence and abuse secretive and private (Hightower et al., 2006; Vinton, 1999; Phillips, 2000; Rennison & Rand, 2003; Stockl, Watts, & Penhale, 2012; Zink et al., 2004). Some researchers describe how older women's socialization guided their beliefs into keeping family matters private, demonstrating subservience towards their husbands, and staying in their intimate relationships due to a sense of loyalty, and to honour their marriage vows (Hightower et

al., 2006; Rennison & Rand, 2003; Seff et al., 2008). These gendered beliefs have made older women more vulnerable to abuse as it has had an effect on how they perceive their situation, thus influencing their willingness and ability to disclose abuse (Rennison & Rand, 2003; Seff et al., 2008). Moreover, older women's socialization may contribute to accepting their abusive spouses' behaviours as "normal," which younger women would describe as abusive (Phillips, 2000). Additionally, the social context of older women may affect their decision to take any measures to stop violence (Hightower et al., 2006; Vinton, 1999). Older women may fear stigmatization, associated with separation and divorce, from their friends and relatives who may share similar generational values, thus preventing them from taking any action.

Systemic barriers pose a challenge for older women in seeking help. For instance, shelters available to all women pose difficulties for older women (Beaulaurier et al., 2007; Straka & Montminy, 2006; Zink et al., 2003). For example, higher noise levels and the presence of children can disrupt privacy and quiet for older victims. Most shelters are not equipped to provide the care needed by older women with health concerns, such as assistance with activities of daily living, administering medications, and accommodating dietary preferences (Beaulaurier et al., 2007; Straka & Montminy, 2006). The limited time for occupancy can be insufficient to meet complex health and other needs for older women; and shelter staff may not have adequate knowledge or familiarity with aging and the special needs of older victims (Straka & Montminy, 2006). Beaulaurier and colleagues (2005, 2007) conducted a focus group with women between 45 and 85 years to identify internal and external barriers to help-seeking, respectively. They identified five factors as internal barriers that comprised self-blame, powerlessness, hopelessness, the need to protect family, and the need to keep abuse secret from others. External barriers were described as older victims' reactions to people or systems external to both the

abuser and the victim. Themes that emerged as external barriers to help-seeking included hostility from family, little practical help from the clergy, a lack of faith/confidence in the interventions supported by the justice system, and difficulty in understanding resource material. These participants also described the service system as disjointed. In 2009, Leisey, Kupstas, and Cooper conducted a similar study with women participants 50 years and older to understand their needs. Participants' responses were similar to the above findings. Participants expressed feelings of shame in reaching out to family and friends, which is consistent to that expected in younger relationships. The majority of the participants reported experiencing negative consequences from police involvement. Most participants in this study described calling the police as taking a stand, which could prove to be dangerous to them in their circumstances. The few participants who were aware of the help police could give mentioned that any intervention from them meant, "*life would never be the same*" (p. 148). Example cited included – "*I have heard about protective orders from the media and would definitely get one. Then I would move because I have heard that they don't work too well*" (p. 149). Further to this, they emphasized that service providers need to make resource information easily understandable and have greater awareness of the nonphysical tactics used against them. Again, these are similar experiences noted by younger women.

While differences exist, older and younger women in abusive relationships share certain commonalities. Economics, family attachment, and health concerns are some shared experiences for older and younger women in IPV that may make leaving difficult (Zink et al., 2003). Leaving an abusive relationship could mean loss of income and security, loss of health insurance, and it could mean living in poverty (Hightower et al., 2006; Rennison & Rand, 2003). Furthermore, it could also mean stigmatization by family and friends and a loss of social network they have

belonged to for some time (Rennison & Rand, 2003). These circumstances are magnified for older women due to age, which can negatively impact their employability skills. Besides this, older women may have fewer opportunities to develop autonomy due to their socialization in a specific period (Phillips, 2000; Zink et al. 2003).

Methodological gaps. Qualitative interviews conducted by several researchers have made valuable contributions; however, none of them has explored the interplay of power and control dynamics to explain IPV. For example, Buchbinder and Winterstein (2003) studied the coping and survival experiences of older battered women (ages 60-80 years). In this study, the participants described a divided sense of self, shaped by violence overtime. They described this division as being aware of their sufferings, of living in an abusive relationship - of missed opportunities had they not stayed in their abusive relationships; and overtime attributed their limitations to their chronological age.

In another study, Band-Winterstein and Eisikovits (2009) interviewed 20 older couples ranging in ages from 60 to 80 years to explore how age and violence interacted and changed throughout the lifespan. This study examined the origins of conflicts, the development and nature of violent incidents in the couple relationships overtime, the people involved, and the changes in violence that occurred as the couples aged. Based on a phenomenological perspective, the narrative analysis of older couples who lived in domestic violence for most of their lives revealed four clusters of violence. The researchers described cluster 1 as the arena of violence is alive and active well into the old age of the elderly participants. The trajectory of violence in the lives of these participants indicated severe violence at a young age that stretched throughout their lifespan. Even though participants described the process of aging out in terms of the frequency of violent incidents, participants continued to describe the violent relationship as escalating due to

the cumulative effects of emotional abuse and physical violence felt throughout the years. The second cluster, violence is “in the air” – violent ecology characterized violence as restrained moderate, which was associated with less physical violence and found occurring more frequently among couples whose experiences were described in cluster 1, but also ongoing emotional abuse and ongoing conflicts in the intimate relationship. This cluster described a move towards moderation and restraint as couples aged, however, the over-arching atmosphere of threat, terror, and fear persisted. More of the same – but different was categorized as the third cluster. In this cluster, the aging process brought about a transformation of physical to other forms of violence such as abuse arising from unmet economic needs or emotional abuse, and frequent role reversals and/or mutual abuse. Nevertheless, the threat of physical violence remained in the background. Violence, occurring among couples whose experiences were placed in the fourth and final cluster – violence through illness, was described either as beginning or as continuing into the later years because of one partner’s chronic or terminal illness (Alzheimer’s disease) or due to emotional exhaustion. Similarly, Zink et al. (2006a) conducted semi-structured face-to-face interviews with five participants and 33 phone interviews with women 55 years and older to understand women’s perceptions of their abusers. A noticeable finding, apart from their descriptions in change to more emotional abuse in later years, was the participants’ use of various personality and mental health descriptors to characterize their abusers, such as labeling their husbands as “narcissistic, very selfish, and a kid who never grew up” (p. 858). Some participants labeled their husbands as “women haters or homosexual and/or bisexual” (p. 859). Those women who characterized their husbands as homosexuals described themselves as targets of their spouse’s anger, frustration, and shame. In the process of naming and labeling, these participants often excused the abusers’ behaviours.

Examples of some studies mentioned above demonstrate the absence of research in examining power and control dynamics to explain IPV in older women. Straka and Montminy (2008) addressed similar concerns and emphasized the importance of examining experiences of IPV for older adults, through a feminist lens with a focus on gender-based violence. They particularly examined the literature on psychological abuse and provided examples to show its debilitating effects on women. In doing so, they addressed that psychological abuse was one of the mechanisms abusers acquired power and control in their intimate relationships. In fact, they cited Johnson's (1995) work that suggested that men could achieve control through psychological abuse without progressing to physical violence. Besides, in describing an intimate terrorist, Johnson (2008) described the different coercive tactics abusers can use that does not necessitate physical violence. Aside from this, Straka and Montminy (2008) analyzed the literature on elder abuse and addressed the inadequacy of the caregiver stress perspective to explain abuse in the caregiver – care recipient relationship. Instead, Straka and Montminy (2008) emphasized the importance of examining the elder abuse literature through a feminist lens to understand the power and control dynamics at play in older spousal relationships and other forms of elder abuse.

Careful examination of the examples mentioned above brings attention to another important methodological limitation, which is the discrepancy in the ages of participants'. There does not appear to be any consistency in recruiting participants from a specific age cohort. Instead, different researchers randomly select different age categories. In fact, fairly recently Roberto et al. (2014) conducted an empirical view on the literature on IPV in late life. Findings from their study articulated the importance of being consistent in differentiating age groups because different age cohorts experience rates and types of abuse differently and live in violent

situations for different amounts of time. Women from different age cohorts have differences in perceptions and understanding of violence, which affects their comfort level in openly disclosing their circumstances. Furthermore, different age cohorts experience an increase in limiting health conditions with advancing age. According to Roberto et al. (2014), these complex factors associated with chronological age/cohort membership can influence prevalence rates.

Likewise, other researchers have noted the limitations of quantitative studies investigating IPV. Rennison and Rand (2003) used the National Crime Victimization Survey (NCVS) data from 1993-2001 and concluded that cross-sectional studies were inadequate in exploring the complexity of IPV. Similarly, in their research, Stockl et al. (2012) stated that refusal rates (due to age) biased their study results because: 1) older women were more likely to under-report less severe acts of IPV and their consequences, particularly, for those who had been living with an abusive partner for a long time, 2) they were less likely to openly talk about their experiences with outsiders due to shame and isolation, and 3) the presence of more psychological abuse in later years may make older victims believe that it is now acceptable, which may also mean that they are less likely to report these experiences.

IPV and Older Men

IPV in men, in general, has been slow to emerge. It is imperative to mention here that comprehensive research about women's violence to male partners has been inadequate (Dobash & Dobash, 2004) and narrative accounts of female to male violence are scarce in the research literature (Allen-Collinson, 2009). Dobash and Dobash (2004) have commented that although it might be useful to study women, who have been arrested for using non-lethal violence against a male partner, the rarity of its occurrence makes it difficult to obtain an adequate sample. For example, for purposes of their study to compare men and women's use of violence, they

recruited their sample from 933 court cases of domestic violence, which involved only three cases of women charged with using violence against a male partner.

Researchers have indicated that generally, men's socialization makes it difficult for men of all ages to report, and to be perceived as victims of violence and abuse (Kaye, Kay, & Crittenden, 2007; Pritchard, 2007). According to some, men conceal their victimization due to their socialization about masculine gender roles alongside the stigma, embarrassment, shame, and culpability associated with abuse (Allen-Collinson, 2009; Tsui, 2014). According to Brown (2004 as cited in Tsui, 2014), female victims were more likely to report IPV to police at 81% in comparison to their male counterparts at only 19%. In spite of this extreme disparity in reporting, few empirical studies have investigated IPV in men (Tsui, 2014).

In a recent study on male victimization of intimate partner abuse, Tsui (2014) reported the following findings. Majority of the participants ranging in age from 18 years and older reported more than one type of abuse that included psychological, physical, and economic. Some participants in the study reported experiencing economic coercion and control of resources by their partners such as restricted access to bank accounts and spending money. Other types of abuse reported included property damage, threats of divorce, reporting to the police, and deprived access to children. Amongst the 80 participants, half of them stayed in the abusive relationship for more than 16 years and described their abusive intimate partners as having an ongoing pattern of controlling, intimidating, and abusive behaviours with multiple abuse occurrences over time.

Of significance in this study was the male participants' description of formal networks as being least helpful. Formal networks included police, medical doctors, and mental health

professionals. Of these, male victims described receiving unfair and discriminatory treatment from the police, in particular, as is evident from these quotes from two participants (p. 125).

“Nobody believes men. Police and court believe the women and always side with them.”

“Police were, in fact, actively anti-helpful.”

The male participants provided reasons for their refusal to seek formal help, which included shame, discrimination against and disbelief of male victims, their fear of being arrested, and ineffective services. This study raised the issue of social exclusion and isolation of male victims from their intimate partners. Likewise, in her research, Allen-Collinson (2009) cited George (2003) who mentioned that social exclusion and the non-acceptance of male victimization inhibits men from reporting violence/abuse in their intimate relationships.

In addition to the help seeking attitudes of abused men, the health impacts of their victimization was felt physically, emotionally, mentally, socially, and financially similar to the health impacts experienced by abused women (Cronholm, 2006). Cronholm (2006) cited a population based study by Coker and colleagues (2002) who reported that physically abused men reported an increased risk of current poor health, depressive symptoms, substance use, chronic disease, chronic mental illness, and injury compared to non-abused men. Further to this, men were 1.8 to 2.6 times more likely to report current poor health if they identified low to high levels of exposure to psychological abuse. High levels of physical, sexual, or psychological IPV was associated with a twofold increase in rates of current depressive symptoms. In the study by Tsui (2014), male victims reported suffering from physical injuries, PTSD, suicidal ideation, and loss of self-worth and confidence.

Allen-Collinson (2009) addressed an interesting discussion about the reasons for non-retaliation amongst male victims in narrating the case of a middle-aged, senior professional

heterosexual man whose wife had been abusing him for over a period of 20 years. Allen-Collinson (2009) described three reasons amongst many as these were particularly pertinent to the male participant she interviewed. The first reason described was that of patriarchal ideology, which is the fear of being labeled as the abusive partner, and the fear of exacerbating an attack. Allen-Collinson (2009) mentioned Graham-Kevan (2007) who indicated that from a very young age men have been socialized to never hit a woman, whatever the provocation. This perception is consistent with the notion of “chivalry” in the Western world that condemns male violence towards women. The male participant in her study indicated that his socialization was largely influenced by his father who described any physical violence towards a woman as deplorable, which prevented him from directing any physical violence towards his abusive wife.

A second reason described for non-retaliation was differential labeling whereby a man feared his actions of self-defense were more susceptible to being labeled as “wife abuse,” instead of hers as “husband battering” (Freeman, 1979 as cited in Allen-Collinson, 2009, p. 31). Such was the fear reported by the male participant who indicated that any attempt of retaliation by force or displaying anger, attempting to push his wife away in self-defense or raise his arms to protect himself was an opportunity for his wife to claim that he was the violent one in the intimate relationship. Allen-Collinson (2009) mentioned that the third reason provided for non-retaliation included the fear of exacerbating an attack, which the male participant explained as almost welcoming the physical abuse “to get it over and done with” (p. 35). The male participant described the physical assault as a relief, which was preferred to the increasing tension and stress of psychological abuse that brought upon the threat of imminent physical violence. A detailed overview of his wife’s mechanisms to control him emotionally and psychologically and

physically assault him is comparable to the description of intimate terrorism (Johnson & Ferraro, 2000).

Recent research with respect to older men acknowledges their victimization, however, writers noted that the prevalence rates for intimate partner abuse against older men are presently unknown (Reeves, Desmarais, Nicholls, & Douglas, 2007) and that men's experiences of IPV have not been explored fully (Reid et al., 2008).

Purpose Statement

This study explored the interactions between power, control, and resistance in long-term intimate abusive relationships of older adults. Men and women, 50 years and older in long-term intimate relationships were recruited to explore the internal mechanisms of power, control and resistance. Dutton and Goodman's (2005) interpretation of French and Raven's (1959) social power model was applied as a theoretical framework to examine the interactions between these internal mechanisms.

Chapter 4: Methodology

Initially, the focus of the study was divided into two phases for the purposes of comparative analysis. Phase I investigated IPV in older adults that explored the power and control dynamics in their intimate relationships and examined victims' resistance. Phase II was proposed to explore the intimate relationships of older adults with a longstanding history of difficulties in their relationships and with one spouse in a caregiving role to his/her partner living with a cognitive impairment in the later years of her/his life. This phase could not be completed due to difficulties in recruiting participants. Qualitative interviews for phase 1 were completed successfully and became the focus of the thesis.

An 'older' adult was operationalized as a man or a woman 50 years old and above. Within the extant literature, different researchers have categorized older adults using different and wide-ranging age categories (Band-Winterstein & Eisikovits, 2009; Buchbinder & Winterstein, 2003; Lazenbatt et al., 2013; Seff et al., 2008; Zink et al., 2006a). Moreover, for the first time Statistics Canada (2011c) has provided information wherein 16% of women belong to the 45-64 age category making this an important demographic in the study of IPV. In addition, chronological age does not adequately reflect the developmental age of an older adult. Therefore, a decision was made to classify an older adult from 50 years onwards. A "long-term" intimate relationship was considered lasting five or more years. This study applied the analytic techniques borrowed from grounded theory to understand participants' experiences of living in IPV. The purpose of using grounded theory was not to derive a theory (which is the expected outcome of using grounded theory as a methodology), but to employ the coding techniques of the approach. Although French and Raven's (1959) social power model (outlined above, based on Dutton and Goodman's (2008) interpretation) has not previously been used to understand the experiences of

older adults, the framework is being applied to this study of older adults to examine the following objectives:

1. To illustrate abusers' use of coercive and nonviolent coercive controlling tactics in establishing power and control, and victims' resistance to these tactics.
2. To explore if the interactions between power, control, and resistance changed or remained the same in the abusive/violent intimate relationships of older adults over the length of their long-term relationships.
3. To explore the significance of context in examining power, control, and resistance in the abusive/violent intimate relationships of older adults.

