

“Aging Out” of Violence: The Multiple Faces of Intimate Violence Over the Life Span

Tova Band-Winterstein

Zvi Eisikovits

University of Haifa, Mt. Carmel, Haifa, Israel

In this article, we explore how continuous intimate partner violence is experienced in old age and how age and violence interact and change throughout the life span. This is a qualitative study based on a phenomenological perspective focusing on the lived experiences of the elderly who have dwelled in domestic violence most of their lives. The sample consisted of 40 informants. In-depth, semistructured interviews were performed. Content analysis of the interviews yielded four clusters of living in violence over time: (a) The arena of violence is alive and active, (b) violence is in the air, (c) more of the same but differently, and (d) violence through illness to the very end. These clusters are discussed and their implications for practice are suggested.

Keywords: *domestic abuse; aging; older people; relationships; violence against women; domestic violence*

Our aim with this article is to describe and analyze how intimate violence is shaped and how it changes throughout the lives of older battered women. Literature on intimate partner violence (IPV) deals with young or middle-aged couples and generally relates to events that took place at a specific point in time (Barnett, Miller-Perrin, & Perrin, 1997; Wiehe, 1998). Some research and clinical attention has begun to focus on IPV against older women (Brandl & Raymond, 1997; Seaver, 1996; Smith & Hightower, 2000; Vinton, 1991, 1992, 1999, 2001). Indeed, the limited number of studies addressing violence against women over age 55 has indicated that the rate of older women suffering from IPV is significantly lower than that of younger women, and therefore, there has been little interest in the phenomenon as a social problem (Bachman & Saltzman, 1995; Fisher et al., 2003; Greenfield et al., 1998; Harris, 1996; Rennison & Rand, 2003). It has been reported that these women share many characteristics common to younger victims of partner violence. However, few studies addressed how IPV evolves over time: Does it stop and people age out of it? Or does it change form? How does it interact with health and social problems arising from old age? Criminological research indicates that criminality ebbs with age and criminals “age out of violence,” as old age becomes the salient dimension (figure) of their lives and crime becomes a backdrop (e.g., Sampson & Laub, 2005). It is suggested that intimate violence does not remain static over time and that changes occur in the dyadic

interaction, in role division, relative power relationships, and the overall dynamics shaping the relationship in old age. With the older population increasing, there is growing recognition of the social problem of violence in intimate relationships during old age (Brandl, 2000; Fisher et al., 2003). Elder abuse and neglect are becoming increasingly visible and are moving to the forefront of social agendas in various countries, as evidenced by the increasing number of national surveys (Kurrle, Sadler, Lockwood, & Cameron, 1997; Lowenstein, Eisikovits, Band-Winterstein, & Enosh, in press; National Center on Elder Abuse, 1998; O’Keeffe et al., 2007; Podnieks, 1992; Yan & Tang, 2001).

Although these surveys are valuable in helping us understand the scope and epidemiology of the problem, they seldom provide sufficient depth, which can only be achieved by examining the subjective perceptions of perpetrators, survivors, and other involved family members.

In this article, we attempt to explore how continuous IPV is experienced in old age and how age and violence interact and change throughout the life span.

IPV in Old Age

A universally accepted, standardized definition of IPV in general, and elder intimate violence in particular, is not available (DeKeseredy, 2000; Gordon, 2000; Kilpatrick, 2004; Winstok, 2007). The controversies surrounding the definitional issues are beyond

the scope of this article and have been reviewed elsewhere (Winstok, 2007). We decided to derive a modified definition based on the work of Winstok (2007), Crowell and Burgess (1996), DeKeseredy and MacLoed (1997), and DeKeseredy and Schwartz (2000): Interpersonal violence (attack) is a nonlegitimate forceful tactic, intentionally employed by one party (action) to cause physical and/or psychological harm to the other (consequence), in the attempt to control a situation. It includes the use of physical force and infliction of injuries as well as emotional and sexual abuse, sexual harassment, and financial exploitation. The definition focuses attention on the acts of violence themselves, along with the intention of the perpetrator, the experience of the victim, the consequences of violence, the patterns of violent episodes, and the overall climate of the relationship. Each of these dimensions exposes a different domain of a complex and dynamic picture (Mahoney, Williams, & West, 2001).

When using a life-span perspective, we explore the effects of violence toward women and other forms of family violence at every stage of life (Williams, 2003). Participants might experience quiet periods of normality, in which there is little, if any, violence, and interchangeably, highly intense explosive periods, often erupting by surprise and characterized by continuous physical and emotional harm (Gordon, 2000; Johnson, 1995; Mahoney et al., 2001). Violent interactions escalate from seemingly harmless occurrences to emotionally charged and often out-of-control interactions. Once the escalation is under way, each partner blames the other for the violence and its origins, and the process takes on a life of its own, with no necessary connection to its origins and causes (Eisikovits & Winstok, 2000). Although the process occurs at all ages, we can safely assume that violence in intimate relations early on in the life of a couple might lead to different results than continuous violence, which lingers on for 50 or more years. Thus, examining violence throughout the life span enables a process-based rather than a static view, which takes into account the development and changes occurring in violence (Teachman & Crowder, 2002; Williams, 2003).

Because of growing awareness of domestic violence, in general, and elder abuse and neglect, in particular, in recent years, an unseen and forgotten group of elder women who suffer from long-term IPV has come under increased scrutiny (Seaver, 1996). However, the relative neglect of this group might be attributed to the fact that these bodies of knowledge

developed separately and had little, if any, dialogue among them (Fisher et al., 2003; Straka & Montminy, 2006; Wiehe, 1998).

Earlier research—predominantly clinical—asserted that there is no common profile of battered elderly women, just as there is no such profile for younger women (Davis, 2002; Seaver, 1996). Despite the specific pressures of age and the tendency to categorize these women as dependent and as resisting help, it has been found that, like younger women, older women would like to free themselves from a violent relationship. However, they feel trapped in an ambivalent emotional situation involving the desire to maintain the relationship, on one hand, and the desire to restrict the abusive partner in the hope that he will change, on the other. However, whereas younger women tend to remain in the violent relationship because of the marital imperative and financial dependence, older women remain because of the social expectation that they should care for their aging partners (Band-Winterstein, 2008; Seaver, 1996).

More recent qualitative studies have sought to understand the meaning and effects of long-term intimate violence and study in-depth the experiences, perceptions, needs, and coping strategies among older battered women, as well as the perspectives of other family members (Buchbinder & Winterstein, 2003; Mears, 2003; Montminy, 2005; Schaffer, 1999; Winterstein, 2006; Winterstein & Eisikovits, 2005; Zink, Jacobson, Pabst, Regan, & Fisher, 2006). These studies expand on the way older women become entrapped and what causes them to remain in a violent relationship throughout their lives. Their entrapment is further intensified by age-related physical and social factors, such as economic resource deficiency in old age, lack of pension or other independent and ongoing sources of income, lack of work and educational qualifications, health and physical limitations, and the low priority given to this population by social services. Yet these women did adopt various coping strategies, which included reevaluation of themselves and their relationships, situations, and attitudes; viewing themselves in a more positive light; rethinking the limited possibilities for survival outside of the marital relationship; and an ongoing search for extrafamilial resources of emotional support and self-realization (Pritchard, 2000; Seaver, 1996; Wiehe, 1998; Zink et al., 2006; Zink, Jacobson, Regan, & Pabst, 2004; Zink, Regan, Jacobson, & Pabst, 2003). Additional studies that explored the life experiences of older women who were living in the shadow of violence add another dimension to the understanding of

the effects of violence over time and the reciprocal influences between the experiences of aging and violence (Buchbinder & Winterstein, 2003; Mears, 2003; Montminy, 2005; Pritchard, 2000; Schaffer, 1999). The key themes in these studies addressed women's loneliness with the partner, the children, and additional social frameworks. In addition, loss, mourning, and remorse were addressed along with the intensifying emotional abuse experience following the children's leaving home. Above all, women expressed the need to tell their stories to family members, friends, and professionals to gain confirmation and appreciation for their ongoing suffering. For them, this was the essence of survival and aging in violence. The literature devotes much attention to the unique needs of older battered women, such as their need for sustenance, a safe place, intense counseling and treatment, acquisition of relevant information, assistance from health care professionals, and social and emotional support (Pritchard, 2000; Schaffer, 1999; Smith & Hightower, 2000; Vinton, 1999, 2001).

