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OBM Geriatrics

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Original Research

Intersectionality of Gender and Age as an Analytical Framework for Understanding Intimate Partner Violence Against Older Women in Colombia

Diana Viafara *, Ana L. Jaramillo-Sierra, Laura Sofía Vega-Plazas

Carrera 1 #18A-10 Floor 2, Bloque G-GB, Department of Psychology, Faculty of Social Sciences, Universidad de los Andes, Bogota, Colombia; E-Mails: da.viafara11@uniandes.edu.co; al.jaramillo@uniandes.edu.co; ls.vega@uniandes.edu.co

* **Correspondence:** Diana Viafara; E-Mail: da.viafara11@uniandes.edu.co

Academic Editor: Ines Testoni

Special Issue: Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies

OBM Geriatrics
2025, volume 9, issue 1
doi:10.21926/obm.geriatr.2501295

Received: June 15, 2024
Accepted: December 12, 2024
Published: January 12, 2025

Abstract

This research article aims to address the critical gap in understanding intimate partner violence (IPV) among older women, particularly those over 60 years of age, in Colombian society. The study explores how IPV manifests during the later stages of life, providing insights specific to this age group. The research used qualitative methodology with 14 urban women who had experienced intimate partner violence in their later life. The study revealed that psychological violence was the most common type of abuse among our sample, followed by economic violence. Conversely, physical and sexual violence was found to decrease in frequency in the day-to-day life of the participants. The research also highlighted deteriorating health, limited emotional and instrumental support, and traditional gender roles as key factors influencing experiences of violence in intimate relationships during this stage of life.

Keywords

Intimate partner violence; elder abuse; gender roles; women; Colombia; Latin America

1. Introduction

Intimate Partner Violence (IPV) is a complex issue that falls within the broader category of domestic violence. IPV is often defined as any act within an intimate relationship that causes physical, sexual, or psychological harm. This can include physical aggression, controlling behaviors, sexual coercion, psychological abuse, and economic control [1-3]. In the global north, a few studies suggest the prevalence of IPV in older adults ranges between 6% and 25% [4, 5]. However, studies in Colombia are limited on the topic, and information regarding IPV in older adults is found only through legal medicine reports. This study addresses the limited research and intervention in this area in Colombia.

Previous literature suggests that older women encounter IPV through three trajectories: long-term relationships where women have become dependent and trapped, life stage changes that trigger violence and abuse, and new couple relationships that are violent [6]. Our approach, using a gender and age intersectionality framework and a qualitative methodology, examined the lived experience of IPV by older women, emphasizing social structures and interpersonal processes.

1.1 Theoretical Framework

1.1.1 Intersectionality

The theoretical foundation of intersectionality arises from studying the production and reproduction of inequalities, power, and oppression [7]. Crenshaw argues that the existence of more than one subordinated identity creates distinctive vulnerabilities that disempower and segregate, and these effects cannot be analyzed from a single axis of subordination [8]. In this way, intersectionality more accurately and concretely reflects reality, making it evident that no single dimension or social category entirely describes how people interact with others and their environment [7].

Analyzing violence against women from a gender perspective has been one of the most significant steps feminists have taken to concretely understand the construction and workings of power relations [9]. As a result, it has been posited that gender inequality is a constituent factor of male violence against women. Indeed, various international and governmental organizations such as the UN, CEPAL, and women's institutions have incorporated gender mainstreaming to mitigate vulnerability and violence while creating and implementing social policies and programs. However, as Rivas argues, "in practice, only the male/female – feminine/masculine difference is considered in exclusive programs and policies for women or indigenous women, using binary and biased concepts" [10]. Hence, the importance of considering that the gender perspective is insufficient to understand the multiple and distinct inequalities women face. Considering only one dimension, a single axis of inequality, means neglecting other identity and structural dimensions such as age, class, race, sexual orientation, disability, ethnicity, etc., which can modify how a social phenomenon is experienced [11].

Therefore, it is necessary to include in the analysis of violence the identities and social structures, which encompass gender and the various conditions in which different women find themselves and

the effects these have on their exercise of rights, access, and agency. In this way, intersectionality theory will serve as an analytical framework to understand intimate partner violence against older women, considering their social locations by age, gender, and socioeconomic status.

1.1.2 Intimate Partner Violence

In this study, IPV is understood as a pattern of abusive actions, including physical, psychological, sexual, and economic maltreatment, used by one partner to exert power and control over the other [12]. Physical abuse involves intentional acts that cause harm, potentially leading to injuries and physiological consequences [13, 14]. Psychological violence encompasses verbal and non-verbal behaviors aimed at degrading, threatening, intimidating, and manipulating a person's decisions and actions. It also includes acts that isolate a person from their social and family environment, harming their autonomy and psychological well-being [15-17]. Sexual violence refers to non-consensual sexual acts involving force, coercion, or occurring when the victim is unable to provide consent [15-17]. Economic violence involves restricting, manipulating, and controlling a partner's access to financial resources [18].

