

## DOMESTIC ABUSE IN LATER LIFE\*

### Victims

What can we learn from research about victims of domestic abuse in later life and their experiences? To use resources most efficiently and create effective interventions, it can be useful to look at the research to learn about existing commonalities, including gender, among victims. This paper will examine the research describing common issues among victims of domestic abuse in later life.

This series of papers<sup>†</sup> defines domestic abuse in later life as male and female victims, age 50 and older, abused by someone in a trusted, ongoing relationship like a spouse/partner, family member, or caregiver. The victims lived primarily in the community, not institutions (e.g., nursing homes). Studies from the United States and Canada were included.

### ARTICLES REVIEWED

Thirty articles published between 1988 and 2000 were reviewed for this article.

Author(s) Pub. Date	Sample size and demographics	Type(s) of abuse covered <sup>§</sup>	Selected finding(s) (page number/s in parentheses)
Burgess, et al 2000	20 civil cases brought by/on behalf of a sexually assaulted nursing home resident; 2 were under age 55	Sexual assault of a nursing home resident	<ul style="list-style-type: none"><li>• Eleven of the victimized residents died within a year of their assault. (16)</li></ul>
Dunlop, et al 2000	319 substantiated cases of abused persons aged 60+ in Miami-Dade Co, FL	APS substantiated cases of abuse, neglect, and exploitation	<ul style="list-style-type: none"><li>• Nearly one-half of victims (48.5%) were aged 80+, although this age group comprises only 18.9% of the population 60+. (106)</li><li>• 66.3% of victims were female. (107)</li></ul>
Phillips, et al 2000	93 cases of women aged 55+ caring for dependent spouse or other elder family member	Verbal and physical abuse; being threatened by or having gun or knife used on them –	<ul style="list-style-type: none"><li>• 29% of caregivers reported that they had been mistreated by the elder; however, 39% answered positively when asked whether specific abusive behavior had occurred. “This suggests that for at least some</li></ul>

\*This series of articles is dedicated to 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.

† This article is part of a series of papers examining research on domestic abuse in later life. To link to the other articles, see the note at the conclusion of this paper.

§ For a chart with a more detailed description of the different definitions of abuse, go to the National Center on Elder Abuse website at [www.elderabusecenter.org](http://www.elderabusecenter.org).

		all by the elder for whom they were caring.	women, mistreatment was viewed as normal behavior for the elder and not mistreatment at all....” (139-140) <ul style="list-style-type: none"> <li>• This study did not find that living in the same household was related to abuse. (139)</li> </ul>
Teaster, et al 2000	42 substantiated cases of sexual abuse against persons 60+, collected over a 3-year period in Virginia	APS-substantiated cases of elder sexual abuse	<ul style="list-style-type: none"> <li>• Victims were primarily female (95.2% of cases). (5)</li> <li>• Victims were ages 60 – 69 (7.1%); 70 – 79 (31%); 80 – 89 (47.7%); 90+ (14.2%). (5)</li> <li>• Living arrangements: with family members (16.7%); in adult care residence (2.4%); in nursing home (80.9%). (5)</li> <li>• The majority of victims were unable to care for or protect themselves. (6)</li> </ul>
Crichton et al 1999	50 Canadians age 60+ abused by adult child; 50 abused by spouse from Elder Abuse Resource Center in Winnipeg	Agency-substantiated cases of physical, psychological, and material abuse; neglect	<ul style="list-style-type: none"> <li>• Of 50 spouse cases, 43 victims were women, 7 were men. (122)</li> <li>• Of abused parents, 40 victims were mothers, 10 victims were fathers. (122)</li> </ul>
Lithwick and Beaulieu 1999	128 cases of mistreatment of adults aged 60+ brought to the attention of community service agencies in Quebec	Physical, sexual or psychological abuse; financial and material exploitation; neglect	<ul style="list-style-type: none"> <li>• Three-quarters of the victims were women, 65% of the perpetrators were men. (101)</li> <li>• “Almost half of spousal mistreatment involved cognitive impairment on the part of one spouse.” (102)</li> </ul>
Sanchez 1999	62 individuals age 60+, Mexican immigrants or Mexican-American, from community centers in Detroit, MI, and Carson City, NV	Physical abuse, neglect, financial abuse, and denial of shelter	<ul style="list-style-type: none"> <li>• “Victims often justified [violent elder abuse], claiming they had instigated the violence.” (75)</li> </ul>
Vladescu, et al 1999	26 abused elders (age limit unspecified) served between 1/1/97 and 1/1/99 by Seniors’ Case Management program in Hamilton, Ontario	Physical, psychological, and financial abuse	<ul style="list-style-type: none"> <li>• 84.6% of the victims were female. (13)</li> <li>• 57.7% of victims lived with their abusers; 26.9% lived alone. (13)</li> </ul>
Anetzberger 1998	29 Cleveland APS cases from 1987 to	Psychological abuse and	<ul style="list-style-type: none"> <li>• Effects of psychological abuse/neglect included: fear (60%);</li> </ul>