In summary, the existing literature focuses on enhancing awareness to the plight of older battered women, while ignoring older violent men. There is little attention given to the subjective perspectives of the couples and the way these perspectives are intertwined in their lives in violence throughout the years.

Method

This is a qualitative study based on a phenomenological perspective focusing on the lived experiences of the elderly who have spent most of their lives in domestic violence (Creswell, 1998; Denzin & Lincoln, 2000; Kvale, 1996; Luborsky, 1994). The descriptive power of this approach enables multiple perspectives and brings depth and context to understanding how life in violence is possible throughout time. Old age and violence come together in this study to create both a unique narrative and a longitudinal perspective that enables the examination of experiences throughout the life span (Becker, 1992; Moustakas, 1994; Spinelli, 1989; Widdershoven, 1993).

The sample consisted of 40 informants: 20 elderly Jewish couples living in Israel. The age of the interviewees ranged between 60 and 84. They were clients of the municipal social service agencies. They were approached by their social workers, who asked about their willingness to participate in a research study performed at the university. Once permission was granted, the names of the participants were shared with the research team. Researchers explained to

prospective participants the purpose of the study as "exploring the family relationships in old age, including conflictual and violent relationships." Once the informants agreed to participate, safeguards for confidentiality were confirmed, including complete confidentiality toward the other partner and the various social service agencies where the participants were known. Subsequently, informed consent forms were signed. All women approached agreed to be interviewed, whereas four men refused. Those couples among whom the men refused were excluded from the sample. The entire project, including the appropriate forms, was submitted to the university Ethics Committee, and permission was granted. Most of the couples were living with their partners, and three were separated but not divorced. The couples represented diverse ethnic origins and levels of education. Seven of the males and six women worked as professionals in various occupations. All of them were retired at the time of the study. Four couples were orthodox religious; two couples professed traditional beliefs but not a religious lifestyle, and the rest reported a secular life style. The interviewed couples had between one and seven children, all older than 35 at the time of the study, and were all grandparents.

The interview guide covered several content categories, including effects of abuse on perceptions of life experiences throughout time, intimate relationship with the partner throughout the life span, family relationships throughout the course of life, effects of the violence on the relationship with offspring, hopes and wishes, present and future needs, and help seeking for specific needs. The interviews lasted about 1.5 to 2 hr, were conducted in Hebrew, tape-recorded, and transcribed verbatim. They were performed separately for each member of the couple, either at their home or at the local domestic abuse intervention clinic. The informants received explanations of how confidentiality would be maintained, and they signed informed consent forms. The senior (first) author offered help and referral to services if the interview should evoke particular problems. Cross-case analysis of the content was performed, from which core themes were identified and compared and analytical categories derived (Denzin, 1989; Strauss & Corbin, 1990). After an initial deconstruction process of individual descriptions relating to coping with violence, "instances" were collected and reduced phenomenologically. Core themes were identified and coded (Strauss, 1987), initially through open coding and then through more in-depth categorical and theoretical-substantive coding. The core themes were

then reordered conceptually and placed back in the context derived from the larger interviews. This enabled both analysis and integration of large amounts of data as well as generation of abstractions and interpretation.

The authors coded all the interviews separately and subsequently discussed coding and emergent themes, identified and resolved differences, and determined which themes needed further clarification and scrutiny. Following content analysis of individual interviews, there was an attempt to compare versions between couples and establish a couple profile, with emphasis on similarities and differences but also on complementary information. The differences and similarities were present throughout the study and were of particular significance when the researchers attempted to compose the clusters emerging from the coding. The versions of the men and women concerning various life events were often divergent. This was particularly so concerning the experience of violence throughout the life span. We did not assume that one version was more accurate than the other, as we wanted to capture the subjective perspective of participants rather than the "true" version. However, in such cases, in-depth thematic analysis within context and our judgment of the situation enabled us to establish the level of relative violence, which seemed to be characteristic to the specific cluster we were composing. We assumed that the couple as a unit of analysis would give further depth and context to the findings. We were aware of the ethical issue regarding keeping the confidentiality of both members of the dyadic unit and concealed the information provided that could identify the partners or what they shared about each other as much as possible (Forbat & Henderson, 2003). The coding and analysis processes ended when theoretical saturation occurred and new data could not add to an explained category (Strauss & Corbin, 1990). A theme was considered to be saturated if at least half the interviewees supported the coder's analysis. The theme saturation process also helped address the internal validity of findings.

Qualitative research does not claim generalizability. Concern was focused mainly on internal validity to ensure that the various aspects of the data collected complemented each other during the analysis and created consistent, rich descriptions (Schofield, 1993). Departing from the fundamental assumption of quantitative research that validity equals truth (Angen, 2000), qualitative research seeks to achieve credibility (Lincoln & Guba, 1985) without arguing that a complete version of the truth has been established (Hammersley, 1995; Polkinghorne, 1991). In this sense, the emphasis

is placed on validation rather than validity, moving away from a definitive version of reality toward a process of intersubjective and ongoing validation between researchers and readers (Angen, 2000). This intersubjective process of validation was active particularly when we performed the couple analysis.

Throughout the article, the interviewees' point of view is illustrated by quotation and analysis. The quotations serve as a bridge between a general thematic category and specific experiences to facilitate the relationship between interviewees' experiences and the abstractions. Attempts to address the quotations as representative of a theme or of the entire range of situations from which they were extracted might be simplistic and misleading.

Findings

The analysis of findings is presented along both a time dimension and another dimension representing the couple's divergent perspectives. This combination enabled the development of four clusters of families living in violence over time. From these clusters, we learn about the origins of the conflicts and the nature of violent incidents from the origins of couplehood to the present, their evolution throughout the years, the people involved, and the changes that occurred in the violent relationships as the couple aged. These included, for instance, changes in the balance of power, escalation patterns, movement from physical violence to other forms of abuse, restraint or moderation, and disconnection.

The major dimensions used to characterize long-term violence include severity (on a continuum between moderate to severe violence), the severity of injury, the intensification in frequency of incidents, the visibility of the violence (from overt to covert), the object(s) toward whom the violence was directed, and the type of violent behavior and its accompanying forms, such as emotional and economic abuse. All of these display a broad and complex picture of life in a conflictual and violent relationship throughout the years. Table 1 presents the above clusters based on the dimensions mentioned.

Cluster 1: The Arena of Violence Is Alive and Active

This cluster is characterized by high to moderate severity of partner violence throughout the years, including various types of abuse in addition to violence

Table 1
Clusters of Long-Term Violence Between Couples as They Age

Family Cluster	Severity of Violence	Type of Violence	Level of Visibility	Objects to Whom Violence Is Directed	Nature of Violence in Old Age
Cluster 1: The arena of violence is alive and active	Severe	Physical, emotional, economic, social, and continuous conflicts	Visible	Wife and children	Continuous, sequential, and escalating as far as injury Intensification and escalation resulting from retirement or other life passages
Cluster 2: Violence is “in the air”—violent ecology	Severe to moderate	Physical, emotional, economic, and continuous conflict	Visible when directed toward the children, concealed when directed toward the wife	Wife and children	Restrained and episodic outbursts Restraint because of legal limitations by enforcement The danger is ticking (is imminent) Disconnection from spouse while maintaining violent atmosphere
Cluster 3: More of the same—but differently	Severe to moderate	Physical, emotional, economic, and continuous conflicts	Can be either visible or concealed	Wife only	Transition to different types of abuse Role reversal Mutual abuse
Cluster 4: Violence through illness to the very end	Severe	Physical and emotional	Visible or concealed	Wife only	Continuous escalation in violence because of chronic or terminal illness, and situations caused by emotional exhaustion Violent expressions with no history of previous violence

and accumulating conflicts. At various stages, the spouse's violence is directed toward the entire family—wife and children—and is highly conspicuous, known to all. It is illustrated by Pnina's description:

I was 12 and a half; I hadn't even gotten my period yet. Since then, he hasn't let me alone, following me, stalking me to the end of my life. He raped me cruelly; I was sick following that, he really hurt me, forcibly raped me. He trapped me then. . . . I wasn't a virgin any more, so how could I marry anyone else? I said, “I have no choice,” so I stayed with him. . . . He wanted to kill me three times, and even when I was young, he almost went to prison and I got him released. He didn't provide a life for me and the children, nothing but blows, nothing at home. I used to buy everything, all my life I worked cleaning houses. Even when he worked, he

didn't give me anything. . . . Today it's torture at home, that's the way it is every day, there's no end, there's no break, all day. I just couldn't take it, I went to the hospital because of him; hitting me, threatening to kill me, I can't take it. He twisted me. If I hadn't held my hand this way [above the head], I would have broken my head. I am bent over, and my body is finished anyway. Every Saturday, I couldn't move, my bones ached. . . . He curses me all the time and I tell him, “Maybe you'll stop saying that, it's enough, you're older, old,” but nothing helped. Recently, I couldn't stand it any more. He is getting on my nerves nagging me, giving me no breathing space. If he comes home, I'll kill him and I'll kill myself as well. I swear, I have no problem with that. . . . I'll murder him if he comes home. I'll slaughter him. Let him sit there in his own filth in the old age home.