Overview of Grounded Theory

Grounded theory employs the technique of theoretical sampling for recruiting participants. The main construct of theoretical sampling is that participants are the source of knowledge. Their experiences guide in developing concepts and in identifying relationships between concepts, which evolve into an emerging theory (Strauss & Corbin, 1990). The principles of grounded theory emerged from the initial collaborative work of two sociologists, Barney G. Glaser and Anselm L. Strauss, on dying hospital patients. Together, they pioneered their first book called *The Discovery of Qualitative Research* (1967). Glaser and Strauss established written guidelines on research strategies for systematic qualitative data analysis (Charmaz, 2000). Both Glaser and Strauss acknowledged that a researcher could not enter the field without preconceived notions and biases (Heath & Cowley, 2003). They recognized that the fundamental principle in grounded theory was generating new theories, instead of analyzing data within existing theories. While their understanding of the epistemological and ontological framework of grounded theory was consistent, they differed in their methodological approaches

(Charmaz, 2000; Heath & Cowley, 2003). This divergence gave rise to the inductive and deductive processes in grounded theory (Sherman & Reid, 1994).

The beginning of their divergent perspectives was evident in the role/purpose of the existing literature. Glaser's positivistic methodological training directed his inductive approach to grounded theory, which laid emphasis on staying as close to the data as possible. According to Glaser (1978, as cited in Heath & Cowley, 2003), reference to literature review ensued only when emergent theory developed adequately. In doing so, it was the data that developed theoretical sensitivity. Whereas, Strauss (1987) established that prior knowledge and experiences were inevitable. He determined that preconceived notions combined with literature review stimulated theoretical sensitivity and generated hypotheses (Heath & Cowley, 2003).

In 1990, the divergence between the positions of Glaser and Strauss became more prominent when Strauss coauthored a book with Juliet Corbin called *Basics of Qualitative Research: Grounded Theory Procedures and Techniques* (Charmaz, 2000). Strauss and Corbin (1990) recommended formulating a research question that identified the phenomenon under study and included background knowledge about the area under study. According to Strauss and Corbin (1990), theory was constructed through a specified framework that guided the coding process to produce a linear model of causes, intervening conditions, and consequences that explained the phenomenon, context, actions, and interactions. However, Glaser (1992) refuted their approach and called it a "full conceptual description" (Heath & Cowley, 2003, p. 142). Instead, Glaser (1992) proposed systematic data comparisons. Any insights that developed in the process of data analysis were recorded in theoretical memos.

According to Kendall (1999 as cited in Heath & Cowley, 2003), Glaser, Strauss, and Corbin differed in their approaches in describing the emergence of a theory in data analysis.

Initially, Glaser and Strauss (1967) described two levels of coding, which later became three for Strauss and Corbin in 1990. Strauss and Corbin (1990) described a linear theoretical framework that involved three levels of coding – open, axial, and selective coding. While the open coding was similar to Glaser's (1978) substantive coding (Charmaz, 2000; Heath & Cowley, 2003), the axial coding was the additional level of coding Strauss and Corbin (1990) proposed with the aim of making connections between categories and subcategories. They proposed this technique with the aim of making the emerging theories denser, complex, and precise (Charmaz, 2000).

Strauss and Corbin's (1990) selective coding was similar to Glaser's (1978) theoretical coding; however, the significant difference lay in the emergence of theory generation (Heath & Cowley, 2003). Selective coding was a continuation from the previous level of coding – axial coding. Here, the researcher focused on one category at a time, then drew data comparisons through elaboration and validation between different categories to arrive at a core category. With the selection of a core category, analysis began on integration. Likewise, Glaser's (1978) approach also involved multiple coding centered on data. However, the difference was in the use of constant comparative data analysis for category development until a theory was discovered.

This study borrowed analytic techniques of grounded theory proposed by Strauss and Corbin (1990) that included simultaneous data collection and analysis and the multi-level coding strategies of open, axial, and selective coding to develop an analysis that is to stay close to the data. Theoretical sampling facilitated saturation through the cumulative effects of event samples building upon previous data collection and analysis, along with the simultaneous, verbatim transcription of data (Corbin & Strauss, 2008). Following this, key concepts were located from the text made up of participants' words, phrases, and sentences, which constitute the open coding phase. Axial coding followed, which includes relating concepts/categories to each other through

an analytic process of constant comparative analysis. Constant comparative analysis is an analytic process of comparing different pieces of data for similarities and differences, and conceptually similar data are grouped together under a higher-level of descriptive concept (Corbin & Strauss, 2008). Selective coding was the final phase. Strauss and Corbin (1990) described this phase as an integrative process of “selecting the core category, systematically relating it to other categories, validating those relationships by searching for confirming and disconfirming examples, and filling in categories that will need further refinement and development (p. 116, as cited in Crestwell, 2007).

Recruitment

Recruitment included contacting organizations that provide programming, health services, information, referral, and advocacy services to older adults in the Winnipeg community. These establishments included government agencies, the Winnipeg Regional Health Authority, and some non-profit organizations. Flyers advertising the study were disseminated to the above-mentioned organizations, in addition to shelters and other non-profit organizations that provide services to women and men in abusive relationships. To include heterosexual men and participants in same-sex relationships, the Men’s Resource Centre and the Rainbow Resource Centre were contacted. In order to reach out to as many individuals (victims) as possible who had experienced IPV from their partners, the study was advertised twice in community newspapers. In addition to this, flyers were posted on notice boards at shopping centres.

Recruitment materials are located in Appendix I, II, and III:

Appendix I: A list of organizations where information about the study was disseminated

The information package included the following:

Appendix II: an explanatory letter detailing the purposes and goals of this study,

Appendix III: flyer with information about the study, and the contact information for interested participants

Nine people expressed interest in the study and were screened for eligibility. Participant eligibility was determined by the following three criteria: a). participant age, which was categorized as 50 years and older; b). a minimum duration of 5 years in an intimate partner relationship; and c). their experiences with being a victim of intimate partner violence (see Appendix IV for screening questions – participants were asked directly if they were in an abusive relationship). Participant recruitment concluded when saturation was achieved. Saturation is a concept in grounded theory where further data collection and analysis does not provide any new information.

After determining eligibility, the purposes and goals of the study were shared with each participant. Subsequently, a convenient day, time, and a safe location for conducting the semi-structured interview was discussed, and participants were informed that the interview would be approximately 1-2 hours in length. Most interviews were conducted in a non-profit organization with the exception of three. Of the three exceptions, the researcher arranged to meet one participant at a community center for older adults, the other participant in a synagogue, and the third on the university campus. Almost all participants completed the interview in approximately two hours; however, one participant felt the need to describe her life experiences in detail, and therefore, the researcher met her three times for two hours each. Each participant was given an honorarium of \$20 for his or her time and participation.

Sample

In this study, theoretical sampling entailed interviewing older adults who have been victims or presently are victims of intimate partner violence. An 'older' adult was

operationalized as a man or a woman 50 years old and above. Long-term intimate partner violence was operationalized as an older adult who had been in an intimate relationship for at least five years. Intimate partner violence included different forms of abuse, such as emotional/psychological, financial, sexual, and physical.

Sample description. Nine participants were interviewed for this qualitative study, all of whom were in heterosexual relationships. Of these nine participants, only one participant was male. A decision was made to include the experiences of the male participant as the abuse of older men is underrepresented and almost absent in the literature on intimate partner violence in older adults. Although there is only one male participant, his experiences add richness to the data analysis and facilitate in making some preliminary comparisons between the experiences of older men and women in IPV.

The sample included an equal proportion of participants who were divorced (n=3), separated (n=3), and still in a relationship (n=3). Most participants (n=6) ranged in age from 50 to 64 years old, two participants were between the ages of 65 and 80 years old, and only one participant was over the age of 80. The mean age of participants was 61.7 years. More than half of the participants were in long-term relationships that ranged from a minimum of 20 years to a maximum of 45 years. The remaining one-third of the participants were in relationships for a shorter period, lasting from five years to 13 years.

More than half of the participants were working in the home full-time, some (n=4) of them worked outside the home for a short duration. For instance, one participant helped her partner establish a business. Another participant worked occasionally due to living with an anxiety disorder. The third participant quit her job after her son was born, and the fourth participant was employed as a chef. The employment status of three other participants was

unknown. Participants indicated that their partners were business people (n=1), university graduates (n=1), post graduates (PhD/Master's) (n=2), health care professionals (n=1), law enforcement officers (n=1), trades persons (n=1), and unknown (n=2). Participants self-identified their religious background as Jewish, Christian (Anglican, Lutheran, Catholic), and traditional Aboriginal Spirituality. Most of the participants were Caucasian (n=7) and two participants self-identified as being of First Nations descent.

Ethics

In the initial in-person contact, the purposes and goals of the study were described to the participants. Participants were informed that the study was approved by the University of Manitoba Psychology/Sociology Research Ethics Board and by the Winnipeg Regional Health Authority (WRHA) Research Review Committee. The researcher discussed informed consent with each participant and then read it verbatim to describe the measures taken to maintain participant confidentiality and anonymity in detail. For the purposes of maintaining anonymity and confidentiality, each participant was ascribed a code under which her/his responses were documented. A signed copy of the informed consent was provided to participants (see *Appendix V* for informed consent). Participants were informed that their participation in this study was voluntary. They could terminate the interview at any time during the study without any negative consequences to them, or without any effect on service delivery. Participants were advised that if they felt overwhelmed, the interview could be resumed at a later date and time. In the event that a participant felt overwhelmed, the researcher responded with empathy, validated participants' feelings, and provided participants with resources for supports (see *Appendix VI* for list of community resources). At this time, participants were informed that their responses will be audio

recorded for later transcription and they could request a summary of the results upon completion of the project.

Data Collection and Analysis

Each interview commenced with an open-ended question that required participants to describe their relationship with their intimate partner. To direct participant responses, the researcher probed each participant with questions (see *Appendix VII*). According to Strauss and Corbin (1990 as cited in Heath & Cowley, 2003), questioning facilitated and directed participant responses to generate numerous codes.

The process of data analysis commenced with the researcher transcribing each interview verbatim and reading these immediately after completing the interview process. Coding followed each interview as each was completed. The process of transcribing interviews verbatim is consistent with process of theoretical sampling in grounded theory. The researcher transcribed the data using MS Word. Each interview was read line-by-line to locate key concepts used by participants in the form of words, phrases, and sentences. Strauss and Corbin (1990) called this the “open coding” phase of data analysis, which was characterised by fracturing the data to identify some categories, and their properties (Creswell, 2007). These category labels identified in the form of short descriptions constituted participants words and phrases known as in-vivo coding. In-vivo codes employed in the open coding phase aided the researcher in staying close to the descriptions of the participants. Trustworthiness in grounded theory was achieved by staying as close as possible to participants’ descriptions of their experiences and by achieving saturation.

Axial coding followed the next phase of coding, which was described as the process of relating concepts/categories to each other, through an analytic process of constant comparative Analysis (Strauss & Corbin, 2008). Constant comparison is an analytic process of comparing

different pieces of data for similarities and differences with grouping together conceptually similar information under a higher-level of concept. Engaging in constant comparison analysis resulted in reducing 23 categories in the open coding phase to 12 categories in the axial coding phase. Some examples from the 12 categories included: partner relationship dynamics/shifts in power and control dynamics overtime, participant's recognition of cycle of violence, source of empowerment to make changes. For a detailed list of the 12 categories, (see *Appendix VIII*). Dissimilar information that did not fit into previously formed categories resulted in creating a new category – “Participants feel responsible for fixing their partner's problems” (see *Appendix IX*).

The process of constant comparison continued from the axial to the selective coding phase of data analysis. Overlapping and recurrent themes were noticeable amongst the 12 categories listed under the axial phase. For instance, the categories ‘partners’ relationship dynamics/shift in power and control dynamics overtime’, and ‘shattered world’ were integrated together and characterized as ‘power and control’. Examples from the category, ‘shattered world,’ implicitly, described the impacts of power and control on participants’ lives. Further to this, the categories ‘recognition of the cycle of violence,’ and ‘sources of empowerment to make changes’ included examples that demonstrated participants’ resistance from early years through the middle to the later years of their relationships, respectively. Examples of resistance emerged from participants’ narratives. No direct questions were asked of them about their resistance to violence and abuse from their partners.

Influenced by Strauss and Corbin (1990), who mentioned that theory was constructed through a specified framework that guided the coding process, Dutton and Goodman's (2005) interpretation of French and Raven's social power model (1959) was applied as a theoretical

framework that guided the coding process in the selective coding phase. To reiterate briefly, according to the social power model, the abuser and the abused are two active agents in a dyad. While the abuser applies power and control mechanisms to establish fear and compliance, the abuser/victim is an equally active agent who responds with resistance. Since the acts of resistance correspond to power and control, a decision was made to integrate power, control and resistance as one cluster. However, to understand the shifts in the dynamics of the intimate relationships over time, a decision was made to examine power, control and resistance early in the relationship as one category and power, control, and resistance through the middle to the later years, as another category.

Similarly, three categories from the axial coding phase, ‘love-hate in the relationship, is this abuse, and participants’ feel responsible to fix their partners problems’ was clustered together and categorized as ‘the impacts of control on participants.’ Likewise, the category ‘shattered world’ from the axial coding phase had descriptions from participants’ lives that related to the impacts of abuse and violence for older adults. Thus, the process of integrating categories that related to one another in the axial phase resulted in three categories in the selective coding phase. The researcher did not explicitly ask participants about resistance or about the consequences of violence and abuse on their lives as older adults. These emerged from the narratives of participants. A pictorial presentation is available in *Appendix X*. The three categories that emerged from the research questions and the in-depth analysis of data are:

- Power, control and resistance early in the relationship,
- Power, control and resistance through the middle to the later years and
- Impacts of abuse and violence on older adults

To reiterate, there was only one male participant amongst the nine participants interviewed for this study. The length of their intimate relationships ranged between five to 45 years, with participant 9 being in an intimate relationship with her first partner for the shortest duration. Two participants, primarily 6 and 8 shared the longest relationship with their significant others. Although participant 6 was married for 37 years, she indicated they had been together for approximately 42 years and were living together at the time of the interview. Participant 8 was married for 45 years and separated from her partner at the time of the interview. Participant 4 was married for 28 years and mentioned that she was residing with her intimate partner. Participants 2 and 3 were married for approximately 20 years and while the former was divorced, the later mentioned about maintaining a 'friendship' with her ex-partner, despite living separately at the time of the interview. Lastly, participant 5 stated that she had been residing with her intimate partner for over 12 years now, while participant 7 – the only male participant who had been in a relationship for nine years had a protection order against his former partner at the time of the interview.

While most participants' experiences of abuse and violence were distinct, a common theme that emerged amongst most of them was the enduring pain of their partners' emotional abuse that lasted for the length of their relationship. For some, the enduring emotional pain was felt years after their divorce or separation. Two participants (2 and 6) experienced few incidents of physical abuse in the early years of their relationships. In case of participant 6, the effects of physical violence were felt indirectly as the violence was mostly directed at objects. Most participants (3, 4, 5, 7, and 8) experienced physical violence intermittently in their intimate relationships. Amongst them, participant 3 mentioned that her partner's physical violence was directed at smashing glass. Only one participant (1) described the realization of feeling

emotionally/psychologically abused by her intimate partner well into ten years of their marriage. The experiences of the last participant (9) with her partner of five years described the enormous effects of an intimate terrorist/coercive controlling violence. Not only this, another man sexually assaulted her, which was yet another act of an intimate terrorist.

