



Domestic Abuse in Later Life

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Nearly 77 million people, more than a quarter of the total U.S. population, are age 50 or older (U.S. Census Bureau, 2000). In Canada the percentage is similar with 28.7% of Canada's 31 million residents age 50 or older (Statistics Canada, 2001). National surveys also suggest that domestic violence is widespread in the United States and Canada (Bureau of Justice Statistics Special Report, 1995; Family Violence in Canada, 2002).

So there must be many of victims of domestic violence in later life, correct?

For the most part, the answer is lost in the cracks between the domestic violence and elder abuse service systems. Domestic violence programs predominately serve women between the ages of 18 and 45 abused by intimate partners. Most adult protective services (APS) have focused primarily on frail elderly and incompetent victims. Although older battered women should have at least two systems they can turn to for help, in practice neither system has been particularly successful at understanding and meeting the needs of older women (let alone older men) who are abused by intimate partners and family members.

Likewise, although both domestic violence and elder abuse research would seem to cover domestic abuse in later life, researchers often define their target populations in ways that exclude these victims. For example, many domestic violence studies focus on women ages 18 – 59. Elder abuse research examines self-neglect, institutional abuse, and financial exploitation, as well as family violence.

For the purposes of this paper, domestic abuse in later life is defined as male and female victims, age 50 and older, abused by someone in a trusted, ongoing relationship such as spouse or

partner, family member, and/or some caregivers. This paper focuses primarily on victims living in the community, not institutions (e.g., nursing homes).

This paper includes research addressing domestic abuse in later life or older battered women. We also include more general domestic violence or elder abuse studies that have findings that are specifically about abuse in later life. Fifty-four articles published from 1988 to 2002 were reviewed. Studies focusing on younger victims of domestic violence, other forms of elder abuse, and those conducted outside the United States or Canada were excluded.

Comparing results across these studies is practically impossible. The lack of a standard definition of elder abuse and domestic abuse in later life creates research widely varied in the types of abuse studied, the specific definitions of abuse used, whether abuse was self-reported or from agency records, the age of respondents (which ranged to a low of 40 years), whether the target audience was predominately healthy elders or vulnerable adults, and whether only women or men and women were included in study samples. In addition, some elders may deny that what they are experiencing is abuse, introducing potential underreporting. Studies have shown that elders' definitions of abuse do not correspond to professionals' definitions, which may confound findings (Brown, 1989; Hudson, et al., 1999).

Not only did the studies reviewed here often look at different forms of abuse and/or target populations, often the methodology was significantly flawed. In part because of the lack of financial resources, only a few studies have been large experimental studies with more than 1,000 randomly

assigned respondents (Lachs, Williams, O'Brien, Hurst, Kossack, Siegal, et al., 1997b; Podnieks, 1992b; Pillemer and Finkelhor, 1988). Even these larger studies ultimately based their conclusions on relatively small numbers of actual abuse victims, ranging from 47 to 80. Only one of the random sampled studies included cognitively impaired elders (achieved by interviewing other family members), but using such reports may be considered unreliable (Robert Wood Johnson Foundation, 2001).

All the other studies included here had serious sampling biases because they were based on elders who were using services of some sort or were known to APS or domestic violence programs. Such samples may reveal information about only some elders because many abused elders are isolated and do not come to the attention of professionals or seek help. With one exception (Otiniano, Herrera, and Teasdale 1998), these studies also involved relatively small samples – 10 to 401, with the majority of studies being under 100 subjects. Very few studies used control groups.

Despite these acknowledged weaknesses, this body of literature is important since it sheds light – even if partial – on key issues of domestic abuse in later life. These issues, as reflected in study findings, include: 1) prevalence and incidence; 2) types of abuse, including sexual abuse; 3) culture; 4) relationships; 5) causation; 6) abuser issues; 7) victim issues; and 8) services and interventions. Eight detailed papers on each of these topics can be found at the National Center on Elder Abuse website and a related website. Here we summarize major findings of this larger review.

