

Conjugal Violence and Mental Health of Korean Elderly Women

Jae Yop Kim*, Hae Won Yang**, Hee Soo Kim***

Professor, Dept. of Social Welfare, Yonsei University*

Assistant Professor, Dept. of Social Welfare, Chongshin University**

Full-time Instructor, Dept. of Social Welfare, Korea Bible University***

Abstract : The purposes of this article is to assess the current status of conjugal violence among elderly women and to examine the relationship between conjugal violence and the mental health status of elderly women in Korea. The results of this study are; (1) the largest proportion (44.9%) of elderly women experienced verbal violence, followed by minor physical violence (35.5%), severe physical violence (13.1%), and sexual violence (5.6%); (2) the mental health status of elderly women who have been exposed to violence was worse than that of elderly women who have not. In conclusion, this article argues that interventions for better marital relationships among elderly couples are needed and comprehensive programs for improvement of mental health are also needed for elderly women in general.

Key Words : elderly women; conjugal violence; mental health

I. Introduction

The elderly population in Korea has been rapidly increasing in recent years. The population over the age of 60 was 5,159,000 in 2000 and this accounted for approximately 11.0% of the total Korean population. Among the elderly population, there were 3,036,000 women who constituted 58.9% of the total elderly population (Korea National Statistical Office, 2000). These statistics show that it is essential to focus on elderly women when we discuss issues relating to preparations for Korea's aging society. Furthermore, within the family development stage, the empty nest period in which elderly couples live by themselves without their children has become increasingly longer than at any other time in Korea's past. The duration that elderly couples lived alone without children was

9.5 years among the marriage cohort of 1959 compared to 19.3 years among the marriage cohort of 1990 (Kim *et al.*, 2000). That is, couples are living by themselves for a considerable part of their late adult life. In addition, interdependency of couples tends to be intensified in old age. A spouse is not only life companion but also a supporter when the other spouse is ill. According to Tower and Kasl(1996), the level of marital satisfaction affects elderly people's whole quality of life, satisfaction of life, health, and longevity. A positive marital relationship is much more important for elderly couples than the couples in any other developmental stage.

In spite of the importance of positive marital relationships for the welfare of the elderly, most existing research on the elderly has focused on individual variables such as health and financial

Corresponding Author: Jae Yop Kim, Shinchondong, Seodaemungu, Dept. of Social Welfare, Yonsei University. Seoul 120-749, Korea
Tel : +82-2-2123-2926 E-mail : jaeyop@yonsei.ac.kr

problems. Moreover, studies on marital relations among elderly couples from a woman's perspective have been rarely conducted. In late adulthood, both husbands and wives need to adjust to changes in their marital relationship. Husbands need to adjust to a life following retirement and wives need to adjust to the fact that they spend much more time with their husbands than before. During this transitional period, couples might experience more conflict and even violence, while some couples might experience increased intimacy and affection. According to Kim (1998a), approximately 20% of elderly wives have experienced abuse by their husbands. The number of divorce among couples over 60 was 390 in 1996 and increased more than two fold to 831 in 1999 and most of these divorces were filed by the wives (The change of the number of elderly divorce, 2000). These findings support the need for increased research of the elderly women population and their marital relationships.

Elderly women constitute the largest proportion of the population suffering from poverty in Korea. Moreover, elderly women have various unique difficulties including health problems and social isolation. The health problems are related not only to aging but also to their roles as a woman, such as earlier child birth, child rearing, and housework. Elderly women also often experience isolation from their family and society in general due to their lack of education and participation in social activities (Chung, 1998). Elderly women have poorer mental health than elderly men (Han *et al.*, 2002) and most victims of elderly abuse are women (Kim, 1998a). The social status of the current generation of Korean elderly women is even lower than that of past generations. Traditionally, respecting the elderly has been one of the most important social and cultural virtues in Korea. However, this traditional social norm has been weakened in recent years. Thus, Korean elderly women face many individual, familial, and social difficulties.

This study will assess the current status of conjugal violence among elderly women and their mental

health. This study will also examine the relationship between conjugal violence and the mental health status of Korean elderly women. Ultimately, this study aims to obtain critical data for social work intervention for the improvement of health and marital relations among elderly women.

II. Theoretical Overview

1. Elderly Women

There are individual differences regarding people experiencing the decrease of their physical and psychological functioning and therefore it is not easy to pinpoint at what age late adulthood begins. However, in Korea, ages of 60 or 65 are often thought of as the starting points of the elderly period. The age of 60 has been a traditional hallmark of old age in Korea and people older than 65 are elderly under the federal law of elderly welfare in Korea. In this study, women over the age of 60 are designated as elderly from this age, people often start to undergo various aging processes and experience decreases in physical, psychological, and social functions.