It is essential to clarify that intimate partner violence is not limited to the victimization of women; it also occurs against men. The DHS [National Demographic and Health Survey] indicates that in Colombia, psychological violence against men is more prevalent compared to cases reported against women [19]. However, as previously mentioned, physical, economic, and sexual violence experienced by women is more prevalent. It thus represents not only a public health issue but also a social problem that creates significant gender inequality [20].

Research has shown that traditional gender roles and heterosexist systems are associated with a higher likelihood of perpetrating violence against partners and engaging in unprotected sex [21]. Similarly, Levinson, in an ethnographic study conducted in 90 societies, found social and cultural factors differentiating societies where physical abuse of women is normalized from those where this phenomenon is constrained [22].

Firstly, the study indicated that physical violence against women occurred more frequently in situations where men had decision-making power and economic control at home, where women had limited or no access to divorce, and in scenarios where violence was the primary means of resolving conflicts [22]. Secondly, another predictive factor of physical abuse was the absence of female-only work groups, suggesting that the existence of such groups provides social support and economic independence, serving as a protective factor against male abuse [22].

1.1.3 Intimate Partner Violence in Older Adults

In Colombia, information regarding intimate partner violence (IPV) among older adults is predominantly descriptive, based on cases reported to and documented by legal medicine databases [23]. National demographic and health surveys do not include inquiries about IPV in individuals over 59 years old, leading to a lack of understanding of the issue and a significant research gap [19]. Contrarily, European countries have developed research confirming the existence of IPV among older adults, with women being the primary victims. An example is the IPVOW (Intimate Partner Violence against Older Women) study, funded by the European Commission, which aimed to analyze and understand this phenomenon through case studies of victims, service providers, and statistical data [24]. Projects like this challenge the notion that violence against older

adults, particularly women, occurs strictly within caregiving relationships due to caregiver stress and overload [25].

Traditionally, IPV in older adults has been treated as domestic violence without differentiating between the members of the couple. This approach often overlooks that women are the primary victims of aggression [26, 27]. However, a study in Scotland explicitly addresses the issue of older women victims of intimate partner violence [25]. Information sources for this study included database records, a literature review from the UK, North America, Australia, Finland, and Sweden, interviews with victims and key informants, and telephone interviews. The study's findings indicate that both literature and practice approach older adults from a medical model that categorizes them as vulnerable, assuming dependency and labeling IPV in them as elder abuse, perpetuating the perspective of older people as asexual [26].

Celdrán found that the prevalence of IPV in older women varies depending on the research methodology and type of abuse analyzed [6]. Cook, Dinnen, and O'Donnell cited in Celdrán indicate that the prevalence of IPV among individuals over 50 ranges from 6% to 18%, while Donder et al. reported a prevalence of 25% [5]. Variations arise because some studies ask about IPV over different periods, such as within the last year [27] or throughout the entire span of older adulthood [28]. Despite methodological differences, studies agree that IPV is prevalent among older adults and significantly affects women.

Reported abuse in older women often has a long duration and involves multiple forms of violence simultaneously [28, 29]. Psychological and economic abuse are more prevalent than physical and sexual violence [29]. Older women tend to endure IPV for extended periods without seeking help, even after reporting the situation [30, 31].

Research suggests that IPV in older adults can arise from three scenarios [32]. The most studied scenario involves long-term relationships characterized by sustained violence, where women cannot escape due to factors like stability, sociocultural context, or financial and emotional dependence [24, 33]. Another scenario considers IPV emerging during older adulthood due to developmental changes, such as increased dependency, psychiatric disorders, or male retirement [24, 34]. A third scenario involves older women entering violent relationships after reaching this life stage, though research on this is limited and less representative [6].

Regarding the health effects of IPV, Fisher and Regan note that older women victims report significantly more health problems than non-victims [28]. IPV leads to physical and psychological consequences that deteriorate women's quality of life, integrity, and health [35]. Compared to younger women, older women show a higher prevalence of physical issues like chronic pain, coronary disease, bone problems, digestive issues, and hypertension, and psychological issues like depression and anxiety [28, 30, 36-39]. Physical and verbal abuse are also positively correlated with mortality in older women, likely due to stress and its impact on the immune system [38].

The existing literature reveals that IPV in older adults is a significant yet under-researched issue, particularly in regions like Colombia. The prevalent forms of abuse include psychological, economic, physical, and sexual violence, with older women being disproportionately affected. Research highlights the need for targeted studies and interventions that address IPV's unique vulnerabilities and health impacts on older adults. Comprehensive and culturally sensitive approaches are essential to support older victims and mitigate the adverse effects of such violence on their well-being.

1.1.4 Intimate Partner Violence in Low Socioeconomic Status

Intimate partner violence (IPV) is a significant public health issue in Latin America, disproportionately affecting women from lower socioeconomic strata [39]. This study also aims to contribute to exploring the complex interplay between socioeconomic status and IPV within the Latin American context, specifically in the Colombian context. Women in lower socioeconomic brackets are often financially dependent on their partners, limiting their ability to leave abusive relationships or seek legal recourse. This economic dependence can exacerbate power imbalances and increase the risk of IPV.

