

DOMESTIC ABUSE IN LATER LIFE*

Services and Interventions

How can we improve safety and support for older victims of domestic abuse? What services do older victims want? What interventions might they be willing to use?

After completing a local needs assessment, reviewing descriptions of other projects and their results can be a way to create effective programs to meet the needs of victims. This paper will examine research on services and intervention strategies for victims of domestic abuse in later life, and studies that included data on what services victims used and turned down.

No research was found on batterers intervention programs tailored for older perpetrators or adult children who abuse their parents. Currently, these abusers may be seen in regular programs but no analysis has been done to consider whether methods used for younger spouse/partner abusers are effective with either of these populations.

This series of papers** 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

Twenty-five articles published between 1988 and 2000 were reviewed for this article.

Author(s), Pub. Date	Sample size and demographics	Type(s) of abuse covered [§]	Selected finding(s) (page number/s in parentheses)
Dunlop, et al 2000	319 substantiated cases of abused persons aged 60+ in Miami- Dade County, Florida	APS substantiated cases of abuse, neglect, and exploitation	<ul style="list-style-type: none">• Agencies should develop and fund new program initiatives, including specialized shelters, support groups, family counseling and other appropriate services. (119)• Professionals in aging field should become familiar with domestic violence and resources. (119)• Policies and practices of services should be culturally competent. (118)

*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, see the National Center on Elder Abuse website at www.elderabusecenter.org.

Moon and Benton 2000	Interviews of 100 African American, 95 Korean American and 90 white elders age 60 or older living in LA County, CA in 1997. Purposive and convenience sampling methods were used to find participants. 2/3 participants were female.	Physical, medical, verbal, psychological, financial, and neglect.	<ul style="list-style-type: none"> • “[T]he majority of respondents from all 3 groups studied believed that incidents of elder abuse should not be reported to the authorities until they are absolutely sure that abuse has occurred.” (300) • “Ethnic-specific approach to public outreach and educational efforts may be more effective than a more general approach in increasing the awareness and understanding of elder abuse issues pertinent to each ethnic community.” (301) • “Public educational outreach efforts for prevention of and intervention in elder abuse should target recent immigrant populations who are not familiar with the American legal and social service systems related to elder abuse.” (301)
Phillips, et al 2000	93 cases of women aged 55+ caring for dependent spouse or other elder family member	Verbal and physical abuse; threatened with gun/knife; gun or knife used -- all by the elder for whom they were caring	<ul style="list-style-type: none"> • In 27 cases, no victim called police; only 1 sought medical treatment. (128) • Only 29% of caregivers said they were abused while 39% reported specific instances of abuse; this “has important implications for how health professionals discuss abuse with caregivers, and the types of interventions and prevention strategies that are likely to work.” (140)
Brownell, et al 1999	401 cases of abuse of elders 60+ (with 404 identified abusers) known to Elderly Crime Victims Resource Center in New York City; subanalysis done of 218 abusers for whom mental health status was reported	Physical, psychological, financial abuse and neglect (one case of sexual abuse was counted as physical abuse)	<ul style="list-style-type: none"> • 70% of victims accepted services: 28% police intervention; 19% case management; 18% order of protection; 14% referral to District Attorney; 12% health care; 11% lock replacement; 8% mobile crisis services; 8% housing assistance; 7% eviction of abuser; 6% financial management; 2% mental hygiene warrant (89) • “Victims of impaired abusers refused 85% of offered services.... One explanation, requiring further study, is that the victims’ desire to stop the abuse is often contingent upon their ability to ensure their abusers receive assistance as well. If services are offered that only address the victim’s well being, it appears the victim will be more likely to refuse them.” (89) • “The risk of elder abuse may be most effectively reduced in many cases by addressing the needs of [impaired] abusers.”

