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Exploring the experiences and coping strategies of older women encountering domestic violence and abuse: a qualitative study

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Abstract

Background The number of older people in society is increasing worldwide. Yet their welfare needs often remain unmet, posing a global threat to public health. Consequently, the identification of effective coping strategies in this context is crucial, particularly for those who identify as women, who are more likely to experience violence than other groups. A paucity of evidence for such strategies in Iran exist, where cultural, social, and environmental influences prevail within society.

Method This qualitative study included women ($n = 16$) aged between 61 and 97 years old who had experienced domestic violence in Tehran, Iran. Semi-structured individual interviews were conducted in 2023. Purposive sampling was employed with maximum diversity. Inductive content analysis was used to make sense of the data collected.

Results Four categories were identified: 1) seeking support, 2) adopting effective strategies, 3) adopting ineffective strategies, and 4) breaking free from the stalemate of later life. The following subcategories were also identified; 1) seeking support from professionals, 2) seeking support from the community, 3) seeking support from the law. Subcategories related to effective strategies included 1) spiritual strategies and 2) self-help. Ineffective strategies related to two subcategories: 1) ineffective common response and 2) ineffective immediate response. In breaking free from the stalemate of later life, participant responses were collated in the following subcategories: 1) final destination and 2) living in prolonged isolation.

Conclusion There is an absence of judicial and societal justice for those experiencing domestic violence and abuse in Iran. Educational, judicial, and social interventions are required in the pursuit of justice for all and better lives free from violence. These are particularly urgent given reports of suicidal ideation. Prevention models may also be useful along with the dismantling of systems which uphold patriarchy, and ultimately the oppression of women worldwide.

Keywords Women, Older adults, Domestic Violence, Abuse, Coping Strategies

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Background

The population of individuals over the age of 60 is estimated to reach approximately 2 billion by 2050 [1]. With increasing numbers of older people, neglect of older people is increasingly observed and recognized as a global threat to public health [2, 3]. The World Health Organization (WHO) estimates the prevalence of elder abuse worldwide to be between 10 and 34% [4]. In Asia, the highest prevalence of elder abuse is reportedly in China at 36% and reportedly the lowest in India at 14% [5]. However, a meta-analysis including Iranian populations demonstrated an overall prevalence rate of 48.3% [6]. This offers a unique context in which to explore the experiences of violence and abuse in older populations. Those who identify as women are more likely to experience abuse. Indeed, gender appears to be a significant predicting factor, along with low literacy levels, low socioeconomic status, and being younger at the time of getting married [5]. The pattern of abuse in older people who identify as women is different from those who are younger, and includes any form of harm that occurs one or more times and is repetitive (e.g., physical, psychological, sexual, or financial, whether intentional or unintentional), or due to neglect [7]. More recent evidence defines and characterizes elder abuse as any behavior that demonstrates a lack of support in the management of the home, negligence, insufficient attention to needs due to economic constraints, neglect of personal appearance, and the provision of vague responses to inquiries without clear purpose or intention within the living environment [8].

Domestic violence against older people leads to mental distress, depression, physical consequences, and ultimately premature death [9]. Nevertheless, victims rarely report cases of abuse [10]. Older women face multiple barriers in coping with domestic violence, and some may lack awareness and information due to limited understandings and implications in relation to violence [11]. Distrust of healthcare professionals and social services, fear of disclosing violence, involvement of law enforcement, and a lack of justice-oriented approaches may also act as barriers to older women seeking help [12]. Due to a lack of evidence, it remains unclear which coping strategies older women in Iran presently utilize when addressing domestic violence. The Welfare Organization is tasked with supporting affected individuals at the community level. However, services for older people are primarily delivered by non-governmental organizations, with the Kahrizak Center being one of the largest and most recognized of these, and private nursing homes. The limited focus on older people and the implications of aging may be due to Iran's predominantly young population, though the need for further research in this area is now clear.