A study by *Misión Colombia Envejece [Colombia's Aging Population Initiative]* found that older adults in Colombia are among the nation's most impoverished. By 2025, it is projected that 32% of the population will be senior citizens, many of whom will be living with chronic health conditions. This demographic shift is expected to drive a 47% surge in public healthcare expenditures [40]. To these conditions, we must add that 55% of this population comprises women and 45% of men, revealing a significant gender disparity [41].

Numerous studies have documented the strong association between socioeconomic status and IPV in Latin America. For example, research conducted in Brazil has shown that women from lower socioeconomic backgrounds are more likely to experience physical and psychological abuse [42]. Similarly, studies in Mexico have found that women with lower levels of education and income are at increased risk of IPV [43].

2. Materials and Methods

This study employed a qualitative approach to inquire about intimate partner violence against older women (60+ years) in Bogotá, Colombia, in 2018. The chosen methodology enabled the understanding of intimate partner violence as a continuum that is shaped by a specific historical, social, and interpersonal context [44]. The research question that guided this study was: What are the characteristics of intimate partner violence perpetrated under the conditions of being a woman and over 60 years old? To further explore the complexities of IPV in this population, we also investigated the following secondary research questions: What are the consequences of IPV experienced by older women? How do older women respond to IPV?

2.1 Data Collection

Participants were recruited through “Centros día” (Day Centers). In these spaces, older people receive comprehensive care from the Secretariat of Social Integration of Bogotá, specifically via those found in the localities of Santafé and San Cristóbal Sur. The lead researcher obtained authorization from the Secretariat to conduct the research and contact women interested in participating. Inclusion criteria were established for women aged 60 years or older who had experienced intimate partner violence during their later years. Our sample also included widowed women who had experienced such violence while they were still married. Additionally, participants were required to be free of any cognitive impairments, such as dementia, that could significantly compromise their ability to participate in the study. To assess this criterion, participants were asked about their health status, and the information provided was verified by professionals at each day center.

As a result, data were collected through in-depth interviews with 14 older women who reported experiencing partner violence during their older adulthood (See Table 1 below). It is important to note that all participants share the following features: they came from a low socioeconomic level, lacked a retirement plan or pension, had access to health insurance and social security through the subsidized regime, and were recipients of the state project "Envejecimiento digno, activo y feliz" (Dignified, Active and Happy Aging) at the time of data collection.

Table 1 Sample Demographic Information.

#	*Participant (Pseudonym)*	*Age*	*Marital Status*	*Duration of Last Relationship*	*Occupation*	*Socioeconomic Level*	*Economic Solvency*	*Company and Residence*	*Age Difference in Couple*	*Health Problems*
1	Laura	65	Common-law Partner	21 years	Housewife [3]	1	Husband's pension/No income	Partner	Younger man	Arthritis/Psychiatric/Gastritis
2	Leonor	71	Married	52 years	Housewife	2	Children/No income	Partner + child(ren) + grandchildren	Older man	Hypertension
3	Mónica	81	Widow	60 years	Unemployed [4]	2	Economic subsidy [5]	Child(ren)	Older man	Acute Arthritis/Hypertension
4	Manuela	72	Married	53 years	Housewife	2	Economic subsidy + children	Partner	Older man	None
5	Lina	63	Separated [1]	20 years	Unemployed	2	Economic subsidy	With mother	Older man	Hip Dysplasia/Reduced Joint Mobility
6	Amanda	68	Widow	50 years	Housewife	2	Economic subsidy + home business + children	Child(ren)	Older man	Hypertension, Diabetes
7	Marcela	61	Married [2]	40 years	Housewife	2	Children/No income	Child(ren)	Younger man	Psychiatric
8	Silvana	70	Married	37 years	Family Caregiver	1	Husband's pension/No income	Partner * Never had children	Older man	Hypertension, Cataracts, Hearing
9	Daniela	65	Married	43 years	Housewife	2	Husband's pension/No income	Partner + child(ren) + grandchildren	Older man	Cancer
10	Milena	63	Married	37 years	Housewife	2	Husband's pension/Economic subsidy	Partner	Older man	High Cholesterol
11	Lola	67	Married	47 years	Housewife	2	Husband's pension/No income	Partner	Older man	Hypertension, Osteoporosis

12	Esperanza	63	Common-law Partner	43 years	Unemployed	1	Active husband/No income	Partner	Same age	Cholesterol, Ulcer
13	Beatriz	67	Married	45 years	Housewife	2	Economic subsidy both/Informal work husband	Partner	Same age	Joint Pain, Thrombocytopenia
14	Andrea	67	Married	60 years	Housewife	2	Husband's pension/No income	Partner	Older man	Gastritis, Anxiety, Depression

[1] Divorced at 60 due to violence.

[2] In the process of divorce due to violence.

[3] Housewife: never worked or at least 10 years ago has been engaged in the household.

[4] Unemployed: worked until one or two years ago and continue to look for work with not very encouraging results.

[5] Economic subsidy: corresponds to a benefit for older adults in conditions of economic vulnerability.