The population of elderly women is larger than the elderly male population and the proportion of women increases along with the increase of age. This phenomenon is related to the gender difference in average life span. According to the "2001 Life Table" by the Korea National Statistical Office (2003), the average life span of males was 72.8 years and that of females was 80.0 years. That is, there was a 7.2 year average life span difference between genders.

Korean elderly women have a lower level of education and employment, and typically retire earlier than their male counterparts. Moreover, even when they are employed, a large proportion have unskillful, low paying jobs (Kim *et al.*, 2001). Thus, elderly women have a lower economic status than their male counterparts and higher economic dependency on their spouses and children. In terms of physical health, the

rate of chronic disease is higher among elderly women than men. According to Chung *et al.* (1998), 92.9% of elderly women and 77.4% of elderly men suffer from chronic diseases. Therefore, interference of daily activities due to poor health is more acute among elderly women than men. In terms of mental health, research findings have shown that the rate of mental health problems such as psychological maladjustment and depression is higher among women and lower socio-economic classes than men and middle and upper classes. Moreover, elderly women are more vulnerable to mental health problems such as senile dementia and menopausal depression (Ku *et al.*, 1993). Therefore, elderly women face a unique set of challenges in terms of their socio-economic status as well as of their physical and mental health problems over their male counterparts.

The level of life satisfaction among elderly women also becomes lower than that of elderly men as they age (Myung, 2001; Kim *et al.*, 2001). Departure of adult children has more negative effects on women than men. Many Korean elderly women's lives revolve around their role as a mother and spouse. Therefore, the loss of the role of mother has a significant impact on them. Most of the current generation of elderly women have sacrificed their lives for their family as both a mother and a wife. Even after becoming elderly, they often continue to provide housework and care for their grandchildren since many women in the younger generation seek employment outside the home. Moreover, care for the ailing husband is often a burden for elderly women. Thus, the current generation of Korean elderly women have sacrificed their entire adult life for their family.

2. Conjugal Violence among Elderly

In this study, violence is conceptualized as inflicting physical force onto others with intention or potential intention to harm them. When violence occurs among members of a family, this is family violence (Kim, 1998a). Family violence can be divided into violence

toward a spouse, parents, children, and siblings. In this study, conjugal violence only includes violence toward wives by their husbands.

The rate of conjugal violence is extremely high in Korea. According to Kim(1998a), the rate of conjugal violence is 31.4% in general and the rate among elderly couples over 60 is 20.8%. It means that 249,000 elderly couples experienced conjugal violence among the total 1,200,000 elderly couples in Korea. In regards of specific types of violence, Choi(2000) reported 14.5% of elderly women experienced 'hitting with fist', 12.4% 'kicking', 11.6% 'slapping' by their husbands. Research findings from other countries also reported that elderly abuse had increased and the abusers were often spouses (Pillemer & Finkelhor, 1988; Pillemer & Suito, 1992; Lachs *et al.*, 1997).

The relationship between age and the conjugal violence rate is not clear. Kim(1998a) reported that the rate of conjugal violence tended to decrease by aging. However, according to a study conducted by Korean Ministry of Health and Welfare in 2000, the rates of conjugal violence were not different among various age groups. This uncertainty seems to be similar in other countries. Suito, Pillemer & Straus(1990) reported that the conjugal violence rate was in inverse proportion to age, but Gelles(1974) found no relationship between age and the conjugal violence rate.

Previous research reported that the conjugal violence of elderly couples was not dependent on socio-economic variables such as level of education, income or employment status but past experiences in violence were closely related to conjugal violence among elderly couples. Elderly men and women who were exposed to parental violence during childhood, experienced violence in their teens, or experienced conjugal violence in early adulthood tend to show higher rate of conjugal violence(Kim, 2002; Choi, 2000; Kim 1998a).

3. Mental Health among Elderly

In this study, mental health was measured by

assessing one's levels of several psychological problems including depression, stress, aggression, and low self-esteem which often interferes with one's sound and balanced development of one's personality. These mental health issues are often associated with the elderly population.