Chapter 5: Findings

This section explores the narratives of the nine participants to understand how patterns of power, control, and resistance changed or remained the same in their relationships. This section is divided into three sub-categories: 1) power, control, and resistance early in the relationship; 2) power, control, and resistance through the middle to the later years; and 3) the impact of abuse and violence on older adults. Because all of the participants were in their intimate relationships for different lengths of time, it is difficult to define early and later across the nine relationships. Participants' responses were structured around questions relating to the length of their relationship, the first occurrence of violence/abuse and the circumstances surrounding this. Participants provided examples of abuse/violence from their partners throughout the duration of their relationship. In doing so, participants also provided evidence of their acts of resistance against their partners. Illustrations of their partners' coercive and non-violent coercive actions and participants' resistance were explored to determine if the interactions between power, control, and resistance changed or remained the same in the abusive/violent intimate relationships of older adults over the length of their long-term relationships.

Power, Control, and Resistance Early in the Relationship

In most of the nine interviews, violent coercive controlling tactics, as physical abuse, directed at participants were more apparent in the beginning years of the relationships. Coercive power took different forms for participants in this study. At times, the participants described how their partners physically abuse them, threw and hit objects close to them, as well as depriving them of finances and emotional intimacy. As their partners' control was becoming more established and prominent, almost all participants found a means to resist. The ensuing paragraphs describe the coercive controlling tactics that the participants experienced from their partners and explore their

resistance to these behaviours and interactions. In addition to this, participants provided illustrations from their lives that demonstrated how societal expectations influenced their acts of resistance.

Coercive controlling tactics in the early years. In the following excerpts, participants' choice of words described the mechanisms their partners employed in establishing fear and intimidation during the early years of their relationship. Participant 3 used the analogy of the "*incredible hulk*" where he [the hulk] ripped his shirt to demonstrate his "*total reversal of personality*" from being "*intense, stern kind of personality*" to showing rage and an "*adult temper tantrum*." She also described her partner's rage attacks as including the physical element of "*breaking and smashing glass*:"

During the year that I was there, there were a lot of these wild, rage attacks, lots of them...and the rage was like just, I don't know how often it happened but when it did happen, I went into, just like I said, I was just frozen. I looked at this and like just always, just the smashing of the glass.

Participant 8 described her partner as someone who "*exploded, just like a bomb*" whenever he got uptight, and "*it was always somebody's fault*." She described her partner as using her as a "*sounding post, punching bag...It was always verbal, but every year or two, it would be physical*." Participant 6 described her partner as being "*very, very jealous*," when they were dating. Subsequently, after marrying him, her partner was physically violent:

he use to do things like pound the bed beside my face where I'd feel the air just brushing me, or he would push me into a wall, ...he actually punched holes in the basement wall, he was so angry...

Various incidents from the early years of the conjugal relationship of participant 4 demonstrated the enormity of her partner's physical violence and emotional abuse:

Every time he drank, he fought me. Every time he's drinking, he beat me up and when we were in Vancouver, I couldn't go anywhere...because I didn't know anything about shelters then, nothing at all. I stayed home and took it.

...sometimes when he was sober, he would fight me like he would constantly bring up the past and call me a bitch, call me a whore, slut, whatever. Every name in the book, he would call me and then that would trigger him off and he would start physically hitting me.

Participant 2 also recalled the very first evidence of physical violence that occurred in the early years of their marriage when she was pregnant with their first child:

It was pretty minor. I don't even remember the occurrence; I remember that he hit me. It wasn't a hard slap or it wasn't a punch, it was just a reaction and I was so shocked that I began to scream, ok. He was angry and "you deserved it." "You had it coming and you know it."

In the above illustration, her partner reacted, "...it was just a reaction...", and his intentions were confirmed when he said, "...you deserved it. You had it coming...", thus stating his control in the relationship and demonstrating to her, his potential to physically punish her.

Although participant 9 described her first partner as "*constantly accusing*" her when others [men] looked at her, she provided other examples of his control over her personal space that included choosing for her what she wore and by not allowing her to have friends, physical violence was described as prevalent beginning on the first night of their honeymoon:

I didn't even know how...to call for help and I guess if I did, he would hit me more...I really didn't know how hurt I was because I was broken. I think the only reason we were staying in the room was because I had bruises all over me...

She stated that she wanted to call for help. However, her partner's success in weakening her psychological defenses through overt control and isolation, in addition to her fear of continued physical violence was enough to keep her silent. She described her partner's pervasive and intimidating control throughout the early years of their relationship, through his ongoing physical assaults. Police officers frequently came to their house due to complaints received from neighbours and she recalled numerous occasions when the officers questioned them together and separately.

While participant 2 described coercive controlling tactics in the form of physical violence, she also experienced coercive tactics in the form of emotional and financial abuse. For example, she illustrated the subtlety with which her partner established control when he deliberately brought her music books from her parent's house to his house without checking in with her:

The first strong evidence of abusiveness and desire to control me, my behaviour, my mind, my life was few months after the music exams...he's got his arms full of my music books from my parent's house. I said, what are you doing with all my music? He said, "our music should be together." I said, I would have wanted to go through it, sort it. It went just over his head practically. I wasn't happy about the fact that he got it [the music books].

For participant 2, her partner's disregard for her feelings was abusive, which was evident when she said, "...it went just over his head practically. I wasn't happy...." The quote above captured her understanding that he is using his coercive power to take away things she enjoyed, as a means to convey his control over her. Participant 2 also described how the use of physical violence as a coercive tactics occurred intermittently in their relationship, but that non-physically violent tactics occurred more frequently: "*there would be anger...and how dare I question him.*" Her apprehension in freely expressing her opinions, especially those that contradicted her partner resulted in angry outbursts from him: "*if I expressed an opinion politically, musically, or religiously that he didn't agree with, he would be angry.*" Through another example of this subtle form of abuse, participant 1 stated that she "*helped [her partner] in every possible way*" to establish a new business in the early years of their relationship, and she proudly emphasized her involvement. She also mentioned that she was "*his chauffeur*" as he had limited vision. However, "*volunteering*" her to drive others without consulting with her made her feel being taken for granted: "*He bought the car, of course, and he use to volunteer me – "oh my wife will be glad to pick up and take you here or there, you know.*" In another incident in the early years

of their relationship, participant 1 reported that her partner blatantly ignored her and ostracized her from the very company she helped establish. Her dismay was apparent when she observed that her partner no longer discussed business management and/or operations with her. Her disillusionment was expressed in the following quote:

I was called the “secretary” of the company. Can you imagine that he would call meetings of staff, and I was never invited to be in one of those meetings, when I was the cofounder; and I accepted it? Would you believe? When I think of it today, oh my goodness! My goodness!

The above examples exemplified their partners' actions to wear down the participants' resistance by undermining their personal reserves/worth. As Dutton and Goodman (2005) state depleting a victim's resources increases compliance.

In another scenario, participant 7 – a male, described his female common-law partner as controlling and manipulative. However, he described that his relationship “got worse” from the moment he found a job, which was a few months into their relationship. He demonstrated that initially, violence in the form of “throwing stuff” soon escalated to “pulling knives, threatening to stab” him. Furthermore, his partner's surveillance as a means to monitor his whereabouts was another mechanism of instituting absolute control:

[I] started noticing a big change. I think she felt out of control for me going in and getting a job, and then there would be times where I worked overtime and she would phone my work place. Even though I was there at work, “you are not at work, you are not at work, you know, you are lying to me, where are you?” So that's when it began, I began to notice a difference once I became employed.

Here, participant 7 acknowledged, “at first I thought it was kind of cute” when his partner inquired about his whereabouts. However, it did not take long for his partner's accusations and interrogations to interfere with his work.

Both participants 2 and 8 stated that they belonged to the era when the roles of men and women were strictly gendered, with them being confined to the home with responsibilities for

homemaking and child-rearing and they described their partners as wage earners and authority figures in the family. In other words, their partners were able to legitimize their power and control in these relationships through their roles as the head of the family. Throughout the interview, participant 2 alluded to the numerous examples of her partner being the decision-maker, which was best exemplified in her summary, “...*he did whatever he wanted and I had to go along, but if any decision, any decision, he would decide.*” In another incident that occurred in the early years of their conjugal relationship, participant 2 described her partner’s reckless attitude towards paying the rent on the first of the month. She described getting into an argument with her partner:

...somehow we got into a shouting match, and his mother...was afraid I’d hit him because I was really angry with him...I can still remember his mother was holding my arm and the next thing I know, he took a swing at me – he knocked my head off. It was a swat...I didn’t know if my bones were still there.

In confronting his inability to pay rent, she threatened the very authority he had instituted in their intimate relationship. To reaffirm his [temporary lost] authority, he “swats” her. Shocked and terrified, her immediate recourse was to flee the situation.

I ended up, I mean, I ran out of that house screaming my head off...in the middle of the summer screaming and screaming and screaming like I just totally lost control at that point and I have never screamed like that in my life. Why the hell would I have to, just outraged, and trapped like an animal is going to be killed. His mother said nothing.

So, I ended up with a terrible black eye...my dad dropped by and I didn’t know what to do. I thought well I’m going to have this for a very long time. So, I can’t hide this from him for a long time. He just kind of looked at me and said, “there is a new drug out there that will help you heal with the bruising,” and he said “did you fall,” and I said yeah, I banged my head to get to the door. We were playing the game correctly.

Participant 2 described how the silence from her mother-in-law and her father reinforced her partner’s behaviours and minimized her injuries. Indeed, her father blamed her for causing “trouble” in the marriage and he directed violence towards her:

...I yelled, I gave a howl, it was so bad. My father said, "are you making trouble again?"...he said, "you know, I am sick and tired of you always making trouble." He said, "I'll teach you how to behave civilly." Like I don't know what my husband must have told him, but anyway my dad gave a two good squats [hits or punches]....I think what he [my father] was trying to do was scare me into "behaving" so that the marriage wouldn't break up, laughs, "I really think that what was going on."

In the above scenario, her father's approval of her partner's behaviour further magnified her partners' coercive actions, particularly, when her own father engaged and complied in similar actions as her partner. Furthermore, her father's attitude and behaviour revealed the social context of the era, when getting a divorce was not only considered a taboo, but when societal values endorsed the legitimization of violence in intimate relationships. Entrenched in an intimate relationship regulated by her partner's coercive power, and the lack of supports from family weakened her defenses as participant 2 mentioned, *"I just wasn't getting, I mean, I just had to accept my lot, you made your bed, you lie in it, I was [long silence] sad."*

Similarly, participant 8 also narrated an event in the early years of her relationship when she felt coerced by her partner and the medical institution. Participant 8 described her decision to have an abortion, as she did not want to bring *"another kid into this mess."* She recalled that in the early 1970s it was mandatory for a pregnant woman to get their partner's consent to have an abortion. Her partner's strong disapproval and the power in his words to invalidate her reasons for not having a child were evident in his statements: *"I am not going to sign. You will have the baby and you will give it to me..."* Her doctor refused to perform the procedure without her partner's consent and participant 8 described her doctor's actions as *"[he] freaked on [her]...and that was the end of that."* She was left with no alternative: *"I felt trapped again, because in my mind, all the years, I am going, wait till she [her first born] is 18 and then I will leave..."*

Participant 8 acknowledged that when she was dating her partner, she had thoughts of leaving him. However, due to the domestic homicide of her immediate relative who left behind two

orphaned children, participant 8 did not have many options. She explained her circumstances as having a son from a previous marriage, and now, two orphaned children to care for prompted her to enter into a relationship with her partner who would be the provider. In her words, participant 8 admitted to “...using him [her partner] basically to stay.” Here, what may seem as her decision/compliance to enter the relationship is not: “*I was trapped and “he knew it.”*”

Resistance in the early years. The above events were merely snapshots from the lives of various participants’ who provided examples of their partners’ physically and non-physically violent coercive acts in the early years of their intimate relationships. To maintain their integrity, dignity, and a sense of self, these participants actively resisted these overt forms of physical violence and control. In most scenarios, participants presented themselves as active agents in their lives when their resistance was more noticeable through their actions of leaving, or in some scenarios, through open confrontations with their partners that primarily occurred in the presence of third parties. The acts of resistance occurred at different times for the different participants and in distinctive ways that was largely influenced by the context of their environments. Renoux and Wade (2008) suggest that a victims’ resistance is dependent on the social-historical context of power relations, their relationship with the perpetrator, and the dangers and opportunities present in the immediate setting. Two-thirds of the participants (2, 4, 5, 6, 7, and 8) demonstrated active acts of resistance in the early years of their relationships.

Leaving – an overt act of resistance occurred for many participants in the early years of their relationships. Interestingly though, many participants sought help from informal supports, primarily from their parents. Participant 6 recalled leaving the abusive situation as an immediate reaction to her situation:

...I was so scared and he started off and when he went storming into the other part of the house, I jumped up and ran out of the house and didn’t even know if I grabbed my purse.

I ran out of the house, I ran down the street and he came barreling after me calling me and I think that's when he realized that he had gone too far.

Ultimately, leaving and seeking help from her parents in the period the above incident took place was not helpful to her: *"I phoned my parents, which I think was a mistake. I probably should have, I didn't even know where to go at that time. I really had no idea."* Her partner found her at her parents' home and her father *"took a strip off him,"* and *"he begged me to come home."* Although her father chastised her partner's actions, her partner begged her to return, and she did, in the hope that she would not have to experience such an episode again. But, she did. Her resistance in the form of leaving (as described above) only intensified her partner's control, over the years, in different ways – primarily through emotional abuse (this is explored more fully in the section focusing on control in the later years of these relationships).

Participant 4 asserted her independence through work for which she was paid, *"when I used to get money,"* that threatened her partner in losing control over her. She described him as *"jealous"* and described how these acts of suspicion inevitably led to him into establishing control over her by physically assaulting and shoving her, and then punishing her for this independence by accusing her of earning money by *"working the streets."* In her words: *"...he used to think that I went and worked the streets, when I did not, and when I come home he would beat me up for that."* Clearly, the above example provided by participant 4 demonstrated her partner's approach in using two different forms of abuse, to establish, and to make his control known: 1) physical violence and intimidation and 2) emotional abuse (i.e., calling her names).

In his resistance to his partner's continual surveillance and jealousy, participant 7 states that he directly resisted his partner's control by confronting her behavior, which was evident from the following quote:

I'm phoning you, I am showing you consideration by telling you that I'm working late. Have some consideration and respect for my job. Quit harassing me at work because this is becoming a problem, you know, and in my job I did have to work late sometimes and she became an act like accusing me you know, "seeing someone else, he's always seeing someone else. Whom you are seeing? Whom you are seeing? Why are you lying to me," you know, I say why don't you just come to where I work if you don't think I'm there right, you've got to satisfy your curiosity and shut up your quiet accusations, right. She would not do that. "Why don't you just stay home all day? Don't you want to stay home all day?" No, I don't want to stay home all day, right.

Like the women above, participant 7 directly challenged the authority of his partner; however, the difference for the women was that their resistance led to more violence in their relationships. Unlike the women above, the male participant used direct language to challenge the authority of his partner: *"Have some consideration and respect for my job. Quit harassing me at work because this is becoming a problem."* In addition to challenging his partner to come and see where he worked to satisfy her curiosity, he was direct in stating to her: *"shut up your quiet accusations."*

Almost in all cases, these participants resisted their partners' violence and control. For instance, leaving as an overt act of resistance occurred for six of the nine participants (2, 4, 5, 6, 7, and 8), though temporarily, as an immediate reaction to the physical violence. The question here is, if participants' resistance provided them with any level of control in the relationship. In most scenarios, participants' resistance gave them control in the situation, even though it was transitory and short-lived. However, the same could not be said for participant 9 who found herself trapped and terrorized by her intimate partner on the very first night of her honeymoon. The imminent dangers in her immediate environment, in various forms that included her lack of resource knowledge to get help, being away from family and friends, and her partner's success in depleting her resources by terrorizing and physically assaulting her, resulted in her exploring resistance, only, in her mind. In other words, in the most horrifying experiences too, victims like

participant 9 have thoughts of resistance. However due to their circumstances, this resistance can be afforded and/or enacted in their minds, which is powerful in itself as it enables them to restore their dignity and self.

This section detailed the acts of resistance used by the participants in the early years of their relationships, including fleeing from physical violence and attempting to leave the relationship, getting a job, directly confronting the partner, and characterizing the abusive partner as a monster. The next section describes how the partners' coercive controlling changed through the middle to later years of participants' relationships and how their acts of resistance became more creative and determined.

