

In this second of a series of SBW Notes that focus on evidence-based practice, SBW Associate, Dr. Marie L. McCormick discusses one of several under-recognized issues in the mental health of older women.

"Why am I still having these dreams?" PTSD in the lives of older women survivors of intimate partner violence

This reflection suggests the real and present phenomenon of post traumatic stress disorder (PTSD) in the lives of older women survivors of intimate partner violence (IPV). Based on clinical practice with women who are experiencing violence in their current intimate partner relationships, this issue has begun to receive some empirical attention. However, post traumatic stress that results from IPV experienced in earlier intimate relationships is a less recognized phenomenon that has received scant empirical attention. Knowledge generated from my research - briefly presented here - enhances the capacity of clinical social workers to recognize and care for this vulnerable, under-recognized population of trauma survivors.

Survivors of IPV are usually thought of as women in their childbearing years. It is only in the past several years that domestic violence has been recognized as a problem for women across the lifespan. While knowledge of IPV history would include screening for symptoms of post traumatic stress in younger women, it is less likely that mental health clinicians evaluating older women would look for or elicit historical information about IPV. Dissociative symptoms may be normalized by the survivor and therefore not reported. Similarly, symptoms such as depression and anxiety, when presented by an older woman, might not be associated with post traumatic stress resulting from IPV.

In a qualitative project I asked 15 older women during a series of in-depth interviews to reflect on their 'self'(s) in their bodies through the lens of food and eating.* Three of the fifteen participants disclosed histories of intimate partner violence during the course of their marriages. Each of these women was widowed or divorced for thirty to forty years, yet the memories of the abuse - the terror and pain - were as alive as if it had occurred just weeks before. Each woman experienced significant anxiety and episodes of depression, received psychotropic medication for these clinical presentations,

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