Increased depressive symptoms are the most common mental health problems among the elderly. Davis-Berman (1989) reported that 11% to 54% of elderly had notable symptoms of depression. According to Lee (1996), elderly people were more emotional and more prone to psychological problems than other age groups. Elderly people often become depressed following feelings of isolation and unworthiness, and declined self-esteem. Moreover, research has shown elderly women have a higher tendency of depression (Atchley, 1994; Chi & Chou, 2001; Blazer *et al.*, 1991; Gallo *et al.*, 1994; Lee *et al.*, 1984). Specific symptoms of depression often include both emotional symptoms such as sadness, frustration, self-hatred, and loss of interest as well as cognitive symptoms such as negative self evaluation, low self-esteem, and helplessness.

Declining self-esteem is also typical among the elderly. According to Krause (1987), the elderly need feelings of trust, love, care, and respect from their significant others to maintain their self-esteem. Traditionally, Korean elderly have been respected for their wisdom brought by their age and experience within the family and the greater society. However, the Korean elderly have recently become much more isolated and occupy a much lower level of prestige within both the family and society as a whole. More and more Korean families have become nuclearized where the focus is on the husband and wife relationship and their relationship with their unmarried children. Moreover, newly developed technology makes it very difficult for the elderly to hold on to their role as persons with experience and wisdom. Therefore, experiencing low levels of trust, love, care, and respect from others has brought low self-esteem among many of the elderly in Korea.

Regarding the level of stress among the elderly, they often face increase in stressful life events and decrease in coping strategies and resources (Kim *et al.*, 1998). Common causes of stress among elderly include death of a loved one, disease, and a decrease in physical, cognitive, and social functioning (Lee, 1994).

There is scant research on aggression in the elderly except the aggressive behavior of dementia patients in Korea (Oh, 2000). Therefore little information exists regarding on the aggressiveness of the elderly's. In general, it is known that levels of aggression become lower and aggression is often expressed verbally rather than physically as people age (Lee, 1996).

4. Relationship between Conjugal Violence and Mental Health among Elderly

Women who experience violence at the hands of their husbands often brings about not only physical injury but also mental health problems and social maladjustment (Kim *et al.*, 1999; Kim, 2002). Victims of conjugal violence often experience depression and are even suicidal in the cases of more severe violence (Kim, 1998b). Lee (1999) also reported that victims of conjugal violence experience higher levels of stress, sadness, and depression. According to Hong (1997), 83% of conjugal violence victims have depression and 56% have guilt and suicidal intentions. Other symptoms of those who have been victimized include loss of interest, difficulty in concentrating, and low self-esteem. The research on women victims of conjugal violence conducted by Byun and her colleagues (1993) reported that more than half of the participants suffered from severe symptoms of depression including low self-esteem, low self confidence, helplessness, and suicidal ideation. Victims also have a high level of anger toward their husbands. The rate of child abuse is higher among victims of conjugal violence and this implies their higher level of aggression.

Research findings from other countries have shown similar results. According to Stets & Straus (1990), the

rate of depression among female victims of conjugal violence was 4 times higher than the general female population and suicidal attempts were 5.5 times higher. Other common symptoms among victims of conjugal violence include chronic depression, low self-esteem, anxiety, learned helplessness, denial, shame, guilt, chronic stress, and physical pain (Walker, 1984; Barenett *et al.*, 1996; Hilberman, 1980).

III. Method

1. Sample

This study used the data collected for the study of effects of violence toward women, which was supported by the Ministry of Health and Welfare in Korea (2000). The stratified random sampling method was used to select the sample of married women over the age of twenty nationwide. The total number of participants of this study was 1500 to ensure the reliability level of 95% with an error range of $\pm 2.5\%$. The sample includes proportionate numbers of people from big cities, mid-to-small sized cities, and rural areas using multi-area sampling. Among 1500 women, 1104 women were currently living with their spouses. Among those 1104 women, 107 women were over 60 and 997 women were under 60. 107 elderly women over 60 who were currently living with their husbands were included for the analysis.

2. Data Collection and Analysis

Data was collected by telephone interviews based on a structured questionnaire. Interviewers were recruited from universities nationwide from undergraduate and graduate social work programs and intensive training for the interviewers was conducted. The telephone interviews were conducted between October 26th, 1999 and March 31st, 2000. Both frequency and t-tests were conducted using SPSS/PC+ package.