Power, Control and Resistance through the Middle to the Later Years

Coercive controlling tactics through the middle to the later years. As couples matured in their relationships, the oscillation between their partners' coercive violence, and particularly of non-physically violent controlling tactics, became apparent and so did the participants' resistance. In most of these situations, physical violence shifted to non-physically violent coercive controlling tactics. Although these acts of resistance were subtle and discreet through the middle to the later years of their relationships, these actions also became more pronounced and thought out. For example, participants withdrew from their partners by becoming mute and/or ignoring their partners, however, their resistance typically occurred in response to their partners' increasing coercive use of power. Although the power shifts occur in favour of the participants, these shifts are fleeting and situation-specific. The overall control remained with their partners, into the later years of their relationships, for some of these participants, past the point of separation and divorce.

In the middle and later years of her relationship, nonviolent controlling tactics took different forms in the life of participant 2. She recollected events from her life when her partner “*disappeared for days*” at a time without informing her or without providing her with money, and besides this, often left her alone with the children with only limited money to buy groceries. Furthermore, participant 2 said that she was not able to question these disappearances, because doing so could mean jeopardizing the (minimal) monetary benefits she was receiving. Nevertheless, his inquiry into her accountability for the items bought from the store demonstrated his level of control:

I wouldn't know where he was. He said “it was none of my business.” ...there was nothing normal and I would have to make sure I asked him for money to buy food and he would question every item.

Through another incident, participant 2 demonstrated her partner's use of coercive power to maintain intimidation. She revealed being “*reprimanded*” for selecting the wrong condiment to have with sandwiches. This quote captured the participant's “*moral standing of what [she] could and could not eat:*” “*he says “ketchup, that's disgusting! Leave the table. It's absolutely disgusting” and he took the sandwich and out it went into the garbage and I was banished to my room.*” Participant 2 described another incident of her partner's control through humiliating her by bringing home dog biscuits:

He brought home dog biscuits that dog's eat. He was sick and tired of my dental bills and I was going to eat dog biscuits because that would strengthen my teeth and keep the plaque down. He felt that if I ate dog biscuits, things would improve – the taste did not matter...they were shaped like bones and I had to chew on them...I had to eat them

Her partner communicated his power through this and other acts of control of her daily living, eating, and dressing. Her partner further established control by weakening her (victim) psychological resources, which was another tactic to increase his compliance to his coercive demands (Dutton & Goodman, 2005; Johnson, 2008).

“I started to hear how bad our relationship was in comparison to relationships he saw...and this became the next thing. I mean, by this time I really became a mess and this went on for few months.”

About 11 years into their marriage, participant 2 recalled the day when her partner came home to inform her that he had an STI (sexually transmitted infection) and to protect their children and her, he disappeared again, with no information about his whereabouts. Participant 2 stated that around this time, she developed a wart for which she needed an operation and her partner “...wouldn't pick me up and wouldn't give me money for cabs...” These examples demonstrated her partner's use of his coercive powers in different ways to maintain intimidation and control. Another example of the powerful impacts of using non-violent coercive tactics was evident from the narratives of participant 1 when her partner inquired if their children had informed her about his infidelity. In doing so, her partner weakened her psychological resources by attacking her self-esteem and undermined her will to resist by creating a distance between their children and her:

So we go to this Chinese restaurant on way home and I am serving his dinner dish to him. I put his glass in his hand so that he knows where it was, and he looks up at me and he says, “Dear, I hope you won't be angry with me, but I would like a divorce.”

Anyway, they [their children] went, they left without saying anything, and he [partner] said to me after they left, “did the boys tell you about my friend?” I said, your friend! What do you mean about your friend? He already had a woman in his life.

...this was 2 days after our 29th wedding anniversary. I walk into our bedroom...and the closet and the door of his closet happened to be open. I take a look in his closet and all his clothes were gone. He was so convincing that I was so impossible to live with that a very close friend of his volunteered to rescue him from me and came and helped him take out his clothes and move them into an apartment... Well, here I find myself alone in our house. The boys are out and really incommunicative. I think, what was happening to me was that I was finally realizing my own reality and possibly beginning to accept it...that I was on the periphery of my own family and whatever was going to happen within my own family, I have absolutely no control over...

Similarly, participant 1 also describes feeling as though she had no control over her life and family. In the middle to later years of her relationship, she was no longer involved in the family business, there was more and more of the silent treatment from her partner, and her sons were already out of the house and “*incommunicative.*” Further to this, participant 1 socialized in an era when divorce (as means to express resistance), particularly initiated by a woman, was unthinkable. Her partner did not leave her with many choices, other than for her to comply with his demand for a divorce.

So I recognized it that it was the beginning of the end. But I had such mixed feelings. I will never forget those mixed feelings that on one hand I felt God is good. This is a blessing in disguise that I would never, never have initiated by myself, and on the other hand, it was not usual in our family. No one had been divorced, no one in those days. You suffered in silence.

Like participant 2, the narrative of participant 1 brought forward the limited alternatives available to her.

For participant 3, her partners’ coercive control of her took the form of depriving her of intimacy and/or psychological belongingness in their couple relationship. Participant 3 summarized her feelings: “*It always bothered me...there is no sexual relationship with this man and there has not been for years. It always made me feel lesser of a woman. I feel like he is repulsed by me.*” Dutton and Goodman (2005) described this as an example of her partner using coercive power – his ability to remove or decrease things desired by the victim. Along with his emotional withdrawal, participant 3 stated that her partner would also assert his control in the relationship through unexpected and violent outbursts. Although the incidence she describes are not direct physical violence toward her, these acts were enough to generate and maintain a sense of terror in her. The quotes below exemplify her response to her partner’s volatile behaviour:

I remember those Domo glasses...and we had so many and these were smashed against the floor. We had a picture of us as a couple and it was all in glass. He threw it right against the wall and it was smashed.

You'd always find something you'd cut yourself on. The glass was always there...it's your walking on eggshells, your always walking on egg shells.

...like when you are dealing with him on a normal basis, he is just intense and rigid and there is no sign of emotion and then it just escalates. It's like the Mt. Vesuvius thing, it just erupts and if it doesn't come out in some way, it just all comes out and it's just too much to handle.

Now separated from her partner, participant 3 indicated that they have maintained a

“friendship.” The presence of his nonviolent control/ coercive power is evident from his withdrawal of affection from her when “he backs off” from her demonstrations of affection.

It is a friendship relationship. I should also mention, I guess, it has always bothered me...there is no sexual relationship with this man and there has not been for years...It hurts, because I guess, he technically is still my husband because I am not divorced...he always made me feel lesser of a woman, like he has no attraction to me. I know it sounds very strange, but I have to say, he never kissed me.

Despite their separate living arrangements and their “friendship” relationship, participant 3 has not been able to escape from his intimidating and unpredictable behaviours. She described his latest outburst that occurred after they were residing separately when her partner, unexpectedly, smashed glass in a rage at her place of residence, “he was having one of these episodes.”

Participant mentioned “when he [her partner] goes into this rage-aholic thing, it's just that he has no control over it and when he comes out of it, then he writes letters.” Participant 3

expressed feeling traumatized and ashamed and demonstrated that fleeing from the situation was her only option, which she described in her words: “He was having one of these episodes and I ran in the car and he kept running after me and he was screaming.” However, this time it is her sole place of residence.

I am still reeling from this. I live in a senior's complex where there is dead silence and he did this in the hallway...and I was traumatized because when he goes like this he is not

aware that he is going so insane. Like I mean I know the people and like I know I'm ashamed. I'm really ashamed.

Participant 3 described her relationship with her partner as a “*friendship*,” which is just another mechanism through which he continues to control her. She demonstrated that she had the resources (power) to initiate a divorce (an act of resistance), however she accommodates to her partner’s demand not to get divorced because she fears the consequences of acting on the thought of acquiring a divorce: “*I have enough money to get divorced from him, but he doesn't want that because I would get so much of his possession and he doesn't want that.*”

Similarly, participant 6 described how her partner also controlled her in the later years of their relationship by depriving her of emotional affection: “*Now it is mental abuse. He does not open a conversation...he is very withdrawn. I mean it is nothing for him to go without talking to me for weeks.*” In addition to this, she stated that her partner monitored her activities:

He knows there are things I'm going to do because I'm involved in the dog world. I think he comes out to see exactly what I'm doing and where I am.

The experiences of participant 5 were similar to those of participants 6. She focused on her second partner, whom she described as psychologically controlling:

He would ask me “why am I getting dressed for”...he gets very abusive when he's drinking. He's got alcohol problems. So, that set's him up; like he is more verbal than he was physical in the beginning...I think “he's trying to own me, like be his and with nobody else.”

She described how her partner’s attempts to “*own me*” were a powerful means to wear down her (participant 5) resistance: “*Some areas of my life I'd broken down...so it still hurts...*”

Unlike the other participants, for participants 4 and 8, physical violence was prevalent in the later years of their relationships. Participant 8 described how the violence “*escalated*” over the years, with “*each year he tries something a little more violent...from pulling hair, pushing [me] into a closet, slapping [me] on the face 'till it broke my front teeth.*” This physical abuse

was also intermittent with emotional and financial abuse through the middle and later years of her relationship. Participant 4 reported that for a very long time (close to 24 years), her partner was both physically and mentally abusive to her:

When he physically fought me, I would wait for him to be sleeping or something. Then, I run away with the kids...I just stayed because of my kids so I would go home...and then the physical and the mental abuse would start all over again.

Well he was controlling. I was scared of him, I had a choice but my, at the time, like I loved my husband and I married him, until death do us apart and I won't leave him, like sure I left him to go to shelters but I would always go back home.

It didn't change - he still beat me up when we moved to Winnipeg, in that, he still physically abused me, fight me, and hit me, call me names and everything. He never changed for a long time. I took his physical and mental abuse for a long time. We've been married for 28 years. It stopped about 4-5 years ago.

Resistance through the middle to the later years. The above illustrations demonstrated shifts in most partners' use of more nonviolent coercive controlling tactics in the middle to later years of their relationships with the exception of participants 4 and 8, whom described escalation in physical violence in the later years of their relationships. The changes in partners' controlling tactics brought about changes in participants' resistance. From, more, overt forms of resistance, most participants, now demonstrated discreet, creative, and determined resistance (Wade, 1997) as ways of challenging their partners' control.

Through the following quote, participant 1 clearly demonstrated this change: "...about 10 years and my attitude then began to change. I would defend myself. I would be more assertive, ...I became more and more threatening to him." Here, she acknowledged that her partner perceived her resistance as a threat to him, "...he was losing control of me," but this came at a cost to her. Her partner responded by "giving her the silent treatment," as a means to reinstate his control in the relationship. Participant 1 described how her partner's use of the silent treatment left her feeling helpless and powerless:

...marriage meant so much to me, and family so much to me and I wanted to hang in so badly that I just accepted and I kept accepting and accepting. [I was] treated as a silent partner, the silences, I will never forget. But I accepted it, you know I accepted it.

As noted in the above example, her partner was able to regulate his control through depriving her of conversation. A close observation into the sequence of events revealed that although participant 1 was able to assert power in the relationship, “...when saying no to some of the requests;” it was fleeting. The power shifted noticeably with her partner using “silent treatment” to restore his power and control: “*the communication between us changed. I got the silent treatment. I got more and more of that silent treatment.*”

Similarly, with passing years, participant 2 acknowledged feeling desperate in her intimate relationship due to increasing squabbles - a form of resistance, “...we did argue a lot, all the way through, argue, argue, argue, argue a lot of arguments,” through which she challenged her partner’s authority. She described how her desperation led her to begin drinking:

...just deader – like an emotional vegetative state. You can stay that way forever. Something’s got to go and what blew was my emotional health, absolutely [long silence]. I was suffering from these certainly severe panic attacks, so I would feel in that house like I wanted to jump out of a window, go crashing through glass and I was frightened all the time, terrified, just so scared and all kinds of unpleasant physical symptoms. So I started drinking.

I’d go over the bridge and there was really cheap gin, \$2 or \$3, so he would leave, you know, I would have maybe \$10 a week, you know to spend on quote “sundries” unquote and for that I think he knew what I was doing. I started to drink to ease the feeling I had. I have never drank in my life, I didn’t like the taste of it and I’d rather chew my calories rather than drink them. But, I didn’t know what else to do, more and more, more and more frightened, more and more despairing, seeing very little point in life generally.

Renoux and Wade (2008) suggested that in scenarios when a victim is faced with an increased danger of any act of defiance, resistance is realized in the privacy of their mind. Participant 2 exhibited resistance by drinking and then later by attempting suicide. Prior to the suicide attempt, she mailed a letter to her partner (another act of resistance), in which, she

expressed the “*years of heartache and cruelty*” she had endured, and hoped that “*he got back what he gave her.*” To her surprise, when she least expected anything from her partner, she indicated that her partner received the letter in time to hospitalize her. Following her hospitalization, participant 2 indicated that her partner insisted on a divorce and he made it clear to her that their children would not be residing with her. Further to this, he shamed her to their children by calling her names, “*schizophrenic and mentally ill...*,” which was another means of weakening her psychological resources: “[my partner] *told them [my parents] that I am schizophrenic, I am this and I am that, you know, that I was mentally ill which is very depressing...*” Having tolerated his abuse and physical violence, participant 2 came to the realization that she, too, wanted to end the relationship. Her partner perceived her willingness and her compliance to his demand - to end the relationship, as a threat and he challenged his initial decision for a divorce and “*he put up a fight to stop the divorce and contested it to the end.*” Nevertheless, the divorce was granted, and thereafter, he continued in his attempts to assert control by creating obstacles. He created conditions in divorce proceedings that would allow him custody of their children. Participant 2 was allowed visits with supervision only, and here too, he caused her pain and agony by disapproving the people who could supervise the visits, “*I couldn't see them unsupervised, fine, and people of whom he approved, it turned out, when the visits went okay, he didn't approve of this one, he didn't approve of that one.*”

The various illustrations from the lives of participants 1 and 2 revealed their partners' control through the end of their intimate relationships. Their control was enacted in ways that eventually left participants with few alternatives. If an alternative was available, it was self-destructive to the participants – as in the life of participant 2. Her means to express resistance was through drinking, writing the letter, a suicide attempt, and eventually getting a divorce. The

commonality in their partners' control was in their approach to weaken participants' psychological resources by attacking her (participant 1) self-esteem through exposing his infidelity through their children who later became "*incommunicative*" with her, called her (participant 2) names, and distanced them (participants 1 and 2) from their families, thus undermining their will to resist. While participant 1 suffered in silence, participant 2 had to satisfy her partner, who often disapproved people she brought to supervise her visits with their children. Because of her partner's intensifying control, participant 8 resisted by leaving the relationship when her daughter was 10 years old. However, six months into leaving her relationship, her friends began "*brow beating*" her for thinking about herself, thus making her feel guilty about her actions. Essentially, the actions of her friends, implicitly, endorsed the violent and controlling actions of her partner, instead of supporting her decision and her independence. From a societal perspective, her friends were succumbing to the pressures and stigma associated with a woman leaving an intimate abusive relationship, and in doing so, affected her (participant 8) decision-making:

I stayed out for six months, then everybody was brow beating me. "Well you shouldn't have left your daughter, she's only 10. How is he going to raise her, bla, bla, bla, bla." So, I felt guilty. So, I said to him, I'm moving back in.

Returning to the relationship resulted in punishment from her partner, as the first day back – her partner physically assaulted her in public. Her partner threw a beer can at her, cutting the corner of her eye, which required sutures and resulted in a permanent scar. Participant 8 reacted – and for the first time she recalled having the courage to call the police for assistance.

...so, I walked out, went to the house and said that's it. I am phoning 911. So, I did first time ever and I told them that my husband just cut my face and they were really good about it. They came right away.

According to Renoux and Wade (2008), resistance is dependant on several factors, one of them being the dangers and opportunities present in the immediate setting, and the strategies used by the perpetrator. The above scenario occurred in the public arena where people witnessed the sequences of events. Her partner's violent actions were no longer confined to the private domains of their lives – they had been exposed due to his impulse. Furthermore, her partner's violent exposure was an affront to her dignity – in public, which caused a stronger reaction from her. Subsequent to this incident, participant 8 left her house, again, and this time she sought residence in a 55+ apartment. Once again, in succumbing to societal pressure, participant 8 returned to the relationship:

...I am in the apartment and she [my daughter] is coming to visit me...and of course, the same thing again, they brow beat me – “well you shouldn't have left her. Well, what if he explodes on her,” well he won't. “You don't know that.” I said, yeah I do, I lived with him for 45 years. Then, I had a girlfriend there, who kept saying, “well you need to go back, you stayed all those years, you need to go back till she is 18.” So, I just gave up and again I moved back.