The woman's narrative is painful, cruel, and pregnant with violence, which began way back in her adolescence. Although Pnina describes herself as good and naive, her partner is described as a scoundrel, a tempter, a trickster, a conspirator—disturbed and violent. This description enables Pnina and her audience to understand and, in retrospect, to justify how and why her personal and family resources did not withstand his satanic power, which finally led to her capitulation. Although 65 years have passed since the rape, she describes it in great detail, with striking clarity. She seems to have reconstructed this event over and over in her mind. Her entrapment in the relationship stems primarily from cultural perceptions and norms, which grant prime importance to a young girl's purity as an indication of her eligibility for a proper marriage. Following the rape, she became unsuitable to be the wife of anyone except the rapist. This might explain her road to long-term victimization throughout the years.

Pnina presents a description of a life in violence, full of terrible incidents of physical cruelty caused by her partner, which resulted in her loss of control and the necessity to involve the police. These incidents were accompanied by emotional abuse, including cursing, swearing, threats, lies, and unfaithfulness. Control over the family's economic resources and failure to satisfy her basic existential needs are expressions of economic abuse. Her description indicates that the conflict axis, the arguments, and the violence over the years revolved around the struggle for basic economic security for the family. In addition, uncontrolled drinking on the part of her partner, and mutual feelings of intense jealousy on a daily basis, made life unbearable.

The reality of abuse accompanies the couple throughout old age and has even escalated. Thus, old age becomes continuous with their previous life in violence. The violent incidents described by Pnina recur, and their cumulative effect makes them unbearable. When she was younger, she could rebound fairly quickly, and each additional incident in the present causes irreversible physical and emotional damage, which inevitably leads to the inability to function. She clings to norms, beliefs, and expectations about aging, which are known to bring about stability, maturation, moderation, and relief, and she confronts her partner with this but is proven wrong anew, every time. The combination of old age and violence takes its toll as her emotional and physical baggage falls apart; this in turn enables her to explain and justify her behavior toward him today. She agreed

to his being removed from the home after the last incident of violence, and she makes exaggerated threats, emphasizing her harsh feelings of hostility, anger, repulsion, and the desire for revenge, which might even lead her to radical deeds, such as murder and suicide, should he return home. In contrast, her husband, Shimon, describes their life together this way:

I met her just like that, in the street, I looked at her, I saw that she was pretty, nice. I ran after her until I caught her. Beautiful, I said to myself; she will be mine and she was mine . . . and now, what has happened? Now the house is hers, everything is hers. I left, just like that. Nothing. . . . What is this, the trial of Sodom? I don't quarrel, I don't raise a hand. She's the one who raises a hand. . . . I catch her sometimes and pull her hair out, and say to her, "Don't you raise a hand to me." . . . Her retorts are not so nice. "If it's like that," I said to her, "you've reached the end. I'll kill you." Then, she chased me with a broom on the stairs. At the end of the broom, there was a lid. I pulled it and it gave her a tiny scratch. She'd been waiting for something like this and she got what she wanted. She called the police. They opened a file. I left the house, just like that, without anything, and I hadn't done anything. The police are bigger bastards than anyone else. . . . What a pity, that was the day there should have been a quadruple murder, of me and my wife and the two police officers who were investigating.

In contrast to his wife, the focus of the man's story is on identifying a target and zeroing in to achieve it. It sounds more like a hunt than a romantic story. He presents an idealized picture of how they met, in which he, as the prime actor, plays the part of the ultimate suitor. The guiding values leading to the relationship are beauty and ownership, and he achieves both. He makes no reference to the violent acts he used to obtain these results. His narrative not only fails to reflect a violent life but denies and disregards the violence through the years. Thus, in the man's phenomenology, the present and past violence are discontinuous, and the "woman's violence" toward him is new and therefore not part of the long-standing routine of their joint life. Despite the denial of violence, he betrays himself through violent language: "pull her hair out," or "kill her." Such language cannot be separated from a violent inner world and the behavioral intentions derived from it. Both Pnina and Shimon relate to Shimon's leaving the house as a significant event, although the script is different. He constructs himself as a direct victim of circumstances

created by his wife, with the assistance of the system. As part of his victimization, he presents an extensive description of harassment, violence, and arguments directed toward him by his wife. Although she experienced heavy violence from him throughout the years, he reconstructs his narrative as a victim of her violence.

This cluster, along its various dimensions, presents a harsh picture of the realities of living in long-term violence, with a heavy load of conflicts and violent incidents through the years and into old age. The life picture of these couples usually indicates severe violence at a young age, which stretches throughout the life span, colors the relationship, and changes direction and roles as the partners age. Such effects are usually conducive to an ecology of terror associated with emotions, such as fear, repression, humiliation, shame, and anxiety. In such couples, the dimensions of the violence, their intensity and frequency, as well as the overall life context, have turned the violence into “mega-violence.” This includes the use of violent language as both an expression and a catalyst of the violent reality. The older violent male is used to being perceived as omnipotent, with absolute control over the lives of other family members. As this power structure is altered by old age, his continuous violence turns against him. In such families, both partners come to view themselves as victims. In spite of “aging out” in terms of the frequency of violent incidents, the violent relationship in old age is subjectively perceived as escalating because of the cumulative effect of emotional and physical load throughout the years. The aging body and soul have lower tolerance to violence, which acerbates the sense of escalation. If there is any attempt to settle the accounts, it is long term, and although it looks like a recent role reversal, it is the result of a long-lasting process.

Cluster 2: Violence “In the Air”—Violent Ecology

This cluster is characterized by severe to moderate violence associated with emotional abuse and continual conflict. Whereas in the previous cluster the violence of the man is visibly directed toward the wife and children, in this cluster the violence and threats are directed overtly toward the children and covertly toward the wife. The violent behavior is unexpected by all family members and includes outbursts of rage, the breaking of objects, and recurrent loss of control. As the couple ages, there is a tendency toward moderation and restraint in the violent behavior associated with the

intervention of social control agencies or other external constraints, but the “umbrella” of threat, terror, and fear is preserved. Stories from the following couple illustrate this cluster. Nahum describes it as follows:

My wife claims that my work harms family life; that I am a womanizer. That bothered her a little. She had all kinds of suspicions, they were totally unfounded . . . Here and there, there were arguments, but we didn't make a big thing of it. We never came to blows. She just tends to remember those things better than I do, I don't even try to remember. She sometimes throws out some unnecessary word, and that sparks my fuse, and hers, too. I try to avoid arguments as much as possible. Sometimes I succeed and sometimes I don't. There are things which can escalate and then flare up again. She already tried to trick me, keep me on a short leash. She wanted us to separate, so she could get my pension. She aired all the dirty laundry in public. I don't remember anymore what she claimed in the legal proceedings. In the end, she came crawling home, and that was it. It was a turning point for me. I was happy that she came home. Today, we try to show more consideration for each other, but she is not really with me, and often, she goes against me. She doesn't understand me enough. . . . I don't remember what we say to each other when there is an argument. Each one is different, every time there's a new story.