A report from the Research Center of the Islamic Consultative Assembly on support for older people outlines the challenges associated with aging in Iran [13]. It categorizes them into economic, social, and cultural dimensions, each requiring tailored policies and legislation. In the economic dimension, the primary strategy is to enhance the quality of health and social security services and to adjust pensions for older people in accordance with societal changes. The cultural dimension addresses shifts in family dynamics, redistributes roles among family members, modifies young people's attitudes towards older people, promotes intergenerational support, and establishes legal protections for caregivers. The report highlights the need for community-based programs to socially empower older people. To optimize aging policies, the report further provides recommendations in three areas: legal, strategic, and research. In the legal domain, it advocates for the establishment of comprehensive aging laws and regulations to facilitate healthy and successful aging, including a clear definition of the prevailing care model and its alternatives. In the strategic domain, it recommends involving various institutions and organizations, such as municipalities, to strengthen the implementation of community-based programs. Finally, in the research domain, it emphasizes the need for a typology of older people based on economic, social, and cultural conditions. This opens a key area of research for the betterment of Iranian society.

The majority of studies conducted in this area have thus far used quantitative research methods. Given the need to explore the experiences of this population in greater depth to inform future interventions and typologies, the aim of this study was to qualitatively explore older women's coping strategies in the context of domestic violence experienced in Tehran, Iran.

Methods

A qualitative design was employed in meeting the aim of this research. This enabled the research team to deeply explore the topic ontologically, with the use of content analysis. The research team reflected that their knowledge is based primarily on constructivist viewpoints that highlight the varied meanings constructed of individual experiences. Accordingly, methods were selected from an ontological perspective. The team also reflected that meanings are constructed within diverse socio-cultural contexts [14]. Thus, from an epistemological standpoint, this qualitative approach also enabled us to collect stories from individuals through interviews and explore the phenomena under study in new and insightful ways [15]. The

Consolidated criteria for reporting qualitative research (COREQ) was used to guide reporting [16].

Participants

Participant recruitment began once ethical approval had been obtained from the Ethics Committee of Iran's University of Medical Sciences. Potential participants who met our inclusion criteria identified as women, were 60 > years old and had experienced domestic violence and/or abuse. Our sampling strategy was purposive as we aimed for maximum diversity with regards to perpetrator profile, socio-economic status and level of education. For this reason, we sought to offer participant information to potential participants in four parks frequently visited by older women in different areas of city in Tehran. We also accessed a private residential home, and a nursing home where older women resided. Gate keepers assisted in identifying potential participants, who were given formal introductions to the research team and information about the study. Recruitment ended once data saturation was reached with 16 participants (Table 1).

Data collection

Individual interviews were conducted face to face, and audio recorded between April and October 2023 by a trained researcher with a PhD in reproductive health studying Public Health in gerontology (MSc). Our interview guide was developed using findings derived from reviews of literature on older women with experience of domestic violence and their coping strategies. It was piloted by older lay members of the public to ensure appropriateness and adherence to the research aim. Each interview lasted between 45 and 60 min and took place in private at the convenience of participants. Individual demographic characteristics of participants are presented in Table 2.

Data analysis

The interviews were transcribed verbatim as the research team made notes on the tone of voice, silences, and pauses for context. The data were then analyzed inductively using both obvious and latent qualitative content analysis as described by Graneheim and Lundman [17]. This analytic approach enabled the research team to focus on the differences in experience and describe the content presented alongside rich interpretations. The first step in our approach involved several reviews of the transcriptions to obtain a comprehensive sense of the data. The next step involved extracting meaning units from the text. The third step involved confirming that the meaning units contained adequate information related to the aim of the study. In the fourth step, meaning units were reduced and summarized by reformulating them into shorter descriptive sentences. Reduced meaning units were then labeled with codes (Table 3). Sixty-five codes were recognized and subsequently compared based upon their differences and similarities. These were then organized into nine sub-categories. Likewise, sub-categories were then compared based on variances and similarities and organized into four final categories. The research team held reflective academic discussions