	1995	psychological neglect	depression (50%); anxiety (20%), hopelessness (10%) and denial (10%). (147)
Bachman, et al 1998	Data from National Crime Victimization Survey for 1992 – 1994, approximately 50,000 housing units and 101,000 persons annually	Robbery and assault	<ul style="list-style-type: none"> <li>• “Elderly female assault victims were still more likely than other assault victims to sustain injuries and require medical care for these injuries.” (195)</li> <li>• “Elderly women were more likely to be assaulted in their homes than in any other location.” (195)</li> </ul>
NCEA National Elder Abuse Incidence Study 1998	APS reports and community “sentinel” reports of abused and neglected persons age 60+ from 20 counties in 15 states in U.S.	Physical abuse, sexual abuse, emotional or psychological abuse, neglect, abandonment, financial or material exploitation	<ul style="list-style-type: none"> <li>• People aged 80+ were 19% of the elder population in 1996, yet made up 51.8% of neglect, 48.0% of exploitation, 43.7% of physical abuse, and 41.3% of emotional/psychological elder abuse cases. (6)</li> <li>• Women make up 76.3% of emotional/psychological abuse victims; 71.4% of physical abuse cases; 63.0% of financial/material exploitation victims, and 60.0% of neglect cases. Men make up 62.2% of abandonment cases. (6)</li> <li>• “Approximately one-half (47.9%) of the substantiated incidents of elder abuse involved persons who were not able to care for themselves, 28.7% were somewhat able to do so, and 22.9% were able to care for themselves.” (6)</li> <li>• About 60% of victims experienced some degree of confusion. (6)</li> <li>• About 44% of victims were depressed. (7)</li> </ul>
Older Women’s Network 1998	106 Canadian women aged 50+ suspected of being victims of domestic abuse (58% voluntarily disclosed abuse) and 134 stakeholders	Physical, emotional, financial and sexual abuse; neglect	<ul style="list-style-type: none"> <li>• Abused older women most often reported issues of isolation, loneliness, fear, guilt and shame. (23)</li> </ul>
Reis and Nahmiash 1998	341 cases of elders (aged 55+) being cared for by unpaid family or friends, in	Physical, psycho-social, and financial abuse; both	<ul style="list-style-type: none"> <li>• Ranking 27 caregiver and care receiver characteristics associated with abuse, care receiver characteristics were:</li> </ul>