The man describes a primarily conflictual relationship, which stems from his tendency to court other women. The quarrels are described as standard, controllable, and not particularly bothersome to him or his wife. They became routine and taken for granted. By minimizing the arguments and their importance (“We don't make a big thing of it”), the man hints at his attitude toward the quarrels, which tends to deflate and infuse them with cynicism and scorn. By so doing, he removes himself from the position of perpetrator and attempts to portray the violence as an accident rather than an incident. He views the violence as transient and insignificant, in contrast to his wife, who chooses to remember these incidents as a major reservoir of the family's collective memory. Her partner is responsible for initiating—igniting—the conflict, and he can therefore be expected to flare up at any time. His volatile state places the rest of the family on a permanent state of alert associated with a sense of fear and uncertainty. He, on the other hand, presents himself as a passive reactor to his spouse's active attempts to escalate the conflict. He further maintains that he has his own controls, which stop him from deteriorating to such situations. If they do

occur, the responsibility rests with his spouse alone. For him, there is an agreed-upon family script over which he has control regarding when an argument begins, when it ends, what is remembered and what is not, and what causes the argument and what does not. He perpetuates himself as someone who can lose control at any time and develops the belief that this position is effective as a means of control. The turning point in the violent relationship was his partner's leaving home while initiating legal proceedings against him. He interpreted her actions as an attempt to rob him, air the family conflict with strangers, and cause irreversible damage to the quality of his life. He further describes her return home in terms of humiliation ("... came crawling home"), which expresses his victory in the struggle for control. Nevertheless, he wanted her to return and viewed this as a testimony of mutual consideration. He describes her as lacking in understanding and consideration for him. He ignores her needs and constructs his self-perception as a victim, explaining and justifying the continual arguments in their old age, which remain routine against the backdrop of the uncontrolled and volatile explosiveness of his violence as the secret of his power. His wife describes an atmosphere of fear and terror, and reinforces her partner's version of his potential volatility:

He is not an easy person. He always needs to have his own way. He was always unfaithful to me—went with other women. And there was also great pressure on the children. They were all afraid of him. . . . He used to hit them from time to time; I would not go along with that. But I just stood on the side and did nothing. I couldn't even say a word. That's what he decided and that's what he did. In retrospect, I should have acted differently. Everyone was afraid of his screaming, his behavior, of his throwing things around. He often threatened to burn the house down. I was afraid that he would really do something to me. I don't remember what we argued about because everything stressed him out, everything makes him angry. He is a ticking time bomb. When will he take out the bomb? When will it explode? Although now he is calmer because of the medication.

The woman describes her husband's abusiveness toward their children and her helplessness to act. She depicts an overall violent picture of her partner, directed at all members of the family, including herself. Her descriptions abound in scenes of uncontrolled outbursts, which spread fear and terror. She uses this paralyzing fear to justify her helplessness and inability to protect her children. Although violence was prevalent, it focused on

the children and was associated with a conflictual atmosphere arising from his constant betrayal and overall lack of consideration. The threats and throwing of objects also left the family members with the feeling that he needed to be held back, as he was about to explode. Throughout the years, the conflicted relationships colored their interpersonal life and deposited an emotional load that was continued throughout the years. In spite of the moderation in violence, the recurring images of the yearlong conflicts remained, increasing the severity of any violent events in the present. In other words, "violence in the air" throughout the years increases the weight of every conflict for the aging woman.

The husband and wife recognize their interpersonal situation as conflictual, and they each experience a subsequent sense of victimization. Whereas the male perceives violent events as passing and not meaningful enough to remember, and views himself as victimized by his wife, she accumulates the collective memories of the family, which immortalize her victimized status by a sense of fear and lack of protection.

Cluster 3: "More of the Same—But Different"

This cluster of families is characterized by long-term violent behavior of medium to high severity, of husband toward wife. Although physical abuse was prevalent throughout the years, old age brings about a process of transformation of the physical into other forms of violence, such as abuse arising from unmet economic needs or emotional abuse; however, the threat of physical violence remains always in the background. Changes in the power balance bring about frequent role reversals and/or mutual abuse. Following police intervention, the move to a different form of violence—blatant economic abuse—is illustrated by 66-year-old Sharona, who described her more than 50 years of conflict and quarrels with Hertz (recently deceased):

He cut me off from my family. We did not get along. He used to humiliate me in front of his family and when I would answer or react, it bothered him, but when he hurt me badly, that was all right. And then it came to slaps, shoves, vulgar curses. And I carried on like that, suffering year after year, all kinds of suffering. I was a slave, year after year. You always say, maybe, maybe. I nursed his parents until they died. After that he stopped supporting me for eight months. In 2002, he cut me off again. I didn't have anything. For 8 months, I was without food. My

daughters are still taking care of me to this day. I say to him, "Give me my food. Give me money for support." He says, "Go out to work, take it from your work, and take it from the dowry you brought." I tell him, "You have an obligation." He says, "You want money? Go to the central bus station [. . . be a whore]." I wrote everything down. Everything he said and all the humiliations. I said, "You used me, you said I was a slave, that you bought me with money and used me as you pleased. And I never said a word in return. I did everything to keep the peace at home. But now I want my food. I am going to take you to court, I'm going to have you prosecuted." He said, "You can prosecute me, I'm not afraid." When I took him to court and the court injunction came down, he went wild. And the threats began: "Wait, you just wait, you'll see what you'll get. No one tells me what to do. I'll throw you out. I'll divorce you." He takes revenge on me. Says that he'll ruin me, destroy me. Since I got married, I've been tied to him here. He is like a terrorist who goes out, blows something up, and gets money. Here he wants to liquidate me so that I don't get anything. That's his way.

Sharona describes her partner's system of total control and hegemony. She is forced to bear his and his family's humiliations throughout the years. She finds herself alone facing her husband and his family and suffers insult and ridicule. Her reactions lead to severe physical violence, which reinforces a tight system of control. Such control contributes to the construction of total victimization, which culminates in her devotion to those family members who perpetrated violence against her. She later used the metaphor "you erased me," which reflects her inner-meaning of being exploited and the mode of exploitation, and related her feelings of exhaustion, fatigue, and suffering, which have left her "an empty vessel" in her old age. Although control based on the use of physical violence was limited, it came to be channeled toward blockage of her basic economic subsistence needs. The implication of this is that she is unable to support herself, cannot pay the monthly bills, cannot manage the house, nor care for her basic health needs. Her partner relates to this economic blockade as part of the web of general violence and the struggle for control and interprets her struggle for existence as a personal challenge directed against him. The act of blockade, after long years of continuous suffering and sacrifice, brings her to her limits and makes her decision to fight it adamant. She is ready for a head-on confrontation. The struggle is now total, accompanied by threats, loathing, hatred,

and humiliation, leading to separation. Sharona uses a metaphor taken from the world of terror and mentions his desire to "liquidate" her emotionally and physically. The cumulative effect of suffering has "prepared" the demarcation of boundaries between continuing suffering and giving in, on one hand, and freedom and the need for change, on the other. She experiences the threat to her existential survival as a boundary, which cannot be violated under any circumstances. One could assume that the ending of physical violence and moving to economic abuse would make things easier for her, but it appears that the cumulative effect of violence throughout the years has brought her to the end of her tether. In contrast, her partner, Hertz, 66 years old, describes the situation quite differently:

There were arguments here and there, like in any home. It never deteriorated. Arguing here and there and after a couple of days, it would pass. We never shouted at each other, we didn't curse or anything else. If I am angry, my way is to remain silent, I don't speak. You see that tree? Speak to it. I'm just like that. What especially insulted me was what she said. It was her remarks that really hurt me. Rude remarks, really hard. She called me Arafat, Eichmann, Hitler. I never raised a finger to her in my whole life. I would never even raise my hand to a cat. I overturned on a Vespa [motor scooter] so as to avoid a cat. Raise my hand to her? And the whole time she keeps saying, "I'll make his life miserable. I'll scratch his eyes out." She still tries to drag me into violence. She won't succeed. . . . She keeps saying I took her money. At the beginning, she said I took all her money. That's how it starts. Empty accusations. Like cat and mouse. I decided, that's enough. It's getting on my nerves, it hurts. I decided to leave the house and fight her from outside.

Hertz describes a routine punctuated by quarrels and arguments like those that occur in every home. The accumulated anger caused by the conflicts leads to his silence and detachment. He denies any violent behavior on his part and focuses on his wife, who makes his life unbearable. For him, her hurtful remarks lack context, and thus, they can be understood as naked insults. She compares him to characters who have entered the Jewish consciousness as symbols of evil and violence and who are objects of hate and revulsion. He confirms her statement that the arguments are about money, but he does not explain what causes them. The reasons for the quarrels are so diffused that they seem irrelevant. He perceives himself as nonviolent, as a person who would

never even hurt an animal, and as a victim of his wife's emotional abuse. She is described as a troublemaker who constantly attempts to cause him harm. He constructs a new context in which the cruelty of his wife is intensified to an unbearable level, turning him into a martyr. According to him, she has an action plan, falsely accusing him and entangling him with the legal authorities, involving him in a web of provocations. He terms this a war of cat and mouse, meaning pursuit and evasion. This does not fit in with his worldview of power and control, so he chooses to leave the house and wage total war against her. The decision to fight from outside is a result of context manipulation, which enables him to instigate a complete cutoff, which justifies his leaving the house.