Table 1 Participant demographics

Row	Age	Living with	Education level	Having Husband	Number of Children	Residence	Abuser
1	76	husband & children	Primary school	Yes	2	Own home	Spouse
2	75	husband & children	Primary school	Yes	2	Own home	Spouse
3	61	husband	Primary school	Yes	0	Own home	Spouse
4	63	husband & children	Primary school	Yes	3	Own home	Spouse
5	73	child	Primary school	No	4	Own home	Daughter
6	68	husband & children	Primary school	yes	4	Own home	Spouse
7	70	Nursing home	secondary school	No	0	Nursing home	Care giver
8	97	Nursing home	secondary school	No	8	Nursing home	Nephew
9	62	husband & children	secondary school	yes	2	Own home	Spouse
10	64	husband & children	Primary school	yes	1	Own home	Daughter
11	62	husband & children	Primary school	yes	2	Own home	Spouse
12	69	Alone	secondary school	No	3	Own home	Daughter
13	64	husband & children	secondary school	No	3	Own home	Son
14	83	husband & children	Primary school	yes	3	Own home	Spouse
15	74	husband & children	Primary school	yes	3	Own home	Spouse
16	79	husband & children	Primary school	No	5	Own home	Daughter

Table 2 Interview guide questions for older women

1	**Can you describe any experiences of violence or abuse in your life?**
2	How do you cope with stressful situations or conflicts?
3	What support or assistance (if any) have you sought for any challenges you face?
4	How do you feel about the services available for older individuals in our society?
5	Can you share any experiences or thoughts about aging and its challenges?
6	What are your thoughts on the importance of social connections and relationships in old age?
7	How do you maintain your physical and mental well-being as you age?
8	Do you feel you have you faced any discrimination or barriers based on your age? And if so, how did this discrimination present itself?
9	What advice or insights would you give to younger generations about aging?
10	Is there anything else you would like to share about your experiences as an older woman?

throughout data analysis period to arrive at the final categories presented here.

Rigor of the study

Interpretation of the findings and trustworthiness of the data were maintained through the lenses of credibility, dependability, confirmability and transferability [18]. Dependability of the collected data was preserved using the same pilot tested interview guide throughout the study. Moreover, to realize dependability and confirmability, the analysis was discussed and reviewed within the wider research team. Our overall analysis was confirmed by direct quotations from the data. Nevertheless, allowing individual participants to confirm our findings would have strengthened their confirmability and thus further developed the credibility of the findings presented. We ensured all participants were interviewed in a setting suited to them at their convenience to further enhance the credibility of the data collected. To enhance decisions around transferability, we provide detailed contextual descriptions alongside the findings presented.

Findings

Participants ($n=16$) were aged between 61 and 97. They lived at home with their families ($n=13$), in a nursing home ($n=2$) and alone ($n=1$). The majority of perpetrators ($n=9$) were male spouses. Other perpetrators were reportedly female children ($n=4$), a male relative and one male child. The majority of participants had a primary school education ($n=11$), though some had secondary school education ($n=5$). Participant demographics are presented in Table 1.

Overall, findings illuminate the ways in which older women experience the encountering of domestic violence and abuse along with their employed coping strategies. Four categories and nine subcategories were identified and derived from the data. These are presented in Table 3. The four categories were entitled as follows;"Seeking Support,""Adopting Effective Strategies,""Adopting Ineffective Strategies,"and"Breaking Free from the Stalemate of Older Life."We use participant quotations to exemplify the sentiments captured within each category. Participant names have been anonymised and placed in brackets alongside direct quotes from participant narratives.

Category one: "Seeking Support"

This category captures the way in which participants sought support from professionals, communities and legal services. Through this support they were often able to act on sound advice to find and use effective coping strategies.

Seeking support from professionals

Some participants had sought help from counselors and/or psychologists in relation to the domestic violence they were experiencing, particularly where they were experiencing abuse from their own children. These interactions often gave participants tools and strategies to address the domestic violence and abuse they were experiencing. The majority of participants found counsellor support inadequate and thus went on to seek support from a psychologist.

> *"When I come to this center and listen to the psychologist's advice, I feel much better."(Participant No 7)*

> *"My neurologist advised me not to stress too much. I talked to a counselor, and she told me to spend more time with my daughter. I had reduced my interactions with my daughter for a while."(Participant No 5).*

In some instances, participants encouraged the perpetrators of their abuse to seek support.