	Montreal, Canada. Abuse was assessed as “likely” in 69 cases; “not likely” in 272 cases.	passive and active neglect	<ul style="list-style-type: none"> <li>4. Has been abused in the past</li> <li>5. Has marital/family conflict</li> <li>8. Lacks understanding of medical condition</li> <li>11. Is socially isolated</li> <li>15. Lacks social support</li> <li>16. Has behavior problems</li> <li>18. Is financially dependent</li> <li>19. Has unrealistic expectations</li> <li>20. Has alcohol/medication problem</li> <li>21. Has poor current relationship (with caregiver)</li> <li>22. Has suspicious falls/injuries</li> <li>23. Has mental/emotional difficulties</li> <li>25. Is a blamer</li> <li>26. Is emotionally dependent</li> <li>27. No regular doctor (478)</li> </ul>
Lachs, et al 1998	2,812 adults 65 and older from a stratified sample of residence types in CT	Physical abuse, neglect and exploitation	<ul style="list-style-type: none"> <li>• After 13 years, survival rates were: <ul style="list-style-type: none"> <li>a. 9% for those who were abused</li> <li>b. 17% for self-neglecters</li> <li>c. 40% for those not seen by EPS</li> <li>d. 39% for those seen by EPS but whose abuse/neglect allegations were not verified. (430)</li> </ul> </li> <li>• “Reported and corroborated elder mistreatment and self-neglect are associated with shorter survival after adjusting for other factors associated with increased mortality in older adults.” (428)</li> </ul>
Lachs, et al 1997 (a)	2,812 adults 65 and older from a stratified sample of residence types in CT; 47 were substantiated cases	Physical abuse, neglect and exploitation	<ul style="list-style-type: none"> <li>• “Several risk factors emerged as potent predictors of reported elder mistreatment including poverty, race [non-White], functional and cognitive impairment, worsening cognitive impairment, and living with someone.” Gender conferred no additional risk. (Researchers note poverty and race findings may be due to sample coming from APS.) (473)</li> <li>• Elders who suddenly became cognitively impaired were more at risk for abuse. (473)</li> </ul>

Lachs, et al 1997 (b)	182 victims of physical abuse aged 60+ from New Haven, CT	APS-substantiated cases of physical abuse	<ul style="list-style-type: none"> <li>• 76.3% of victims were female. (450)</li> <li>• Abusers cohabitated with victims in 87% of cases. (451)</li> </ul>
Le 1997	20 Vietnamese age 60+, living with an adult child, at least somewhat dependent on child, in Southern CA	Verbal, emotional, financial and physical abuse	<ul style="list-style-type: none"> <li>• All of the victims were recently (most &lt;5 years) settled in US. (56)</li> <li>• Depression due to abuse and missing homeland was very common. (60)</li> </ul>
Reis and Nahmiash 1997	6 groups from Montreal, Canada were compared: a family caregiver group (total caregivers 136) and a care receiver (age 55+) group (total care receivers 128) for confirmed abuse cases receiving services; confirmed nonabuse cases receiving services; and confirmed nonabuse cases not receiving services.	Physical, psycho-social, and financial abuse; both passive and active neglect	<ul style="list-style-type: none"> <li>• Abused care receivers were more unhappy and reported poorer caregiver/care receiver relationships than did nonabused care receivers. (347)</li> <li>• “Abused care receivers are no more disagreeable or more neurotic than care receivers who are not abused.” (351)</li> </ul>
Otiniano 1998	24,648 Hispanic elders referred to the Texas APS system from 1991-1995	Cases referred to APS	<ul style="list-style-type: none"> <li>• Women were twice as likely as men to suffer abuse of any kind. (194)</li> </ul>
Seaver 1996	132 women aged 50+ who have attended older abused women’s program in Milwaukee, WI	Unspecified	<ul style="list-style-type: none"> <li>• No common profile of victims, commonality was that they live with an abusive mate or family member. (17)</li> <li>• Of 132 women, only 11 have had major impairments; of these, only 5 were directly dependent on their abusers for care. (15)</li> <li>• These women “have been eager to learn, use resources well, and respond enthusiastically to the idea that they deserve more peaceful lives.” (19)</li> </ul>
Griffin 1994	10 abused African Americans age 60+ and 6 of their	APS-substantiated cases of	<ul style="list-style-type: none"> <li>• Victims and perpetrators minimize and neutralize abusive behavior. (21)</li> </ul>