The semi-structured interviews prioritized the confidentiality and safety of the participants. Before each dialogue, the 14 participants were given a consent form and invited to ask about the study or express any concerns. The interview focused on three main areas. Firstly, it gathered sociodemographic data, social security benefits, level of education, and socio-economic status. Secondly, it explored the dynamics of participants' intimate relationships, scrutinizing roles such as household leadership, child-rearing, domestic chores, and the prevalence of intimate partner violence. Lastly, it examined the impact of aging on the participants, focusing on shifts in their needs, occupations, and health. Overall, the interviews lasted between 40 and 90 minutes per participant and were developed in a private space within the Day Center. They were recorded in an electronic device only the research team had access to.

2.2 Analysis

An inductive thematic analysis was performed to delve into the complexity of intimate partner violence against older women in Bogotá. This analytical method systematically identifies, categorizes, and organizes the emergent themes and patterns from the data to make sense of the researched phenomena [45]. The study's analytical process unfolded in five distinct phases: first, a familiarization with the collected data, followed by a phase of primary coding to highlight the emergent themes in each interview section; afterward, the search for general themes began, with their respective review and delimitation; and culminating in the drafting of the results based on those categories [45]. The qualitative data analysis software NVivo 12 was used throughout the whole process.

Two strategies were implemented to ensure the quality and scientific rigor of the analysis: credibility and reflexivity. In terms of the first strategy, the group discussion of the primary coding and emergent categories encouraged the results scheme to be adjusted according to the experiences of the participants and the theoretical framework of the research, reducing the possibility of bias or misinterpretation of the data [46]. On the other hand, those categories and schemes were reviewed considering the lead researcher's examination of how her beliefs, judgments, and feminist leadership might impact the interpretations of the data. Reflexivity, as a tool within the research process, guaranteed that those assumptions did not go unexamined.

2.3 Ethics Statement

To access the population that participated in this study, a request was submitted to the Secretariat of Social Integration of Bogotá to authorize the collection of information within this entity's protection centers. After the legalization process and the request procedure, authorization was obtained from the institution. The researcher then visited the assigned centers to present the proposal and recruit participants.

In collaboration with the team of professionals at each center, potential study participants were initially identified based on specific conditions and criteria. These potential participants were then informed about the research and invited to participate. Upon obtaining the participants' consent, semi-structured individual interviews were conducted. The collected information was transcribed to ensure confidentiality (pseudonyms were assigned) and responsible handling of the information. The respective analyses were then carried out.

This study received approval from the Ethics Committee at the Universidad de los Andes, which categorized it as a minimal-risk study. Key ethical principles highlighted in this research include beneficence and non-maleficence, as well as the principle of autonomy and confidentiality. All names used in this manuscript are pseudonyms and no personal information was included without participants' approval.

3. **Results**

In the first section of the results, we describe the manifestations of intimate partner violence in later life and its consequences. In the second section, we discuss how gender and age interact to place older women in economic dependency on male partner's, forcing many of them to stay in couple relationships where they have experienced IPV. Women were not always passive and submissive but frequently responded actively to stop violence.

3.1 Manifestations of Violence

3.1.1 Physical Violence

All 14 participants reported having experienced physical abuse from their partners at least once in their lifetime. Of this number, 4 stated that this violence occurred only once or twice in their lives, during their youth and family establishment. Additionally, 3 women reported being physically abused until the average age of 50, but this ceased once they defended themselves and physically confronted their partners. On the other hand, 5 older women reported experiencing at least one episode of physical abuse after turning 60. However, it is noteworthy that two of the five participants stated that this violence occurred in a single episode during later life, while the other three participants stated that these violent situations occurred more frequently in this same life stage.

The case of Lina, a 63-year-old woman, corresponds to one of the episodic cases of physical violence that eventually led to the victim's decision to end the relationship:

> One day, I had a severe problem with him. He punched me in front of my daughter and son-in-law. That was the biggest problem. He came home drunk, and my daughter and son-in-law were there. I told him: 'Wow, you're drinking again, and we don't even have enough for a pound of rice. I'm the one feeding you and your children.' Then he punched me. He broke my nose and mouth.

In contrast, the case of Marcela, a 62-year-old woman, corresponds to a systematic victim of physical violence by her husband. Throughout her life, Marcela experienced frequent physical abuse, including in the last two years, during which she received multiple blows and bodily harm from her husband:

> In November 2016, I don't remember exactly, but he hit me for the first time. I didn't report it, and then he hit me a second time, and I still didn't report it. I was afraid because I felt like an accomplice. But the third time, I said enough is enough and reported him.

In summary, physical violence involved the use of the male body to harm and control the women participating in the study, resulting in physical actions like slapping, kicking, punching, and dragging. Alcohol often played a role in triggering these violent incidents at home.

3.1.2 Psychological Violence

All participants in the study (14/14) reported experiencing psychological violence at various stages of their lives, including later life. This type of violence manifested in multiple ways, such as the use of derogatory words like "bitch, whore, slut," threats and blackmail to control women's actions, and loud, intimidating voice tones. Silence, intimidating looks, jealousy, and control over women's activities were also standard. An example is in Mónica, “For instance, if a man came to buy something, he would eavesdrop. If he heard something he didn't like, he would accuse me of having an affair". This control and coercion continued into later life, with some women still being restricted by their husbands from going out, meeting friends, or visiting family. For example, Lina shared, "I had a friend who passed away, and before I moved in with him, we used to go out together. But after moving in with him, I felt like a nun, going from work to home and back."