Initially, her partner was “calm:”

Five years ago I moved back and everything was like oh always ok for a while and then he pretty much calmed down for a while because now he saw me with the police, and I had been threatening to do it for years, but I never did it. So then, but then he slowly-slowly went back to his old self again.

This time, participant 8 recalled her partner's attempt to kill her by smothering her with a pillow, 43 years into their intimate relationship: “He grabbed a pillow and this time he put it on my face and he lay right on top of it and I said, oh, he's trying to kill me now.” Participant 8 described her partner suffocating her, when he abruptly “snapped.” His unanticipated terrorizing actions, in the middle of the night, left participant 8 with using pretence and her silence as a form of resistance “I laid there and pretended that I was just sleeping...” The next morning, she

contemplated about calling the police, but she feared not being believed and the police as unhelpful:

I stewed all day and I thought what do I do, what do I do? If I phone the police and say, oh, he tried to suffocate me last night, then they would be, "why didn't you call me last night? Well is there any sign," bla, bla, bla, that's what they do?

Using pretense and silence were acts of resistance in the immediacy of danger. She confronted him the following evening of the incident: "...I said, oh, what you are going to tell me? You didn't know that you were trying to kill me last night. "What are you talking about?" His indifference was evident in his statement: "...I guess I must have done that in my sleep." Once again, he, very successfully, recreated his control and power in the relationship, whereas, participant 8 described feeling powerless: "... "it didn't happen, she's crazy, she's gone crazy, she thinks I tried to suffocate her" ...no matter what happens to this very day, whatever happens, it is my fault."

Participant 6 who had been in an intimate relationship for almost 42 years demonstrated resistance again in their conjugal relationship, "*I was 29 – that was after 8 or 9 years of marriage...he pushed me into a wall and our son ran to him going, bad daddy, bad daddy, and it was like an awakening to him. He stopped being physically abusive when our son was 2 years old.*" She indicated that she became assertive, "*I told him months previous to this that I would not take it anymore.*" In her decision to leave, she surreptitiously "*emptied out the bank account and hid their son with friends.*"

According to Wade (1997), disguising activities was another form of demonstrating resistance. However, after having made all arrangements, she confronted her partner about her decision to leave. Her partner convinced her that he would change to make their relationship better. This was just another tactic he used to prevent her from leaving. Participant 6 expressed

her beliefs and commitment in the sanctity of marriage and in the philosophy of “*until death do us apart*,” which were known to her partner, and gave him power in their relationship. As another form of resistance and a proclamation of her identity apart from her partner, participant 6 became involved in dog shows. Her connection and passion in the dog world gave her control in this aspect of her life. Nevertheless, her partner continued to control her through his surveillance of her doing these shows.

Although participant 4 described her partner as physically violent throughout most of their relationship, she stated that she reached a point in her life when she realized that she was “*tired of being pushed around*.” This realization prompted her to assert herself and directly confront her partner: “*I am a woman, your wife. I am not a punching bag. I told him*.” However, participant 4 stated that her partner took this opportunity to punish her in order to legitimize his role as the head of the household (Dutton & Goodman, 2005; Johnson, 2008): “*... this last incident he said he blanked out when he drank, but I don’t believe him...*” However, this time, subsequent to a recent incident, participant 4 demonstrated further resistance by pressing charges against her partner – a stand she took for herself nearly 28 years into the relationship: “*This time, yeah, because before I would never go through it. I just let it go but this time I took him to court...I put him jail*.” Consequently, the physical violence ceased; nevertheless, her partner’s control in the form of emotional abuse has continued, which is noticeable in his surveillance of her – a non-physically violent and coercive controlling tactic: “*...even now he does not let me go anywhere. He is worried where I am going and scared that I am going to leave him*.” According to Johnson (2008), the use of nonviolent coercive controlling tactics allows abusers more credibility and legitimacy in punishing the victim’s behaviors.

As their relationships matured, non-physically violent controlling tactics replaced physically violent and controlling tactics for most participants with the exception of participants 4 and 8. Although the overarching control remained with their partners, these participants demonstrated their resistance, by setting parameters for their partners, of acceptable and tolerable behaviours, to maintain their own dignity. For instance, participant 5 expresses resistance by disengaging herself:

“I don’t argue with him anymore. I’m tired of arguing, or I just go somewhere, or start doing something, or I’m going out and doing this and that, just to get away from it.”
“I go to my room, I groom my hair, I start re-grooming myself all over again...I do my nails, toe nails, I clean my hair, take a good bath, read, write, listen to music.”

According to Wade (1997), feigned ignorance and withdrawn muteness are expressions of resistance. These actions of resistance are valuable in the moment as it not only enables participants to survive the abuse but it also demonstrates how they accommodate to these (abusive) situations in return for rewards from their partners that come in forms of financial supports, emotional intimacy, and fulfillment of other necessities such as transportation, food, clothing, etc.

Participant 7, the only male participant in the study, shared some experiences that were similar, yet different to the experiences of the women participants mentioned above. Unique to the circumstances of participant 7 were his actions of resistance towards his partner, whose characteristics were similar to the description of IPV typology of intimate terrorism, which was later changed to Coercive Controlling Violence (CCV) at the Wingspread Conference held in 2007 (Jaffe, Johnson, Crooks, & Bala, 2008 as cited in Kelly & Johnson, 2008). Kelly and Johnson (2008) described CCV as a pattern of emotionally abusive intimidation, coercion, and control along with physical violence against partners. Participant 7 mentioned that his initial efforts to influence positive changes in their relationship did not last for too long. As time and

their relationship matured, his partner's rage progressed to physical violence. However, due to his stronger physique, he was able to "*grab her fist,*" to stop her from hitting him. Although his resistance brought, temporary changes, eventually, he decided to leave the relationship. Like the other women participants, participant 7 left the relationship temporarily and returned with "*some supposed conditions.*" Again, openly negotiating conditions – an act of resistance, gave participant 7 power to assert himself, but similar to the experiences of the women participants, this came at a cost to him with his partner's increasingly violent behaviours. He stated, "*everything gets smashed, blood and all that...or she pulls a knife and comes at me with a knife...*" Her actions created a terrorizing environment for him that caused him psychological trauma, which he illustrated as: "[I] *had a hard time sleeping.*" Participant 7 described being so terrorized by his partner that he waited for her to fall asleep to ensure his own safety.

The incidences mentioned above brought forward some interesting points. Being a male gave him the leverage to demonstrate resistance in more obvious forms (such as resisting her physically), in comparison to the other women participants; however, like the rest, his influence on his terrorizing partner was short-lived. In other words, a strong physique (in this case of the male participant) did not always necessitate power and control in the relationship. Additionally, physical prowess was not a conduit in creating a terrorizing and intimidating environment in an intimate relationship, as was evident from his partner. To escape the unpredictable abusive and violent environment, participant 7 sought a job in a remote community to be away from her, another act of resistance. To his surprise, her partner harassed him there also by calling his employer. What was even more surprising was that communication was available through satellite transmission – an expensive mode of communication. His remote placement did not terminate his partner from maintaining an intimidating environment. Her calls to his employer

were far too frequent, and grew exponentially. Participant 7 expressed his partner's use of coercive powers, from afar, and her success in perpetuating intimidation in the relationship in the following quotes:

It's like 5 bucks a minute and she's phoning my boss, "tell him to phone me, just tell him to phone, tell him to phone me," you know, she just didn't comprehend. "I have her phoning my boss" right, and it's driving him nuts, it's driving me nuts, and I tried to explain it to her on the phone...

Participant 7 mentioned that with this incident, he made a decision to leave her, and interestingly, he arranged for an apartment before leaving for his job in the remote community.

...and I made up my mind at that time that when I got back, I'm out of there. When I'd came back, she met me at the airport. I was polite, went to her place, went to our place, went there and I told her, I said, you know what, I'm out of here. Yeah, I said, I've already found another place, I've already paid my rent before I went to work, I'm gone.

Participant 7 conveyed his plans of leaving, and informed her about already having rented a place for himself. In contrast, leaving was more complex for the women participants and conflicted with societal expectations that they place the needs of their family first and internalized and externalized pressure to remain with their long-term partners. Further, his access to money through his paid employment allowed him to obtain rental accommodation more easily than some of the women participants.

In the moment of leaving, participant 7 was not harmed; however, he endured consequences of his actions, later, when his partner restored her coercive power by stalking him:

...somehow, she found out where I lived...she found my new cell phone number. I don't know how she got that either...so I'm getting phone calls from her all night on my phone, which I'm basically just turning it off, or putting it to voice mail and she's showing up on my door in the middle of the night, sober and drunk on occasions. "Banging, banging, banging...I know you are in there, I know you have got a bitch in there...why don't you want to be with me, what's wrong with me...you can tell them bitch if she comes out here, I'll kill her, you know. You are lucky, I won't kill you." I get the same type of messages from her and I started saving them...she started shining flashlights through the curtains.

Although, he was living away from his partner, her stalking him was enough to generate a state of terror, which prompted him to consult a lawyer who recommended a protection order.

However, he described experiencing prejudice from the judge, which was apparent from his remarks, quoted below, that necessitated him to challenge the preconceived notions of those present in the courtroom. In his defense, participant 7 stated the following:

I could tell that even the judge was like, "You are a big guy, and you can take care of yourself." "My [sic] Honour, what am I supposed to do – hit a woman. Is that what you are telling me, to start hitting her before she starts hitting me, or while she is hitting me to hit her? Two wrongs are not going to make it right. I am not going to feel good about myself if I was to go around and start hitting her in protection of myself."

The judge asked for additional evidence to substantiate the claims he made against his partner.

Participant 7 had recorded the threatening voice messages from his partner about "*death, cutting my head off...all this crazy stuff.*" After hearing the voice messages, the judge did not ask any further questions and granted him an "*indefinite order.*"

Participant 9 described being in a relationship with her first partner for five years only and in these five years, her one action of demonstrating autonomy led to punishment from her partner. She opened a bank account in her name and her partner perceived her actions for independence as a form of resistance and construed this as a threat to his authority. To ensure his continued control over her, he punished her by severely beating her:

[He] beat [me] up pretty bad. I ended in the hospital...he actually gave me a fractured skull, where they had to teach me how to walk and talk all over again.

Shockingly, her ex-partner appeared at the hospital and ripped the IV from her ankle. Witnessing this incident, the hospital guard summoned the police who later arrested and jailed her partner.

Subsequent to her recovery, participant 9 relocated to another province where she resided in a woman's shelter for protection. She eventually filed for divorce, which may seemingly appear as her freedom to take control of her life. However, this was not the case with her. Participant 9

described, that in spite of knowing the circumstances her ex-partner had put her through, her parents provided him with her contact information. Her ex-partner contacted her by phone to reconcile, and when she refused, he had an outburst over the phone. Subsequent to the phone conversation, he followed/stalked her to the province she moved to and confronted her. By this time, participant 9 revealed her courage to call the police for help.

The first contact was on the phone and it was a matter of, "No, I'm not going to be able to go with you anymore, I don't trust you, I don't want to be around you. You don't understand how broken you made me"...and then it was a matter of immediately, "You are a bitch."

Her ex-partner continued to intimate her even after the separation. When reconciliation failed through phone contact, he used stalking as a surveillance mechanism to establish power and control in the belief that like always, participant 9 would acquiesce to his wishes. Nevertheless, after receiving supports from the women's shelter gave her the strength to resist, and for the first time, she was able to contact the police for help.

Participant 9 was sexually assaulted, through which she conceived a daughter. Her partner continued to terrorize her over the years by stalking her. His intimidation - physical and psychological trauma, is evident in the following quotes:

you know, he was the guy who was showing up at my work, setting fire on my car, showing up at my job and going yeah, "Hi, I'm a tax collector and I need to see my partner"... "You are not, you are the guy who raped me...". I have to leave my job now because I don't feel safe anymore and I have to end up in a woman's shelter.

[He] was showing up at my job, my boss had on three different occasions had to put up missing person for me because I had to just run away and go to a shelter because there he was again and I hadn't been able to tell my boss.

Participant 9 described obtaining a restraining order against this individual; however, she did not find this helpful. She mentioned that on numerous occasions, he fled the scenes before the arrival of the police. In other words, he was successful in his attempts at maintaining terror in her.

...that's the only thing they [police] can do - to put a restraining order. "When he comes into your facility, we can catch him but if he's gone when we get here, we can't do anything" ...realistically, a piece of paper does nothing, and if they are going to hurt you, they are going to hurt you before the police gets here anyway.

Now, into her older years, participant 9 stated that this man would like to be married to her.

However, she is no longer afraid of him given his deteriorating health condition, and the fact that he resides in another province, which was apparent when she said, "*...now that he is older and dying he wants me to marry him. Yeah, I don't care for it...*"

As responses to their partners continued use of both physically and non-physically coercive controlling tactics, the participants described how they resisted in increasingly creative and determined ways, including phoning the police, feigning ignorance, arguing with their partners and defending themselves, leaving or attempting to leave their partners, obtaining a protection order as well as negative behaviors, such as drinking and suicide attempts. The participants stated that their partners retaliated against these acts of resistance by punishing these actions with greater non-physical or physical violence or making promises to change to encourage the participants to return or stay in the relationship. Some of the participants did leave their abusive partners and relationships. For the participants who did not, their acts of resistance became more creative in that they carved out personal spaces for themselves within these abusive relationships.

Impacts of Abuse and Violence on Older Adults

Some participants who divorced or separated from their partners (participants 1, 2, 7, and 9) detailed the impacts of physical injuries they sustained over the years. These participants also described other impacts of control and violence they experienced that included isolation and loneliness, posttraumatic behaviors (e.g., inability to watch certain programs or the inability to trust the self in a relationship similar to the experiences of living with PTSD). For those

participants who chose to stay in their relationships, they continued to experience the psychological impacts of physical violence and emotional abuse, and continued monitoring of their behaviours from their partners.

For participant 1, loneliness was a recurrent theme, more or less like a void in her life. Feeling distant from her loved ones (adult children) and feeling betrayed, participant 1 expressed her emotions in the following quote:

“I’m alone in my house and I have been alone in my house for 15 years...my three adult sons...chose to buy into their father’s value system, so I’m quite alone, quite alone – emotionally...I was open to help from wherever and however. Unfortunately, with all due respect to the help, they really did not understand posttraumatic stress. Unfortunately, for me, you just don’t function and you can’t, you are simply self-defeating.

The impacts of abuse and violence were experienced differently for participants 2, 7 and 9. The negative and horrifying experiences for participant 7 have made him overly cautious and doubtful about his relationships with women, in general:

...since then [referring to his relationship with his abusive partner] I’ve been really, really guarded. I haven’t really had a steady relationship with a woman now because it’s affected me and it’s just that, that doubt in my mind.

Similarly, participant 9 described doubting herself ever to trust a relationship after sustaining “extreme abuse” from her first partner, “...I can’t have a relationship with anybody...” She described moving to another province where she lived for two decades, “I was afraid if I came back, he [her first partner] was going to kill me. I did go back for visits...”

Whereas for participant 2, the consequences of her bad marriage were her children with whom she has a healthy relationship. Fairly recently, participant 2 described her daughter’s helpfulness in finding an affordable housing for her at short notice. However, she continues to live through the impacts of physical violence – chronic pain for which her doctor is providing assistance.

Aside from this, she feels the adverse impacts of her life with her partner today. She mentioned

that she is unable to watch certain TV shows as it brings back traumatic memories: “...*I mean there are some shows of Dr. Phil that I do not watch, it hurts too much!*”

Of the three participants (4, 5, and 6) who are living with their partners in their older years, two of them mentioned using alcohol and drugs as impacts of being in violent and controlling intimate relationships. Participant 4 mentioned using alcohol and experiencing flashbacks, “*I drink!...I do get lots of flashbacks about a lot of considering he beat me up...my body has been through enough with him...*” Similarly, participant 5 described her attendance to workshops as helpful in her efforts to work through her addictions:

...I would probably be down in a box if I didn't have these workshops. Something better to look forward to, you know, than sitting there and taking the abuse or like become addicted, like when I first moved here...I got caught up in that...and I still have addiction problems, ...but I am working on it. While I am here, it takes me away from the addiction, but I don't have anything in my life right now to completely take me away...