	perpetrators from 3 rural counties in North Carolina	financial exploitation (6), self-neglect (5), verbal abuse (2), and neglect (1)	
Muram, et al 1992	53 female clients of the Memphis Sexual Assault Resource Center aged 55-87, matched with 53 female clients aged 18-45 as controls	Sexual assault	<ul style="list-style-type: none"> <li>• Genital injury was more common and more serious among older women: 50.9% of older women were genitally injured compared to 13.2% of the younger women, and 28% of older women vs. 6% of younger women required surgical repair. (74)</li> <li>• In contrast, “there was no difference in the prevalence of nongenital injuries between the two groups.” (74)</li> <li>• “The majority of assaults involving elderly women took place in the victim’s home by an assailant who was unknown to the victim. This is in contrast to younger women for whom the majority of assaults occurred outside the home” by friends or acquaintances. (75)</li> </ul>
Podnieks 1992 (a)	Random sample telephone survey of 2008 persons 65+ living in community settings in Canada	Physical and psychological abuse, neglect and financial exploitation	<ul style="list-style-type: none"> <li>• 29% of victims versus 7% of non-victims said they wished their life would end. (44)</li> <li>• Nearly 60% of victims reported their health was fair or poor, compared to 37% of non-victims. (45)</li> <li>• “Victims of physical violence reported far less satisfaction with their lives than other victims.” (46)</li> <li>• 30% of victims of chronic verbal aggression and 20% of physical abuse victims felt the abuse was their own fault. (47)</li> <li>• “[G]ender is not a risk factor associated with elder abuse.... This pattern holds for all forms of maltreatment, with the exception of physical abuse, in which more men than women were victims.” (42-43)</li> </ul>
Podnieks 1992 (b)	42 elder abuse victims in Canada identified through Podnieks,	See Podnieks, 1992(a)	<ul style="list-style-type: none"> <li>• Strong evidence of adaptive strengths and hardiness of victims. (59)</li> <li>• “[I]t is abundantly clear that they</li> </ul>

	1992(a) study		have had a realistic perspective on life and have been able to cope with “the hand dealt to them” – even when this meant enduring mistreatment.” (73)
Ramsey-Klawnsnik 1991	28 community-dwelling older (ages 65 – 101) women suspected by MA APS workers of being sexually abused	APS suspicion elder was sexually abused	<ul style="list-style-type: none"> <li>• All 28 victims were female. (78)</li> <li>• 46% were in their 70’s (78)</li> <li>• 21% were in their 80’s (78)</li> <li>• “These women were quite limited in their capacity to protect and care for themselves.” (78)</li> </ul>
Greenberg et al 1990	204 cases of abuse of person 60+ by adult child in WI	APS-substantiated cases of physical abuse, material abuse, and neglect	<ul style="list-style-type: none"> <li>• 51% of victims were frail. (76)</li> <li>• 20% of victims were homebound. (76)</li> <li>• 14% of victims had no health problems. (76)</li> <li>• 73% of victims lived with an adult child, ¾ of them lived in the parent’s home. (77)</li> <li>• 76% of victims were female, 24% male. (77)</li> </ul>
Brown 1989	Random sample of 37 Southwest reservation-dwelling Navajo aged 60+, and their family members; 22 cases of elder abuse found	Neglect, verbal/psychological and physical abuse, and financial exploitation	<ul style="list-style-type: none"> <li>• The more sudden the elder’s dependency, the more frequent neglect, psychological abuse, and exploitation. (25)</li> <li>• The more the elder perceived as dependent by family, the more frequent neglect. (26)</li> <li>• Elders perceived as depressed and/or confused were abused most. (27)</li> </ul>
Godkin, et al 1989	59 abused elders (60 years and older) compared to 49 non-abused elders, both served by a Massachusetts home care program	Physical, psychological, and material abuse; active and passive neglect by a caregiver	<ul style="list-style-type: none"> <li>• “61% of the elderly cases had suffered a recent decline in mental health prior to their being abused or neglected; for the comparison group the figures was 6.4%.” (213)</li> <li>• “There were no significant differences between abused/neglected elderly with respect to the numbers of impairments requiring attention, nor the numbers of prescribed medications. A significant percentage of the maltreated elderly was reported to have experienced a recent decline in physical health (81.4%) in contrast to about one-fifth (21.3%) of the non-victimized elders.” (213)</li> </ul>