> *"I realized my daughter is causing me a lot of distress. I took her to a counselor, and she received*

Table 3 Analytic codes

Meaning unit	Code	Sub-category	Category
"When I come to this center and listen to the psychologist, I feel much better" "My neurologist tells me not to stress too much. He told me if you want to suicide, go and have hearings with her"	-Seeking counseling - Participating in peer support groups -Getting assistance from a counselor -Visiting a pre-counselor -Following the advice of a psychologist	Seeking support from professionals	Comprehensive seeking support
"I came to told my sons, let' go, do something; she is tarnishing our honor within the family" "Usually, people such as siblings within the family are more focused on your weakness, I mean relatives. You may not be able to speak them, but a stranger, if could not offering your solution, at least They won't disrespect you for your weaknesses	-Sharing problems with children -Request help to relieve tension -Sharing information people strangers for empathy -Seeking asylum with strangers -A confidant to listen to troubles and sorrows -Seeking help from spouse -Talking to others for solution -Collaborating with spouse -Calling children during distress -Seeking support from children	Seeking support from community	
"I love coming to the park, where I hope to find a confidant or a friend who can provide me with a good solution to help me navigate through my difficulties and share my feelings with her"	-Lack of solution due to the absence of supportive laws in the community -Inaction due to overlooking domestic violence issues in courts -Willingness to seek help in filing a complaint with the judicial authority if available -Efforts to ignite action	Seeking protection from the law	
"Praying and performing prayers are what bring me relaxation; it help me to discharge of my excitement and keep my secrets, as I believe in God" "I go to the Quran gathering, I send blessings"	-Performing prayers -Engaging in supplication -Establishing spiritual connection with religious leaders (Imams) -Entrusting oneself to God -Participating in religious rituals	Using spiritual strategies	Adopting effective strategies
"When there's an argument between me my husband at home, I change the atmosphere. For instance, even though I have nothing to do in the kitchen at that moment, I go there and I'm busy with kitchen utensils or I suddenly go to the bathroom and stand in front of the bathroom mirror, pretending to clean" "I say whatever you say is correct because my husband is very temperamental. If I try to argue with him, he starts shouting and swearing, so I just say him whatever you say is correct"	Efforts to normalize the situation: -Trying to stay calm -Being patient -Enduring Hope for a better future to escape harassment: -Changing the environment by moving from one room to another -Avoiding stressful environments -Empowering oneself -Striving for financial independence -Not relying on arguments and conflicts -Not insisting on one's point during fight -Walking away from arguments during quarrels -Not insisting on one's ideas during arguments	Self-help	

Table 3 (continued)

Meaning unit	Code	Sub-category	Category
"When I'm talking to on the phone; it has a lot of these behaviors. Sometimes, it leaves its mobile phone on to record my voice until he see who I'm talking to. I don't have any freedom at home at all" "It's constantly either upset with me or with my daughter. I don't tolerate it, and I get upset too" "Whenever my daughter and I go out, it interrogates us about where we're going and where we've been" "When I get really angry, I tell that it's wicked, and tells me to go to a nursing home and find something to do there and stay there and work" "I cry a lot" "In arguments, I either blame myself or curse my deceased mother because I think she's the reason I ended up with this man "Sometimes when life becomes bitter for me, I tell myself to end it to find peace"	-Regretting not having a shelter during marital violence -Unwillingness to engage in social activities -Feeling trapped in daily routines -Crying -Screaming - Swearing because of intolerance -Grumbling -Getting angry -Hiding -Lying -Cursing -Blaming the mother for the marriage -Getting upset -nagging	Ineffective usual responses	Adopting Ineffective Strategies
"When my husband makes me angry, I tell myself to go to the desert" "When I fight with my husband, I feel crazy, I want to eat something and kill myself"	-Thinking about escaping from home -Planning suicide -I hit myself	Ineffective Immediate Responses	

Table 3 (continued)