			(92)
Hightower, et al 1999	57 domestic violence transition houses, second stage houses and safe houses in Canada	Unspecified	<ul style="list-style-type: none"> • ¼ had no clients age 60 + in previous year, and ¾ had fewer than 2 older women in previous year. Overall estimate is that 2% of women served are 60+. (45-47) • 35.6% of facilities were fully handicapped accessible. (49) • 5 of 46 (10.9%) programs provide special programming/outreach for older women. (53) • Shelter staff suggested the following: training for all staff (60.4%); house renovations (41.7%); special equipment (41.7%); access to community support services (41.7%); a trained staff specialist (27.1%); or other (16.7%). (53) • “[A]lmost all of the transition houses clearly supported the admittance of older women abused by partners, family, or unrelated caregivers.” (54)
Lithwick and Beaulieu 1999	128 cases of mistreatment of adults aged 60+ brought to the attention of community service agencies in Quebec	Physical or sexual abuse; psychological abuse; financial and material exploitation; neglect (both active and passive) by family members and acquaintances	<ul style="list-style-type: none"> • Interventions received in cases of spouse abuse were: external medical services (44%); homemaker services (41%); in-house medical services (38%); private services (38%); day centers and day respite programs (38%); psychiatric intervention (21%); interim placement (20%); placement of the perpetrator (16%); legal services (15%); placement of the victim (10%); and residence or group home placement (8%). (103) • In cases of spouse abuse, if one member of the couple was cognitively impaired, it was more likely that the perpetrator would be placed (31%) than if there was no impairment (3%). (103) • Victims placed in a residential setting (10%) all had cognitive impairment. (103) • Victims abused by an adult child were more likely to be placed than those abused by spouse. (102-4) • In cases with adult child perpetrators, interventions included homemaker services (46%); private services (41%); external medical services (39%); in-house medical services (36%); placement of the victim (30%); legal services (28%); residence or group home placements (21%); psychiatric intervention (10%); and interim placement

			<p>(8%). (103-4)</p> <ul style="list-style-type: none"> Abuse was stopped or diminished in 60% of all cases: 52% of psychological abuse; 55% of financial abuse; 80% of neglect; 65% of physical abuse. (103) Services were declined by 58% of victims and 47% of perpetrators. (104)
Moon and Evans-Campbell 1999	Interviews of 95 Korean-Americans and 90 Caucasian elders age 60 and over in Los Angeles	Awareness of formal or informal sources of help for elder mistreatment or abuse	<ul style="list-style-type: none"> “Only 28% of Korean-Americans, compared to 62% of Caucasians, knew of an agency, organization, or a professional to turn to for help if they were abused or mistreated.” (8) Of the 27 Korean Americans who knew of a professional source of help, 22 named Korean American agencies. The remaining 5 mentioned the police. (8-9) “Over one-quarter of Korean Americans (28%) and 3% of Caucasians could not identify a signal source of help, informal or formal, to turn to if they were being abused.” (10) “Most elderly respondents, regardless of ethnicity, would turn to an informal source of help, the police, or a general social service agency providing services to the elderly rather than APS.” (20)
Tomita 1999	Two focus groups of Japanese-Americans (age unclear) and 25 interviews of Japanese Americans in Seattle and Hawaii, aged 65+	Purpose of study was to “capture the Japanese American definitions of mistreatment” (120)	<ul style="list-style-type: none"> Suggests interventions be focused on “the we-self and not the I-self, perhaps involving third parties to support or carry out professionals’ interventions.” (137) Interventions should focus on respite, safety, and group harmony promoted through conflict-avoidance and management techniques. (137)
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; focus	Physical, psychological, and financial abuse	<ul style="list-style-type: none"> In 34.6% of cases, the abuse was eliminated; in an additional 30.8% of cases, the situation was improved for victim. (14) Abuse was eliminated in 27.3% of cases where duration was less than two years, but in 40% of cases where abuse had lasted longer than two years. (14) 34.6% of resolved cases involved the victim relocating away from abuser. (16) There was no significant relationship between the amount of time the case manager spent on