			<ul style="list-style-type: none"> <li>• “Generally, elders who were abused and neglected had significantly lower cognitive functioning when compared to the non-abused group except in the area of remote memory....” (213)</li> <li>• “83% of the abused/neglected elderly reside with their caregivers compared to 42.9% of those elderly with caregivers who are not abused or neglected.” (219)</li> <li>• “Almost 19% of the abused elderly have no social contacts, whereas only 6.1% of the controls are without contacts. Over one-third (35.6%) of this group have suffered recent losses in their support system, compared to 4.3% in the comparison group.” (219)</li> <li>• “...it appears that both abused elders and the abusers experience emotional problems which contribute to interpersonal difficulties in their relationship.” (223)</li> </ul>
Pillemer and Finkelhor 1989	Random sample of 2020 community dwelling people aged 65+ in Boston, MA; 46 abused elders were reinterviewed and compared to 215 controls	Physical assault; psychological abuse, neglect	<ul style="list-style-type: none"> <li>• “Maltreated elderly did not appear to be more ill or functionally disabled. The victims of maltreatment showed only a small, nonsignificant trend toward greater sickness in the last year, and scored as no more disabled than other elderly. Perhaps most important, maltreated elders were no more dependent on their abusers than were other elderly on their relatives.” (184)</li> <li>• This study is consistent with other research that indicates that abuser characteristics are a more powerful predictor than victim characteristics. (186)</li> <li>• “In this study, roughly equal numbers of abused men and women (52% to 48%) were found; further, the risk of abuse for elderly men is double that of elderly women (51 per 1000 versus 23 per 1000).” (55)</li> </ul>
Pillemer	Random sample of	Physical assault,	<ul style="list-style-type: none"> <li>• Abuse rates were no higher for older</li> </ul>

and Finkelhor 1988	2020 community dwelling people aged 65+ in Boston, Massachusetts; 63 cases of elder abuse found	psychological abuse, neglect	(over 75) than for younger (65-74) elderly. (54) <ul style="list-style-type: none"> <li>Elders living alone were abused about one-fourth as often as those living with others; “those living with a spouse and at least one other person seemed particularly vulnerable to maltreatment.” (54)</li> <li>Those in poor health were 3 to 4 times as likely to be abused. (54)</li> </ul>
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## GENERALIZED FINDINGS

No profile of an elder abuse victim emerged from the data (Seaver, 1996; Pillemer, 1989). Abuser characteristics are a more powerful predictor than victim characteristics (Pillemer, 1989).

Information about victims varied greatly depending on the designated target population of the research. For example, studies that used adult protective services data or focused on vulnerable adults naturally found more victims who were not able to care for themselves or had physical or cognitive impairments (Teaster, 2000; NEAIS, 1998; Lachs, 1997a; Ramsey-Klawnsnik, 1991; Greenberg, 1990). Research using older women involved in domestic violence programming or random sample studies found fewer impairments (Seaver, 1996; Pillemer and Finklehor, 1989). This pattern also holds true for age. Some studies found most participants to be 80 or older (NEAIS, 1998; Dunlop, 2000; Teaster, 2000). However, Pillemer’s random sample study found rate of abuses to be similar for people ages 65 – 74 and 75+ (Pillemer, 1988).

Older female assault victims were more likely to be injured than were younger assault victims (Bachman, 1998), and older female sexual assault victims were more likely to sustain genital injuries (but not other injuries) than were younger female victims (Muram, 1992).

Most studies found a higher percentage of female victims than male (Teaster, 2000; Dunlop, 2000; Crichton, 1999; Lithwick, 1999; Vladescu, 1999; NEAIS, 1998; Lachs, 1997b; Otiniano, 1998; Ramsey-Klawnsnik, 1991; Greenberg, 1990.) Females accounted for 66 percent – 100 percent of cases in these studies. Two studies using the Conflict Tactics Scale found more male victims than female victims of physical abuse (Podnieks, 1992a; Pillemer, 1988). Unfortunately, the Conflict Tactics Scale does not differentiate between levels of physical violence. Throwing something across the room rates equally to choking a victim. The scale also does not take into account which party may be living in fear or have changed their lifestyle as a result of the abuse (Zorza, 2001). Pillemer acknowledged “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 abused men to be “very upset” by the abuse” (Pillemer, 1988).

Several studies noted that high percentages of victims lived with their abusers (Vladescu, 1999; Lachs, 1997a and b; Seaver, 1996; Greenberg, 1990; Godkin, 1998; Pillemer, 1988). The abusers were spouses/partner, adult children, caregivers or other family members. The study that

looked at abused *caregivers* did not find a correlation between living with the abuser and abuse (Phillips, 2000).

