

Adverse Health Correlates of Intimate Partner Violence Against Older Women

Summary

There is limited knowledge about the specific health effects of intimate partner violence (IPV) among older women. Available information indicates that older women are increasingly vulnerable to IPV and experience significant adverse physical and mental health consequences. Certain barriers make this older cohort harder to reach and help. A lack of coordination between the fields of IPV and elder abuse has contributed to a lack of conceptual clarity, resulting in challenges to understanding victims' experiences and providing appropriate supports. In addition, older women sometimes do not report abuse due to fear of retaliation, abandonment by the abuser, or shame. Understanding health conditions that are related to IPV may help health care professionals identify older women who may be victims and create plans to address the abuse. Yilmaz and colleagues mined electronic health records (EHR) to identify the health correlates and markers of IPV specific to older women who are victims of IPV.¹

Methods

Data was gathered from the IBM Explorys Therapeutic Dataset, an EHR database that contains information about eight million clinic visits from over 40 healthcare centers in the US. The research team included patients who were above the age of 18 and were seen at a variety of health care systems between 1999 and 2019. The goal was to discover medical conditions that showed a stronger association to older women with IPV versus younger women with IPV.

Results

There were 276 medical conditions associated with older women affected by IPV. The top 20 most commonly observed disorders within the group included drug and alcohol abuse or intoxication, poisoning from medications or chemicals, multiple bruises, posttraumatic stress disorder, and a history of abuse. Conditions more closely linked to older women as opposed to younger women with IPV included a history of abuse, mental health conditions (e.g. posttraumatic stress and anxiety disorders), substance use issues, stomach cancer, musculoskeletal issues, disorders such as hypoglycemia, and developmental disorders. The authors reported that older victims of IPV suffered from major depression nearly four times more often than their younger counterparts.



¹ Yilmaz, S., Gunay, E., Lee, D. H., Whiting, K., Silver, K., Koyuturk, M., & Karakurt, G. (2023). Adverse health correlates of intimate partner violence against older women: Mining electronic health records. *PLoS one*, 18(3), e0281863.

Key Takeaways

- It is especially important to screen for substance abuse and medication overuse in older women with a history of any kind of abuse.
- Major depression, injuries (especially those related to falls), and stomach cancers are more common in older women as compared to younger women who are victims of abuse.

Limitations

- The data may skew towards more severe cases of IPV, which are more likely to be reported in the EHR. Thus, the relationships revealed may only be connected to more serious cases of IPV.
- The study collected data that was reported at a single point in time for the individual patients. Thus, causality and long-term effects cannot be identified between IPV and medical conditions.
- Analysis was done on summaries available in the EHR which provided for only high-level associations as opposed to more specific connections based on unique populations.

Implications for Practice and Research

Health care providers in primary care, family and women's health clinics, long-term care facilities, and emergency settings should implement screening measures to detect IPV among older women. Screening is essential for all women whether or not they present with trauma injuries, given the prevalence of emotional and physical harms associated with IPV. Emergency departments, in particular, offer safe environments for help-seeking, resources, and referrals for hard-to-reach victims. The relationship between stomach cancers and IPV also needs to be investigated to better inform screening and detection. Early intervention may reduce IPV recurrence, improve mental health, and enhance the quality of life for older women.

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