Meaning unit	Code	Sub-category	Category
"We changed many caregivers because they were bothering us a lot. Although they were hired through the Ministry of Labor, each one of them was troublesome in their own way" "A care giver came our home after a while, she took my belongings. I had several blankets, and she stole them all". "One of care givers had a child who scribbled all over my furniture with crayons and toys. When my daughter came to clean and tidy up, she saw that all the furniture was torn and punctured "There was someone who threatened me one night saying, I will strangle you and throw you in the yard. I will tell everyone that you did it yourself." "My nephew used to come and visit me. When he saw me alone, he said,"Aunt, come with me. There is a place where are all elderly ladies. I will take you there, and you will live comfortably. You won't be alone. I really love him but I'm not comfortable here now. The situation here is not good, I won't say here."	-Acceptance of nursing homes -Willingness to go to a nursing home due to the lack of commitment from multiple home caregivers -Residing in a nursing home as a final solution -Not being harmed by prolonged loneliness at home as a reason for staying in a nursing home -Lack of trust in home caregivers Acceptance of nursing homes due to pressure from relatives -Staying in a nursing home despite inner desires	Final destination	Freedom from the dead-end of life with aging
"I cannot easily make a phone call to anyone. Sometimes he murmurs, saying, How much you talk! Why does so-and-so have to come to our house? Why do you want to go somewhere like to a party, and so on? I can't have anyone I like to come and go. That's why I've cut off communication. My eldest daughter can't come to our house. I don't open the door to anyone at home" "We don't have any entertainment at all. We're always at home. We can't freely go on a trip"	-Feeling imprisoned -Cutting off communication with others -Cutting off communication with spouse's family and relatives -Cutting off communication with children	Living during isolation	

counseling. The counselor told her that what she's doing is wrong."(Participant No 10).

Seeking support from the community

Many participants sought support from their community, predominantly their family, and peers. Some older women facing domestic violence and abuse had tried to confide in immediate family members such as children or spouses when facing abuse. Yet such help seeking was often unproductive. For example, participants experiencing harassment from their daughters expressed the following:

"I went to my sons. I told them,'Guys, do something. Your sister is taking our honor in the family." (Participant No 5).

"Sometimes when my daughter bothers me, I tell my husband,'You tell me what to do.'He says,'Forget it, let her go and learn the hard way.'He understands. But I disagree, I say no."(Participant No 7).

Whilst some feared revealing the details of the domestic violence and abuse they were experiencing in their homes, they sought support outside the family to avoid involving their children who were often busy with their daily activities. Many believed that strangers and friends were more trustworthy than their families, and would be more empathetic or sympathetic towards them.

"You can't talk to your family, but strangers are more empathetic. If they don't show a solution, at least they won't expose your weakness". (Participant No 6)

"I really want to come to the park every day and talk for a few hours with you or another friend. It might be a comfort for my heart."(Participant No 7).

"I sit with my friends and talk. I stay for an hour or two, then I go home. This way is better."(Participant No 3).

Seeking protection from the law

Some participants wanted to seek protection from the law, yet expressed how there was no such protection available to them in a legal sense. Consequently, many felt silenced and unable to disclose their experiences. Their domestic violence and abuse was considered a secret and thus a hidden issue in society.

"My mind doesn't work anymore. I wish there was a judicial authority where I could complain about my daughter." (Participant No 5)

"If our country had a place where you could take refuge and say them that I'm under pressure at home, do something good for me, it would be great. But there is nowhere. Wherever you go, they grab you and throw you out, forcing you to keep silent and not make a sound." (Participant No 9).

Category two: "Adopting effective strategies"

Participants remained problem focused in adopting effective strategies for addressing the domestic violence and abuse they were experiencing. Strategies were focused upon spiritual (e.g., prayer) and self-help approaches such as adapting one's behavior to avoid conflict.

Using spiritual strategies

Participants expressed how their engagement with spiritual activities could be a helpful strategy in coping with domestic violence. Such activities included praying, establishing spiritual connections with religious leaders, trusting in their God, and participating in religious rituals.

"Reading prayers and supplicating give me comfort, I pour out myself, keep my secrets, it's God who is with me." (Participant No 8)

"I go to Quran sessions, I send blessings". (Participant No 1)

Self-help

To help themselves cope with episodes of domestic violence and abuse, some participants described their efforts to normalize certain conditions. Others held hope for a future without harassment and affirm the statements of perpetrators in order to change tension-provoking environments. Although such activities did not lead to reductions in domestic violence and abuse, they practiced them in order to limit the impact of it. They realized that if tensions persisted and were not diffused, further negative consequences would endure.