	group of 3 case managers		<p>the case and whether or not the abuse was eliminated. (15)</p> <ul style="list-style-type: none"> • “When information is available and the abused senior is aware of his/her options, ending an abusive situation is chosen over harm reduction.” (13) • “[This study] supports a client-centered approach that empowers abused seniors rather than rescuing them.” (20)
Wolf 1999	20 elder shelters in US, Canada and Japan: 10 shelters in operation, 6 being planned and 4 were closed	Unspecified	<ul style="list-style-type: none"> • Shelters were of various types: rooms in residential care homes, safe homes, apartments in housing for the elderly, designated floors or areas in building that have other functions, and buildings designed as shelters. (3) • Domestic violence programs were involved in only two of the 20 shelters. (4) • Three programs had only 1 bed; the average was 8. About half the beds were filled. (4) • About two-thirds of the programs admitted only elders who could care for themselves or needed minimal assistance; one third took persons with two or more ADL needs. (4) • Because of limited beds, length of stay, and philosophy, “[t]he [victim’s] opportunity for sharing experiences and forming healthy relationships which is such an important feature of the battered women’s shelters is lacking.” (6) • “As to whether elder shelters are a viable solution, it is too early to say.” (8)
Older Women’s Network 1998	106 women aged 50+ suspected of being victims of domestic abuse (58% voluntarily disclosed abuse) and 134 stakeholders in Canada	Physical, emotional, financial and sexual abuse; neglect	<ul style="list-style-type: none"> • Seven programs for older battered women are briefly discussed. (11-13) • Older abused women are most likely to turn to family, friends, and cultural/faith groups. (25) • No need to establish separate facilities for older women; existing shelters should play a role. (39) • Older women most wanted peer support groups, 24-hour multilingual crisis line. (27) • Embarrassment and fear are primary reasons women 50+ don’t use shelters. (31)
Vinton 1998	428 domestic violence shelters in the U.S., surveyed about services	Unspecified	<ul style="list-style-type: none"> • 2/3 had sheltered at least one woman 60+ in previous year; 13.6% had sheltered 10+. (565) • 61 programs (14.8%) said they had specialized programming for older victims: outreach (34%); individual interventions (19%);

	to women 60+		<p>(34%); individual interventions (19%); educational materials featuring older couples (18%); staff/volunteer training (16%); support groups for older women (9%). (567-8)</p> <ul style="list-style-type: none"> • “[S]helters that offered special programming were significantly more likely” to have sheltered more than 10 older women. (568) • 76.2% of the shelters were handicapped accessible; 60.3% stored but did not dispense medications; an additional 25.7% both stored and dispensed medications. (564)
Wolf 1998	30 support groups for older battered women in U.S. and Canada	Unspecified	<ul style="list-style-type: none"> • Similarities in programming whether the group was sponsored by DV or aging services. (23) • Half of the aging services-sponsored and one of the DV-sponsored groups were open to men, although few participated/stayed. (11) • All but one DV-sponsored group accepted persons abused by non-spouse relatives and victims of financial exploitation. (15) • Group leaders felt “very” to “somewhat” successful at improving participants’ self-esteem, abuse awareness, feelings of personal growth, and coping ability. Also helped participants develop safety plans, decrease isolation, problem-solve, decrease dependency, reduce anxiety, and know how to obtain an order of protection. (18) • Groups had as few as 2 or 3 members. (22) • “As state policy, a partnership should be encouraged among a state’s domestic violence coalition, the state unit on aging, adult protective services agency and victim assistance programs so that the experience and skills in these areas can be tapped for the benefit of abused elders.” (26)
Lachs, et al 1997 (b)	182 victims of physical abuse aged 60+ from New Haven, Connecticut	EPS-substantiated cases of physical abuse	<ul style="list-style-type: none"> • 114 of 182 had been seen 628 times at hospital emergency depart. (ED) within 5 years of EPS case, with a median of 3 visits/elder. (448) • 37.8% of 111 community-dwelling elders had at least one ED visit rated “high probability” of being abuse related, yet only 9.1% of all the ED visits were referred to EPS. (451)
Le 1997	20 Vietnamese age 60+, living in a house headed by an	Verbal, emotional, financial and physical abuse	<ul style="list-style-type: none"> • Recommendations include address post traumatic stress disorder, provide respite care, emergency shelter, increase public awareness, address isolation, fund in-home care, promote