3.1.3 Sexual Violence

Nine participants reported experiencing sexual violence in their romantic relationships at some stage of their lives. Six women experienced sexual violence both in earlier stages and during later life. The most prevalent form was sexual abuse, where four participants reported being forced into sexual relations, sometimes by partners who were intoxicated. Other manifestations included verbal harassment and unwanted sexual advances. Marcela narrated one such experience, "Sometimes he would come home, and I would be asleep, and he would touch me roughly, trying to hurt me. That scared me”. Milena highlighted that sexual violence emerged in later life: "Not long ago, about two years ago, he started forcing himself on me. I told him, 'No, you have to respect me’”. Sexual violence decreased in three participants due to the physical decline of the perpetrator or changes in the couple's dynamics, such as not sharing the same bed.

3.1.4 Economic Violence

Seven participants reported suffering from this type of abuse after the age of 60. Four of the seven had a history of economic violence in earlier stages of life. The manifestations referred to by the participants include the sale, theft, and destruction of valuable material objects, the manipulation of funds and bank accounts without the victim's knowledge, and the little support for household expenses and basic needs. Among the cases of economic violence that do not have a prior history but emerge in later life, the experiences of Leonor and Lina stand out. They had a conflictive and challenging relationship with their partners because these partners did not take any financial responsibility in the household. The following section shows how Lina recounted that her partner had money for drinking but not for fulfilling his household obligations, and she was the one who bought everything from personal hygiene items to covering rent expenses:

> This has been going on for almost seventy years. He would give things to his son, like soap and cream; I would buy, buy, and give; and he would take. I’m leaving, I’m leaving and, finally, I left. But over time, I went to live with my daughter again, but he came there to make my life impossible. So, my daughter and son-in-law told him, 'If you're going to live with my mom again, then pay rent.' And he said: 'How much?' 30,000 pesos... He didn't have it to pay. But he did have money for drinking.

On the other hand, in the case of Lina and Mónica, it is evident how their partners abusively managed their assets and resources without their consent. Mónica relates, "I couldn't let him into the business because he would take the money, he would steal from me," and Lina adds, "I would go to work, he would take things from my room and sell them, he didn't work, he would spend my things, he had two sons."

3.2 Consequences of Violence

Physical violence, despite being the least reported in later life (5 out of 14 women disclosed experience), caused physiological damage in some victims that affected their functionality and even put their lives at risk. In the narratives of the interviewees, physical violence was associated with trauma, bruises, wounds, and injuries. In Marcela's narrative, "And the time he hit me, I bled from my mouth and nose from 2 a.m. to 5 a.m. And I was trembling. He would say, 'Mamita, don't tell anyone I hit you.' He would do things, and when he saw that I was dying, he would get a bucket of water and wash me."

Regarding psychological violence, which all women from the sample reported, in 4 of the 14 cases studied, the impact of this violence was associated with low moods, feelings of anger, frustration, sadness, fear, and emotional overload (Leonor, Amanda, Marcela & Laura). Leonor expressed, "He called me a *'hijueputa'*... He would come back the next day with a bunch of lies, and I would get all depressed, all sad." And in Amanda's narrative, it comes up in the following way, "More disregard, yes. Because you feel bad. For example, you're talking to him, and he leaves - you feel less valued, you feel no one."

Sexual violence also significantly impacts the health and psychological well-being of older women. Fear, anger, and painful memories are some consequences associated with sexual violence. In our data, the following extract from Manuela's interview highlights the psychological impact such events have,

> You see, I can't, it's like I have a trauma. I have traumas. I don't like the corner of the bed, and of course, when he was drunk, he would corner me and beat me. Sex by force with a drunk, oh no, horrible.

Regarding the consequences of economic violence, it is evident that communication and interactions within the couple deteriorate. In 5 of the 6 women who reported experiences of economic violence, we found that they reported emotional distress and experienced anger and frustration, which can lead to aggressive responses from the victims. The evasion of economic responsibility described by Milena generates anger and indignation,

> But, if you ask him for money for a cream, a deodorant, a haircut, a snack... No, he doesn't have it. We must pay for water, and electricity, but I tell him, 'Can't you see that my needs don't exceed 100,000 pesos, and there's no money for that,' and for me, the haircut, what I sometimes need, my children give me, a pair of pants, a pair of shoes: my children.

3.3 Responses to IPV: Intersectionality of Gender, Age and Economic

Women in our study, who were both in older adulthood and socio-economic low status, frequently depended on their husbands. Traditional gender roles where domestic and caregiving work is assigned to women made them economically dependent on their husbands. This economic

dependency made their decision-making power minimal. During older adulthood, two factors provided partial independence and decision-making power to some of our participants: financial support from children and government subsidies. Dependency made most women stay in violent couple relationships in older adulthood. However, not all women responded to violence in the same form. We identified active and passive responses. We had cases where women separated from their husbands and experienced positive outcomes. We also had cases of two women who were liberated from violence only because their husbands died. In the following subheadings, we expand on women's dependency, women's responses to violence, and women's exit from violent relationships.