Key Findings

Prevalence and Incidence

Ten of the reviewed articles examined prevalence and incidence rates of both elder abuse in general and domestic violence specifically. Mouton, Rovi, Furniss, and Lasser (1999) found that 4.3% of their sample of older women responding to a health survey were currently in an abusive relationship. Using data from the 1985 U.S. Family Violence

Resurvey, Harris (1996) found that 5.8% of the older couples responding to the survey had experienced domestic violence in the past year. A third study that examined APS records found that 1.6% of elders had been abused, neglected, or exploited over a nine year period (Lachs et al., 1997b). Hudson and Carlson (1999b) found 6.2% of the older adults in their North Carolina sample admitted hurting an elder. The figure was 2.0% in another study (Hudson, 1999a).

Five studies asked questions about abuse occurring at any point across the lifespan. Hudson (1999b) found 19.1% of women in six North Carolina counties experienced domestic violence at some point in their lives. Both Mouton et al. (1999) and Pittaway and Westhues (1993) found 31.9% had experienced some form of domestic violence in their lives. The Mouton et al. sample was of women only, whereas Pittaway and Westhues surveyed both men and women. Fifty-nine percent of a study involving 37 Navajos said they had experience some form of abuse in their lives (Brown, 1989).

By comparison, three other studies attempted to estimate the incidence of elder abuse that included domestic violence in later life as well as other forms of abuse against the elderly. Pillemer and Finkelhor (1988) estimated 701,000 to 1,093,560 older Americans were victims of abuse each year. In the early 1990's, Podnieks (1992b) estimated 98,000 to 137,000 older Canadians are elder abuse victims each year. More recently, the U.S. National Elder Abuse Incidence Study (NEAIS) estimated approximately 450,000 older people were being abused in 1996 (National Center on Elder Abuse, 1998). Cook-Daniels (1999) and Otto and Quinn (1999) suggest that methodological flaws may explain why the NEAIS figures are much lower than previous studies. These articles suggest, among other flaws, that the NEAIS study used substantiated APS cases and community sentinels (trained volunteers to look for elder abuse) but did not include the large (but unmeasured) segment of elders that are isolated and do not come in contact with community services.

Types of Abuse

Most of the 28 studies in which a type of abuse in later life was identified involved more than one type. For instance, 19% of victims were abused or neglected in more than one way in Podniek's study (1992b) and 20% in Greenberg, McKibben, and Raymond's study (1990). In Anetzberger's study (1998), psychological abuse accompanied other types of abuse in 89.7% of the sample.

Fourteen of the 28 articles reviewed compared the frequency of different types of abuse in later life. Making comparisons is difficult because studies used different definitions of elder abuse and forms of abuse are included in some studies and not others. Given this caveat, six studies found verbal or psychological abuse was the most prevalent type (Brownell, Berman, and Salamone 1999; Crichton, Bond, Harvey, and Ristock 1999; Godkin, Wolf, and Pillemer 1989; Le, 1997; Lithwick, Beaulieu, Gravel, and Straka 1999; Vladescu, Eveleigh, Ploeg, and Patterson 1999). Four studies found neglect was the most prevalent type of abuse (Brown, 1989; Lachs et al., 1997b; NCEA, 1998; Otiniano et al., 1998). Three studies found that physical abuse was the most prevalent type of abuse (Greenberg et al., 1990; Pillemer and Finkelhor, 1988; Wolf, 1997). Sanchez (1999), examining physical abuse, neglect, financial abuse, and denial of shelter, found that "denial of shelter" was the most common type. Two others said financial abuse was the most prevalent type, with the Pittaway and Westhaus study also counting "attempted" financial abuse (Pittaway and Westhaus, 1993; Podniek, 1992b). However, not all studies included all major types of abuse. For instance, four of the studies that did *not* find psychological abuse as the most common type did not appear to include it within the scope of their research (Greenberg et al., 1990; Lachs et al., 1997b; Otiniano et al., 1998; Sanchez, 1999).

In the studies that compared spouse abuse in later life to parent abuse, spouses were more likely than adult children to physically abuse and adult children were more likely than spouses to financially abuse (Lithwick et al., 1999; Wolf and Pillemer,

1997). Crichton, Bond, Harvey, and Ristock (1999) likewise found that adult children were the more likely financial abusers, although that study did *not* find a difference in how often spouses and adult children committed physical abuse. In contrast, the NEAIS found that adult children were the more frequent abusers in all types of abuse cases (NCEA, 1998).