3. Measures

1) Conjugal violence

Conjugal violence was measured by yes/no scales composed of 10 items regarding verbal, physical, and sexual violence. The participants were asked whether they experienced conjugal violence during the past year from the time of the interview. Verbal violence was measured by the item "my husband insulted me." Physical violence was measured by the following 8 items which were selected and translated into Korean from a part of the items of the Conflict Tactics Scales, Couple Form R by Straus(1990): i) "my husband threw something at me," ii) "my husband pushed me," iii) "my husband slapped me," iv) "my husband kicked, bit, or hit me with his fist," v) "my husband hit me with something(e.g. belt, bat, golf club)." vi) "my husband beat me," vii) "my husband choked me," viii) "my husband threatened me with or used a knife(scissor) or gun". Among these 8 items, i), ii), and iii) are termed minor violence while the other 5 items are termed severe violence. Sexual violence was measured by the question "I had sex forcefully against my will." Cronbach's alpha was .8385.

2) Mental health

Mental health was evaluated based on 4 sub-categories including depression, stress, aggression, and self-esteem. Depression was measured by the following 3 items which were selected and translated into Korean from Beck's Depression Inventory (BDI, 1961): i) sadness, ii) pessimism, iii) suicidal ideation. Cronbach's alpha was .7724. Stress was measured by the following 4 items selected, revised and translated into Korean from the Index of Clinical Stress (ICS, 1991): i) "I feel extremely tense," ii) "I feel so stressed that I'd like to hit something," iii) "It is very hard for me to relax," iv) "It is not easy for me to fall asleep at night." Cronbach's alpha was .8426. The level of aggression was measured by the following 3 items created by us because we were not able to identify one developed specifically for use with Korean women: i)

“When I have a quarrel with someone, I must win,” ii) “If someone laughs at me, I can not tolerate it,” iii) “I have often gotten into fights with other people within the last year.” Cronbach’s alpha was .5419. Self-esteem was measured by the following 5 items selected and translated into Korean from Rosenberg’s Self-Esteem Scale (1979): i) “I am able to do things as well as most other people,” ii) “I certainly feel useless at times,” iii) “On the whole, I am satisfied with myself,” iv) “At times I think I am no good at all,” v) “I feel I do not have much to be proud of.” Cronbach’s alpha was .7637. All items were answered by 4-point Likert-type scale. The Cronbach’s alpha of the total mental health scale was .8538.

IV. Results

1. Socio-Demographic Characteristics

<Table 1> shows the socio-demographic characteristics of elderly women in this study. The age range of elderly women was from 60 to 81 and the average age was 66.09 years. Concerning the level of education, 63.6% had an elementary level of education or less. 16.8% were middle school graduates. 14% were high school graduates and only 4.7% had junior college or higher levels of education. In regards to occupation, 55.1% of elderly women were full-time housewives while 27.1% had some form of employment. Although more than a quarter of the elderly women were employed, all the elderly women in this study had low incomes, labor intensive jobs. Regarding the marital status of elderly women, 91.6% of elderly women were in their first marriage. Over half of them had been married for 40-49 years and 31.8% had been married for over 50 years. The average duration of marriage was 45.52 years. The average family income of these elderly women was very low, 932,900 won per month. On the contrary, younger women, who were under 60 years old, had a much higher level of education. Among younger women

<Table 1> Socio-Demographic Characteristics
n=107

Age	Average	66.09 years
Education level	Elementary education or less	68 (63.6%)
	Middle school Graduates	18 (16.8%)
	High school Graduates	15 (14.0%)
	Junior college Graduates	0 (0.0%)
	College Graduates	5 (4.7%)
	Graduation School or higher	0 (0.0%)
	No answer	1 (0.9%)
Occupation	Blue collar worker	29 (27.1%)
	White collar worker	0 (0.0%)
	Small scale business	0 (0.0%)
	Service industry	0 (0.0%)
	Student	0 (0.0%)
	House wife	59 (55.1%)
	Others	0 (0.0%)
	Unemployed	17 (15.9%)
	No answer	2 (1.9%)
Marital status	First marriage	98 (91.6%)
	Remarriage	4 (3.7%)
	No answer	5 (4.7%)
Duration of marriage	20-29 years	3 (2.8%)
	30-39 years	14 (13.1%)
	40-49 years	55 (51.4%)
	Over 50 years	34 (31.8%)
	No answer	1 (0.9%)
	Average	45.52 years
Family income	Average	932,900 won

21.8% had employment, a little less than 27.1% of elderly women, but younger women had various types of employment such as white collar jobs or small scale business. Average family income of younger women was 2,214,100 won, much higher than the average income of elderly women. Overall, the elderly women in this study had low levels of education, low paying jobs, and small family income.