3.3.1 Domestic Work and Women's Dependency

Most women in our sample (10/14) dedicated their lives to domestic and caregiving roles. They expressed that since childhood, they had learned that caring for the home and the children was "a woman's job." Consequently, they were economically dependent on others at this moment of their lives and financially dependent on others throughout their lives. Six women received a minimal bi-monthly government subsidy. Such a subsidy was not enough to cover all essential needs. However, three women relied exclusively on the subsidy.

In couples where women depended on their husband's income, there was economic abuse, as men were indifferent or reluctant to provide women with some of their essential needs (e.g., personal hygiene items). Milena said, "Go and ask him for a cream, deodorant, haircut, snacks... No, he doesn't have money because we have to pay for water, pay for electricity, and yes, but I tell him, don't you see my expenses don't exceed 100,000 pesos and there's none…my children give me the money for a haircut, what I sometimes need, a pair of shoes, my children." Additionally, women who depended on their husbands' income (6/14) were also dependent on them in other areas of daily life, as in these households, husbands made all the decisions for the household. Thus, women's decision-making power was minimal.

The good news in this stage of life seems to be that some factors modulate women's dependency on husbands. In our sample, half of the women had income that did not come from their husbands partially or entirely, and this enabled some of them to take care of essential needs on their own and participate in some decision-making at home. Beatriz was the leading provider in her household and made all decisions; Monica brought some income to their home and shared decision-making with her partners.

In conclusion, caregiving work has fallen almost exclusively on this group of women, who have dedicated themselves to the home without receiving any compensation. Men are economic providers for most of their lives, making women financially dependent. At the stage of older adulthood, women continue to care for domestic and caregiving work. Nonetheless, women achieve partial economic independence and decision-making power as they receive children's economic support and subsidies from the government.

3.3.2 Physical Impairment during the Life Cycle

Women in our study reported health deterioration, mobility and functionality restrictions caused by age and caregiving burdens throughout their lifetime. Many women reported that despite simultaneously suffering from some pathologies, external factors hindered greater adherence to treatments and medical recommendations. Economic factors include limited access to healthy food,

medications, or transportation services; social factors include a limited support network to help with the administrative procedures required to access health services. On the other hand, in some circumstances, women neglected their health needs to prioritize the care of their husbands and families, causing physical and emotional overload that could further deteriorate their health. But illness and physical and psychological deterioration were some of the main reasons mentioned by participants to stay in the couple relationship even when there was violence and abuse.

However, spending more than half their lives performing domestic and caregiving tasks and experiencing the physical, emotional, and economic costs of these tasks led some women to question and critique the idea that this was “a woman’s job” and realize the inequality inherent in the traditional gender division of roles. For example, in the interviews, it was highlighted that in old age, despite not demanding financial compensation, women demanded minimal recognition and emotional compensation for their domestic work from their spouses. A helping hand, a thank you, an invitation to eat, and a caring attitude towards order were some of the things participants wanted to receive for their contribution. Nonetheless, they face a different scenario where men normalize women’s domestic work and feel entitled to demand and pressure women when they do not fulfill the expected role. For example, Lina stated that she "had to leave the kitchen tidy, breakfast made" to avoid her husband getting angry and starting a conflict.

3.3.3 Responses to Violence

We identified two responses to intimate partner violence from women in our sample: active and passive. Active responses included verbal confrontations, physical self-defense, and, in a minority of cases, leaving the couple's relationship. Mónica narrated how she physically responded to physical aggression from her husband,

> Yes, recently, one night, he came home drunk with my son and started treating me very poorly, saying things and hitting me. So I took a small stick that I had, and I hit him on the legs, knocking him to the ground.

Active responses also included asking for help in the social networks and from professionals. For example, Milena, a 63-year-old woman, after experiencing being a victim of sexual abuse in her marriage, sought help from her family doctor despite feeling ashamed and not wanting others to find out.

Passive responses to violence were most frequent in cases of psychological violence. Women stated they preferred to avoid the situation and remain silent to prevent prolonging or escalating arguments. This passive stance, disguised as "indifference," often concealed the pain, sadness, and frustration of many who preferred to stay quiet out of habit, fear, or despair. In Esperanza’s words, "All angry, maltreating me and speaking badly. In the end, I stopped paying attention to him. I stayed quiet and let it go”.

According to our analysis, women who had questioned the traditional division of gender roles, particularly those who had critiqued domestic and caregiving work as “a woman’s job”, spoke more of active responses to violence. Women who, at this stage of the life cycle, continued to believe what they had learned about women and men in childhood narrated passive responses to violence.

3.3.4 Navigating the Exit Process from Abusive Relationships

Ending an abusive relationship poses significant challenges for older women. Dependency, health concerns, fear of retaliation, and feelings of loneliness often deter women from leaving.

For example, Silvana said,

> Maybe I didn't do it at the right time, and afterward, I had already invested my money there. So, I'm not going to leave the house all set up for someone else, and I would have to go through hardships by moving somewhere else. So, that has been my home, and as they say, here I am, and here I stay.