It appears that homicide-suicide among elders is higher than reported in previous studies, 0.4 – to 0.9 per 100,000 for persons age 55 and older (Cohen, Llorente, and Eisdorfer, 1998). Men are the perpetrators in the vast majority of these homicides. A need to control the relationship appears to play an important role leading to spousal homicide-suicide (Malphurs, Eisdorfer, and Cohen, 2001).

The eight studies of sexual assault and abuse reviewed for this article are particularly difficult to compare since each focused on dissimilar populations and identified cases in very different ways. However, older women may be victims of sexual assault whether they are healthy and married or frail and living in an institution. Nearly all the sexual abuse victims studied were women, and all but one identified perpetrator were male. Mouton et al. (1999) found that 7% of older battered women had been forced to have sexual intercourse with their husbands. In three studies, identified victims were overwhelmingly impaired: 80% of the sample in Burgess, Dowdell, and Prentky (2000) used a wheelchair or were bedridden and 60% had dementia; 80.9% of the sample in Teaster, Roberto, Duke, and Myenonghwan (2000) lived in a nursing home and fewer than a quarter could walk without assistance. Seventy-one percent of the sample in Ramsey-Klawnsnik (1991) were classified as "totally dependent" or functioning "poorly" to "very poorly." Many of the sexual abuse cases had witnesses: 76.2% of the Teaster et al. (2000) sample, and nearly a third of both the Ramsey-Klawnsnik (1991) and Burgess et al. (2000) samples.

Spouses or intimate partners were the abusers in 29% of the Ramsey-Klawnsnik (1991) sample. Other sexual abusers were residents of the nursing home, for example 75.0% in the Teaster et al. (2000) sample; 39.0% were sons in the Ramsey-

Klawnsnik (2000) sample; 7.5% were paid caregivers in the Teaster et al. (2000) sample); and 7% were brothers in the Ramsey-Klawnsnik (1991) sample.

Studies of sexual assault in the general population found that 2.2% of reported cases were of women 50 and older (Ramin, Satin, Stone, and Wendel, 1992), and that 6.2% of women age 55 and up reported at least one incidence of sexual assault during their lifetime (Acierno, Gray, Resnick, Kilpatrick, Saunders, and Brady 2002). Two studies found that genital injuries were far more common and severe among older than younger victims (Muram, Miller, and Cutler 1992; Ramin et al., 1992).

Culture

Significant differences may exist among racial and ethnic groups' definitions of what behaviors constitute elder abuse (Anetzberger, 1998; Hudson and Carlson, 1999; Moon and Williams, 1993). One reason may be that cultures have a range of expectations about the responsibility of grown children and elders to provide care, financial assistance, and emotional support to one another (Anetzberger, 1998; Brown, 1989; Griffin, 1994; Moon and Benton, 2000; Moon and Williams 1993; Sanchez, 1999; Tomita, 1999). Hudson et al. (1999) found that elders' views of abuse might differ significantly from professionals' views.

Most of the participants in these twelve studies, including Americans of European heritage, reported reluctance to report abuse (Le, 1997; Moon and Benton, 2000; Moon and Williams 1993; Otiniano et al., 1998; Sanchez, 1999; Tomita, 1999). Some reasons mentioned for non-reporting included shame, embarrassment, not wanting to create conflict in the family, and protecting the community. Moon and Campbell (1999) reported that the majority of Korean-American elders could not name a single formal source of help for elder abuse. Some participants expressed willingness to talk to family members rather than professionals (Moon and Williams, 1993; Sanchez, 1999).