Including participants 4 and 5, participant 6 who is living with her partner in her older years are aware that their partners are emotionally abusing them. However, it is their commitment to the relationship and their traditional beliefs of “*until death do us apart,*” which increases their vulnerability and, inadvertently, puts their partners’ in a position of authority. Their partners’ authority/coercive power was apparent from participants’ reactions, illustrated as:

“...I have counselors I talk to...No, I don't call in front of him. I just don't...that part is like for myself. I'll keep confidential, but I don't tell him and to date I don't tell him, like, that's for me.” (participant 4)

“He gives me the freedom to go to my workshops, that's about it...He knows that I go to these workshops and he's all for it. He doesn't like if I'm not at these workshops and go to my friend's, then he will think something...” (participant 5)

For participant 6, her decision to be out of the house with her friends is contingent upon her partner’s mood for the day or the week. He continues to control her by punishing her for engaging in activities without him:

He would be worst [if I went out with my friends when he's having a bad day or a bad week]. He probably wouldn't let the dogs out...depending on how long I'd be gone for, could be a mess. He probably wouldn't feed them. He'll just stay in bed and then he'll totally ignore me. I mean it's nothing for him to go without talking to me for weeks.

Moreover, when asked in the interview about seeking help from a counselor, participant 6 conveyed her fear of her partner's reaction: "*Probably not, because that would upset him, you know. Sometimes, you don't want to disturb a sleeping dog because you don't know what's going to [happen].*"

Two of the nine participants (3 and 8) were separated from their partners; however, each of them felt the impact differently. While participant 3 mentioned that she had the financial resources to divorce her partner, "*I have enough money to get divorced from him, but he does not want that because I would get so much of his possession and he does not want that...*" she made a choice of not pursuing with this. Although separated from her partner, her indecisiveness about divorcing him was a result of his continued fear and control of her. Further to this, participant 3 described her partner's success in weakening her psychological resources, by attacking her self-esteem and confidence, "*...he always said ...he was a sort of a putdown...*" which is further reflected in the conflicted nature she has about her partner:

...I mean, he's always there for me. I was in a very severe car accident, I was almost killed...and he was there for me pretty well every day in the hospital for two months...so he is a rock in lots of ways. So that's when I'm saying this, I caution because I know how good he is, like men that would have left me a million times over. But these things have always sort of, you know, they are still my gut and it bothers me and I can't sort of get it out of me.

Participant 8, while separated from her partner for approximately two years explicitly expressed her fear in initiating a divorce for fear of any harm done to their daughter and her own fear of her partner:

...but if I want things in terms of money...I'm not going to get anything unless he dies. I'm not going to get, or unless I leave the province and don't tell anybody where I am

going and go straight to the law and get. But, then I would think what if he snaps and goes nuts and maybe he does something to our daughter. So you see, I'm never going to ask because I don't know when he's going to get crazy and what he is going to do.

Summary of Findings

This study explored interviews from the lives of nine participants, all of whom were female with the exception of one male participant, in long-term heterosexual relationships to understand the interactions between power and control dynamics and resistance over time. Most participants described their partners' use of violent coercive controlling tactics in the early years of their relationships to establish control, intimidation, fear, and unpredictability. Participants responded to their partners' control by demonstrating active forms of resistance throughout the period of their intimate relationships. In most scenarios, resistance was overt in the early years of their relationships demonstrated by the act of leaving. The primary difference between the female participants and the sole male participant was that resistance from the former led to escalation of violence from their partners. In addition to this, societal perceptions and pressures influenced resistance for almost all the female participants. Another noteworthy finding from participants' narratives demonstrated their resistance even in the most extreme and threatening situations realized through the privacy of their mind.

From the middle to the later years of these intimate relationships, participants expressed more discreet, creative, and determined resistance towards their partners' use of non-violent coercive controlling tactics. For two participants however, physical violence escalated into the later years alongside their partners' surveillance - a non-violent coercive controlling tactic. The participants continued resistance sometimes resulted in situation specific and temporary power shifts towards themselves. Undoubtedly, participants actively resisted their partners' coercive control into their later years; the overarching control remained with their partners for those who were still living with them and for those past the point of separation and divorce. Moreover,

almost all participants described experiencing the physical and psychological impacts of violence and abuse into their older years.

Chapter 6: Discussion

This study explored the interactions between power, control, and resistance in the long-term intimate abusive relationships of older adults. In borrowing techniques from grounded theory, data analysis of nine participants' lived experiences resulted in the development of three major categories. These categories are – power, control, and resistance early into the relationship, power, control, and resistance through the middle to the later years, and the impacts of abuse and violence on older adults. Emerging across these three categories is the significant finding and description of how these participants resisted the efforts of their partners to control them. Early in the relationships, power and control in the form of both physical and non-physically violent tactics are used by the abusive partners as mechanisms to establish and maintain an intimidating and often terrorizing environment. All of the participants described resisting these overt displays of violence with resistance; however, their partners also responded with more overt forms of control. In the later years of most participants' relationships, non-violent coercive controlling forms of violence either replaced physical violence or became more prominent. Similarly, in the later years of their relationships, the participants' acts of resistance became more creative and determined as these were not intended to stop the violence or control, but to claim space for themselves within these relationships. These acts of resistance did provide the participants with some power in their relationships and provided them the ability to negotiate boundaries with their partners and engage in activities of their choice. Nevertheless, the overarching control remained with the partners, even for those participants who lived apart due to separation or divorce.

Power, Control, and Resistance Early into the Relationship

Coercive controlling tactics early into the relationship. All participants, except for one, experienced physical violence from their partners in the early years of their intimate relationships. Their partners demonstrated violent coercive tactics by becoming physically violent towards some participants that resulted in some of them sustaining serious injuries. In some scenarios, physical violence was directed at objects with the intention of creating and maintaining a controlling and intimidating environment. Many participants described their partners as jealous, possessive, competitive, bad-tempered, lacking trust, suspicious, accusatory, angry, and filled with rage. They further described that their partners using these tactics as controlling mechanisms to impose personal and economic control. Impacts of such control were evident from the examples that participants provided early in their relationships when their partners made decisions for them about their clothing, employment, and contacts with friends and family.

According to Dutton, Goodman, and Schmidt (2005), abusers - who can be of either gender, use demands as mechanisms to establish control. Abusers also use coercion or coercive methods to cause harm by physically hurting or by trying to kill the victim, scaring the victim, keeping them from seeing family and friends, causing humiliation or embarrassment, to name a few. These researchers also indicate nine domains of control through which abusers can communicate their demands. These domains include personal activities/appearance whereby the abuser demands the target to wear certain clothing only. Support (social life and family) is another domain where the abuser asserts control by refusing the target visits/or conversations with family and friends and demands on household includes the decision to live in certain places, and decide for the target that they will take care of the house. Other domains to communicate

demands include work (economic/resources) where the target is not allowed to work outside the house or allowed to spend limited monetary resources. Health is another area to assert control by refusing the target the opportunity to see a doctor or take needed medications. Abusers can communicate demands by controlling intimate relationships by avoiding time/affection they spend with their partner or by demanding that target does not use birth control. Another domain of demand includes controlling the targets' use of the legal system where the abuser demands that the target does not talk to the police or lawyer; immigration includes threatening to report the target to immigration officials, and lastly using children as a mechanism to establish control by threatening to report the target to child protective services or, by making all-important decisions about the children.

Unique to the imposition of demands by partners in this study, was the perspective of the only male participant, who not only physically challenged his (female) partner early on in the relationship due to his physical strength, but also had the economic means to maintain autonomy and support himself. Whereas for most of the women participants, resistance was influenced by the social-historical context of their environment, the dangers and opportunities present in their immediate settings and the relationship with their partners (Renoux & Wade, 2008). Quite early on in these relationships, most women participants became homemakers, thus making them economically dependent on their partners. Beaulaurier et al. (2005) state that male abusers' control of economic and social resources in the relationships aid in maintaining dominance over victims.

Many participants described leaving the situation, which often resulted in escalation of violence from their partners. Interestingly, one participant in particular described experiencing resistance in the privacy of her mind due to the intensity and magnitude of physical violence

from her partner. According to Renoux and Wade (2008), victims demonstrate resistance that is dependent on the dangers present in their environment and the strategies their partners use. Stark (2007) provides a gendered perspective to explain coercive control, which assigns greater power to one sex over the other. He states that sexual inequalities position men to enjoy certain privileges (such as their ability to dominate female partners), which enable them to establish power and control using coercive tactics. This gendered perspective offers a two-sided interpretation in this study. While the male participant (the victim in this study) used his physical strength to defend himself, the other men (who were abusive to the participants) whose partners were economically dependent on them had the advantage over their female partners due to their physical strength established power and control in their relationships through the use of violent coercive controlling mechanisms. In addition to using physical violence, other mechanisms that lead to exploitation and oppression include isolation, intimidation, threats, surveillance, deprivation, exploitation, and regulation (Stark, 2007), which were strategies the partners used through the middle to the later years in the intimate relationships.

Resistance in the early years. Renoux and Wade (2008) suggest all forms of violence and oppression are a mechanism to suppress resistance. The partners' coercive controlling mechanisms did just that – to create fear and intimidation in the intimate relationships, thus leaving participants (the target – abused) with little or no discretion to respond (Raven, 1993 as cited in Dutton & Goodman, 2005). This is not to say that these participants did not resist – they did. These participants exercised resistance largely through their actions in attempting to leave or leaving their partners, which was most apparent form of resistance used in the early years of their relationships, particularly fleeing immediately after they were physically abused. As these intimate relationships matured, participants exercised resistance that was discreet, creative, and

determined and included components such as feigned ignorance or withdrawn muteness (Wade, 1997).

Leaving in the early years of their relationship had consequences for participants – in some cases the escalation of physical violence. The participants' acts of leaving were influenced by the social-historical context of power relations, their relationship with their partners on whom they were economically dependent, and the presence of immediate dangers in their environment (Renoux & Wade, 2008). For one specific participant (9), resistance could be afforded only in the privacy of her mind on the first night of her honeymoon. The same participant's explicit act of resistance at a different time by seeking autonomy through opening a bank account resulted in serious injuries to her. In exercising her "free choice" as an act of demonstrating resistance and noncompliance to her partner's wishes (Raven, 1993 as cited in Dutton & Goodman, 2005) resulted in punishment from her partner. Essentially, her "free choice" is "not free choice" because it is limiting. Her only recourse to keep herself safe from her terrorizing and controlling partner was to comply with or accommodate to his wishes. Such acts of accommodation are a form of resistance that complements reward power, whereby, compliance leads to rewards such as monetary resources, transportation, basic needs of food, shelter, clothing, and emotional intimacy (Dutton & Goodman, 2005).

Those women participants who chose to leave were compelled to return by their own internalized beliefs and those of others around them (family and friends) that they should place the needs of their family ahead of their own. In describing the cohort and period effect, Zink et al. (2003) explain the societal context for the legitimization of violence. Through the cohort effect, Zink et al. (2003) relates the experiences of women born before and around the World War II era (1930s – 1940s) to their socialization in a patriarchal tradition that confined their roles

and responsibilities to the domestic arena. Although they were part of the feminist (1970s) and elder abuse (1980s) movements, they did not always benefit from these changes. Their socialization in a male dominating environment resulted in their continued economic and social dependence on their partners (Zink et al., 2003). Compliance to the demands placed by their partners resulted in receiving rewards (instead of punishment) such as financial support, shelter, intimacy, and transportation (Dutton & Goodman, 2005). Further to this, the period effect relates to the inaccessibility of resources or any assistance to women in intimate abusive relationships in a particular era. It relates to the era when structural inequalities intrinsic to communities, families, couples, and women themselves, covertly legitimized violence/abuse (Bobstock, Plumpton, & Pratt, 2009; Langhinrichesen-Rohling, 2005; Zink et al., 2003). Women from the period effect endured abuse in their intimate relationships as a socially prescribed response to the values of commitment and self-sacrifice, thus persevering by immersing themselves in domestic responsibilities and fulfilling their roles as wives, mothers, and homemakers (Zink et al., 2003).

Almost all participants who left the intimate relationship did so temporarily. Some came back into the relationship due to their commitment in the philosophy of marriage – “*till death do us apart.*” Rhatigan and Axsom (2006) explain the Investment Model that proposes the phenomenon of commitment, which is described as an individual’s psychological/behavioral attachment and long-term orientation toward his/her relationship. This was evident from the illustrations of most participants. In addition, battered women become committed in their violent relationships because their (abusive) partners meet their financial, security, and intimacy needs.

In contrast to the women participants, the one male participant was not bound to act in accordance to societal expectations that the women participants were required or obligated. His decision to leave his partner (permanently) was based on feeling threatened and intimidated by

her. Furthermore, the male participant had privileges not available to the other women participants – he already had a job, financial resources, and accommodation, to maintain his autonomy, and his partner's increasing severity of violence and abuse was a motivator for him to leave. More qualitative research is required to understand the experiences of older men in intimate abusive relationships. What factors influence men in intimate abusive relationships to stay/leave? Do they undergo similar or different decision-making processes as women living in abusive relationships? How older men living in abusive relationships characterize their partners? Does characterization of their (female) partners influence their decision-making process? Additional research into older men's experiences of IPV would add valuable insights.

Power, Control, and Resistance through the Middle to the Later Years

Coercive controlling tactics through the middle to the later years. One of the key findings that came across from the narratives of most participants in the middle to later years of their intimate relationships was the increasing presence of non-physically violent coercive controlling tactics, with the exception of two participants who described an escalation of physical violence. Nonviolent coercive controlling tactics in the form of psychological control was evident through the partners' use of silent treatment, surveillance/monitoring of participants' behaviours and depriving participants of emotional intimacy. In addition to this, many partners demonstrated psychological control on participants by weakening their psychological resources by calling them names and by attacking their sense of self-confidence and worth, shifting the blame of violence in the relationship on them, and by distancing them from their social supports (i.e. family and friends) (Johnson, 2008). Numerous studies have reported similar results about the experiences of older women in IPV, that they experience more non-physical abuse than physical violence (Brossoie et al., 2012; Lazenabatt et al., 2013; Lundy & Grossman, 2004;

Mouton, 2003; Seff et al., 2008; Zink et al., 2006a). These researchers described nonphysical abuse tactics similar to the description of participants in this study – fear, jealousy, ridiculing, manipulation, being taken advantage of, isolation, verbal insults, intimidation, humiliation, and long silences to control women, to name a few.

Many participants realized the presence of emotional abuse when they described feeling desperate, lonely, helpless, suicidal, powerless, sleep deprived, unable to predict their partners' behaviours, confused, depressed, and fearful. Most of the participants did not label these acts as emotional abuse. Instead, it is only when participants experienced the consequences of these emotionally abusive acts did they recognize and call it emotional abuse. Existing research with women in long-term relationships documents the high rates of emotional/psychological rates of violence experienced by these women. Bonomi et al. (2007) reported that older women who were exposed to a lifetime of IPV experienced more than one type of partner violence that included non-physical abuse in the form of threats at 42% and controlling behaviors at 73%. Another interesting observation from the narratives of participants' lives was their partners' use of nonviolent coercive controlling tactics in the form of surveillance to generate and maintain intimidation. Examples of various forms of surveillance from their lives included checking participant's mail, clothing, and grocery bills; partners calling on the phone to check on them (participants), making assumptions about the victim's behaviours, and stalking.

Dutton et al. (2005) developed a 13-item surveillance scale to identify behaviours an agent/abuser use to determine if the target/victim complies with their demands. These include checking the target's mail, bank statements and receipts, checking the target's clothing, inspecting the house, calling the target on the phone, keeping track of telephone/cell phone use, instructing the target to carry a cell phone and checking the car odometer. Other items include,

instructing the target to report her/his behaviour to him/her or just act as though he/she already knew about the target's behaviour, using audio/video equipment, and stalking/spying on the target. According to Stark (2007), surveillance is a form of intimidation that diminishes the victim's will to resist, which is exactly what this study found. Numerous participants who stayed with their partners carved out a personal space for themselves that gave them a level of independence/freedom to engage in activities of their choice. These participants were aware of their partners monitoring their behaviours in this personal space, however, they accommodated themselves to this arrangement. This is explored in more detail in the next section.