"When there is arguing and conflict at home, I change the environment. For instance, although I have no real housework in the kitchen, I go there unnecessarily and warm myself up with kitchen utensils, or I suddenly go to the bathroom and stand in front of the bathroom mirror and clean it". (Participant No 4).

"During an argument, I didn't say anything to her. I said okay. I don't have the power in my hands, but with this sentence that I tell her,'You're right,'the argument doesn't escalate."(Participant No 3).

Category three: "Adopting Ineffective Strategies"

Driven by their emotions, participants often adopted ineffective strategies which they recognized as being either an ineffective usual response or an ineffective immediate response to what they were going through. In essence they described their usual responses to the domestic violence and abuse they were experiencing and their typical reactive responses in the immediacy of a given situation.

Ineffective usual responses

Participants described their need for refuge. They wanted to leave but did not have any place to turn. Usual or typical reactions to the domestic violence and abuse they were experiencing included crying, swearing, sulking, hiding, cursing, and blaming.

> *"My husband is always either angry with me or with my daughter. I don't tolerate it, and I get angry with him too." (Participant No1).*

> *"In arguments, I curse my deceased mother because I believe she was the main reason that I got married with this man". (Participant No 10).*

> *"Sometimes he starts murmuring, makes a fuss about something trivial, suddenly curses. One day, I was very angry and told him "whatever curse you utter, it reflects back on you, it befits you."(Participant No 1).*

Ineffective immediate responses

In more intense situations, participants described the more immediate responses to their experiences of domestic violence and abuse. Whilst some of the responses were the same and usual, they were more negative, intense and immediate in nature. They expressed thoughts of escape, suicidal ideation, visceral screaming, and self-harm.

> *"When I get angry at my husband, I tell myself to go out into the desert. Escape from home, but then I see I have nowhere to take refuge" (Participant No. 1)*

> *"Sometimes when I feel pressured, I say its fine, I should eat something and harm myself" (Participant No. 16)*

Category four: "Freedom from the dead-end of life with aging"

Some participants had found solutions which enabled them to continue their lives with better physical and mental health. Yet this often resulted in a life of isolation with poor relationships and a lack of social fulfillment. Nevertheless, participants often expressed that their final destination was better than how they had been living previously.

Final destination

Many participants expressed their desire to be placed in the nursing home where they were currently living toward the end of their lives. For others, they had been placed in a nursing home as their autonomy had been taken from them, because their family had neglected them or due to conflict with relatives. Whilst participants said that their current situation was better than the way they had previously been living, they recognized that their current living situation did not offer them the joy or fulfilment they desired.

> *"We changed many nurses because they were bothering us a lot. Some came and took my belongings; some took all my blankets. One person even threatened me one night, saying "I will choke you, I will throw you into the yard. I will tell everyone you did it yourself in the yard", but being here is better no matter what." (Participant No. 8).*

Some relatives attempted to improve the lives of these older participants, often to no avail.

> *"My nephew used to come and visit me, seeing me lonely, he said, "Aunt, let's go, there's a place where all old ladies are living happily". I couldn't eat alone as I was very lonely, so I accepted. Now, I don't let him know that I'm not comfortable here." (Participant No. 7).*

Living in prolonged isolation

Many participants had chosen to live in prolonged social isolation due to the internal tensions and abusive behaviors they experienced at their previous residence. As a consequence, they had few social relationships.

> *"I can't easily call anyone on the phone. My husband is always grumbling when I talk. He told me "why does so-and-so have to come to our house? Why do you want to go somewhere?" I can't be with someone I like to socialize with. That's why I cut ties. My older daughter can't come to our house. I don't open the door to anyone at home. (Participant No. 9).*

> *"Me and my daughter have no leisure activities. We are always at home. We can't freely go on a trip". (Participant No. 1)*

Discussion

This study has uniquely and qualitatively explored the coping strategies of older Iranian women experiencing domestic violence and abuse. Participants were more likely to seek ways to reduction the domestic violence and abuse they were experiencing in partnership with an expert. Yet many felt unable to seek help due to being dependent upon their perpetrator and/or being afraid of escalating the violence and abuse directed toward them. Our findings in this respect mimic those reported by Roberto [19].