2. Conjugal Violence

<Table 2> shows frequency and types of conjugal violence among elderly women. 44.9% of elderly women experienced verbal violence from their spouse

<Table 2> Frequency and Types of Conjugal Violence

n=107

Types of Violence	Frequency (%)
Verbal violence	48 (44.9)
My husband insulted at me	
Total minor physical violence	38 (35.5)
My husband threw something at me	38 (35.5)
My husband pushed me	22 (15.9)
My husband slapped me	17 (15.9)
Total severe physical violence	14 (13.1)
My husband kicked, bit, or hit me with fist	14 (13.1)
My husband hit me with something (e.g. belt, bat, golf club).	5 (4.7)
My husband beat me	8 (7.5)
My husband choked me	1 (0.9)
My husband threatened with or used a knife (scissor) or gun	2 (1.9)
Total physical violence	38 (35.5)
Sexual violence	6 (5.6)
I had sex forcefully against my will	

during the past year, 35.5% minor level of physical violence, and 13.1% a more severe level of physical violence. Lastly, 5.6% of elderly women reported that they have had sex with their husband against their will. On the contrary, 40.6% of younger women experienced verbal violence, 34.5% minor levels of physical violence, 13.2% more severe level of physical violence, 6.9% sexual violence from their spouse during the past year. These results show that there is very little difference in frequency and types of conjugal violence between elderly women and younger women. It also shows the fact that rape within marriage is actually happening and it is not that rare in elderly years.

3. Mental Health Status

<Table 3> shows the mental health status of elderly women. Higher numbers indicate higher levels of depression, stress, aggression, and self-esteem. Concerning depression, elderly women's total index depression level score was 1.8972, much higher than the score of younger women, 1.6973. Sadness was the major depressive symptom among elderly women. In regards of stress, elderly women's total index stress

level score was 2.0210, also significantly higher than the score of younger women, 1.8095. Elderly women were easily tensed and had difficulties with sleep. Regarding aggression, elderly women's total index aggression level score was 1.9057, slightly lower than the score of younger women, 2.0146. Concerning self-esteem, elderly women's total index self-esteem level score was 2.8336, much lower than the score of younger women at 3.0600.

The overall status of the mental health of elderly women was much poorer than younger women. This result supports previous research findings (Atchley, 1994; Kim *et al.*, 1998; Davis-Berman, 1989; Lee, 1996; Krause, 1987). However, the level of aggression of elderly women was lower than that of younger women. Decreased levels of aggression can be understood as one of the changes accompanied with aging. It may also represent a cohort effect. Older Korean women were taught in their youth that they were not to be aggressive in any way and that it was "not lady-like" to exhibit aggression. However, the younger generation of Korean women have grown up in a society that is more tolerant of aggression by females.

<Table 3> Mental Health Status

n=107

	Mean	s.d.
Total index of depression level	1.8972	0.6610
Sadness	2.31	0.905
Pessimism	1.89	0.744
Suicidal ideation	1.50	0.678
Total index of stress level	2.0210	0.7047
I feel extremely tense	2.29	0.890
I feel so stressed that I'd like to hit something	1.66	0.745
It is very hard for me to relax	1.92	0.801
It is not easy for me to fall asleep at night	2.19	0.982
Total index of aggression level	1.9057	0.5477
When I have a quarrel with someone, I must win	1.95	0.777
If someone laughs at me, I can not tolerate	2.13	0.797
I often got into fights with other people for the last year	1.61	0.698
Total index of self-esteem level	2.8336	0.4871
I am able to do things as well as most other people	2.64	0.704
I certainly feel useless at times	2.13	0.715
On the whole, I am satisfied with myself	2.55	0.554
At times I think I am no good at all	2.08	0.745
I feel I do not have much to be proud of	1.78	0.633
Total index of mental health	2.0229	0.4407

<Table 4> Experience of Verbal Violence and Elderly Women's Mental Health

	Verbal Violence		T
	Yes (n=48) mean(s.d.)	No (n=59) mean(s.d.)	
Total index of mental health	2.0901(0.4779)	1.9682(0.4039)	1.429
Depression	2.0903(0.7070)	1.7401(0.5808)	2.813***
Stress	2.0833(0.7620)	1.9703(0.6566)	0.824
Aggression	1.9858(0.5514)	1.8418(0.5408)	1.350
Self-esteem	2.8542(0.4929)	2.8169(0.4860)	0.391

*** p<.01

4. Experience of Conjugal Violence and Mental Health Status among Elderly Women

This study investigated whether there are differences in terms of one's mental health status based on the experience of conjugal violence among elderly women. Table IV shows that elderly women who have had an experience of verbal violence are significantly more depressed than women who have not

experienced verbal violence ($p<.01$). Thus, considering the fact that depression is a serious mental health problem among elderly women, the depression of elderly women who have experienced verbal violence from their spouse can be very serious.