	adult child, at least somewhat dependent on child, in Southern California		education on intergenerational issues, hire bilingual/bicultural staff, encourage seniors to take responsibility for their lives, and alleviate the fear of reporting. (61)
Wolf and Pillemer 1997	73 abused women aged 60+ from New York City, San Francisco, Honolulu, and Madison, WI. 22 were abused by husband, 51 by children (review of written case assessment data)	Physical abuse, psychological abuse, neglect, financial exploitation	<ul style="list-style-type: none"> • “For dependent victims of spouse and parent abuse, the shelter movement provides a model: reducing the dependency of the victim on the perpetrator through temporary shelter, group and individual counseling, legal advocacy, social service referral, transitional housing and health care.” (8) • “Decreasing the dependency of the perpetrator on the victim is a second approach – especially for adult children. A much more comprehensive program for perpetrators is needed than what is available today.” (9)
Harris 1996	5168 couples 19+ from the 1985 U.S. National Family Violence Resurvey, separated into under 60 (4476) and 60+ (842)	Physical violence	<ul style="list-style-type: none"> • “Paternalism and medicalization may be appropriate responses for other types of elder abuse but are clearly inappropriate for the majority of older couples represented by the data.” (27) • APS workers should be encouraged to develop working relationships with domestic violence services already in existence. (27)
Seaver 1996	132 women aged 50+ who have attended older abused women’s program in Milwaukee, Wisconsin	Unspecified	<ul style="list-style-type: none"> • Program includes weekly support group, volunteer mentors, shelter, community education, and case management. (14) • 39% of women in the program freed themselves from abuse; 5% are working on it; and 56% are still in the abusive situation. (16) • Women who left abusive mates were of all ages, including 4 women over age 80. (17) • “Those most likely to stay in abusive relationships were themselves disabled or had highly dependent spouses/adult children.” (17) • “Access to state or non-state resources is critical for older women because of the likelihood they are neither employed nor have a pension. Social Security, Medicare, and public housing have been crucial to the present cohorts of older women.” (19)

			<ul style="list-style-type: none"> • Most visible impact of program was through the support group. (18)
Allen 1995	4 forums, 88 total participants, in MN. 46 participants were battered women/ battered women's advocates; the rest were a professionals to provide services to seniors	Unspecified	<ul style="list-style-type: none"> • Two broad categories of barriers emerged: the first was lack of resources such as financial, housing, and health-related concerns. The second was community attitudes about violence against women and attitudes held by the religious community, helping professionals, family, and society at large. (7) • Education was listed more often than any other single recommendation. Education for people working in the media, churches, senior centers, schools, extension programs, medical and health care professions, the aging network, law enforcement, and social services would facilitate the best use of the limited resources currently available. (15)
Podnieks 1992 (a)	Random sample telephone survey of 2008 persons 65+ living in community settings in Canada	Physical abuse; neglect; psychological abuse; financial exploitation	<ul style="list-style-type: none"> • Victims felt the following services would be helpful to them: individual counseling (21%), self-help groups for victims (18%), emergency shelters (12%), household help (5%), medical help (1%) and English language assistance (1%). (48)
Podnieks 1992 (b)	42 elder abuse victims in Canada identified through Podnieks, 1992(a) study	See Podnieks, 1992(a)	<ul style="list-style-type: none"> • This study found "abused elder people will talk about their mistreatment, and for some it can be very therapeutic. In this survey they revealed that they had not previously discussed their maltreatment with anyone." (107) • Service recommendations include peer counseling, telephone counseling, alternative living options, and prevention. (103)
Vinton 1992	25 battered women's shelters in Florida; "older" was defined as 60+	Unspecified	<ul style="list-style-type: none"> • Only 2% of women using shelters and .3% of other service users were 60+ (percentage of women in Florida 60+: 27%). (68) • Only 2 of 25 had special programming. (69)
Korbin et al 1991	29 people aged 60+ who "seeking legal recourse as a result of maltreatment by an adult	Physical or sexual abuse and financial exploitation	<ul style="list-style-type: none"> • Compared to elders physically abused by adult offspring who chose NOT to prosecute, the prosecutors were significantly younger (mean age 66.7 vs. 77.5) and more likely to be African-American (62.1% vs. 9.1%). (5-6) • Six of 7 interviewees said they sought legal action after a specific violent incident more

	offspring” in Cuyahoga County, Ohio over a two-year period; 7 were interviewed		<p>severe or frightening than previous ones. (11)</p> <ul style="list-style-type: none"> • Elders often chose the formal legal system because that’s how they could access help for the abuser. (12) • More communities should employ elder victim specialists, who understand old people and can help them through the criminal justice system if their abuser is prosecuted. (15)
Pillemer and Finkelhor 1989	Random sample of 200 community dwelling people aged 65+ in Boston, MA; 46 abused elders were reinterviewed and compared to 215 controls	Physical assault; psychological abuse; or neglect	<ul style="list-style-type: none"> • “Victims would benefit from services similar to those offered to younger battered women.” (186)
Pillemer and Finkelhor 1988	Random sample of 200 community dwelling people aged 65+ in Boston, MA; 46 abused elders were reinterviewed and compared to 215 controls	Physical assault; psychological abuse; or neglect	<ul style="list-style-type: none"> • Service providers to elderly and elderly themselves need to learn more about spouse abuse (57). • Services need to be tailored to spouse abuse among elderly, like shelters or safe apartments and support groups (57).