The two describe money as the source of the conflict and accuse each other of emotional abuse. Whereas the woman evokes a violent context to explain their relations, her partner ignores it. Common to the two is their perception that violence is a part of their life routine, with fluctuations. Whereas the male accuses his wife of these changes and calls her a troublemaker, she refers to the cumulative effect of difficult relations and views the changes as part of her partner's cutoff strategy. Both sides perceive the change as escalation, even though in actuality, the physical violence has stopped, and the relationship can now be termed as a "war of attrition."

The second mode of abuse within this cluster was characterized by transformation from physical to emotional violence, associated with mutual abuse and/or role reversal. In other words, violence as one-sided behavior disappears and a pattern of escalation characteristic of old age develops, during which role reversal occurs and the harm is reciprocal. This scenario is described by 76-year-old Shoshana:

He made me suffer, murderous blows. I worked hard all my life. I raised children. . . . After my knee surgery, he argued with me, threw me on the floor. It happened on Friday, there was no one to help me up. I pulled myself to the bed and kept falling, I didn't know what to do. . . . I read some Psalms and forgot everything. What's done is done. Since he returned from the hospital, I said, "We're finished." It's not for him [sex], and not for me either. Fifty years isn't enough? I am a sick woman, and he doesn't give me any rest. I close the door and I want to sleep. He disturbs me. He wants to sleep with me. . . . He argues about everything, he's never quiet, he shouts. I don't know what he wants from my life. I keep quiet. He says he's sick. And what about me, I'm not sick? Three years ago, he had a stroke, he was weakened.

God is punishing him. I don't curse, I don't speak. Now he doesn't raise a hand, he can't, there is the police, he signed, I took him to court, he cried. If he beats me I'll kill him. I'll throw him down the stairs. He can't do anything to me any more. I said that the social worker should take him to a nursing home. I hate him. I can't look at him. I won't forgive. I'm not afraid now, I do everything quietly, I don't say where I am going any more, I don't tell. I only tell my son where I am. It's because of everything he did to me. Let him be anxious, I don't care any more.

For Shoshana, a religious woman, reading the Psalms is a source of relief, which strengthens her in hard times. With the help of her faith, she hopes to forget the years of suffering and violence and to cope with the difficulties and limitations of aging. The turning point in her relations with her husband was the onset of their health problems. Shoshana's knee surgery limited her ability to deal with the pain of violence. She found herself helpless and lacking control over her body as a result of the physical harm caused by her partner. For her, the change in her physical condition clearly emphasized her inability and her lack of desire to continue bearing the violence against her in its previous format. Simultaneously, the effects of her husband's stroke and his weakened state have become apparent, and as she states, "he can't do anything to me any more." This enables her to change the power balance.

These two parallel processes have brought her to new initiatives. She has involved the police, which for her partner is a deterrent force in his present state, and she decides on separate sleeping arrangements. As a result, her partner is trapped between his poor health and the threat of law enforcement agencies and takes out his frustration by annoying her, harassing her, and continually shouting. His wife appears to feel *schadenfreude* (happiness at the troubles of others) regarding his illness; her fear has lessened and she begins to develop self-confidence for expressing the negative feelings of revulsion, hatred, and anger, which she has accumulated throughout the years. From her new position, resulting from role reversal, she allows herself to threaten to have him removed from home, insult him, and emotionally abuse him and attempt to disrupt his quality of life as much as she can. Indeed, Shoshana reports a history of suffering for many years, while the cumulative effect has been unfinished business, which needs to be paid off now in her husband's weakness. As she cannot forgive, she searches for retribution in two ways: malicious happiness at his condition and the transformation of the male partner into helplessness and lacking in confidence, which

resembled her own situation of suffering throughout the years. Role reversal such as this paradoxically creates a psychological sense that the account remains open and therefore enables the continuation of a life together in suffering. Her partner, Israel, 73, strengthens Shoshana's version and offers his own point of view:

I don't want to tell you. I'm embarrassed. I'll tell you the truth; there are no (sexual) relations between us. You know what that is. It's been a year and a half, there is nothing. She says she can't, so I left her alone. We were at the police station. We had disputes. I want to sleep with her one night a week. She said no. We had a fight. Now the children have grown up and that's it. . . . She left me, she doesn't want me. She said, "Enough, 50 years you had a good time, now it's enough." Sometimes she yells at me. I don't answer her. In short, she loves me but not with all her heart. She threatens me all the time: "I'll run away." I'm sick of it. She is an old woman, over 70. She shouts. She's nervous. I don't want to provoke her. She'll leave the house and go. I love her with all my heart, and I don't want her to leave. Once she left for 6 months. I couldn't get over it. I am afraid of the police. Of her . . . well, I suffer, I suffer because of her. I don't think about anything. I don't have the strength to argue. I look at myself; I have diabetes and all these other health problems. I also had a stroke and I get headaches. If I had the nerve, I would have killed her long ago. I don't want to start with her. I'm sick of her.

Like his wife, the man has internalized the new situation. After the involvement of the courts and the police, he understands the boundaries of his diminished possibilities for violence and that his range of action has changed. He also understands, reluctantly, that intimate relationships that gave him satisfaction are out of the question. Whereas she interprets his attempts of rapprochement as sexual harassment, he interprets her refusal to have sexual relations as rejection. All of these, along with the deterioration in his health, redefine the control and power balance between them. This new position forces the man to reconstruct his crumbling world in a manner that enables a seeming illusion of control by using a proactive language (e.g., "I'm sick of it" and "I would have killed her"). He further explains that the reasons for his capitulation stem from his fear that she will leave him in spite of his age and state of health. His wife recognizes this fear and exploits it by using unabated threats and provocations, which make his life unbearable. To ease the sense of rejection, he constructs a "love story" between them, which at least

partially explains her love for him, although it is not as complete as he would like it to be or as overwhelming as his feelings for her. He avoids conflict ("I don't want to start with her"), while the real threat of going to jail, which reduces him to tears, hangs over him. These tears seem to stem from self-pity for his emasculation in the couple's control alignment as well as from the threat to his social identity, resulting from his perception as deviant, if sent to prison. This perception is in sharp contrast with the way he perceives himself. The emotionally charged situation helps him to justify his deterioration status resulting from loss of freedom, a sense of abandonment, and helplessness. He enlists the sick role to justify his helplessness and sticks to a script empty of content and disconnected from reality, but it is his saving grace in the eyes of others.

The husband and wife share the insight that the power and control balance has been broken and a new balance must be achieved. The husband's new meaning system is focused on his emotional abuse, which transforms him into a victim, whereas his partner identifies this as a time of retribution and revenge.

It will be recalled that this cluster is characterized primarily by movement from physical to other types of abuse. The "aging out" from the physical dimension means a transformation of this kind of violence to other forms of abuse, such as economic deprivation, verbal and psychological abuse, and a strong motive of neglect, which are more age appropriate. Although these seem more moderate, the battlefield for achieving power and control continue with full intensity and frequency, along with the intense emotions and escalatory interactions. Thus, the violence is maintained as a way of life, although its visibility is decreased, but the suffering increases because of the cumulative effect of the load throughout the journey. Currently, in old age, there are no signs of violence and therefore no attention given to it, but the suffering involved is very painful and very much alive.