Resistance through the middle to the later years. As these intimate relationships matured, participants presented themselves as active agents (Leone, Johnson, & Cohan, 2007; Renoux & Wade, 2008) in their efforts to resist their partners' nonviolent coercive controlling tactics and, in some scenarios, physical violence through the middle to the later years. Their acts of resistance evolved over time from acts of leaving and seeking help from informal supports such as family (an act of open defiance) to more creative, discreet, disguised, and determined resistance in the later years of their intimate relationships (Wade, 1997). Illustrations of resistance included using sleep as a pretence to evade a dangerous situation (participant 8); disguising activities by withdrawing money from the bank account and hiding her son with friends (participant 6), and negotiating their personal space with their partners (evident from illustrations of participants 4, 5, and 6).

A majority of the participants in this study used silence, ignored, or refused to argue with their partners, typically in the middle to later years of their intimate relationship as a means to demonstrate resistance and to preserve their dignity (Renoux & Wade, 2008). Renoux and Wade (2008) emphasize attention to a victim's response as it brings forth their personal resources that

include presence of mind, determination, and tactical awareness, which is consistent to the findings in this study. Furthermore, Wade (1997) suggests that these discreet acts of resistance such as withdrawn muteness (silent treatment), feigned ignorance, and thinly veiled contempt may appear small, but these are essential tools for expressing resistance in everyday communication. Likewise, Zink (2006b) found similar results in their study where older women sought meaning in their abusive relationships through acts of resistance that included ignoring their partner's abuse or by refusing to argue with them. It is interesting to observe how growing old in their intimate abusive relationships shaped these women participants experiences of resistance, wherein they accommodated themselves to their abusive situations in return for some rewards –to acquire economic, psychological, and physical resources. Furthermore, alongside seeking rewards (as discussed above), different degrees of vulnerabilities accompany old age, which obliges older women to stay and accommodate to their abusive situations.

Dutton et al. (2005), state that a target/victim can respond (an act of resistance) – indirectly and/or directly to abuser /agent's coercion. Resistance using indirect responses may include a target's overt communication method of avoiding or leaving home to get away from the agent, ending or trying to end the relationship, verbal arguments, or doing nothing. Most participants in this study demonstrated these indirect forms of resistance. Other indirect responses may include a target's compliance to the agent's demands against their wishes, refusal to perform or lie about performing the activity, efforts to talk the agent out of performing the activity or distracting the agent, or seeking help from someone else. Overtime, for some participants, their resistance helped them in defining boundaries of acceptable and tolerable behaviours from their partners.

For some participants, resistance was more defined due to their actions of calling on formal supports, primarily the involvement of the justice system. Dutton et al. (2005) describe a target's direct responses to resistance include fighting back physically, threatening to use a weapon against the agent, filing a protection order, calling the police, or trying to press charges. The involvement of the justice system gave women some control, however, this control was situation specific and consequently short and transitory.

In comparing the scenarios of the male participant with participant 9, both of whose partners' fitted the description of an intimate terrorist (Johnson, 2008), the former had better success in implementing the protection order against his abusive partner. For participant 9 it was a struggle as her stalker appeared, unexpectedly, on numerous occasions causing her to change jobs few times. Even though she had a protection order, she was unable to implement the boundaries in the same way as the male participant who was able to threaten his stalker with consequences due to his physical strength. This illustration brings forward the magnitude of sexual dimorphism – size differences between men and women, which sanctions more power to men over women. In this scenario, the male participant was able to gain control over his female partner when she attempted to physically abuse him, however, participant 9 (female) was unable to stop her partner's physical violence against her; although she resisted by characterizing her partner as a monster.

Despite their consistent efforts to resist, the participants' partners responded by asserting control, which was evident from their monitoring of participants. These participants (3, 4, 5, and 6) described sharing a bond/commitment with their partner in addition to sharing investments with their intimate partners whom they described as having knowledge of their perceptions about marriage. According to Rhatigan and Axsom (2006), investment refers to the degree of

psychological (time, energy, and effort) and material resources (shared property and children) invested in the relationship. These participants acknowledged that their (abusive) partners were aware about what marriage meant to them, which once again put their partners in a position of power to control to manipulate them. Due to their commitment and investment in their intimate relationship about which their partners knew these participants demonstrated power in their relationships by creating a space to assert their independence (through these small acts of resistance), by engaging in hobbies that kept them away from the abusive control of their partner. However, the (personal) space some participants carved out for themselves came with one significant caveat – their partners' approval and accessibility to their personal space to monitor their activities. These participants knew of their partners' capabilities and power to monitor their activities, and compliance to their partners' demands (to be able to monitor)/ coercive power would mean rewards in return (Dutton & Goodman, 2005). Participants mentioned that their partners gave them permission (reward) to attend workshops, see a counselor for self-care purposes, engage in dog shows as a hobby, and to live separately. In other words, their activities of self-interest (an act of resistance) required approval and monitoring from their partners. For some of the other participants, engaging in negative forms of coping through excess drinking, suicide attempt, and alcohol use were a means to demonstrate resistance.

One participant (participant 8 in particular) was living separately on her own volition in the later years of the intimate relationship soon after the incident when her partner threatened her by suffocating her with a pillow. Fearing for her life, she took this action (of leaving – as an act of resistance), nevertheless her partner continues to maintain control. She was candid about having psychological and material investments with her partner, which has prevented her from initiating a divorce for fear of losing everything. Furthermore, she fears taking any actions as it

might have negative consequences for their daughter who is residing with her partner. The above illustrations repeatedly confirm that the overall control in the intimate relationships remained with the partners, which permeated through all aspects of the participants' lives. This control was evident for participants who were still together and/or separated/divorced from their partners. Those participants who were living separately or those who were divorced, implicitly, were still living through in the shadows of their partner's control.

To reiterate, leaving as a form of resistance was apparent from the early years of participants' intimate relationships. Leaving as an option was momentary as many of the women participants were bound by their intrinsic beliefs of marriage and commitment, and extrinsically through societal expectations that they place the needs of their family and children before themselves. Over time, the women participants expressed resistance in small, discreet, determined and creative ways. For those participants who continued to stay with their partners negotiated boundaries (a form of creative and determined resistance) of acceptable and tolerable behaviours from their partners. Although, there is no literature that explicitly describes the changes in resistance overtime, Wade (1997) does mention that resistance falls between extremes of open defiance on one hand and completely disguised activities on the other and that in extremely threatening circumstances resistance is typically disguised and indirect (Wade, 2002).

Impacts of Abuse and Violence on Older Adults

Most participants experienced the direct consequences of physical violence, especially in the early years of their intimate relationships that led to serious injuries warranting hospitalization in some scenarios. The long-term effects of physical violence and the consequences of emotional abuse were felt by participants in their older years in the form of loneliness, betrayal, depression, self-doubt, signs of posttraumatic stress, chronic pain, and

substance use. According to Fisher and Regan (2006 as cited in Lazenbatt et al., 2013), older women who experienced nonphysical abuse repeatedly and/or with other types of abuse had an increased chance of reporting bone or joint problems, digestive problems, depression or anxiety, chronic pain, and high blood pressure or heart problems. Other effects for older women who have experienced abuse for 30-40 years included permanent physical damage, disability, self-harm, self-neglect, low self-esteem, and risk of suicide (Zink et al., 2006b). The long-term effects of living in abusive and violent situations manifest in physical and mental health that are similar in disposition to the normal aging process. This results in masking the physical injuries and mental health complexities caused by living in abuse and violence (Hightower et la., 2006). In other words, the impacts of violence and abuse are many, which exacerbate due to the aging process and further add to the vulnerability of older men and women in abusive situations by perpetrating a culture of silence.

In addition to this, the detrimental outcomes of non-physical abuse in the lives of older women have been well documented (Seff et al., 2008; Zink et al., 2006b; Zink et al., 2003). Seff et al. (2008) indicate that the detrimental effects of emotional abuse on older women's self-esteem outweigh those of physical abuse. In fact, Sackett and Saunders (1999) provide insight about the significance of an abuser's use of psychological abuse. They argue that psychological abuse provides abusers with an advantage to exert power and control by creating and maintaining consistent fear, unpredictability, and uncertainty in their intimate relationships. Furthermore, Sackett and Saunders (1999) report that the abusers' inconsistent behaviours coupled with exerting their power through psychological abuse create significant self-doubt, confusion, and depression in the abused.

Furthermore, numerous studies have reported the negative impacts on the mental health of women who have been in abusive situations (Hightower & Smith, 2004; Lazenbatt et al., 2013; Mouton, 2003). These researchers have reported mental health issues in older women include depression, fatigue, anxiety, and a sense of loss of self, family, and loving relationships. Such were the experiences of numerous participants in this study. Research on male spousal victimization has reported that male victims of IPV report experiencing similar individual impacts, including sleep deprivation, lack of self-esteem and self-confidence, depression, and suicidal ideation, and mental instability (Allen-Collinson, 2009; Tsui, 2014).

Of the three participants who were living with their partners at the time of the interview, all indicated that they decided to live with their partners because the physical abuse had ceased. As mentioned earlier, research clearly indicates the detrimental consequences of living in psychologically abusive situations. Sackett and Saunders (1999) interviewed 30 battered women receiving shelter and non-shelter services to examine the impact of psychological abuse. They categorized emotional abuse into four types: ridiculing of traits, criticizing behaviours, ignoring, and jealous control. Their findings recognized ridicule of the person as the most severe form of psychological abuse, as it directs accusatory remarks at the self. According to Follingstad et al. (1990), ridicule has negative effects on a woman's self-esteem and self-worth, which annihilates her ability to feel good about herself, thus promoting helplessness and worthlessness in her eyes. Similarly, ignoring is a strong predictor of self-esteem due to its potential long-term consequence of giving negative messages to individuals about their self-worth. Other studies have corroborated the effects of social and financial isolation as two distinct forms of emotional abuse that hinder a woman's independence, in addition to diminishing her capacity to cope effectively (Martin, 1976; Walker, 1979, 1984 as cited in Follingstad, Rutledge, Berg, Hause, & Polek,

1990). Nonetheless, the cessation of physical violence was more important to these women who also expressed their belief in “*death do us apart.*” From a broader social context, the attitudes and understanding of growing old accompanied with the ageist perspectives further silences older men and women in intimate abusive relationships, thus perpetuating the culture of silence.

Limitations

This study provided detailed accounts of the various mechanisms of control used by abusers and insights into victims’ use of resistance. This study had some limitations. The analyses and findings are based on the experiences of only nine participants who were recruited through many agencies and through advertisements in community newspapers and by posting flyers in shopping centres. Although recruitment for the study was difficult, the participants’ experiences were diverse and distinct. For instance, the sample included two participants of both genders in heterosexual relationships whose partners could be described as intimate terrorists. One participant consistently reported emotional abuse throughout the duration of her relationship with her partner. Other participants described both physical violence and emotional abuse in their intimate relationships. It is possible that these experiences are more severe than others who did not respond. Furthermore, most participants belonged to the 60-70 cohort making it difficult to draw comparisons to other cohort groups, mainly between the ages of 50-60 years old and over 80 years of age. Although no observable differences among the experiences described by the participants, the sample was homogenous particularly as seven of the nine participants described themselves as white and all participants were heterosexual. As a result, the study lacks exploration of power, control, and resistance in intimate relationships of older adults who are marginalized due to their ethnicity, culture, status (immigrant, sponsored, refugee), identification with the gay, lesbian, bisexual, transgendered, and intersex (GLBTI), and disability. This is

particularly important due to the increasing number of immigrants and minority populations in Canada (Ploeg, Lohfeld, & Walsh, 2013). It would be helpful for future research studies to explore how power and control dynamics and victims' resistance permeate through different class, cultures, and race, and how individuals assign meaning to their experiences of violence and abuse in intimate relationships. In addition to this, the insights from the life of the male participant were valuable; however, these analyses are based on the experiences of one man. Future research with larger numbers of male participants who are victims of IPV would be valuable. However, this study confirmed, once again, that abuse is prevalent in the lives of people from all socio-economic backgrounds and of its occurrence in different races.

Implications for Practice with Older Adults

Context is critical in understanding violence and abuse in intimate relationships. Knowing the particular controlling tactics and the mechanisms used by partners is necessary to understanding these relationships. Further, the use of these tactics and mechanisms by the individual partners must be understood within a complete history of the relationship. What the participants' experiences reveal is that the abuser's use of physical violence and nonviolent controlling tactics such as, intimidation, manipulation, deprivation, regulation/ monitoring/ surveillance, threats, and exploitation are a means to control them. These nonviolent controlling tactics can be more powerful than physical abuse in negatively influencing the psyche of victims (Johnson, 2008; Sackett & Saunders, 1999), which was apparent from numerous illustrations from the lives of the nine participants. However, interestingly, most participants' conceptual understanding of violence or abuse included its physical aspects, which was obvious from their ease in using the terminology physical violence. In their narratives, most participants described their partners as jealous, suspicious, and detailed how they used tactics, such as silent treatment,

isolation, and name-calling. However, a majority of them did not conceptualize these controlling tactics as psychological abuse. In fact, most participants' understanding of emotional or psychological abuse related to the feelings of living through the consequences of their partners' nonviolent controlling tactics, which for many occurred in the middle to later years of their intimate relationships.

Bonomi, Allen, and Holt (2006) emphasize the importance of language in recognizing IPV, the meaning of which evolves continually through interactions between individuals from diverse socio, cultural, and ethnic backgrounds. There is a need for screening and for professionals to be aware of both the diversity of individual experiences, but also the meaning of these experiences for individuals of varying culture, race, and socioeconomic class. According to Bonomi et al. (2006), a woman's perceived notion of living in an abusive situation is largely influenced by the societal discourses about what constitutes abuse. Older women's socialization can result in them assigning different meanings to violence and abuse making their abusive partners' behaviours more acceptable, which otherwise would be described as abusive by younger women (Phillips, 2000). Moreover, in keeping their private lives secretive the culture of silence continues to perpetuate. In addition to this, the emphasis on physical IPV and the foundation of evidentiary proof in the legal realm, along with a similar orientation in the medical field, intuitively, communicates a 'conversational silence' to women living with psychological abuse in intimate relationships (Bonomi et al., 2006, p. 2261). Likewise, Seff et al. (2008) express a knowledge gap in the judicial system that fails to examine the consequences of nonviolent coercive controlling tactics and nonphysical abuse in the lives of older women in intimate abusive relationships. Additionally, the experiences of the one male participant in this study brought forth issues of prejudice in the legal system against men. Through his narrative,

participant 7 expressed the difficulties the legal system had in believing that a male could be a victim. Similar experiences were reported of male victims who expressed their victimization was often sought with rejection, distrust, and discrimination from different sources of assistance that included the police, court, attorney, and social service advocates (Tsui, 2014). Therefore, there is an urgent need for professionals working with older adults to educate themselves to recognize the different mechanisms of nonviolent coercive controlling tactics that abusers engage with their intimate partners in their older years. Open dialogues amongst professionals to identify these nonviolent coercive controlling tactics and its negative health impacts on older victims of long-term intimate abuse will help in establishing screening tools to differentiate injuries and mental health complexities due to living with physical violence and abuse and the normal aging process.

Another relevant and significant point addressed in this study is to perceive participants (victims) as active agents, who demonstrate resistance, sometimes in the most dangerous situations. Often in discussing about those victimized, the focus is drawn on their vulnerabilities. However, this study explored the different mechanisms and means as described by Dutton et al. (2005), through which participants used resistance to protect their self-respect.

Conclusion

This study examined the power and control dynamics in the intimate relationships of nine participants, of whom only one participant was a male. Power in the context of these intimate relationships was situation specific and fleeting for most participants, especially from the middle to the later years. However, control as a phenomenon, permeated through the lives of these participants from the beginning (early years) into the later years of their relationships, and exclusively resided with their partners. Control (by their partners) was primarily violent (physical) in the beginning years of these relationships, which through the years changed to

nonviolent coercive controlling tactics for most participants. Nonetheless, all participants presented themselves as active agents in resisting their partners' control. These acts of resistance evolved for most participants from more overt forms such as leaving in the early years of their relationships to more discreet, determined, creative, and thought out forms through the middle to the later years of their relationships. Resistance was a mechanism for participants to preserve their self, dignity, and respect and this occurred in the privacy of the minds for those who were in the most dangerous situations. Further to this, most women participants from different age cohorts were influenced by societal pressures and biases in exercising resistance; however, this was not the case for the male participant whose economic independence alongside his male privileges gave him certain powers that were not available to these women participants in the same way. Nevertheless, the overarching control remained with the partners for those participants who were residing with them, and for those past their separation or divorce.