Relationships

Of the twenty articles identifying the relationships between abusers and victims, family members were the abusers in the vast majority of cases of abuse in later life (Brownell et al., 1999; Godkin et al., 1989; Lachs et al., 1997a, 1997b; Lithwick et al., 1999; NCEA, 1998; Otiniano et al., 1998; Pillemer and Finkelhor, 1988; Podnieks, 1992b; Ramsey-Klawnsnik, 1991; Vinton, 1992; Vladescu et al., 1999). Even a general population study of violence against the elderly found that older women have a distinctive vulnerability to assaults by intimates and other family members (Bachman, Dillaway, and Lachs, 1998). In seven studies, the abuser was an adult child more often than a spouse (Brownell, 1999; Lachs et al., 1997a, 1997b; NCEA, 1998; Otiniano et al., 1998; Vladescu et al., 1999; Wolf and Pillemer, 1997). In contrast, two randomly sampled studies found significantly more spouse abuse than abuse by adult children (Pillemer and Finkelhor, 1988; Podnieks, 1992b). Two studies using data from domestic violence programs found 58% to 95% of older women clients were abused by spouses (Seaver, 1996; Vinton, 1992). Teaster et al. (2000), however, found other facility residents perpetrated the majority of sexual assaults in institutions.

Crichton et al. (1999) found more husbands abusing wives than vice versa, whereas Pillemer and Finkelhor (1988), using the Conflict Tactics Scales, found wives reported having used physical aggression against their husbands more than vice versa. The Conflict Tactics Scales do not differentiate the impact of physical violence or identify the primary physical aggressor. Pillemer and Finkelhor (1988) acknowledged that "only 6% of males abused by wives were injured versus 57% of women abused by husbands, and the abused women were almost twice as likely as the husbands to be 'very upset' by the abuse" (pp. 55-56). Six studies found sons more abusive than daughters (Crichton et al., 1999; Greenberg et al., 1990; Lachs et al., 1997a; Pillemer and Finkelhor, 1988; Wolf and Pillemer, 1997; Vinton, 1992). Ramsey-Klawnsnik (1991) found some adult sons also

sexually abused their mothers.

Phillips, Ardon, and Briones (2000) found caregiving wives experienced more abuse than caregiving daughters. In Wolf and Pillemer's (1997) study, wives were more apt to experience physical abuse from their husbands than their sons (77.3% vs. 48.3%). Similarly, Pittaway and Westhues (1993) found that spouses were the primary offenders of physical abuse, sexual assault, and chronic verbal aggression.

Causation

Several hypotheses of the cause of abuse in later life have been studied. Some of the thirteen studies reviewed found power and control dynamics similar to those experienced by younger battered women also to be prevalent in later life (Harris, 1996; Pillemer and Finkelhor, 1988).

The popular notion that abuse in later life is primarily caused by stressed caregivers, who abuse frail, dependent elderly, is **NOT** supported by the research (Phillips et al., 2000; Pillemer and Finkelhor 1988, 1989; Reis and Nahmiash, 1997, 1998). Only two of thirteen studies suggested a possible correlation between stress of caregiving and abuse (Brown, 1989; Harris, 1996). Often the abuser is dependent on the victim in some way (Godkin et al., 1989; Pillemer and Finkelhor 1989; Seaver, 1996; Wolf and Pillemer, 1997). Lachs et al. (1997b) found that neither depression, urinary incontinence, nor prevalence of chronic disease were associated with abuse. Godkin et al. (1989) suggested that both the elder and abuser had emotional problems that may have been a factor in the abuse.

Current thinking about intergenerational cycles of abuse suggests that child abuse victims may retaliate against their aging parents when they become adults. Currently not enough research exists to support or rule out this idea. Two studies indicate that intergenerational transmission of violence is not an inevitable process but may be a factor in some cases (Korbin, Anetzberger, Thomasson, and Austin 1995; Podnieks, 1992a).

Abuser Issues

Nine of the twenty-one articles that described the abusers who hurt older people found that a significant number of abusers suffer some form of impairment (Brownell et al., 1999; Cohen et al., 1998; Godkin et al., 1989; Greenberg et al., 1990; Lachs et al., 1997a; Pillemer and Finkelhor, 1989; Reis and Nahmiash, 1997, 1998; Seaver, 1996). These impairments included substance abuse, mental illness and depression, or cognitive impairments.