In some cases, participants were reluctant to disclose their situation to family members and were more trusting of strangers. This is significant because social support plays a crucial role in alleviating the adverse effects of mental health issues in older people and is positively correlated with sense of happiness and mental well-being [20]. Moreover, the presence of social support indirectly mediates the impact of depression, thereby reducing the rate of suicide among older people [21]. As social support during stressful situations leads to a reduction in stress levels and minimizes its adverse repercussions [22], it will be important to explore how older Iranian people may become more socially connected in pursuit of happier lives free of violence and abuse.

The lack of accessible resources or legal recourse for assistance reported by participants in this study is concerning and reflective of the wider societal values and cultures. In Iran, there exists a cultural belief that older people are granted special respect within families. However, a notable generational gap seemingly persists between grandmothers and their grandchildren. Additionally, there is limited community-level social support available for women who have experienced abuse. Welfare organizations provide services such as pensions and economic assistance to this demographic. Safe public shelters for unaccompanied women, many of whom struggle with substance abuse, are also overseen by welfare organizations or municipalities. Nonetheless, the issue of domestic violence experienced by older people women, most of whom do not use drugs and have cohabited with their families for many years appears to remain a taboo topic. In the absence of legislation pertaining to aging in Iran, there are currently no specific laws or regulations in place to address violence against or neglect of older people. In this regard, Oyewuwo-Gassikia in 2020 expressed how "Such social failings are not surprising given the lack of justice afforded to Black Muslim women experiencing domestic violence and abuse" [23]. In order to cope, some of the participants in our study engaged in spiritual strategies. Indeed, several other studies have similarly reported that this lack of legal and social justice often results in such women only being able to seek refuge in religion [5, 24–27]. Such findings call for the development of evidence-based interventions in this area.

Sahin (2022) describes how older women should be able to report their experiences of violence and abuse to official social services and the police, receive justice and receive assistance through domestic violence hotlines and expert counsellors as is best practice [24]. As such support remains absent in this context, future societies will need to work toward gender equity and the elimination of violence and oppression in their pursuit of justice for all. Dismantling systems which presently uphold patriarchy and inclusive and feminism would be a positive way forward in this regard.

Participants were self-supportive in finding ways to reduce the emotional effects of the violence and abuse they were experiencing. Indeed, engaging in activities such as cooking, spending time with friends, shopping at malls, participating in sports in fitness gym has similarly been evidenced to reduce the stress endured from domestic violence elsewhere [24]. Yet the adoption of ineffective behaviors in this Iranian context led participants to experience mental and physical exhaustion. Suicidal thoughts were seen as a way to achieve freedom violence. This is a major concern for those experiencing violence and abuse worldwide [25]. Risk factors include individual, familial, demographic, social environmental factors, and daily stresses that influence suicidal ideation [28]. Consequently, the prevention of violence and effective responses to disclosure will be key to saving lives worldwide.

Participants expressed their feelings about being placed where they would live out the rest of their lives, predominantly nursing homes. Although participants had accepted their fate and recognized it as being preferable to their previous situations, they also acknowledged it was not what they would have chosen given that it did not meet their desires or life goals at that time. Their family members had decided to entrust their care to nursing homes either due to neglect or an inability to care for them. Yet this was not interpreted as abuse by the participants. The satisfaction expressed by older people women in our study regarding their residence in nursing homes, as well as their social support and resilience, can be attributed to their limited choice in this matter. When left alone in their homes, they encountered feelings of loneliness, which either resulted in instances of violence from caregivers, who were often strangers introduced to them through various services or led to their refusal to consume daily meals at home. In this regard, Mohammadpour (2021) concurs that the likelihood of caregiver maltreatment increases among older people who experience familial loneliness [29]. As a result,

many older people opt to reside in nursing homes [30]. Yet given the findings presented here, this may be a context in which the risk of domestic violence and abuse is increased. Thus, it will be important to investigate how nursing homes may become a protective, rather than risk factor in this context.