Cluster 4: Violence Through Illness to the Very End

The final cluster indicates that physical violence toward the woman continues and even increases when the male partner is ill in old age. This is the culmination of a continuously violent way of life to the very end. This cluster is illustrated by 65-year-old Sonia's story:

Well, we just got married like any other couple. There was no love. That's fate. We had all kinds of arguments. We didn't get along. I don't want to talk

about these things. It's all in the past, and it's unpleasant to talk about. There were bad periods. This week, I remembered when I was watching this TV series. . . . It was the same [cries], because the husband on the TV demanded the receipt from the store. It reminded me that he used to be just the same. I used to be embarrassed to ask them for it. And I cried in front of the television. . . . Then, he got up and hit her, and it really reminded me of how I agreed to this situation, because I had no choice. I was afraid of him, always. He would kill me if I did that to him. We always argued about money, he used to hit me. He would take me by force [rape] sometimes. I hated him. It was humiliating. And he would come back to me after he had some screw-up with another woman. I didn't want him to come near me at all. I would run away. And he would tell everyone that I wouldn't go to bed with him. Because of that, I go looking outside. Sometimes we were involved in an argument. He would come back home, and he would sometimes disappear. When he broke his leg, of course he came home. He was at his sister's and she brought him home in an ambulance. He only wanted to be at home with me. So I took care of him. What could I do? I'm not the type who could have thrown him out and left. A few times I thought about it. But I wanted to keep up a home, for the children, so that they would have a place to come home to. Recently, when he was sick, I called the police because he pushed me down on the countertop and poured a cup of tea over me. It was as though he wanted to strangle me. They took him into custody for 24 hours. He asked me to have him released. The last time he blew up at me, we had him hospitalized. Look, he was always nervous, shouting, but when he became terminally ill and I was taking care of him and he still shouted at me, I couldn't stand it. . . . The medication made the situation worse, he became more tense, nervous, sometimes I remember things he did to me and I think what a victim I am now, because I'm shut up in the house with him. After everything he has done to me, he doesn't deserve to have me taking care of him in this way. Sometimes I can't fall asleep. Then, I think about both the good and the bad times. I remember, well, there were hard times. You can't say that it was all black. There were good times . . . I want to forget. There's no choice. Now is the time to take revenge? What can I do? Then I remember and I say it's over and done with.

As in other clusters, the conflicts were accompanied by violent relations connected to betrayal and control of economic resources. Sonia struggles with her memories, which make it difficult for her to care

for her partner who is in the final stages of his illness. She tries to deal with the memories by alternating between good and bad periods, while in her daily life she tries to forget, but the various episodes bring back memories and difficult feelings. Her life's main themes are negative: no love, no contact, no compassion. She remembers his beatings, the rape, the humiliation, and the exploitation that she bore with to keep the family intact. The suffering is overwhelming and creates a chaotic experience in which the boundaries between the outside world, as described in TV shows, and her own life become permeable, and her meaning system is penetrated by another's suffering, which evokes her own. The major themes of her interpersonal life are the use of force and the feeling that she is a "default option," used only in case all others failed. This, along with her commitment to family preservation and later the decision to care for him in spite of their troubled history, becomes difficult to explain, even by her, and thus becomes an additional source of suffering. She attributes her devoted care for him through life to her own values and ethical standards related to care for the sick, but she reaches her limits once the abuse during his severe illness connects to their history of previous abuse. Thus, even though her partner's days were numbered, she was forced to call the police and to remove him from the home. She herself tries to solve the paradox between the violence she has suffered "until death us do part" and the care and concern that should earn her admiration and gratitude in this life and the next, and she tries to console herself with the fact that the end is near, both in terms of her own release and in the sense that she never had what she wanted. The great paradox is that when a wife is battered, she actually lives her entire life in a state of uncertainty, and when the approach of death introduces certainty to her life, she is still entrapped by her own values. Her assistance during his illness, alongside his continued violence, makes his acts look more severe and the actor more vicious, and she feels more entrapped in her role of caregiver, against all odds. In the final analysis, they are both helpless: he as a terminally ill perpetrator and she as an abused woman entrapped by his illness. Nearing death, Yigal, at age 70, stated,

She and I are from the same town. We had a good life. I was always busy with work and we lived very well, like all of our friends. We always got along well. That's all. And we've remained together until now, 50 years together. Yes, we had quarrels; every

house goes through things like that. She didn't want me to visit my friends; I had a lot of friends. I was always against her and she was against me. That's all. She kept a close guard on me, so that I would not go off with another woman, and we got along all the time. When we argued, it was just words. That's all. She wouldn't speak to me all the time. That would make me angry. Afterwards, friends would come and patch things up. We sat and ate. No, no, I didn't get very upset, I was a good guy. Did we have difficult periods? Not so difficult. There were some arguments, not a lot, a few. Twenty years ago, I told her, "That's enough, I'm sick of it, let's carry on living, our daughters are married. Let's go back and live like we used to." And now, everything is alright. Today, I want to die knowing that my wife will remember the good years we had together. And the bad things? We've forgotten them all. Now everything is fine.

Like other elderly violent men, Yigal also minimizes the violence and frames a "normal-conflictual" relationship. The key theme in his narrative is the "normal curve," which seems to him essential at this juncture of his life. He describes a normal family life, which fluctuates. At a time when he is trying to ease his way out of life, Yigal tries to determine how he will be remembered. In constructing this memorial, he expects his wife to erase the difficult memories and remember him in the context of the good times. *Vis-à-vis* the helplessness in confronting death, control remains his last source of strength, and he needs to use it to control her memories of their joint life. What his life was in reality is unimportant. He must be remembered as he was expected to be and according to his expectations of himself—a hard worker, a solid normative family man, living a normal life, with standard conflicts expected to occur in every other family. This is his hope for salvation, cleansing, and walking out forgiven.

Both members of the couple share cohabiting paradoxes that coexist: The woman struggles with the contradiction between her memories of the violence-related past and her devoted care for her terminally ill partner, who continues to be violent. The man manipulates his way between the periods of forgiving and forgetting and the conflictual reality, loaded with the negative emotional baggage of suffering, negative self-identity, and the inability to forgive or forget.

Another variation on this cluster is related to the exacerbation of violence in the context of the partner's Alzheimer's disease. Mona, 72 years old, described her relationships with her violent husband, who was diagnosed with the disease:

From the beginning [of] our relationship, he would break things and raise his hand to me, and then we'd make up. You know how it is between husband and wife at night. And I did it out of fear. It was awful, awful. The atmosphere was always tense, and the children were always afraid. . . . Once, I'd had enough, I am not ashamed to tell you, I took an overdose, I wanted to kill myself. I took all the Valium I had at home, everything. I said, "Enough! I've had it. This is no life." Recently, I called the police twice. Once, he was removed from the house for a week, 2 months ago, before he entered the nursing home. I wrote that he was diagnosed as sick . . . and he did it because of illness . . . and we didn't know at the time that he was really sick. Because I didn't want to go to court, you understand, but actually these things were going on all the time, you understand? When he was very sick, he burned everything. Tore everything. He burned the armchair, all of it. Look. All of his new training suits, all with holes. I did everything. So what? How did that help? It was hard for me to bend over to wash him, lift his foot. Then, he would put it down on purpose, pushing me. Not that, not at home, you understand? If it had been another illness, maybe he could have stayed at home.

Over and above the common descriptions of violence in the past, accompanied by threats, coercion, forced sex, and beatings, Mona describes a suicide attempt resulting from her sense of despair. Until recently, she had to deal with his "usual" acts of violence, resulting in his removal from the home. The boundaries between violence rooted in Alzheimer's disease and violence as a way of life are blurred and confusing. Mona finds herself exploiting the twilight zone to find an honorable way of ending the legal process while noting that, even before he was diagnosed, his actions were similar. As the disease intensifies, she is able to map the new expressions of violence as part of the Alzheimer's script, which includes burning armchairs, pulling out lamps and other items, and violent resistance to personal hygiene. Mona has experienced a lifetime of violence, which has intensified with the progress of Alzheimer's disease and has ultimately required that her partner be institutionalized. Although she is looking for a way out of a violent relationship, which has embittered her life, she also feels guilt and shame. This ambivalent situation does not enable her to experience authentic feelings such as hatred and retribution, and she must find accounts and justifications for her behavior. Thus, her partner's illness has provided her with an escape from her journey in violence.

In the previous cluster, physical violence is maintained throughout time and into old age, and is intensified by age-related illnesses. Violence is perceived as more severe than ever given its unique context, a terminal illness or dementia. The basic experience of the partners is that only death or another dramatic move such as hospitalization can end the lifelong violence.

Discussion

Four family clusters were constructed based on parameters of severity and types of violence, its visibility, the objects at whom it is directed, and its manifestations in old age: (a) The arena of violence is alive and active; (b) violence in the air—violent ecology, meaning restraint in outbursts of violence, while maintaining an ecology of terror; (c) more of the same—but different, as the conflictual interactions are still experienced to their full intensity but have shifted to different types of abuse; and (d) violence through illness, as the couple continue living in violence and part from it only as a result of the illness or the termination of life.