<Table 5> shows that elderly women who have experienced less severe levels of physical violence have a poorer mental health status than women who have experienced no violence at all ($p<.05$). Elderly women who have been exposed to physical violence

<Table 5> Experience of Minor Physical Violence and Elderly Women's Mental Health

	Minor Physical Violence		T
	Yes (n=38) mean(s.d.)	No (n=69) mean(s.d.)	
Total index of mental health	2.1636(0.4546)	1.9454(0.4162)	2.510**
Depression	2.1842(0.6875)	1.7391(0.5937)	3.506***
Stress	2.2368(0.7188)	1.9022(0.6727)	2.403**
Aggression	2.0088(0.5772)	1.8480(0.5260)	1.457
Self-esteem	2.8105(0.4507)	2.8464(0.5089)	-0.363

p<.05, *p<.01

<Table 6> Experience of Severe Physical Violence and Elderly Women's Mental Health

	Severe Physical Violence		t
	Yes (n=14) mean(s.d.)	No (n=93) mean(s.d.)	
Total index of mental health	2.3238(0.5169)	1.9776(0.4126)	2.829***
Depression	2.2619(0.7972)	1.8423(0.6247)	2.257**
Stress	2.3571(0.6256)	1.9704(0.7050)	1.939*
Aggression	2.3810(0.4688)	1.833(0.5241)	3.688****
Self-esteem	2.7000(0.5751)	2.8538(0.4728)	-1.102

*p<.1, **p<.05, ***p<.01, ****p<.001

<Table 7> Experience of Sexual Violence and Elderly Women's Mental Health

	Sexual Violence		t
	Yes (n=6) mean(s.d.)	No (n=101) mean(s.d.)	
Total index of mental health	2.4444(0.1440)	1.9978(0.4400)	2.468**
Depression	2.7778(0.4036)	1.8449(0.6369)	3.536***
Stress	2.5000(0.2236)	1.9926(0.7136)	4.387***
Aggression	2.2778(0.5741)	1.8833(0.5409)	1.729*
Self-esteem	2.7000(0.1673)	2.8416(0.4990)	-1.676

*p<.1, **p<.05, ***p<.01

were significantly more depressed (p<.01) and more stressed (p<.05) than elderly women who have had no such exposure.

<Table 6> shows that elderly women who have experienced severe levels of physical violence have a much poorer mental health status than women who have not (p<.01). Elderly women who have been exposed to severe physical violence were significantly more depressed, more stressed, and exhibited significantly higher levels of aggression. The aggression levels of elderly women who have been

severely physically abused by their husbands was much higher (2.3810) than that of the younger generation of women (2.0146). This shows that physically abused elderly women find outlets the violence they have been suffering.

<Table 7> shows that there is a significant difference in the mental health status between elderly women who have been exposed to sexual violence and elderly women who have not (p<.05). Elderly women who have been forced to have sex by their husbands against their will were much more depressed (p<.01), more

stressed ($p < .01$), and had higher levels of aggression ($p < .1$) than elderly women who have not. The aggression level of sexually abused elderly women was also higher than that of younger women.

V. Conclusions and Implications

The purposes of this article are to assess the current status of conjugal violence among elderly women over 60 and examine the relationship between conjugal violence and mental health status among elderly women in Korea.

The results of this study show that 44.9% of elderly women have experienced verbal violence by their spouse, 35.5% minor physical violence, 13.1% severe physical violence, and 5.6% sexual violence. These rates are very similar to the rates of conjugal violence among younger women. It means that conjugal violence is a serious marital problem not only among young or middle-aged couples but also couples in their later years of life in Korea.

The rates of conjugal violence among elderly couples in this study are much higher than the rates found in Kim (1998a)'s study. According to Kim, 20.2% of elderly couples reported less severe violence, 5.6% experienced more severe levels of violence, and 20.8% experienced any of these two types of physical violence. While Kim (1998a) included both married men and women in his study, this study included only women and this might allow them to be more honest about the violence in their marriage. However, even after this factor is considered, the rates of conjugal violence among elderly women found in this study are very alarming.