However, two women in our study left the abusive relationship in older adulthood. These women reported improved physical and mental health, newfound peace, reduced stress, and increased autonomy. Marcela narrated how her life has improved after separation,

> Totally a complete turnaround. If I want to get up, I get up. If I want to eat, I eat. If my son brings me food, the other one also brings me food. My grandson spoiled me, and the other one, too. The other day, they took us to Mundo Aventura [a theme park], and we were happy.

Finally, among the participants, there were two women who experienced psychological and physical violence throughout their lives in a relationship, which only ended when their partners died. In Amanda, violence ended with the partner's death, but Monica was left in very difficult economic conditions.

4. Discussion

According to this exploratory qualitative study, psychological violence is the most predominant type of violence after the age of 60 in the participants. Economic violence follows as the second most common form. Physical violence, as well as sexual violence, seems to be less common in this stage of life. Likewise, the analyses of the 24 interviews showed that conditions associated with later life, such as economic dependency, deteriorating health, limited social, emotional, and instrumental support networks, and gender-related conditions (reproduction of traditional roles), influenced the occurrence of violence in the relationship. Based on these findings, the following sections will present how these insights can enrich existing research on couple dynamics, gender violence, and aging. Finally, limitations and some recommendations for future research will be discussed.

Firstly, the results coming from the selected sample indicate that violence in older adulthood occurs in two of the three scenarios described by Brandl and Raymond [32]. The first scenario involves cyclical violence (physical, psychological, economic, and sexual) with a history in earlier life stages, continuing into later life. The second scenario involves emergent violence, identified in the results as cases of sexual and economic violence, manifesting unexpectedly after the age of 60. The third scenario described by Celdrán, where women enter a violent relationship during later life, was not observed in the collected data. In summary, the first two scenarios appear in the study sample with variations in the intensity and frequency of the aggression.

The predominance of psychological violence during older adulthood in the sample aligns with the prevalence of this type of violence in other stages of the life cycle. According to the Colombian DHS [19], 64.1% of surveyed women had experienced psychological violence, making it the most

prevalent form of violence. Therefore, this type of violence could correspond to cyclical violence, with roots in earlier life stages, continuing into later ones, as noted by the participants of this study. Regarding economic violence, which ranks second in prevalence in the sample, it occupies the third position among women aged 13 to 49 in the DHS, preceded by physical violence [19]. These differences across age groups could be due to the degree of economic dependency women experience at different life stages. As evidenced in the experiences of the 14 participants, older adult women reported greater economic dependency in this period of their lives, facilitating situations of financial abuse and manipulation [24, 34].

In terms of gender and existing conditions, unpaid domestic work stands out in the sample as a lifelong form of reproducing economic and power inequality, continuing even when women lack the physical capacity to perform it. Limiting women to caregiving and service roles in the relationship becomes a means of exerting control and power over women and their decisions [43]. Some interviewees referred to household chores as a central reason for their husbands' complaints, commands, and demands for compliance. However, according to the life histories of some participants, before living with their partner, they had been trained to adopt a submissive and responsible role regarding household tasks and caregiving, continuing similarly in later life. The results align with Díaz's findings among older Spanish women, where those dedicated to domestic work were less likely to rest from these tasks than those who spent only a moderate or low percentage of their time on them [44].

Considering how traditional roles and beliefs are configured and manifested in the domestic sphere makes sense when analyzing the scenarios and activities preceding violence. The National Institute for Legal and Forensic Medicine [23] reported that domestic activities could constitute a risky scenario, where about 32% of older women experienced violence from their partners. Accidents and the physical impairments that can come along can cause distress and excessive reactions from the abuser, who justifies the aggression through domination and intolerance. Additionally, these results on gender roles and experiencing violence in the relationship align with other studies that establish a higher likelihood of men perpetuating violence against their partners in households with more traditional role beliefs [21].

The implications of health in later life and violent situations are also noteworthy. The results show that physical pathologies such as hypertension, gastric problems, joint problems, chronic pain, and coronary disease were prevalent among the participating women. These pathologies are recurrent among older women victims of intimate partner violence and may be related to stress and its effects on the immune system [28, 36, 38]. Considering health status in the relationship is crucial as the health-disease process involves changes that can disrupt the relational system. Celdrán [6] states that older women, having more illnesses in later life, require specific care and present greater dependency. However, due to limited support networks, care, and instrumental support alternatives are often reduced to self-care or care by the abusive husband.

The mental health consequences of intimate partner violence (IPV) on women, especially older women, are profound and multifaceted. Physical, psychological, sexual, and economic abuse can lead to long-term emotional and mental health issues, such as depression, anxiety, post-traumatic stress disorder (PTSD), and social isolation [47, 48]. Older women experiencing IPV often face additional challenges due to age-related vulnerabilities and social expectations, such as caregiving responsibilities and economic dependency, which can exacerbate feelings of helplessness and entrapment [48, 49].