Each member of the couple brings a life narrative in the shadow of violence. This has personal and shared elements and is designed to give the impression of coherence and continuity throughout their joint life, often 50 years or more. The four clusters provide a complex picture of various ways of living with violence throughout time. This structure was presented intentionally by the couples and reflects their choice of a narrative in the context of time. They perceive that the only way to live and understand the present and expect the future is to use the past as a platform. They also stressed the cumulative dimension, which is essential to understanding the interaction between old age and violence. From such a perspective, the suffering and terror are the result of long-term entrapment in a common history fed by successive and cumulative events, rather than one-time or occasional outbursts. A life-course perspective is necessary for examining the experience of IPV in old age (Williams, 2003) to attribute any depth and validity to the research findings.

The women and men experience time differentially and accordingly ascribe different meanings to the violence. As this study and the other literature has found (e.g., Band-Winterstein, 2008), elderly battered women experience the violence and subsequent suffering as continuous; therefore, most do not forgive or forget.

The experience of violence acts as a barricade between past, present, and future, which impairs them from placing time limits on violent events. Time stands still and violence is a constant, as though it is happening in the present. Violent men have the opposite interest: to shrink the experience of time and to erase the violence. Men try to forget the past and focus on the present and the future.

The aging process supplies an additional element to the extended present, an acute sense of time running out, accompanied by a sense of urgency and temporality (Butler, 1977). For aging couples with violent relationships, the past, with its memories, becomes extended and is experienced as a burden that intrudes upon the present and future—and makes the present increasingly painful and frustrating—whereas the future is often threatening and thus tends to disappear (Eyal, 1996).

With the passage of time, the expectation that violence will recede into the past by “aging out” creates an illusion that violence ends with age (Smith & Hightower, 2000). In actual fact, the violence always remains experientially in the present. It becomes a leitmotif running through the years, spreading and changing shape, and it intensifies in one’s personal experience. Although aging brings physical and functional changes that require a change in couple/family organization, the violent male does not give up his hegemony based on power and control or on his dichotomous worldview of good/bad, win/lose, or big and controlling in contrast to small and controlled (Reitz, 1999). He redirects them according to frequent situational assessments, which he alone determines. Although his violence changes through time, the active terror is continuous and perpetuates itself.

Regarding the structure and content of conflict escalation, research has shed light on the process (Eisikovits & Winstok, 2002; Winstok, Eisikovits, & Gelles, 2002) for younger couples. It appears that given the aforementioned changes in the perception of time in old age, escalation is also perceived differently. It is not necessarily perceived as escalating from verbal abuse to physical violence. It might be experienced as escalating even when the physical violence is transformed into emotional or any other form of abuse. The visibility and frequency of violence might decrease, yet their cumulative effect over the years might lower the boundaries of tolerance. Violence is expressed in a myriad of ways, which are seen as increasingly unbearable. Both sides come to experience it as a war of attrition throughout the

years, involving unbearable pain, or as role reversal and reciprocal violence, signaling total war.

The man's use of violence is well calculated and takes into account a cost/benefit analysis, whereas the target, visible or hidden, might change: toward the children—who are seen as easy prey through the years, toward the wife, or toward wives and children. Old age and increasing dependence on the wife brings about a calculated change, but the use of force and control remains, whereas terror is experienced continuously and often perpetuates itself.

In line with the life-course view of crime development (Sampson & Laub, 2005), we found that there are no unique causal processes explaining crime in old age, but only unique contextual variations that result, as stated earlier, from the interaction between old age and crime. Time-varying turning points or life events seem to be significant. Our findings indicate that events such as children's departure from home, retirement, one partner's illness, and increased mutual dependency associated with increased contact and friction, social isolation, and vulnerability do change the form of violence but seldom stop it. They also seldom change the experience of terror and violence in the participant's consciousness. Finally, elderly people who experience violence often seem to be "locked" into certain trajectories created by life circumstances arising from their age and sociobiological constraints. For instance, some women found themselves caring for their violent partner who fell ill. However, these trajectories do not imply that people have lost their freedom of choice as to how they frame and account for the way in which they choose to live and age with the violence. As such, the deterministic power of such trajectories is limited.

Study Limitations

This study dealt with the experience of aging in the shadow of intimate violence at a given point in time, while the couples retrospectively supplied other events at other points in time. There is no doubt that a longitudinal study would enrich our understanding both of the topic itself and the developmental changes occurring in real time across the life span of the individual and of the family. Given the fact that both partners construct a narrative that is account rich and presents their subjective constructions, these could be enriched by the perspectives of additional family members who shared the violent life course of the family. By the very nature of this study, the depth and subjective perspective come at the expense of the

ability to generalize. The information gathered, however, has important heuristic value toward theory development.

Practical Implications

Because most couples who age in violence remain together, any intervention should take into account both the individual constructions and joint narratives of these couples. In other words, one cannot ignore that elderly men and women need to come to an agreement concerning their divergent views of the violence through the years. At the same time, they have their own individual, gender-based constructions resulting from differential views of time and space, which, taken together, create differential accounts of how violence occurred and the structure of escalation. At the same time, we need to remember that escalation is cumulative and does not move from verbal or other "light" forms of abuse to physical abuse. The search for this gradual form of escalation might lead to the misconception that the elderly perpetrators have aged out of violence, which, as found here, has no empirical support. Intervention should take into account that the entire dynamics of violence and the way it is perpetrated change with age, and our knowledge acquired from younger couples is only partially relevant. With the increase in longevity, old-age violence has increased in recent years, prolonging the intense suffering of all involved. The simplistic and often ageist expectation that old people do not have much longer to suffer and can therefore be placed on the back burner is increasingly unfounded. Professionals can use the insights gained from this article to readjust their views concerning allocation of time and resources to deal with this important social problem. The extended existence of suffering for both partners needs to be taken into account, and support needs to be given to the elderly to help them regain meaning toward the possible reclaiming of the future.

References

- Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research, 10*, 378-395.
- Bachman, R., & Saltzman, L. E. (1995). *Violence against women: Estimates from the redesigned National Crime Victimization Survey*. Washington, DC: Bureau of Justice Statistics.
- Band-Winterstein, T. (2008). *Like a wounded pigeon: Life stories of elderly abused women*. Jerusalem, Israel: Eshel.
- Barnett, O. W., Miller-Perrin, C. L., & Perrin, R. D. (1997). *Family violence across the life span*. Thousand Oaks, CA: Sage.