Several studies found that abusers of elders often depend on victims for housing, transportation and sometimes care (Brownell et al., 1999; Pillemer and Finkelhor, 1989; Seaver, 1996; Wolf and Pillemer, 1997). Financial dependency of adult children also seems to be a key factor (Godkin et al., 1989; Greenberg et al., 1990; Pillemer and Finkelhor, 1989; Reis and Nahmiash, 1998; Seaver, 1996; Wolf and Pillemer, 1997). Some research also suggests that abusers have problems with relationships, may be more isolated, and lack social supports (Reis and Nahmiash, 1997, 1998). Brown (1989) suggests that abusers with personal problems may be more physically abusive. Perpetrators may minimize or deny their abusive behavior (Griffin, 1994).

Most studies found the majority of perpetrators to be male (Brownell et al., 1999; Crichton et al., 1999; Lithwick et al., 1999; NCEA, 1998). Sexual abusers were almost exclusively male (Ramsey-Klawnsnik, 1991; Teaster et al., 2000). Of the sample reviewed by Cohen, Llorente and Eisdorfer (1998), only older men (not women) perpetrated homicide-suicide in later life. A few studies found more female abuse perpetrators than male (Anetzberger, 1998; Dunlop, Rothman, Condon, Hebert, and Martinez, 2000). These studies included neglect as a form of abuse, where women tend to exhibit higher rates of mistreatment than men possibly because women provide more care than men. Pillemer and Finkelhor (1988), using the Conflict Tactics Scales, also found that women were more likely to use physical aggression than men.

Both the NEAIS (NCEA, 1998) and Godkin

et al. (1989) found that more than one-third of perpetrators are age 60 or older. Phillips et al. (2000) found many older caregivers (age 55 and over) were being abused by their still older care recipient.

Victim Issues

From the thirty articles that contained information on older victims, no one profile of a victim of domestic abuse in later life emerged from the data (Pillemer and Finkelhor, 1989; Seaver, 1996). It appears that abuser characteristics are a more powerful predictor of abuse than victim traits (Pillemer and Finkelhor, 1989).

Information about older victims varied greatly depending on the designated target population of the research. Studies that used APS data or focused on vulnerable adults naturally found more victims who were not able to care for themselves or had physical or cognitive impairments (Godkin et al., 1989; Greenberg et al., 1990; Lachs et al., 1997b; NCEA, 1998; Ramsey-Klawnsnik, 1991; Teaster et al., 2000). Research on older women involved in domestic violence programming or in large randomly sampled studies found fewer impairments (Pillemer and Finkelhor, 1989; Seaver, 1996). Some studies found most victims to be 80 or older (Dunlop et al., 2000; NCEA, 1998; Teaster et al., 2000), however, Pillemer and Finkelhor's study found rate of abuse to be similar for people ages 65 to 74 and 75 and older (1988).

Ten studies found a higher percentage of female victims than male (Crichton et al., 1999; Dunlop et al., 2000; Greenberg et al., 1990; Lachs et al., 1997a; Lithwick et al., 1999; NCEA, 1998; Otiniano et al., 1998; Ramsey-Klawnsnik, 1991; Teaster et al., 2000; Vladescu et al., 1999). Females accounted for 66 to 100 percent of cases in these studies. Two studies using the Conflict Tactics Scales found more male victims than female victims of physical abuse (Pillemer and Finkelhor, 1988; Podnieks, 1992b).

Several studies noted that high percentages of older victims lived with their abusers (Godkin et al.,

1989; Greenberg et al., 1990; Lachs et al., 1997a, 1997b; Pillemer and Finkelhor, 1988; Seaver, 1996; Vladescu et al., 1999). The one study that looked at abused *caregivers* did not find a correlation between living with the abuser and being a victim of abuse (Phillips et al., 2000). Two studies found that older women were assaulted in their own homes more often than anywhere else (Bachman et al., 1998; Muram et al., 1992).

Depression, a wish to end their lives, unhappiness, shame or guilt are common among older victims in these studies (Anetzberger, 1998; Le 1997; NCEA, 1998; OWN, 1998; Pillemer and Finkelhor, 1988; Podnieks, 1992b; Reis and Nahmiash, 1998 and 1997). While physical or cognitive impairments are also common, not all victims have a disability (Greenberg et al. 1990; Lachs et al. 1997b; Lithwick et al., 1999; NCEA, 1998; Pillemer and Finkelhor, 1988, 1989; Podnieks, 1992b; Ramsey-Klawnsnik, 1991; Reis and Nahmiash, 1998; Seaver, 1996; Teaster et al., 2000). Whether victims become depressed or impaired as a result of the abuse or whether depressed or impaired elders are more susceptible to being abused is unclear. Brown's (1994) small study noted elders perceived as depressed or confused were abused most often.