The mental health status of elderly women who have experienced conjugal violence was worse than that of elderly women who have not. Elderly women who have been the victims of conjugal violence were more depressed, more stressed, more aggressive and had lower self-esteem. Even though the level of aggression of elderly women was lower than that of

younger women in general, elderly women who experienced severe physical violence or sexual violence by their husbands had significantly higher levels of aggression than younger women. These findings are mostly consistent with previous studies regarding female victims' mental health problems (Walker, 1984; Kim 1998b; Byun *et al.*, 1993; Lee, 1999; Hong, 1997; Stets & Straus, 1990; Barenett *et al.*, 1996; Hilberman, 1980). Many elderly women are suffered from various mental health problems in Korea. It should be noted that elderly women who have experienced conjugal violence were in an even worse mental health status than elderly women who have not.

There have been limitations: Although this study focuses on marital relationships among elderly couples, it only included wives and not husbands. Marital interaction can be better understood when both spouses are included in a study. Moreover, in this study, assessment of mental health status was somewhat limited because it was based only on categories of mental health such as depression, stress, aggression, and self-esteem.

Based on the result of this study, several suggestions for the improvement of quality of life among Korean elderly women can be made. Interventions for better marital relationships among elderly couples are needed. For couples who have experienced marital conflicts, marital therapy to promote better communication skills and alternative ways of conflict resolution are needed. Preparation programs for middle-aged couples for better adjustment to changes in couple relationships brought by children's departure, retirement, and aging will be beneficial. Since this study is cross-sectional and there is no data about how long violence has been going on in the respondents' lives, conjugal violence surveillance programs should begin in early adulthood to follow, identify, and provide services to those who are experiencing conjugal violence.

Comprehensive programs for the improvement of mental health are also needed for elderly women in

general. Poor mental health among elderly women is often related to their lack of social activities and isolation. Therefore, the programs that provide recreational and social activities for elderly women are essential. Moreover, mental health problems often experienced by elderly women such as depression, anxiety, feelings of unworthiness, helplessness, and shame should be the main focus of mental health intervention programs for elderly women. For the elderly women who have long been physically abused, professional therapeutic interventions are needed. The treatment program should be developed to help heal elderly women's prolonged emotional wounds. For those who have suffered severe physical violence or sexual abuse and have difficulty controlling their anger, anger control management or other therapeutic approaches to express anger can be beneficial.

■ References

- Atchley, R. (1994). *Social forces and aging*. California: Wadsworth Publishing Co.
- Barenett, O. W., Martinez, T. E., & Keyson, M. (1996). The relationship between violence, social support, and self-blame in battered women". *Journal of Interpersonal Violence*, *11*(2), 112-141.
- Blazer, D., Burchett, B., Service, C., & George, K. (1991). The association of age and depression among the elderly: an epidemiologic exploration. *Journal of Gerontology*, *46*(6), M210-M215.
- Byun, W. S., Won, Y. A., & Choi, E. Y. (1993). *A study on the countermeasures on domestic violence-focused on wife abuse*. Korean Women's Development Institute, Seoul.
- Chi, I., & Chou, K. (2001). Social support and depression among elderly Chinese people in Hong Kong. *International Journal of Aging and Human Development*, *52*(2), 155-157.
- Choi, J. H. (2000). Gender differences in conjugal violence of the elderly. *Journal of the Korea Gerontological Society*, *20*(3), 17-35.
- Chung, H. J. (1998). Relationships of stressors, resources, and appraisal with psychological adjustment of female elderly. *Journal of the Korea Gerontological Society*, *18*(3), 74-89.
- Chung, K. H., Cho, A. J., Oh, Y. H., Byun, J. K., Byun, Y. C., & Moon, H. S. (1998). *National elderly living and the demand for welfare service survey 1998*. Korea Institute for Health and Social Affairs, Seoul.
- Davis-Berman, J. (1989). Physical self-efficacy and depressive symptomology in older women: a group treatment approach. *Journal of Women and Aging*, *1*(4), 29-40.
- Gallo, J. J., Authony, J. C., & Muthern, B. O. (1994). Age difference in the symptoms of depression: a latent trait analysis. *Journal of Gerontology*, *49*, 251-264.
- Gelles, R. J. (1974). *The violent home: A study of physical aggression between husbands and wives*. Newbury park. CA: Sage publications.
- Han, G. H., Lee, J. H., Ok, S. H., Ryff, C., & Mark, N. (2002). Gender, social roles and mental health in mid-life. *Journal of the Korea Gerontological Society*, *22*(2), 209-225.
- Hilberman, E. (1980). Overview: the "wife-beater's wife" reconsidered. *American Journal of Psychiatry*, *137*, 1336-1347.
- Hong, C. H. (1997). Domestic violence and women's mental health. *Silla University Journal of Women's Studies*, *8*, 41-58.
- Korea National Statistical Office (2000). National Census.
- Korea National Statistical Office (2003). 2001 Life Table.
- Kim, J. Y. (1998a). Conjugal violence in Korean elderly couples: an analysis with socio-economic status. *Journal of the Korea Gerontological Society*, *18*(1), 170-183.