GENERALIZED FINDINGS

Many older domestic violence victims do not seek services from agencies such as the police and health care professionals (Phillips, 2000; Brownell, 1999; OWN, 1998), and may not tell anyone at all about the abuse (Podnieks, 1992(b)). If they seek services from professionals like emergency department staff, they stand a very good chance of not getting a referral to APS or other DV services (Lachs, 1997(b)). When victims are identified, they frequently refuse offered services (Brownell, 1999; Lithwick, 1999).

Reasons victims may not seek help or refuse offered services include: not seeing themselves as abused (Phillips, 2000); not knowing where to report abuse (Moon, 1999); a desire to obtain services for their abusers rather than themselves (Brownell, 1999; Korbin, 1991); a lack of services or an inability to qualify or a long wait list for services (Hightower, 1999; Allen, 1995); embarrassment or fear (OWN, 1998); and community attitudes (Allen, 1995). Le (1997) suggested increasing public awareness, addressing isolation, and hiring bilingual/bicultural staff

as methods to alleviate some fears of reporting. Similarly, Moon (2002) suggests using an ethnic-specific approach to public outreach. Tomita (1999) recommends 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, 1999; Lithwick, 1999; OWN, 1998; Podnieks, 1992a and 1992b).

Several researchers recommended using strategies (such as an empowerment model) and interventions (such as peer counseling, help lines and support groups) used for younger battered women (Dunlop, 2000; Wolf, 1997; Harris, 1996; Pillemer, 1989 and 1988). Several studies suggest collaboration with domestic violence advocates (Dunlop, 2000; Wolf, 1998; Harris, 1996).

Yet, domestic violence programs serve very few older women (Hightower, 1999; Vinton 1998 and 1992). Those that offer special programming aimed at older women tend to serve more (Vinton, 1998; Seaver, 1996). 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 sure elder-specific shelters were a good idea (Wolf, 1999; OWN, 1998).

Two studies found that APS-type services are effective in reducing or eliminating abuse in the majority of cases studied (Lithwick, 1999; Vladescu, 1999). Several studies recommended support groups (Dunlop, 2000; Podnieks, 1992b). Peer support groups were found to be somewhat to very successful in helping victims gain skills to cope with their situations (Wolf, 1998; Seaver, 1996).

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

Both the domestic violence and adult protective services systems offer approaches, services, and referral networks that are useful to elders who are victims of domestic violence. Each system brings strengths: the domestic violence field knows better how to run emergency shelters and peer support groups, while the adult protective services system is better equipped to help impaired elders and link elders with services designed for their age group (to name but four areas). More cross-training and collaborative efforts should take place between the two systems to ensure that both do a better job of providing services to older victims of domestic violence.

Far more attention needs to be paid to developing and providing services to abusers. Because of how longstanding relationships between elders and their abusers are likely to be and because of ties of love and feelings of responsibility, many abused elders appear to be less concerned about helping themselves than helping their abusers. Therefore, assisting victims to find help for their abusers may well be key to providing services to the victims.

Because many victims do not seek help and because those that do are sometimes not identified as victims of domestic violence, public and professional education efforts should be stepped up to ensure that more abuse victims are identified and assisted in ending the abuse and/or gaining additional coping skills.

Finally, more funding needs to be made available to ensure existing services are available and accessible to those who need them (many shelters, for instance, are not accessible to older women who use assistive devices such as wheelchairs or walkers) and to create more services such as peer support groups and individual counseling for both victims and abusers.

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ADDITIONAL RESOURCES

AARP, Women's Initiative. (1996). *Creating a Safety Net: Helping Older Women at Risk of Partner Abuse*. Washington, D.C. (To order call 1-800-424-3410; publication #D16045.)

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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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