Lachs, Williams, O'Brien, Pillemer, and Charlson (1998) found that abused elders were more likely to end up dead at the end of a 13-year follow-up period than self-neglecting or nonabused elders. None of the deaths were attributed to injuries from the abuse, and other health issues were controlled for. One speculative explanation is that negative interpersonal interactions are related to distress that may increase risk of death. Although they did not compare their victims to non-abused nursing home residents, Burgess, Dowdell, and Prentky (2000) noted that 11 of her 20 victims were dead within a year of being sexually assaulted.

Phillips et al. (2000) found that many victims may see abuse as normal behavior. Other researchers found that some victims minimize the abuse or believe it is their fault (Griffin, 1994; Podnieks, 1992b; Sanchez, 1999). At the same

time, Seaver (1996) and Podnieks (1992a) found many strengths and survival skills among victims.

Services and Interventions

Twenty-six articles about services and interventions were reviewed. Many older domestic abuse victims do not seek services from agencies such as the police and health care professionals (Brownell et al., 1999; OWN, 1998; Phillips et al., 2000), and may not tell anyone at all about the abuse (Podnieks, 1992a). If they seek services from professionals like emergency department staff, they may not get a referral to APS or other domestic violence services (Lachs et al., 1997a). When victims are identified, they frequently refuse offered services (Brownell et al., 1999; Lithwick et al., 1999).

Reasons victims may not seek help or refuse offered services include: not knowing where to seek help (Moon and Evans-Campbell, 1999); not seeing themselves as abused (Phillips et al., 2000); a desire to obtain services for their abusers rather than themselves (Brownell et al., 1999; Korbin et al., 1991); a lack of services, inability to qualify, or a long wait list for services (Allen, 1995; Hightower, Smith, Ward-Hall, and Hightower, 1999); embarrassment or fear (OWN, 1998); and community attitudes (Allen, 1995). Vinton (1991) found female victims abused by adult children were less likely to accept services than victims of spouse or partner abuse. Le (1997) suggested increasing public awareness, addressing isolation, and hiring bilingual and bicultural staff to alleviate some fears of reporting. Moon and Benton (2000) urged targeting efforts to recent immigrants. Tomita (1999) recommended considering interventions focusing on respite, safety, and group harmony.

Services that were often accepted by victims or that potential victims said they would use were: police intervention; case management; orders of protection; health care; homemaker services; individual counseling; peer support groups; and a 24-hour help line (Brownell et al., 1999; Lithwick et al., 1999; OWN, 1998; Podnieks, 1992a, 1992b). Two studies found that APS-type services were

effective in reducing or eliminating abuse in the majority of cases studied (Lithwick et al., 1999; Vladescu et al., 1999).

Several researchers recommended using strategies (e.g., empowerment model) and interventions (e.g., peer counseling, help lines, support groups) used for younger battered women (Dunlop et al., 2000; Harris, 1996; Pillemer and Finkelhor, 1988, 1989; Wolf and Pillemer, 1997). Some studies recommended support groups (Dunlop et al., 2000; Podnieks, 1992a). Peer support groups were found to be somewhat to very successful in helping victims gain skills to cope with their situations (Seaver, 1996; Wolf, 1998).

Although several studies suggest that APS collaborate with domestic violence advocates (Dunlop et al., 2000; Harris, 1996; Wolf, 1998), domestic violence programs currently serve very few older women (Hightower et al., 1999; Vinton 1992, 1998). Those that offer special programming aimed at older women tend to serve more (Seaver, 1996; Vinton, 1998). Shelters specifically for abused elders are rare, and two-thirds of them will not serve an elder who needs more than minimal assistance (Wolf, 1999). Two researchers were not even sure elder-specific shelters were a good idea (OWN, 1998; Wolf, 1999).