- Kim, J. Y. (1998b). Spousal abuse and social class in Korean national family violence survey. *Korean Journal of Social Welfare*, 35, 133-155.
- Kim, J. Y., Kim, D. B., & Choi, S. H. (1998). Stress, marital conflict, depression, and marital power of elderly couples. *Journal of the Korea Gerontological Society*, 18, 103-122.
- Kim, J. Y., Yang, H., & Lee, K. Y. (1999). A study of the effectiveness of the integrated group program for battered women's depression. *Korean Journal of Social Welfare*, 38, 68-99.
- Kim, K. S. (2002). A case study on the characteristics of wife abusers. *Journal of Family Relations*, 7(2), 65-87.
- Kim, S. K., Chang, K. S., Lee, H. S., Chung, K. S., Cho, A. G., & Song, I. J. (2000). *Change of Korean Family and It's Coping Strategy*. Korea Institute for Health and Social Affairs, Seoul.
- Kim, S. Y. (2002). A study of attitude and experience of violence in conjugal violence of the elderly couples. *Journal of the Korea Gerontological Society*, 21(3), 129-144.
- Kim, Y. J., Nam, M. A., Noh, B. I., Park, S. K., Yoon, K. A., Lee, Y. W., & Cho, S. H. (2001). *Women and Social Welfare*. Daihak Publication, Seoul.
- Korean Ministry of Health and Welfare. (2000). The effects of violence to womens's health and its policy and intervention development.
- Krause, N. (1987). Social support, stress and well-being among older adults. *Journal of Gerontology*, 41, 512-519.
- Ku, J. S., Kim, T. H., Kim, H. K., Kwak, D. K., Lee, Y. S., Lee, K. D., Park, J. K., Kim, J. I., & Choi, S. J. (1993). *Elderly Women*. Korean Women's Developmental Institute, Seoul.
- Lachs, M. S., Williams, C., O'Brien, S., Hurst, L., & Horwitz, R. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. *The Gerontologist*, 37(4), 469-474.
- Lee, I. J. (1994). The influence of life events and social support in old ages to elderly health. *Korean Journal of Social Welfare*, 23, 199-223.
- Lee, J. B., Suh, H. S., & Cheung, S. D. (1984). Depression in old ages. *Journal of the Korea Gerontological Society*, 4, 44-52.
- Lee, S. J. (1996). Characteristics of elderly. In The Research Institute of Science for Health and Better Living (eds.), *Modern Gerontology* (pp.73-105). Sook Myung Women's University Press, Seoul.
- Myung, S. Y. (2001). The problems of elderly women from the feminist standpoints. *The Journal of Public Welfare Administration*, 11(2), 281-295.
- Oh, J. J. (2000). The experience of nursing staff on the dementia patients' aggressive behavior. *Journal of Korean Academy of Nursing*, 30(2), 293-306.
- Pillemer, K., & Finkelhor, D. (1988). *The prevalence of elder abuse: A random sample survey*.
- Pillemer, K., & Suitor, J. J. (1992). Violence and violent feelings: What causes them among family caregivers? *Journal of Gerontology: Social Sciences*, 47, s165-s172.
- Shin, S. J. (1999). Study of the prevalence, correlates, and perceptions of wife rape. *Korean Journal of Social Welfare*, 39, 180-209.
- Stets, J., & Straus, M. (1990). Gender difference in reporting marital violence and its medical and psychological consequences. In Straus, M. and Gelles, R. (eds.), *Physical Violence in American Families* (pp.151-165). New Brunswick, Transaction Publishers,
- Suitor, J. J., Pillemer, K., & Straus, M. A. (1990). Marital violence in a life course perspective. In Straus, M. and Gelles, R. (eds.), *Physical Violence in American Families*. New

Brunswick, Transaction Publishers,
The change of the number of elderly divorce. (2000. 7.
11.). The Hankook Ilbo, pp. 29.
Tower, R., & Kasl, S. (1996). Gender, marital
closeness and depressive symptoms in elderly
couples. *Journal of Gerontology*, 51b(3), 115-

129.

Walker, L. (1984). *The Battered Woman Syndrome*.
New York: Springer Publishing Company.

Received August 29, 2005

Accepted November 25, 2005