In the context of Colombia, and particularly in this research study, older women who have endured IPV suffer from long-lasting mental health impacts. Psychological violence, which all participants in this study reported, often manifests in low moods, emotional exhaustion, and self-esteem damage. For instance, Amanda's experience of disregard and neglect by her partner highlights how emotional abuse can erode a woman's sense of worth and lead to depressive symptoms: "Because you feel bad. For example, you're talking to him, and he leaves—you feel less valued, you feel no one." Psychological trauma from prolonged physical violence is also common, with women like Marcela describing fear and trauma from repeated abuse, impacting their psychological well-being even after the physical violence ends [50, 51]. Research shows that IPV in later life can exacerbate pre-existing health conditions and lead to significant psychological distress, with older women often struggling to access adequate support. As IPV continues into old age, women usually face increased isolation and dependency, limiting their options for escape and compounding their mental health challenges [52, 53].

5. Conclusions

Based on the 14 interviews, it is possible to conclude that intimate partner violence can be a phenomenon that occurs throughout the lifespan of a relationship, starting at a young age and continuing into later life. Similarly, while violence can have antecedents in other stages of the life cycle, there are also scenarios where certain types of violence, such as economic and sexual violence, may emerge for the first time or with greater frequency in later life.

Regarding the stereotypes associated with gender roles, it was identified among the sample that these beliefs often justify and give rise to aggression within the relationship. Finally, it is worth noting that violence in older adulthood is an overlooked and understudied phenomenon, presenting various nuances and axes that require rigorous study to differentiate the specific needs of each population. Therefore, factors such as social class, gender identity, diverse sexual orientation, race, ethnicity, and the urban-rural context where the phenomenon under study may also occur should be considered.

Working with a qualitative and retrospective approach implies acknowledging that recalling memories and precise information may be affected by the memory process. Loftus and Davis state that when investigating past experiences, a reconstruction process may include new information and reinterpretations that can differ [54]. Additionally, the longer the time elapsed, the more likely information may change or vary when recalled. This could explain the difficulty in obtaining precise and detailed information and testimonies from older adults, who more frequently have problems controlling the origin of remembered information [55, 56]. Recognizing that there may be inaccuracies in certain details is as valid as acknowledging that people are waiting to be heard, asking for their experiences to be given significance. Ms. Silvana, an empowered lady, scolds me (the first author) and demands that I (the first author) mention that people from lower socioeconomic backgrounds suffer much domestic violence. Her call reminds us of our responsibility and debt to this population (Field Diary, Researcher).

It is also important to consider that the characteristics of this sample are particular, limiting the understanding of the phenomenon to a particular population: economically vulnerable urban women, beneficiaries of a protection program and public policy. Therefore, the findings of this study cannot be generalized to the entire population. Similarly, it is vital to consider other characteristics

and variables such as class, social security, rural contexts, and race, raising new questions about daily life experiences and facing social problems like intimate partner violence.

5.1 Implications for Future Research

Given the exploratory nature of the study, there is a need to develop more studies with more extensive and more diverse samples to broaden the understanding and magnitude of intimate partner violence. A national measurement and a detailed record of intimate partner violence events in older women are urgently needed to identify and work on this issue in later life. Similarly, these quantitative studies should establish the consequences and effects of this violence and protective factors against this phenomenon. Once detailed information on intimate partner violence in older adulthood in Colombia is obtained, comparative exercises can analyze violence throughout life stages in our context, allowing for an understanding of the social, cultural, and historical dynamics influencing domestic violence over time. Domestic violence research should address various social axes, considering variables such as race, ethnicity, class, rural living, etc. This constitutes a baseline and starting point that highlights differences, details, and priorities for evaluation, intervention, and public policies for older women and the prevention of phenomena like intimate partner violence.

Acknowledgments

I would like to extend my gratitude to the Secretariat of Social Integration of Bogotá for allowing me to engage with the community, and to each of the participants who voluntarily trusted this study and shared their experiences.

We acknowledge the use of ChatGPT to translate certain parts of the manuscript from Spanish to English and to enhance the writing and coherence of the text. The most common prompts used were “act as an academic researcher and translate to English the following input…” and “check and enhance coherence from the following text…”. Furthermore, to check grammar and ensure appropriate syntaxis, we used the AI-assisted tool Grammarly during the writing process.

As authors of this manuscript, we confirm that we have done a detailed review of the sections produced by AI or AI-assisted tools to guarantee accuracy and intended meaning from the research process and our (and the interviewees) native language. We acknowledge the use of ChatGPT to translate certain parts of the manuscript from Spanish to English and to enhance the writing and coherence of the text. The most common prompts used were “act as an academic researcher and translate to English the following input…” and “check and enhance coherence from the following text…”. Furthermore, to check grammar and ensure appropriate syntaxis, we used the AI-assisted tool Grammarly during the writing process. As authors of this manuscript, we confirm that we have done a detailed review of the sections produced by AI or AI-assisted tools to guarantee accuracy and intended meaning from the research process and our (and the interviewees) native language.

Author Contributions

Diana Viafara: Conceptualization, investigation, data collection and curation, formal analysis, writing – original draft, formal analysis, writing – review and editing, project administration. *Ana Lucia Jaramillo:* Supervision, conceptualization, formal analysis, writing. *Laura Vega:* Data curation, writing – review and editing. Methodology, writing – review and editing.

Funding

This study did not have any funding.

Competing Interests

The authors have declared that no competing interests exist.

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