Potential Implications

Keep in mind that many of the studies listed suffered from methodological problems, so use caution when generalizing the findings. However, some patterns in the existing research lead to the following potential implications:

- More rigorous research is needed on domestic abuse in later life and elder abuse. Specifically, another national incidence study and randomly sampled studies examining prevalence would help the field better understand the scope of the problem. Research on sexual abuse and assault in later life, homicide-suicide and trauma would also be beneficial. In addition, examination of effective interventions for victims and

abusers could help guide future program development.

- Current practices must change to reflect researchers' findings that caregiver stress is NOT the primary cause for elder abuse and domestic abuse in later life. Service delivery should focus on victim safety, support, and services that are age-appropriate.
- Service providers from a variety of disciplines (e.g., domestic violence, sexual assault, aging services, adult protective services, justice, health, faith-based, substance abuse, mental health, etc.) must work together to better understand the dynamics of abuse and create a collaborative response to victims.
- Research and services must be culturally competent to help service providers meet the needs of a diverse community.
- Domestic violence and sexual assault programs need to do more outreach to older persons to invite them to participate in services. These services must be tailored to meet the needs of older victims.

Conclusion

North Americans are aging. Over the next decades, the numbers of older persons will increase significantly. Unfortunately, older people begin or continue to experience abuse and neglect, often at the hands of family members, caregivers or someone they trust and love. Current service delivery does not meet the needs of these victims. Domestic violence and sexual assault programs must do a better job of designing services tailored for older persons. Adult protective services and the aging network must learn to recognize the dynamics of abuse in later life and offer services that focus on safety, support and breaking the isolation of the victims.

Researchers have a responsibility to do more quality research in the area of abuse in later life. Funding is necessary to examine prevalence and incidence. In general, sample sizes should be larger and more rigorous study controls should be in place. When possible, random-samples of older people need to be studied instead of relying solely on current service recipients. Designing research to learn about the needs of diverse communities is essential.

Endnote

This article is dedicated to the memory of Dr. Rosalie Wolf, internationally renowned researcher on elder abuse and domestic abuse in later life. We miss her gentle guidance, wisdom, and dedication to elder victims.

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In Brief: Review of Research on Domestic Abuse in Later Life

Nearly 77 million people, more than a quarter of the total U.S. population, are age 50 or older. The Canadian percentage is similar: 28.7% of Canada's 31 million residents are age 50 or older. Unfortunately, for the most part, older victims of family abuse fall through the cracks of existing services and research. Domestic violence and sexual assault programs predominately serve women between the ages of 18 and 45. Traditional adult protective services (APS) have focused mostly on frail elderly and incompetent victims, often defining the problem as an overwhelmed family caregiver who simply needs help. Although it seems as though older battered women should have at least two systems they can turn to for help, in practice neither system has been very successful at understanding and meeting the specific needs of older women (let alone older men) who are subject to tactics of power and control by their loved ones.

Too few studies have focused on elder abuse. Often domestic violence research is designed to exclude older victims. More quality research is required to better understand the prevalence of abuse in later life and effective interventions. Existing studies suggest the following:

- Most domestic elder abuse appears to be **perpetuated by family members**. Random-sample studies have found a higher percentage of spouse/partner abuse than abuse by other family members or caregivers.
- Research does not support caregiver stress or intergenerational violence as primary causes of abuse. In many cases, the **dynamics appear to be similar to those experienced by younger battered women** (power and control).
- Cultural values and background play a role in identifying abuse and help-seeking behavior. Older persons from different cultures, including Americans of European heritage, **did not name the same behaviors as abusive**. Many study participants indicated **they would not contact helping agencies to report abuse**.
- Many **older victims do not seek services**, especially from domestic abuse programs. Several researchers recommended using strategies (e.g., an empowerment model, support groups or peer counseling) like those used for younger battered women.

Over the next decades, the numbers of older Americans will increase significantly. Unfortunately, older people will begin or continue to experience abuse and neglect, often at the hands of family members, caregivers or someone they trust and love. Current service delivery does not meet the needs of these victims. Domestic violence and sexual assault programs must do a better job of designing services tailored for older persons. Adult protective services and the aging network must learn to recognize the dynamics of abuse in later life and offer services that focus on safety, support and breaking the isolation of the victims. Researchers have a responsibility to do more quality research in the area of abuse in later life.