Depression, a wish to end their lives, unhappiness, shame or guilt are common among victims (Anetzberger, 1998; NEAIS, 1998; OWN, 1998; Reis, 1998 and 1997; Le 1997; Podnieks, 1992a; Pillemer, 1988). Physical and/or cognitive impairments are also common, although by no means universal (Teaster, 2000; Lithwick, 1999; NEAIS, 1998; Reis, 1998; Lachs 1997a; Seaver, 1996; Podnieks, 1992a; Ramsey-Klawnsnik, 1991; Greenberg 1990; Godkin, 1989; Pillemer, 1989 and 1988). 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. Lachs (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 she did not compare her victims to non-abused nursing home residents, Burgess (2000) similarly noted that 11 of her 20 victims were dead within a year of being sexually assaulted. Brown's small study, on the other hand, noted elders perceived as depressed or confused were abused most (Brown, 1994).

Victims sometimes see abuse as normal behavior (Phillips, 2000), while others minimize the abuse or believe it is their fault (Sanchez, 1999; Griffin, 1994; Podnieks, 1992a). At the same time, some studies identified the strengths and survival skills of victims (Seaver, 1996; Podnieks, 1992(b)). Podnieks stated there is "strong evidence of adaptive strengths and hardiness of victims." Seaver notes: these women "have been eager to learn, use resources well, and respond enthusiastically to the idea that they deserve more peaceful lives."

## **LIMITATIONS OF STUDIES**

Numerous limitations in the research on abuse in later life were found. In part because of the lack of financial resources, only a few studies have been large (more than 1,000 respondents) random sample studies (Lachs 1997a; Podnieks, 1992a; Pillemer, 1988). Even these large studies ultimately based their conclusions on relatively small numbers of abuse victims, ranging from 47 to 80. Only one of the random sample studies included cognitively impaired elders (achieved by interviewing other family members), but using the reports of proxies is considered unreliable (The Robert Wood Johnson Foundation, 2001).

All the other studies had serious sampling biases because they were based on elders who were using services of some sort and/or were known to adult protective services or domestic violence programs. This is problematic, because it is clear that many abused elders are isolated and do not come to the attention of professionals or seek help. With one exception (Otiniano, 1998), these studies also involved relatively small samples – 10 to 401, with the majority being under 100. Respecting the confidentiality and safety of victims creates problems with many scientific methods. Very few studies used control groups.

In addition, some elders deny that what they are experiencing is abuse (see, for example, Phillips, 2000), introducing another source of underreporting. Perhaps more importantly,

studies have shown that elders' definitions of abuse do not always correspond to professionals' definitions, which may confound findings.

Comparing results across studies is practically impossible. These studies varied widely in: the types of abuse studied, the specific definitions of the types of abuse studied; whether abuse was self-reported or from agency records; the age of respondents (which ranged all the way down to 40); whether the target audience was predominately healthy elders or vulnerable adults; and whether only women or men and women were included.

## **POTENTIAL IMPLICATIONS**

The research did not establish a clear profile of a victim of domestic abuse in later life. Older people, particularly women, are vulnerable *both* when they are isolated and when they live with a family member or caregiver.

The research does indicate a higher percentage of male victims (approximately 1/4 - 1/3) than are seen in the younger domestic violence population. More research needs to be done to help practitioners identify male victims and understand their needs. In the meantime, using gender-neutral language in materials written for older persons, such as safety planning tools and legal advocacy, may help professionals reach more victims.

Many victims experience depression, sadness, isolation, shame, guilt and fear. Effective services will need to deal with the range of emotions experienced by elder victims. Focusing intervention strategies on enhancing the strengths and survival skills of victims may also prove to be successful.

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## **ADDITIONAL RESOURCES**

Sargent, M. and Mears, J. (2000). *Older Women Speak Up: Violence in the Home*. Publisher: University of Western Sydney.

Zorza, J. (2001) The Problem with Proxy Measures: The Inaccuracy of the Conflict Tactic Scales and Other Crime Surveys in Measuring Intimate Partner Violence. *Domestic Violence Report*, Aug/Sept, 83 – 90.

For a list of research questions on elder abuse and domestic abuse in later life, go to <http://www.elderabusecenter.org/research/agenda.html>.

For other articles in this series (ADD LINKS TO OTHER 8 ARTICLES).

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