Concerningly, some participants employed solutions that were ineffective and posed potential risks. While a lack of social skills or social incapacity among older people in this context contributes toward feelings of loneliness and desperation, the practising of compassion and kindness towards others, seeking companionship, and actively participating in social environments is key [25]. Nevertheless, many participants had disconnected from their surrounding world and communities. They had essentially withdrawn into isolation, as is common when concealing negative feelings about ones environment [31]. Such social isolation also typically denotes a lack of social interaction [32]. Older people may experience emotional loneliness, characterized by negative feelings towards others. This sense of isolation can be exacerbated by depression, which may in turn lead to an increased susceptibility to various forms of abuse [33]. The WHO also identifies social isolation as a significant health risk factor and emphasizes the need to focus on this issue in particular [34]. In Tehran in 2022, social isolation was reportedly found among 30.8% of older populations and this issue has been found to be more prevalent in men [35]. In contrast, the rate of social isolation in the United Kingdom was found to be 17.4% [38]. Such contrasts demonstrate the need for further research in the context of Iran including larger sample sizes using mixed method approaches. It will also be important to develop legal and community-based strategies to enhance disclosure of and support for instances domestic violence and abuse experienced by women in Iran.

Strengths and limitations

Using a rich dataset we have been able to provide new and in-depth understandings of how older women experience and cope with domestic violence and abuse in Iran. Nevertheless, domestic violence remains related to cultural taboos, which has inevitably had an impact upon the participants'narratives and perceptions in this context. Indeed, despite efforts to conduct interviews in safe and private settings, individuals were hesitant at times to discuss certain subjects related to their experiences of violence. However, whilst the aim of qualitative research is not necessarily to provide transferable or generalizable findings, comparable studies have presented similar findings. Larger studies and those conducted in differing geographical areas and contexts would promote richer understandings in this area. Interventional and applied research studies could also usefully transfer these findings into actionable solutions to the betterment of society in how older generations may enjoy their lives free from violence and abuse. It will also be important for future studies in this area to include participants with physical disabilities and/or physical and/or mental ill health, as a key limitation of our study was that the coping strategies and experiences of these individuals was absent.

Conclusion

This is the first study of its kind to explore the coping strategies and experiences of older Iranian women experiencing domestic violence and abuse. Whilst some participants who experienced and coped with domestic violence and abuse actively sought support, the majority of them did so independently, without the assistance of experts. Despite engaging in a pattern of mixed coping mechanisms (both effective and ineffective), they find their later years defined by a sense of stagnation. Moreover, due to the lack of judicial and social justice systems available, many have only religion to turn to for support. As a first step towards change, educational interventions will be essential to raise public awareness. The media can also play a pivotal role in informing the public about the rights of older people and the consequences of violence against them. Indeed, organizing educational programs in schools, universities, and public venues can significantly alter societal attitudes toward older people. Additionally, there is an urgent need to develop specific protective laws for older women that safeguard them from violence. These laws must be implemented effectively and comprehensively, with appropriate penalties for those who perpetrate harm.

Social, and community-based support measures will also be critical in reducing violence against older women. Establishing counseling and psychological support centers for this demographic may be one effective solution to mitigate the harm caused by violence. These centers may also usefully aid older women in identifying effective coping strategies. Furthermore, adequate health and medical services need to be made accessible to ensure that older individuals can obtain medical care when needed. Creating welfare and recreational programs in this regard may also alleviate feelings of isolation and loneliness, thereby enhancing older women's self-confidence and overall satisfaction with life.

Supplementary Information

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Supplementary Material 1.

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Authors' contributions
Study design: M. J; Data analysis: M. J and R. H; interpretation: M. J and S. P; Writing and revising the manuscript: M.J and S. P; Final approval: All authors.

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Data availability
All data generated or analyzed during this study are included in this published article.

Declarations

Ethics approval and consent to participate
The study was performed in accordance with the Declaration of Helsinki, and approved by the Medical Ethics Committee of Iran University of Medical Sciences (IR.IUMS.REC.1400.998). Written informed consent clarifying the study purposes, significance, and methods was obtained from each participant.

Consent for publication
The participants gave their consent to participate in the study. The names of the participants have been anonymized. Informed consent was obtained from all subjects for the publication of identifying information in an online open-access publication. We did not had any image.

Competing interests
The authors declare no competing interests.

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