- Becker, C. S. (1992). *Living and relating: An introduction to phenomenology*. Newbury Park, CA: Sage.
- Brandl, B. (2000). Power and control: Understanding domestic abuse in later life. *Generations, 24*(2), 39-45.
- Brandl, B., & Raymond, J. (1997). Unrecognized elder abuse victims: Older abused women. *Journal of Case Management, 6*, 62-68.
- Buchbinder, E., & Winterstein, T. (2003). "Like a wounded bird": Older battered women's life experiences with intimate violence. *Journal of Elder Abuse & Neglect, 15*(2), 23-44.
- Butler, R. N. (1977). The life review: An interpretation of reminiscence in the aged. In L. R. Almann & D. T. Jaffe (Eds.), *Reading in adult psychology: Contemporary perspectives* (pp. 329-339). New York: Harper & Row.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Crowell, N. A., & Burgess, A. W. (1996). *Understanding violence against women*. Washington, DC: National Academy Press.
- Davis, R. E. (2002). "The strongest women": Exploration of the inner resources of abused women. *Qualitative Health Research, 12*, 1248-1263.
- DeKeseredy, W. S. (2000). Current controversies on defining nonlethal violence against women in intimate heterosexual relationships: Empirical implication. *Violence Against Women, 6*, 728-746.
- DeKeseredy, W. S., & MacLeod, L. (1997). *Women abuse: A sociological story*. Toronto, Ontario, Canada: Harcourt Brace.
- DeKeseredy, W. S., & Schwartz, M. D. (2000). Definitional issues. In C. M. Renzetti, J. L. Edleson, & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 23-34). Thousand Oaks, CA: Sage.
- Denzin, N. K. (1989). *Interpretive interactionism*. Newbury Park, CA: Sage.
- Denzin, N. K., & Lincoln, Y. S. (2000). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 1-30). Thousand Oaks, CA: Sage.
- Eisikovits, Z., & Winstok, Z. (2000). Overdrawing and balancing accounts: The contribution of past events to the escalation process from the batterer's perspective. *Violence Against Women, 7*, 5-21.
- Eisikovits, Z., & Winstok, Z. (2002). Reconstructing intimate violence: The structure and content of recollections of violent events. *Qualitative Health Research, 12*, 685-699.
- Eyal, N. (1996). *Real time: The personal experience of time*. Tel Aviv, Israel: Aryeh Nir Publishers.
- Fisher, B. S., Zink, T. M., Rinto, B. A., Regan, S. L., Pabst, S. R., & Gothelf, E. J. (2003). Guest editors' introduction. *Violence Against Women, 9*, 1409-1417.
- Forbat, L., & Henderson, J. (2003). "Stuck in the middle with you": The ethics and process of qualitative research with two people in an intimate relationship. *Qualitative Health Research, 13*, 1453-1462.
- Gordon, M. (2000). Definitional issues in violence against women. *Violence Against Women, 6*, 747-783.
- Greenfield, L. A., Rand, M. R., Craven, D., Klaus, P. A., Perkins, C. A., & Ringel, C. (1998). *Violence by intimates: Analysis of data on crimes by current or former spouses, boyfriends, or girlfriends*. Washington, DC: Bureau of Justice Statistics.
- Hammersley, M. (1995). Theory and evidence in qualitative research. *Quality and Quantity, 29*, 55-55.
- Harris, S. B. (1996). For better or for worse: Spouse abuse grown older. *Journal of Elder Abuse & Neglect, 8*(1), 1-30.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family, 57*, 283-294.
- Kilpatrick, D. G. (2004). What is violence against women? Defining and measuring the problem. *Journal of Interpersonal Violence, 19*, 1209-1234.
- Kurrle, S. E., Sadler, P. M., Lockwood, K., & Cameron, I. D. (1997). Elder abuse: Prevalence, intervention and outcomes in patients referred to four aged care assessment teams. *Medical Journal of Australia, 166*, 119-122.
- Kvale, S. (1996). *InterViews*. Thousand Oaks, CA: Sage.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lowenstein, A., Eisikovits, Z., Band-Winterstein, T., & Enosh, G. (in press). Is elder abuse and neglect a social phenomenon? Data from the First National Prevalence Survey in Israel. *Journal of Elder Abuse & Neglect*.
- Luborsky, M. R. (1994). The identification and analysis of themes and patterns. In J. F. Gubrium & A. Sankar (Eds.), *Qualitative methods in aging research* (pp. 189-210). Thousand Oaks, CA: Sage.
- Mahoney, P., Williams, L. M., & West, C. M. (2001). Violence against women by intimate relationship partners. In C. M. Renzetti, J. L. Edleson, & R. K. Bergen (Eds.), *Source book on violence against women* (pp. 143-178). Thousand Oaks, CA: Sage.
- Mears, J. (2003). Survival is not enough. *Violence Against Women, 9*, 1478-1489.
- Montminy, L. (2005). Older women's experiences of psychological violence in their marital relationship. *Journal of Gerontological Social Work, 46*(2), 3-22.
- Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- National Center on Elder Abuse. (1998). *The National Elder Abuse Study: Final report*. Washington, DC: Administration on Aging. Retrieved July 6, 2004, from <http://www.aoa.gov/abuse/report/default.htm>
- O'Keeffe, M., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., et al. (2007). *UK study of abuse and neglect of older people: Prevalence survey report*. London: National Center for Social Research and Kings College.
- Podnieks, E. (1992). National survey on abuse of the elderly in Canada. *Journal of Elder Abuse & Neglect, 4*(1/2), 5-58.
- Polkinghorne, D. E. (1991). Narrative and the self-concept. *Journal of Narrative and Life History, 1*(2&3), 135-153.
- Pritchard, J. (2000). *The needs of older women: Services for victims of elder abuse and other abuse*. Bristol, UK: Policy Press.
- Reitz, R. R. (1999). Batterers' experiences of being violent: A phenomenological study. *Psychology of Women Quarterly, 23*, 143-165.
- Rennison, C., & Rand, M. (2003). Nonlethal intimate partner violence against women. *Violence Against Women, 9*, 1417-1427.
- Sampson, R. J., & Laub, J. H. (2005). A life course view of the development of crime. *The Annals of the American Academy of Political and Social Sciences, 602*(1), 12-45.
- Schaffer, J. (1999). Older and isolated women and domestic violence project. *Journal of Elder Abuse & Neglect, 11*(1), 59-77.
- Schofield, G. W. (1993). Increasing the generalizability of qualitative research. In M. Hammersley (Ed.), *Social research: Philosophy, politics and practice* (pp. 201-225). London: Sage.

- Seaver, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse & Neglect*, 8(2), 3-21.
- Smith, M. J., & Hightower, J. (2000). Domestic violence & older women. *Partner Abuse*, 11, 12-13.
- Spinelli, E. (1989). *The interpreted world*. London: Sage.
- Straka, S. M., & Montminy, L. (2006). Responding to the needs of older women experiencing domestic violence. *Violence Against Women*, 12, 251-267.
- Strauss, A. (1987). *Qualitative analysis for social scientists*. New York: Cambridge University Press.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*. Newbury Park, CA: Sage.
- Teachman, J., & Crowder, K. (2002). Multilevel models in family research: Some conceptual and methodological issues. *Journal of Marriage and the Family*, 64, 280-294.
- Vinton, L. (1991). Abused older women: Battered women or abused elder? *Journal of Women & Aging*, 3(3), 5-19.
- Vinton, L. (1992). Battered women's shelters and older women: The Florida experience. *Journal of Family Violence*, 7, 63-72.
- Vinton, L. (1999). Working with abused older women from a feminist perspective. *Journal of Women & Aging*, 11(2-3), 85-100.
- Vinton, L. (2001). Violence against older women. In C. M. Renzetti, J. L. Edleson, & R. Kennedy-Bergen (Eds.), *Sourcebook of violence against women* (pp. 179-192). Thousand Oaks, CA: Sage.
- Widdershoven, G. A. M. (1993). The story of life: Hermeneutic perspectives on the relationship between narrative and life history. In R. Josselson & A. Lieblich (Eds.), *The narrative study of lives* (Vol. 1, pp. 1-20). Newbury Park, CA: Sage.
- Wiehe, V. (1998). *Understanding family violence: Treating and preventing partner, child, sibling, and elder abuse*. London: Sage.
- Williams, L. M. (2003). Understanding child abuse and violence against women—A life course perspective. *Journal of Interpersonal Violence*, 18, 441-451.
- Winstok, Z. (2007). Toward an interactional perspective on intimate partner violence. *Aggression and Violent Behavior*, 12(3), 348-363.
- Winstok, Z., Eisikovits, Z., & Gelles, R. (2002). Structure and dynamics of escalation from the batterer's perspective. *Families in Society*, 83(2), 129-141.
- Winterstein, T. (2006). *Family members' perspectives on life in intimate violence over the life span: Scripts of interpersonal and intergenerational relationships in the shadow of violence*. Unpublished PhD dissertation, University of Haifa, Haifa, Israel.
- Winterstein, T., & Eisikovits, Z. (2005). The experience of loneliness of battered women. *Journal of Women & Aging*, 17(4), 21-19.
- Yan, E., & Tang, C. S. (2001). Prevalence and psychological impact of Chinese elder abuse. *Journal of Interpersonal Violence*, 16, 1158-1163.
- Zink, T., Jacobson, J. C., Pabst, S., Regan, S., & Fisher, B. (2006). Older women's descriptions and understandings of their abusers. *Violence Against Women*, 12(9), 851-865.
- Zink, T., Jacobson, J. C., Regan, S., & Pabst, S. (2004). Hidden victims: The healthcare needs and experiences of older women in abusive relationships. *Journal of Women's Health*, 13(8), 898-908.
- Zink, T., Regan, S., Jacobson, J. C., & Pabst, S. (2003). Cohort, period and aging effects: A qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women*, 9, 1429-1441.

Tova Band-Winterstein, PhD, is an assistant professor of gerontology and nursing and a research fellow in the Center of Aging Studies at the University of Haifa, Mt. Carmel, Haifa, Israel.

Zvi Eisikovits, PhD, is a professor of social welfare and director of the Center for the Study of Society at the University of Haifa, Mt. Carmel, Haifa, Israel.