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Appendix I: List of Organizations

- Winnipeg Police Services
- Age and Opportunity
- Jewish Child & Family Service
- Manitoba Association of Senior's Centers
- Age Friendly Manitoba
- Rupert's Land Caregiver Services
- Manitoba Society of Seniors
- Centre on Aging, University of Manitoba
- Fort Garry Senior's Resource Centre
- Creative Retirement Manitoba
- Alzheimer's Society of Manitoba
- Manitoba Association of Women's Shelters
- Manitoba Network for the Prevention of Abuse of Older Adults
- Immigrant Women's Association of Manitoba
- Immigrant Women's Counselling
- Rainbow Resource Centre
- Men's Resource Centre

Appendix II: Letter to Community Providers

I am a Graduate Student in the Faculty of Social Work at the University of Manitoba. I am conducting this research study towards the degree requirements for the Master in Social Work (MSW) program, under the supervision of Dr. Judy Hughes, who is an Assistant Professor in the Faculty of Social Work. Should you have any questions about this research study, you can contact Dr. Hughes by phone at 474-8261 or by email at hughesj@cc.umanitoba.ca.

Additionally, in my professional role as a Social Worker, I work with older adults in community settings. My primary roles involve assessing client needs, developing and monitoring case plans, advocating for services, liaising with other service providers and professionals, connecting client and families to resources, and providing counseling services.

This study will explore how abuse, which is, defined as physical, psychological/emotional, verbal, financial, sexual, and spiritual, manifests itself over time within relationships in older adults in intimate partner/spousal relationship. This study will also explore how partner/spousal relationships change or remain the same when the significant other is living with a cognitive impairment such as memory loss, the inability to problem solve, rationalize, understand, or implement decisions. In other words, the objectives of this study are two-fold:

- To explore intimate partner/spousal relationships in older adults where there has been abuse in the relationship
- To explore difficulties in intimate partner/spousal relationships in older adults as a result of some cognitive impairment in the significant other

Recruitment will be in two phases. I will send you this letter along with recruitment posters that I would request you to display on your bulletin board. I would also request you to draw your clients' attention to this study. Please inform your clients that they may decline to participate without any negative effect on services they may be receiving or may receive in the future. Interested clients will self-identify themselves in one of the two phases. To ensure confidentiality of their information and participation in the study, interested participants will directly contact the researcher.

- Phase I: I will require a minimum of 10 participants who are older adults (50 years and over) in intimate partner/spousal relationship where they have experienced abuse in the relationship
- Phase II: I will require at a minimum of 10 participants who are older adults (50 years and above) in intimate partner/spousal relationship and are experiencing difficulties in their partner/spousal relationship as a result of some cognitive impairment resulting from memory loss, or an inability to rationalize, understand, or problem solve in the significant other

To maintain participant safety, the researcher will discuss a location, preferably in an organization away from where the potential participant is residing to ensure their safety. With participant's permission, I will digitally audiotape responses. The interviews will be semi-structured and will be approximately 1-2 hours in length. At any point during the interview,

- a participant can choose to refuse answering any question/s
- a participant can withdraw from the study at any time without any negative consequences
- if at any point during the interview, a participant decides to discontinue participating, I will stop the interview and the participant may choose whether the information obtained to that point can or cannot be used in the research
- After participating in an interview, and at a later time, a participant has the option of completely withdrawing from the study and/or have the option of changing the information shared with the researcher by contacting by email or by phone enclosed below. You will have until May 2012 to do this.
- at the end of the interview, I will provide participants with a list of community resources

The researcher will not use participant identifiers in the research study to ensure confidentiality. To ensure participant anonymity, I will assign each participant a pseudonym name, which will be known to the Research Advisor, Dr. Judy Hughes, as well. Due to the sensitivity of this research topic, researcher will leave it to the discretion of the participants to disclose or not to disclose participation in the study with their partner or spouse. However, the researcher will inform participants that there are risks involved in both circumstances. If participants choose to disclose to their partner or spouse, the risks may involve escalation in abuse or violence. However, if participants choose not to disclose and their partner/spouse finds out from a third party, participants may risk escalation in abuse or violence.

I would sincerely appreciate your help on this important research topic. Interested participant/s can contact me by phone at [REDACTED] or via email at [REDACTED]. If you have any questions or clarifications about this study, please do not hesitate to contact me. I will send you a copy of the summary findings by July 2012.

Thank you in advance for your help, participation and cooperation.

Thank you kindly,

[REDACTED]

Appendix IV: Form for Participant Recruitment and Screening Questions

The researcher intends to use this form to screen participants into one of the two groups:

- Participants who have been in an abusive relationship
- Participants who have been experiencing difficulties in their intimate relationship due to a cognitive impairment in their significant other

Script: Thank you for your interest in this research project! My name is Smriti and this project is being conducted as part of the Master of Social Work (MSW) thesis program. I am also a Social Worker working with older adults in community settings. My primary roles involve assessing client needs, developing and monitoring case plans, advocating for services, liaising with other service providers and professionals, connecting clients and their families to resources, and providing counseling services.

The purpose of this research project is to understand if issues of power and control, abuse and/or violence in intimate partner/spousal relationships change with time. How these issues demonstrate itself in later years? Do these issues exist because of longstanding abuse in the relationship, or does the vulnerability of cognitive impairment in a partner such as memory loss, the inability to problem solve, make decisions, or rationalize change their interactional and relational context. Is it longstanding abuse in the relationship or caregiver stress?

I am interested in learning from the experiences of individuals who have or are still experiencing violence or abuse in their relationship. What do these terminologies, abuse and violence mean to you? How do you cope? Where do you go for help in times of distress? In your opinion, are there sufficient resources where you can go for help? What other resources do we need to help you? Exploration of this topic is essential because the context of the problem will give us a better perspective in determining the resources we may already have in our community and the resources we would like to develop.

To determine your eligibility, I will be asking you few questions that will take approximately 5 minutes of your time.

Participant Name: _____

Participant Date of Birth: _____

Are you residing with a partner or spouse who is abusive towards you? Yes ____ No ____

If yes, can you please tell me the number of years you have been in this relationship: ____

If no, for how long were you in a relationship with your spouse or partner who was abusive towards you? ____ Years

- **What happened to your partner or spouse?**

Have you observed any changes in your partner or spouses cognition, such as memory impairment, difficulty in problem solving, understanding, rationalizing, and/or implementing decisions? Yes _____ No _____

How long has it been since you observed these cognitive changes _____

Meeting Place: _____

Meeting Date and Day: _____

Time: _____

Method of Contact and Contact Information: _____

Would you like a reminder about the interview date and time? Yes: _____ No: _____

Do you have any questions?

Appendix V: Informed Consent for older adult partner/spouse in longstanding abusive
relationship

Project Title: Intimate Partner Violence in Older Adults – Is it a case of caregiver stress or longstanding issues of domestic violence?

Principal Investigator: [REDACTED], Graduate Student in the Faculty of Social Work
Phone: [REDACTED], Email: [REDACTED]

Research Supervisor: Dr. Judy Hughes, Assistant Professor, Social Work
Phone: 474-8261, Email: hughesj@cc.umanitoba.ca

Sponsor: None

I am a Graduate Student in the Faculty of Social Work at the University of Manitoba. In my professional role as a Social Worker, I work with older adults in community settings. My primary roles involve assessing client needs, developing and monitoring case plans, advocating for services, liaising with other service providers and professionals, connecting clients and their families to resources and providing counseling services.

As part of the Master of Social Work (MSW) thesis, I am conducting a study that explores the relationship dynamics in older adults who are in an intimate partner/spousal relationship where there has been a history of longstanding abuse. The purpose of this study is to explore if abuse in the intimate relationship remains constant or changes over time. Your insights are invaluable; your responses will aid in understanding the present gaps in the system as well as assist in developing or streamlining resources to serve needs of older adults.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Procedures: The researcher will conduct a semi-structured interview that will be approximately 1-2 hours in length. The researcher asks your permission to record the interview digitally using an audiotape.

- The study will involve you answering questions about your understanding of your relationship with your significant other when there has been longstanding abuse in the relationship.
- The intent is to explore how your understanding with your partner/spouse has remained constant and/or changed over time, your current strategies and needed resources to cope.

The interview will take place at a convenient location such as a community organization, preferably in an organization away from where you are residing to ensure your safety. At any point during the interview,

- you can choose to refuse to answer question/s

- you can withdraw from the study at any time without any negative consequences
- if at any point during the interview, you decide to discontinue participating, the researcher will stop the interview and you may choose whether the information obtained to that point can or cannot be used in the research
- After you participate in an interview and at a later time, you have the option of completely withdrawing from the study and/or you have the option of changing the information you shared with the researcher by contacting the researcher by email at [REDACTED] or by phone at [REDACTED]. You will have until May 2012 to do this.
- a list of community resources is available for your supports

Recording Devices: With your permission, the researcher will use an audiotape to digitally record your responses and later transcribe the responses verbatim. The researcher may take some notes during the interview process.

Risk and Benefits: Given the sensitivity and the importance of this topic, there is a potential for you to feel overwhelmed, distressed, sad, and/or resentful. At any time during the interview,

- I will remind you about the option of taking a short 15-minute break
- you can choose to refuse to answer any question/s
- if you like, we can stop the interview and reschedule it for a later day and time, or completely terminate the interview
- You may choose or may not choose to disclose participating in this study with your partner or spouse. In both circumstances, there are risks involved. If you choose to disclose to your partner or spouse, the risks may involve escalation in abuse or violence. However, if you choose not to disclose, and your partner/spouse finds out from a third party, you may risk escalation in abuse or violence.

Please understand that researchers are required by law to report evidence of current and past-unreported child abuse to Child and Family Services, or harm to persons in care to the Protection for Persons in Care Office. These are the same laws followed by service providers.

Confidentiality: At the beginning of the interview, you will be assigned a fake name (a pseudonym) that will be used when you are referred or directly quoted. All digitally recorded interviews and transcripts will be number coded and input into password protected computer files. Only the researcher and the Research Advisor will have access to your responses and the records. The researcher will securely lock and store hard copies (e.g., transcribed interview, personal contact information sheet, demographic face sheet, informed consent form) in a locked cabinet in the researcher's home office. The researcher will destroy any information containing personal identifiers (which would link you to the research) as soon as it is no longer needed for scientific purposes, by July 2012. Other remaining information including transcripts and computer files will be destroyed in five years by May 2016.

Dissemination of Results: The researcher will disseminate results by including in the thesis, at professional meetings, to community stakeholders, and/or published in professional journals.
Feedback: I will prepare a brief summary of results by June 2012. Please know that the option of emailing or mailing the results could compromise your confidentiality and may put you at risk, if

your partner or spouse finds out about your participation in the study. An alternative is for you to contact the researcher in July 2012 and the researcher can briefly meet you at the organization where the interview was conducted to provide you a summary of the research findings.

Please indicate your preference below: I would like to receive information about the study findings: _____ Yes _____ No

I would like to receive the summary of results by:
 _____ Mail (please provide complete mailing address):

_____ Email: (please provide email address): _____

_____ Meet in person at the community organization where the interview was conducted

Questions: If at any time you have questions, or would like clarifications regarding this research and/or your participation, please contact the Principal Investigator, whose contact information appears at the beginning of this form.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____

Researcher and/or Delegate's Signature: _____ Date: _____

Appendix VI: List of Community Resources

Domestic Violence Crisis Line: 1-877-977-0007**Seniors Abuse Line: Toll Free:** 1 888 896-7183**Seniors Abuse Line (In Winnipeg):** 204-945-1884

The abuse line staff can provide information on community resources and support services, 24 hours a day, seven days a week.

Protection for Persons in Care Office: To report abuse in care facilities

Toll free: 1-866-440-6366

Winnipeg: 204-788-6366

For Counselling:**Age & Opportunity**

Age & Opportunity provides direct elder abuse services and receives referrals for the following: consulting around elder abuse issues, community education, one-on-one support and counselling, safe suite program referrals, communication support group for older parents / grandparents, and many other direct service referrals.

Call Toll free: 1-888-333-3121**Age & Opportunity: Contact information in Winnipeg**

280 Smith Street

Winnipeg, MB R3C 1K1

Phone: 956-6440

EVOLVE**Klinik Community Health Centre**

870 Portage Avenue

Winnipeg, MB R3G 0P1

Phone: 784-4208

E-mail: klinik@klinik.mb.ca**Klinik, Drop-in Counselling**

545 Broadway

Winnipeg, MB

For times and information,

Call: 784-4067

The Family Centre

401-393 Portage Avenue (Portage Place)

Winnipeg, MB R3B 3H6

Phone: 204-947-1401

Jewish Child & Family Service

Suite C200-123 Doncaster Street
Winnipeg, MB R3N 2B2
Phone: 477-7430

Aurora Family Therapy Centre

515 Portage Avenue
Winnipeg, MB R3B 2E9
Phone: 786-9251

Fort Garry Women's Resource Centre

1150-A Waverley Street
Winnipeg, MB R3T 0P4
Phone: 477-1123

Immigrant women's Counseling Centre

Phone: 940-2172

Rainbow Counselling Centre

Phone: 474-0212

Other ways to get help

Talking to a neighbour, doctor, public health nurse, clergy, police officer or any trusted individual may also be helpful.

Appendix VII: Narrative Script during the Interview

Narrative between the researcher and the older adult in an intimate spousal/partner relationship where there has been longstanding abuse in the relationship**The following script will be read to participants at the beginning of each interview:**

Thank you for your participation and the time for this interview. The purpose of the interview is to understand how abuse begins and continues in relationships where partners have been together for a long time. I have some general questions about your relationship with your partner focusing on the abuse that occurred within this relationship.

1. For how long have you been in this relationship?
2. Tell me about your relationship with your spouse/partner. Can you describe using examples from your own life?
The researcher will use probes wherever and whenever necessary. The researcher will use the following probes:
 - For how long have you been in this relationship?
 - When did the abuse/violence first start? What were the circumstances?
 - How has your relationship with your partner/spouse changed or remained the same over time?
 - Would you identify and/or describe these behaviors as abusive?
3. What was your relationship like with your spouse/partner in the beginning?
 - The purpose of this question is to look back into the history of the spousal relationship
4. In times of distress, where do you go for help?
 - What are your thoughts on the appropriateness of services you received?
 - Was it difficult to navigate the systems to seek help?
 - Did you find the resources sensitive to your needs, your culture, and your sexual orientation?
5. How do you cope?
 - What do you do for self-care?

Appendix VIII: Data reduction into 12 categories

Open Coding	Axial Coding
Partner characteristics	Partner characteristics
Length of courtship Length of relationship Participant characteristics Power in the relationships Roles/Cultural norms of the era/Sexism	Partner Relationship Dynamics/Shift in Power and Control Dynamics overtime
Understanding of abuse	Participant’s recognition of the cycle of violence
Partner characteristics	Intergenerational Violence
Participant’s shaken world The infidelity Loneliness	Participant’s shattered world
Diagnosis/Lack of education about the diagnosis Living and coping with someone with the diagnosis	Love-hate relationship
Participant’s living/understanding their traumatic state	Is this abuse?
Participant’s realization (finding a voice, events that triggered changes in their worldviews, attitudes, beliefs, behaviors), Trauma and its impacts Participant’s finding their new self (redefining expectations from themselves) In search of meaning in life (the unexplained pain and hurt)	Source of empowerment to make changes
Self-care	Self-care
Survivor, my last wish	Message to others/recommendations/suggestions
Supports	Level of help
Appropriateness of help	Appropriateness of help

Appendix IX: New Category

Open Coding	Axial Coding
Participant's attributing guilt and blame to themselves Participant's feeling responsible to get help for their partner	Participant's feel responsible to fix their partner's problems

Appendix X: Integration of Categories from Axial to Selective Coding Phase

Figure 1: Integration of categories from axial phase to arrive at four categories in the selective coding phase

